



Mercy Health

Care first



Mercy Hospitals  
Victoria Ltd

2019/20

# REPORT OF OPERATIONS

CELEBRATING  
**100 YEARS**  
*of* **MERCY HEALTHCARE**

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CELEBRATING  
**100 YEARS**  
of MERCY HEALTHCARE  
1920 - 2020

# *Celebrating 100 years of Mercy Health*

On 9 March 1920, St Benedict's Hospital in Malvern — Melbourne's first private hospital run by the Sisters of Mercy — was officially opened and blessed by the Most Reverend Daniel Mannix, Archbishop of Melbourne.



Coonil House in Malvern, which became the site of St Benedict's Hospital.

The Sisters of Mercy established St Benedict's Hospital in the wake of the deadly pneumonic influenza pandemic, also known as the 'Spanish flu', which began in 1918. In our centenary year, Mercy Health is once again at the frontline of a global health crisis, caring for some of the most vulnerable people amid the coronavirus pandemic.

St Benedict's was housed in a rambling Victorian mansion, formerly known as Coonil House, surrounded by a vast expanse of established gardens. The Sisters bought the property in 1919 for £25,000 and converted it to a stately and comfortable hospital, accommodating 70 patients and an operating theatre.

On the day the Archbishop came to bless the building, the leadlight panel above the front door caught his eye. It featured the word 'Pax', which is Latin for 'peace', to illuminate the Sisters' desire that all patients recovering at St Benedict's "would be restored to peace in mind and body."<sup>^</sup>

The Sisters' holistic, compassionate and person-centred approach to care has continued to shape Mercy Health's mission over the past century as the organisation has established health, aged and home care services across Australia. In this centenary year, Mercy Health is celebrating important milestones and honouring the many people who have and continue to work tirelessly to provide exceptional care and bring God's mercy to those in need.

### The Founder of the Sisters of Mercy

Catherine McAuley was born in Dublin, Ireland in 1778. Dedicating her life to caring for the poor, particularly women, Catherine established the House of Mercy in 1823 to house and educate poor women. In 1831 Catherine made her Profession of Vows and created the Order of the Sisters of Mercy.



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*When I think we are done we seem to be beginning again.*

— Catherine McAuley

We gratefully acknowledge the role that the Good Shepherd Sisters, Family Care Sisters (Grey Sisters), Holy Spirit Missionary Sisters and the Knights of the Southern Cross (Victoria) have played in our mission to bring God's mercy to those in need.



Good Shepherd Sisters



Family Care Sisters



Holy Spirit Missionary Sisters



Knights of the Southern Cross (Victoria)

1: Watercolour of Catherine McAuley, reproduced with the permission of artist Sr Marie Henderson RSM

<sup>^</sup> Priestley, S 1990. *Melbourne's Mercy: A History of Mercy Private Hospital*, Hyland House Publishing, Melbourne, p. 27.



## Mercy in Australia

The Sisters of Mercy went on to found convents, schools and hospitals around the world. They arrived in Australia in 1846, led by Mother Ursula Frayne, and established schools, hospitals and convents across Australia.

Since arriving in Melbourne in 1857, the Sisters of Mercy have been at the forefront of healthcare and advocacy in Victoria. With the opening of St Benedict's Hospital, they established a reputation for excellence in care and hospitality that has grown in strength to this day. The success of St Benedict's enabled the Sisters to open Mercy Private Hospital in East Melbourne in 1934, Mercy Maternity Hospital (later

renamed Mercy Hospital for Women) in 1971 and Werribee Mercy Hospital in 1994.

In recognition of society's changing needs, and to continue the Sisters' mission of care, the organisation expanded to care for older people. In 1997 we added Mercy Health Bethlehem Home for the Aged (Bendigo) and Mercy Place Rice Village (Geelong), followed by mental health services in 1998 and home care in 2007.

You are invited to celebrate Mercy Health's 100-year milestone by sharing your mercy memories and stories on our centenary website: [mercyhealth100years.com.au](http://mercyhealth100years.com.au)



**2:** Nurses from Mercy Private Hospital, circa 1940 **3:** The impressive Art Deco façade of Mercy Private Hospital **4:** Mother Ursula Frayne (source: Institute of Sisters of Mercy of Australia and Papua New Guinea Archives) **5:** Mercy nurses inspect the architectural model for the new Mercy Maternity Hospital, circa 1970 **6:** The nursery at Mercy Private Hospital, circa 1960

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**Cover:** Providing care through the decades (L-R): Mercy Maternity Hospital, East Melbourne, 1970's; Werribee Mercy Hospital nurses (L-R) Prue and Nicole; Surgeon E Prendergast at work with assistant, anaesthetist and from left Sisters Monica King, Pamela Mary Joyce, June Rohan standing beside diathermy machine. **Back cover:** Mercy Private Hospital, East Melbourne, opening ceremony, in front of an audience of 6,000 people. The hospital was blessed by His Eminence Cardinal Joseph McRory, with the official party including Prime Minister Joseph Lyons and Archbishop Mannix.

# WELCOME

“When I think we are done we seem to be beginning again,” wrote the Founder of the Sisters of Mercy, Catherine McAuley.

As we write this, we are reminded by the truth of those words, more than 150 years after they were first penned.

Mercy Health was poised to celebrate a milestone in 2020, marking 100 years since the Sisters of Mercy first opened St Benedict’s Hospital in Malvern. Instead, our celebrations have been eclipsed by a summer of bushfires followed by the coronavirus pandemic. Throughout it all, Mercy Health has remained motivated by our mission — to bring God’s mercy to those in need. Just as the Sisters of Mercy provided much-needed care during the deadly influenza pandemic of 1919, Mercy Health continues to respond to the needs of our own time, inspired by the courage, vision and determination of those who began our healthcare journey a century ago.

Mercy Health has navigated the challenges presented by the coronavirus pandemic, with our organisational response coordinated by a central team, the Mercy Incident Command System (MICS). Guided by the advice and direction of the Victorian Department of Health and Human Services, the MICS has implemented and communicated a range of measures to protect the health and safety of our staff, patients and visitors. These have included introducing visitor restrictions and screening for everyone visiting our sites, implementing telehealth solutions and increasing staff training in areas such as infection control and

prevention. Despite the many changes, we have continued to prioritise compassionate and respectful care for our patients and clients, as well as support for our staff through this challenging time.

Mercy Health has continued to innovate and grow to meet the needs of our community. In August 2019, we opened the Werribee Mercy Hospital (WMH) Paediatric Ward, giving Wyndham families better and closer access to healthcare. Other examples include the expansion of the Mercy Health Breastmilk Bank; training 35 clinical staff to be clinical champions as part of our response to family violence; launching *Speaking Up For Safety* training in October 2019; and the ongoing work of Mercy Perinatal, in partnership with the University of Melbourne, in the areas of research, education and clinical care, to improve health outcomes for women and babies.

During what has been a very challenging year for us all, we are grateful for the support and guidance from the State Government of Victoria. We thank all of our patients, clients, families and carers for the trust they place in us to care for them. Finally, we thank our staff for your unwavering compassion and commitment to fulfilling our mission.

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Mercy Hospitals Victoria Ltd for the year ending 30 June 2020.



**Adjunct Professor  
Stephen  
Cornelissen**  
*Group Chief  
Executive Officer*



**Ms Virginia Bourke**  
*Chair*

# INTRODUCTION

In my first year as Chief Executive Health Services, I have been extremely proud of the way our staff have navigated significant obstacles as we continue to provide the best possible experiences and outcomes for the people in our care.

The past year saw the expansion of the Mercy Health Breastmilk Bank to three satellite sites, giving more sick babies across the state access to pasteurised donor breastmilk. We welcomed our first paediatric patient to Werribee Mercy Hospital in August 2019 and continue to build up the paediatric services to enable everyone in the City of Wyndham to access services closer to home. Mercy Health O’Connell Family Centre celebrated 70 years of service to families across the state from its Canterbury site, a momentous occasion in a year that the broader organisation celebrated 100 years of Mercy healthcare.

Mercy Health — Health Services took further steps towards reconciliation, with work on our *Innovate Reconciliation Action Plan* well underway. We also published the inaugural *Mercy Health Accessibility Action Plan*, outlining the steps we are taking to support all people with disability who access our services or choose to work with us. We also intensified our focus on the sustainability of our services through the establishment and implementation of our Fit

for the Future program, looking at opportunities for organisational efficiency.

These achievements do not happen in isolation and we need to acknowledge and thank our partners from a range of externally based organisations for their engagement and contribution. We also thank the Victorian Government for its ongoing support.



**Jason Payne**  
Chief Executive  
Health Services

A handwritten signature in white ink that reads "J. Payne".



Mercy Health O’Connell Family Centre staff and invited guests, including the two remaining Family Care Sisters, Sister Jill and Sister Michelle, gathered to celebrate 70 years of service to families. (Photograph taken prior to COVID-19 requirements)

# FINANCIAL COMMENTARY

Operating result	2020 \$000	2019 \$000	2018 \$000	2017 \$000	2016 \$000
Total revenue	447,109	418,690	411,984	359,916	312,912
Total expenses	459,560	428,670	361,521	332,337	301,299
<b>Net result from transactions</b>	-12,451	-9,980	50,463	27,579	11,613
Total other economic flows	-1,399	-4,574	-134	1,498	-817
<b>Net result</b>	-13,850	-14,554	50,329	29,077	10,796
Total assets	220,161	228,332	220,744	147,830	119,302
Total liabilities	118,307	112,698	90,556	67,971	68,520
<b>Net assets/Total equity</b>	101,784	115,634	130,188	79,859	50,782

	2019-20
<b>Net operating result *</b>	1
Capital purpose income	3,524
Specific income	0
Assets provided free of charge	0
Assets received free of charge	0
COVID-19 State Supply Arrangements — Assets received free of charge or for nil consideration under the State Supply	0
State supply items consumed up to 30 June 2020	0
Expenditure for capital purpose	0
Depreciation and amortisation	-15,976
Impairment of non-financial assets	0
Finance costs (other)	0
<b>Net result from transactions</b>	-12,451



The 2020 financial year was a challenging one for Mercy Hospitals Victoria Ltd (MHVL) from an operating result perspective, with MHVL incurring a substantial Comprehensive Loss for the year of \$13.8M.

The Loss result for the 2020 financial year includes Long Service Leave revaluation adjustments of negative \$1.4M, as well as depreciation expenses \$16.0M, partially offset by capital and interest revenue of \$3.9M, resulting in a break-even financial result for Statement of Priorities purposes.

Significant operational costs were incurred to commission new acute, subacute and emergency services at Werribee Mercy Hospital (WMH) and from March until June, the coronavirus pandemic resulted in substantial operational expenses to prepare for and treat patients, as well as curtailing the ability to reduce operational expenditure in other operating areas.

The coronavirus pandemic had a material negative impact on our ability to achieve acute inpatient targets, due to the cancellation of elective surgery, temporary reduction in Emergency Department presentations and acute medical admissions for several months impacting both WMH and Mercy Hospital for Women.

Throughout the financial year, additional funding provided by the Department of Health and Human Services to support coronavirus expenses and support MHVL in achieving its Statement of Priorities (SoP) financial projections meant that SoP targets were met in this area.

There were no events subsequent to balance date that are expected to have a significant effect on the operations of MHVL in subsequent years.

# MERCY HOSPITALS VICTORIA LTD

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Mercy Hospitals Victoria Ltd (formerly Mercy Public Hospitals Inc) is a Denominational Hospital per Schedule 2 of the *Health Services Act 1988* (Vic).

Mercy Hospitals Victoria Ltd forms part of Mercy Health, a Catholic not-for-profit organisation, which provides a range of health, aged and community care services to communities in Victoria, the Australian Capital Territory, New South Wales, Western Australia and Queensland. Mercy Health works closely with government to identify and respond to current and emerging health needs in our communities. We acknowledge the generous support offered by the Victorian Government over the past 12 months.

The relevant ministers for the reporting period were:

- The Hon Jenny Mikakos MP, Minister for Health and Minister for Ambulance Services
- The Hon Martin Foley MP, Minister for Mental Health

The predominant objectives for which Mercy Hospitals Victoria Ltd was established are:

1. to carry on or assist in the carrying on of the charitable activities of the Sisters of Mercy in connection with hospital, healthcare and related services.

2. to operate:

- Mercy Hospital for Women, Heidelberg
- Werribee Mercy Hospital
- other hospitals, health and related services, as determined by the Company.

3. to educate and train:

- medical, nursing, social welfare and pastoral care students at undergraduate, intern and postgraduate level
- others engaged in hospital, healthcare and related services on a paid or voluntary basis.

The Company operates at all times as part of the mission of the Catholic Church in conformity with canon law and in conformity with the ethical framework of the Institute of Sisters of Mercy of Australia and Papua New Guinea.

Central to our mission is providing care for those in need, irrespective of religion, faith, beliefs or background.

# OUR SERVICES

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Mercy Hospitals Victoria Ltd provides acute and subacute hospital care, mental health programs, specialist women's and newborns' health, early parenting education and support, and palliative care services.

**Mercy Hospital for Women (MHW)** is a tertiary hospital based in Heidelberg, Victoria offering obstetric, gynaecological and neonatal services. The Neonatal Intensive Care Unit is co-located with the Special Care Nursery and collectively they care for some of Victoria's most unwell babies. The facility also provides perinatal medicine, perioperative services, women's health and diagnostic services. It is a major teaching hospital and specialist referral centre with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynaecological cases.

**Werribee Mercy Hospital (WMH)** is a general hospital providing comprehensive care in the south-western region of Melbourne. The hospital provides surgical, medical, emergency, intensive care, maternity, newborn, renal dialysis, paediatrics, mental health, subacute, rehabilitation and palliative care services. The hospital also provides a range of home-based support services including Hospital in the Home and Midwifery in the Home.

**Mercy Health O'Connell Family Centre (OFC)** is an early parenting centre based in Canterbury, Victoria. It focuses on the needs of vulnerable families and young children. The residential, day and community programs provide child-focused parenting skills to promote safe child development. The centre is increasing its support for vulnerable families including families with mental health issues. Services include residential, day and community programs, Cradle to Kinder program (home-based education and support) and the Play Steps program.

**Mercy Mental Health** supports people in south-west metropolitan Melbourne with severe and complex mental illnesses by providing acute and community-based care.

Services are available to adults through acute inpatient programs, residential rehabilitation programs and crisis and community recovery-focused treatment programs. Mercy Mental Health also offers inpatient and community specialist perinatal mental health services to women and infants in western Victoria.

**Mercy Palliative Care** is a 24-hour service, which provides in-home support and assistance with all aspects of care relating to a patient in the advanced stages of their disease. While not officially part of Mercy Hospitals Victoria Ltd, Mercy Palliative Care is integrated into Mercy Health's service delivery. Service delivery is through a dedicated 12-bed inpatient palliative care service at WMH and through home-based palliative care services for people living in the western metropolitan region. Counselling, nursing and medical services, allied therapies, grief counselling and pastoral care services provide continuity of care to patients, their families and carers.

# MERCY HEALTH STRATEGIC FRAMEWORK 2018–22

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The *Mercy Health Strategic Framework 2018-22* provides the structure for which strategic decisions are made within Mercy Health.

Our mission — to bring God’s mercy to those in need — defines what we do while our values of compassion, hospitality, respect, innovation, stewardship and teamwork speak to how we do it.

The *Mercy Health Strategic Framework 2018-22* is grounded in our Catholic heritage while recognising contemporary influences on our organisation. The Framework articulates five broad goals and associated objectives.

## Care first

- We will respond to the needs of our community in person-centred approaches.
- We will care for, and about, marginalised and disadvantaged groups.
- We will empower people and partner with them to make informed decisions and choices.

## Leading through service excellence and innovation

- We will provide safe, mission-driven, high-quality and expert services and care.
- We will use research, evidence and teaching to continue building on our expertise and improving our services.
- We will invest in technology and innovation to improve the outcomes of those for whom we care.

## Differences made through partnerships

- We will collaborate and innovate with others to improve outcomes for the communities we serve.
- We will plan for, respond to and advocate for the current and emerging needs of our communities.
- We will work with the Church, government and others to extend our reach to our global community.

## A growing, resilient and sustainable organisation

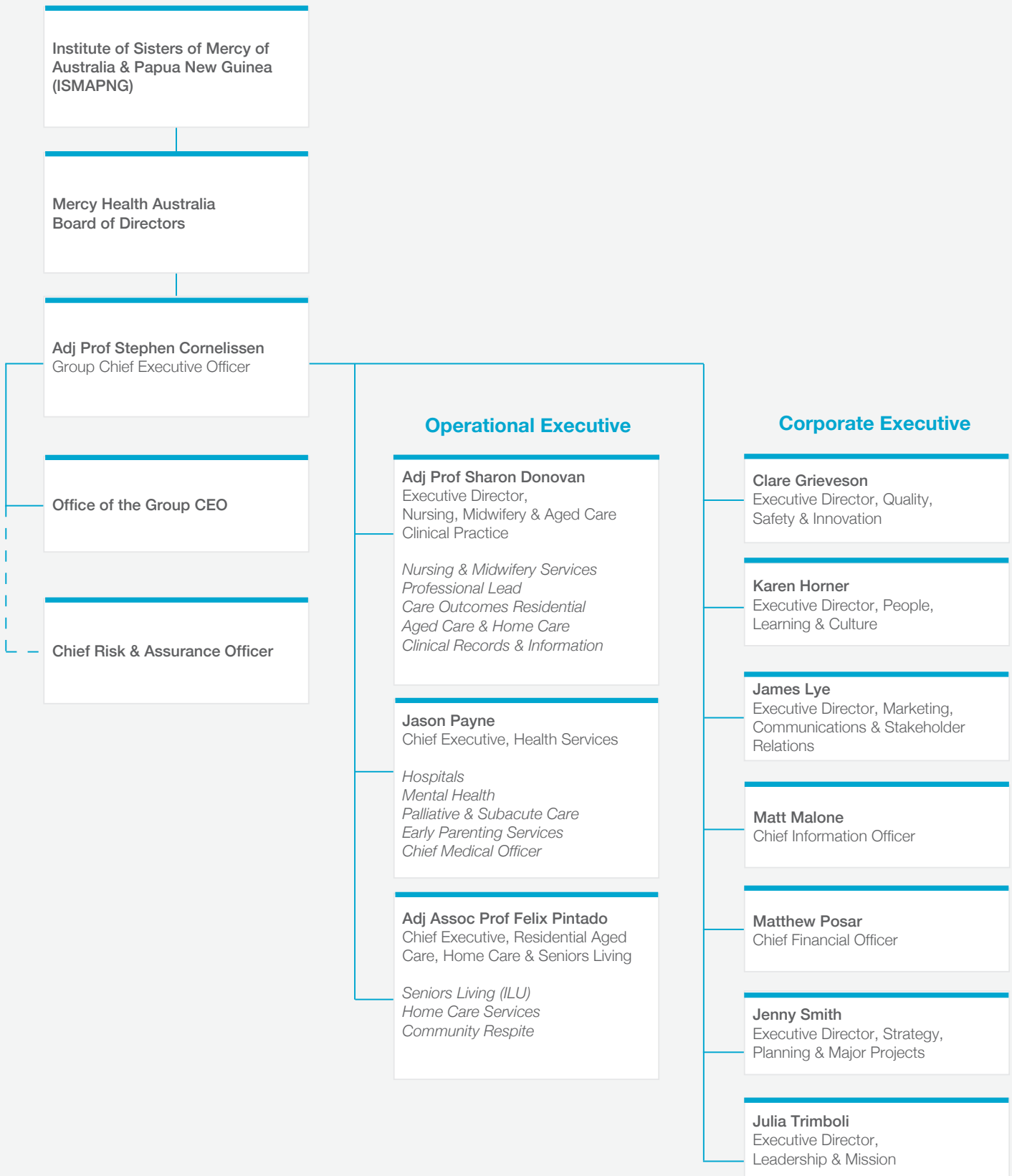
- We will pursue opportunities that provide diversification and growth of our services.
- We will operate with financial diligence and use contemporary business disciplines to ensure sustainability.
- We will act responsibly and care about environmental sustainability.

## Strong mission-driven culture and vibrant workforce

- We will embody our values in everything we do and form our people to bring life to our mission.
- We will advance our commitment to an inclusive, flexible and safe workplace.
- We will foster continual learning, development and leadership.

The Framework is supported by the *Mercy Health Long Term Operational Plan 2018-22* and will be monitored against a range of success indicators. It has been put into action through annual business plans that detail strategic initiatives that realise our mission.

# ORGANISATIONAL STRUCTURE



# GOVERNANCE

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## **Mercy Hospitals Victoria Ltd Board**

Ms Virginia Bourke (Chair)  
Ms Jo Barker  
Ms Margaret Bounader  
Mr John Corcoran AM (Deputy Chair)  
Mr Martin Day  
Adjunct Clinical Associate Professor Ian Haines  
Sr Berice Livermore RSM  
Mr Tim O'Leary  
Adjunct Professor Susan Pascoe AM  
Adjunct Professor Francis Sullivan AO  
(appointed 12 November 2019)

The Board is supported by five committees.

## **Finance, Audit and Risk Committee**

Mr John Corcoran AM (Chair)  
Ms Jo Barker  
Mr Martin Day  
Ms Sandy Lawson (commenced term May 2020)  
Mr Tony Ryan  
Mr Bruno Secatore (concluded term November 2019)

## **Ethics Committee**

Mr Martin Day (Chair)  
Dr Frances Baker RSM  
Adjunct Professor Stephen Cornelissen  
Mr Diarmid Davine  
Dr Genevieve Green  
Ms Mary Klasen  
Reverend Kevin McGovern (commenced term May 2020)  
Reverend Emeritus Associate Professor Cormac Nagle OFM (Deputy Chair)  
Dr Carol Ong RSM  
Mr Jason Payne (commenced term March 2020)  
Adjunct Associate Professor Felix Pintado (commenced term March 2020)  
Mr Michael Taylor  
Ms Julia Trimboli  
Dr Bernadette White

## **Quality Committee**

Adjunct Clinical Associate Professor Ian Haines (Chair)  
Ms Kate Birrell  
Ms Virginia Bourke (concluded term February 2020)  
Ms Polly Caldwell  
Dr Jacqueline Collett  
Dr Michelle Goh RSM  
Sr Berice Livermore RSM (commenced term April 2020)  
Mr Marcel Mihulka  
Ms Sally Moore

## **Human Research Ethics Committee**

Mr Tim O'Leary (Chair)  
Dr Fiona Brownfoot  
Mr Diarmid Davine  
Reverend Dr Hoa Dinh SJ (concluded term April 2020)  
Mr James Dwyer  
Professor Christine East  
Dr Philip Henschke (commenced term March 2020)  
Associate Professor Lisa Hui  
Ms Margaret Joss  
Ms Kathryn McNulty (commenced term March 2020)  
Reverend Emeritus Associate Professor Cormac Nagle OFM  
Emeritus Professor Margaret O'Connor AM  
Professor David O'Neal  
Dr Josephine Power (commenced term March 2020)  
Dr Neelofar Rehman (commenced term March 2020)  
Professor Peter Rendell (concluded term December 2019)  
Dr Meredith Tassone (commenced term March 2020)  
Dr Andrew Watkins

## **Corporate Governance Remuneration and Nomination Committee**

Ms Virginia Bourke (Chair)  
Mr John Corcoran AM  
Adjunct Professor Susan Pascoe AM

# BOARD

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## Ms Virginia Bourke, Chair

Virginia joined the Mercy Health Boards in 2016 and is Chair of the Mercy Health Corporate Governance, Remuneration and Nomination Committee. She has served as a director of several not-for-profit organisations including a term as a Director of Mercy Health from 2008–2014, and as a member of the Mercy Health Human Research Ethics Committee and the Mercy Health Quality Committee. She is currently Chairman of St John Ambulance Victoria, a Director of St John Ambulance Australia, a Director of the Mater Group and a Director of Catholic Health Australia. Virginia is also a Member of the National Council of Caritas Australia, a Member of the Boards Appointment Committee with the Catholic Archdiocese of Melbourne and an Advisory Board Member for the PM Glynn Institute at Australian Catholic University.

Virginia is a lawyer and consultant in private practice with a breadth of corporate governance and commercial experience. She is a consultant with the national health industry group at MinterEllison Lawyers and previously worked as General Counsel for the Institute of Sisters of Mercy of Australia and Papua New Guinea and as Special Counsel in the Employment Law group at MinterEllison Lawyers. Virginia brings a community perspective to her role as Chair of the Mercy Health Boards, informed by her long involvement with local parish, school and not-for-profit organisations.

*"I am proud to be part of the Mercy story. For me there is immense appeal in the story of Catherine McAuley: a visionary, yet practical woman, whose leadership style was based on warm relationships with those around her. I believe one of the strengths of our Boards is the diversity of its members, particularly its gender diversity. I aim to contribute not only my professional skills, but my real life experience and my perspective as a woman involved in many aspects of community life."*

## Ms Jo Barker

Jo joined the Mercy Health Boards and the Mercy Health Finance, Audit and Risk Committee in 2015, and provides valuable business knowledge and insight.

Jo is a partner within EY's Strategy and Transaction team (SaT) in Melbourne.

She has over 25 years of transaction experience in Australia, Asia Pacific and the UK, helping private and public companies achieve long-term competitive advantage by advising on the management of all aspects of their capital agenda.

Jo also serves as the Oceania Consumer Markets Service Leader and sits on the SaT Leadership team.

*"I hope that my commercial experience and diverse perspective are a valuable addition to the existing strong Board and management capability."*

## Ms Margaret Bounader

Margaret joined the Mercy Health Boards in 2011. She was also appointed as a Non-Executive Director of the Mercy Health Foundation in 2013 and Deputy Chair in 2018. Margaret has more than 20 years' experience working in international trade and investment. During her career with Austrade, she worked with companies from SMEs to large multinationals across all industry sectors, helping them win business in overseas markets. She spent 10 years working overseas as a diplomat holding Trade Commissioner positions in South Africa, Nigeria, Singapore and Malaysia. She is a co-founder of the Women in Global Business program and previously a member of the City of Melbourne's Enterprise Melbourne Advisory Board. She was appointed in 2018 to the Victorian Chapter of the Australian Catholic University.

*"I am inspired by the dedication and focus on care of Mercy Health staff in treating every person with dignity and compassion at every stage of life."*

## Mr John Corcoran AM

John has been on the Mercy Health Boards since 2011 and was appointed Deputy Chair in 2019. He is Chair of the Mercy Health Finance, Audit and Risk Committee and a member of the Mercy Health Corporate Governance, Remuneration and Nomination Committee. John has a Bachelor of Laws (Monash) and Bachelor of Economics (Monash), as well as being an Accredited Specialist in Business Law (Law Institute of Victoria). He is a former Chairman and executive partner of Russell Kennedy, and now serves as a Principal of the firm.

John was a recipient in 2001 of the Centenary Medal for services to Australian society and to the law. John is Chairman of Legal Practitioners' Liability Committee, and was on the Legal Service Board from 2005–2010, and again in 2013. He was Law Council of Australia President in 2009, Law Institute of Victoria President from 2001–2002, and a London Board Member of the International Bar Association, 2009–2012. John was named in Best Lawyers' 2013 and 2019 Lawyer of the Year Award in Retirement Villages and Senior Living Law. John was awarded an Order of Australia (AM) in the 2017 Australia Day Honours.

*"I enjoy being associated with such a diverse organisation that provides care and support to so many members of our community. I hope that my experience and input at Board level can help our dedicated staff in carrying out the Mercy mission. The vision and Catholic ethos of the Sisters of Mercy inspire us to continue the good work of our predecessors."*

## Mr Martin Day FAICD

Martin has been on the Mercy Health Boards since 2016. He is Chair of the Mercy Health Ethics Committee and a member of the Finance, Audit and Risk Committee. Prior to this, Martin was Chief Executive Officer of the Private Hospitals Division of St Vincent's Health Australia, which included eight leading private hospitals in Melbourne, Sydney, Brisbane and Toowoomba. Martin held senior executive roles in the health service industry for 23 years, in both Australian and international acute healthcare markets, including South East Asia and the Pacific. He also has 18 years of corporate governance experience in the not-for-profit sector, including healthcare and, for the past six years, industry superannuation.

Martin's qualifications include: Associate Diploma of Valuations and Real Estate Management, RMIT; Master of Business Administration, Deakin University, Victoria; Fellow of Australian Institute of Company Directors; and Graduate of the Australian Institute of Superannuation Trustees. His industry experience includes risk management, clinical governance, workforce development, financial management, operational management, stakeholder engagement, public/private partnerships and social accountability. Martin is also a Director of Prime Super, an industry superannuation fund serving the primary industry, rural and regional, health and education sectors.

*"I am inspired by founding Sister of Mercy, Catherine McAuley, and her successors, who have dedicated their lives to improving the wellbeing of those who are less fortunate than others, vulnerable, and in need of compassion and holistic care. These works are now largely provided by laypersons who, like the Sisters of Mercy, have a very strong vocation and actively embrace the mission, vision and values of Mercy Health."*

## Adjunct Clinical Associate Professor Ian Haines FRACP FACHPM

Ian joined the Mercy Health Boards in 2016 and is Chair of the Mercy Health Quality Committee. Ian has more than 30 years of experience as a Medical Oncologist and has a special interest in medical ethics, palliative care and health equity, as a participant in professional, government, non-government and community work in all three areas. He is also active in community health, lecturing to diverse groups on cancer treatments and palliative care topics and he regularly writes articles and reviews for local and international journals. He is an advisor to medical panels, legal firms and government superannuation funds.

Ian is an Adjunct Clinical Associate Professor in the Department of Medicine, Monash University at The Alfred and Cabrini Hospitals, where he has particular research interests in treatment of early prostate cancer, palliative care and end-of-life care, alternative therapies for cancer and relations between physicians and industry. He is a member of the American Society of Clinical Oncology, Clinical Oncology Society of Australia and the Ethics Subcommittee of the Medical Oncology Group of Australia.

*"I am fortunate to have worked at Cabrini for 30 years and have a deep respect and admiration for the many devoted and wonderful people that work in the Catholic healthcare sector. In my time at Mercy Health thus far, I have been impressed by the calibre of the people and the organisation and its strong commitment to mission and the care of the less fortunate in our community. I look forward to contributing to the vision and growth of Mercy Health."*

### **Sr Berice Livermore RSM**

Berice joined the Mercy Health Boards in November 2018 and joined the Mercy Health Quality Committee in 2020. A Religious Sister of Mercy, Berice has various qualifications including a Bachelor of Health Administration, as well as extensive experience administering non-profit organisations, particularly in healthcare.

Berice is a consultant to many religious congregations, assisting them in their financial management, governance, and planning of strategies for meeting the demands of caring for the elderly among them.

Berice has been a Sisters of Mercy Congregation Leader and Community Leader, Chair of the Institute Finance Committee, Chair of Catherine McAuley Services Ltd and Chair of St Joseph's Cowper Ltd. She is currently a member of the Board of Mercy Works Ltd and Chair of The Corporation of the Trustees of the Sisters of Perpetual Adoration of the Blessed Sacrament Ltd ATF The Sisters of Perpetual Adoration Trust.

*"As a Sister of Mercy I am grateful for my membership of the Board of Mercy Health. It provides me with the opportunity to witness and be inspired by the strong commitment to the Mission of Mercy of my fellow directors and staff of this important organisation in the lives of the Sisters of Mercy."*

### **Mr Tim O'Leary**

Tim joined the Mercy Health Boards in 2016 and is Chair of the Mercy Health Human Research Ethics Committee. Tim is an experienced corporate affairs executive, having worked in the oil, banking and telecommunications industries. He is currently Executive Director Stewardship for the Catholic Archdiocese of Melbourne. In this role he is responsible for the business, financial and governance aspects of the Archdiocese.

Tim is a Member of Council at Newman College (University of Melbourne) and a board member of the Telstra Foundation. He is also a former Board member of eMotion 21, a small community arts organisation catering for the needs of young people with Down Syndrome. Tim has an Honours degree in Arts and a Graduate Diploma in Philosophy from the University of Melbourne.

*"I welcome the opportunity to support and serve the ministry of Mercy Health. It is a privilege to be part of a Catholic organisation providing compassionate and responsive care to all people, but especially the vulnerable and disadvantaged, at all stages of life."*

### **Adjunct Professor Susan Pascoe AM, FAICD, FIPAA, FACE**

Susan was appointed to the Mercy Health Boards in March 2018 and is a member of the Mercy Health Corporate Governance, Remuneration and Nomination Committee. She is President and Chair of the Australian Council for International Development (ACFID), Chair of the Community Director's Council and co-Chair of the Charities Crisis Cabinet. Susan was a member of the Australian Catholic Bishops Conference Safeguarding Steering Committee, and its Governance Review Project Team from 2019 to April 2020.

Susan was the inaugural Commissioner for the Australian Charities and Not-for-profits Commission (ACNC) from 2012-17 and subsequently co-chaired a review of early childhood education in Australia. From 2006-2011, Susan was Commissioner of the State Services Authority in Victoria. In 2009, she was appointed as one of three commissioners for the Royal Commission into Victoria's Black Saturday bushfires.



Susan's earlier career was in education. She served as President of the Australian College of Educators, Chief Executive Officer of the Victorian Curriculum and Assessment Authority and Chief Executive of the Catholic Education Commission of Victoria. Susan chaired the Australian National Commission for UNESCO and has chaired or served on a number of education, health and government boards.

In 2007, Susan was appointed Member of the Order of Australia for service to education. In 2016, she was awarded the Leadership in Government Award for her outstanding contribution to public administration in Australia.

*"I was educated by Mercy sisters in primary school, and have worked with a number of Mercy women as education colleagues as well. I have deep respect for their commitment to the poor and marginalised, and to their professional approach to their missionary endeavours. I am honoured to have some role in continuing the work of Catherine McAuley here in Australia."*

### **Adjunct Professor Francis Sullivan AO**

Francis was appointed to the Mercy Health Boards in November 2019. He is committed to equity and justice and has been highly successful in bringing a social conscience to the political debate on health and aged care issues. In 2020, Francis was appointed an Officer of the Order of Australia for his distinguished service to the community, particularly through social justice and legislative reform initiatives, and to health and aged care.

Francis is Chairman of the Board of the Mater Group and prior to this was Chief Executive Officer at the Truth, Justice and Healing Council and Secretary General of the Australian Medical Association.

He spent 14 years as the Chief Executive Officer of Catholic Health Australia, speaking for 73 private and public hospitals and more than 500 aged care services across Australia. Prior to that, Francis was senior advisor to the Minister for Health in Western Australia.

Francis has a masters degree in theology from Loyola University in Chicago and a bachelor degree in politics from Curtin University in Western Australia. Early in 2008, the Australian Catholic University awarded Francis an honorary doctorate for his work in public health advocacy. He is also an Adjunct Professor at the Australian Catholic University.

*"I have been fortunate to see close hand the exceptional way in which the Sisters of Mercy have risen to the contemporary challenges of health and aged care in our community. Their resolve to continue a gospel-based ministry in highly competitive and exacting environments plus their unswerving dedication to the disadvantaged and marginalised not only inspire me but beckon me to join in the unfolding story of Mercy Health today."*

# EXECUTIVE

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## **Adjunct Professor Stephen Cornelissen BN, MHA, GradCert Lead&Cath Cult, PGDip Strat&Inn (Oxf), FAICD**

*Group Chief Executive Officer*

Stephen is an experienced healthcare executive who assumed the role of Group Chief Executive Officer, Mercy Health on 1 July 2011.

During Stephen's tenure, Mercy Health has grown to one of Australia's top 70 private companies, providing health, aged and home care services in Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory.

Stephen is committed to, and passionate about, providing and advancing relevant and sustainable models of care and support, particularly for those who are disadvantaged or facing adversity. For his commitment to advancing the health and aged care sector, Stephen holds an Adjunct Professor title with the Australian Catholic University and is a Pay Equity Ambassador with the Workplace Gender Equity Agency.

Prior to joining Mercy Health, Stephen held several senior executive roles in New Zealand and South Australia, having worked at provider and state policy and funding levels of the health system.

Stephen is a Non-Executive Director of Aged and Community Services Australia (ACSA), Paramedics Australasia and the Global Ageing Network (formerly IASHA).

Stephen has academic qualifications from a number of universities in Australia and the University of Oxford, and with graduate qualifications is a Fellow of the Australian Institute of Company Directors. In 2016, The CEO Magazine awarded Stephen CEO of the Year and Health & Pharmaceuticals Executive of the Year.

## **Mr Jason Payne BN, GC-HLTHSM, DipBus, MC-ENT**

*Chief Executive Health Services*

Jason was appointed Chief Executive Health Services in October 2019. This role has operational oversight of Mercy Hospital for Women, Werribee Mercy Hospital, Mercy Mental Health, Mercy Palliative Care, Mercy Health O'Connell Family Centre as well as hospital

services in New South Wales. Prior to this Jason was the Chief Operating Officer, Health Services, a position he had held since December 2018. Jason has a clinical background in nursing and 25 years' experience in the Victorian public health sector across a variety of care settings. Previously he has worked at the Department of Health and Human Services and across a broad range of roles at Austin Health including the Executive Director Clinical Operations and Ambulatory Services and the inaugural Director of Cancer and Neurosciences at the Olivia Newton-John Cancer Wellness & Research Centre.

Jason believes strong consumer engagement is critical for improving better patient care and outcomes and has a passion for working with our consumers to achieve this.

## **Adjunct Professor Sharon Donovan BN, Mid Cert, MBA, GAICD**

*Executive Director, Nursing, Midwifery and Aged Care Clinical Practice*

Sharon was appointed to Mercy Health — Health Services in February 2018 as Executive Director Nursing and Midwifery for the public hospitals in Victoria and NSW. In 2019, her role was expanded to provide clinical practice and professional leadership in Mercy Aged Care Services.

Sharon has more than 20 years' experience at executive level in public and private health services including Ballarat Health Services, Alfred Health and Epworth Healthcare. She has also had experience as CEO in a large multi-site aged care business. Sharon has expertise in clinical and corporate governance, clinical and corporate risk management, university partnership development, change management and process redesign. She has a strong interest in improving the patient/resident experience and in supporting nursing and midwifery leadership to deliver this experience.

Sharon is a Registered Nurse and Registered Midwife with a Bachelor of Nursing, Postgraduate Midwifery certificate and a Masters of Business Administration specialising in human resource management. She is a member of the Australian Institute of Company Directors, has received awards for leadership and has public and private Board experience.

**Ms Clare Grieveson BSc (Hons) (Lond),  
MHSM, GradCert Lead&Cath Cult,  
AFACHSM, GAICD**

*Executive Director, Quality, Safety and Innovation*

Clare assumed the role of Executive Director Quality, Safety and Innovation in February 2014. She is responsible for the overall leadership and direction of consumer experience, service improvement, work health and safety, WorkCover, emergency management, business continuity planning, quality compliance and quality improvement for Mercy Health. Clare has a clinical background in speech pathology and 25 years' experience in the health industry, including senior management roles at Monash Health and service planning and performance roles at the Victorian Department of Health and Human Services. She is an Associate Fellow of the Australasian College of Health Service Management and Graduate of the Australian Institute of Company Directors. She is a Board Director of Assisi Centre Aged Care and a member of the Board Finance and Risk Management Committee at McAuley Community Services for Women.

**Ms Karen Horner BA (Social Sciences),  
GDipLabRelLaw**

*Executive Director, People, Learning and Culture*

Karen held a number a senior positions within the People, Learning and Culture team before her appointment in January 2020 to the position of Executive Director People, Learning and Culture.

During her professional career Karen has held senior roles, most recently with the Catholic Archdiocese of Melbourne but also in range of not-for-profit organisations including an automobile club, healthcare, multicultural education services and an employer association as well as roles in the for-profit sector in logistics and financial services.

**Mr James Lye B Bus (Communication),  
AAICD**

*Executive Director, Marketing, Communications and Stakeholder Relations*

James joined Mercy Health in 2016 after 20 years in industry, government and in corporate and not-for-profit organisations across aged care, education, mining and resources, marketing and professional services.

James provides leadership to Mercy Health on marketing strategy, communications and media, government and public policy engagement, and stakeholder relations.

James has advised on public policy and marketing in health, mental health, education and early childhood development, child protection, housing, ICT and biotechnology, emergency management and youth justice. He has been a member of the national government strategy team for a global professional services firm.

James has a special interest in the role of creativity and design thinking in strategy, marketing and public policy. He is an Executive Fellow of the Australian and New Zealand School of Government.

**Mr Dmitri Mirvis BSc**

*Chief Information Officer (concluded term March 2020)*

Dmitri commenced as Chief Information Officer with Mercy Health in 2012. Dmitri was responsible for the leadership and direction of the Information and Communications Technology department for Mercy Health, overseeing and developing key strategic and transformational programs for the organisation.

Dmitri has more than 26 years' experience in the IT industry including 14 years in senior positions with multinational organisations based in Asia and Australia. Dmitri has significant experience leading IT strategy, planning and business and has held senior roles at Standard Chartered Bank and global commodities trading and supply chain business Noble Group.

## **Mr Matthew Posar BBus, Grad Diploma (Investment), CA**

*Chief Financial Officer*

Matthew assumed the role of Chief Financial Officer at Mercy Health in June 2018. His role involves oversight and direction of the finance and business services function of the organisation.

An accomplished senior Executive with considerable CFO and CEO experience, Matthew has a strong commercial background and demonstrated executive experience in ASX listed, private equity-backed companies and not-for-profit organisations. He has leadership experience in the fields of professional services, mining and health.

Prior to joining Mercy Health, Matthew was CFO and Head of Corporate Services of headspace, the National Youth Mental Health Foundation, from 2012 to January 2018. In addition to his CFO role, he also was the headspace Interim CEO from June 2016 to February 2017.

Matthew has a proven track record in delivering successful commercial and strategic outcomes, with expertise in all aspects of finance including accounting, treasury, government funding, and risk management.

## **Ms Jenny Smith BComp (CompSci, InfoSys, Acctg), CPA, MBA, GAICD**

*Executive Director, Strategy, Planning and Major Projects*

Jenny commenced with Mercy Health in October 2009 and has held a number of senior positions in both finance and strategy. Jenny was appointed as Executive Director Strategy, Planning & Major Projects in February 2018. Jenny is focused on 'future beds', providing oversight for strategy, service planning, capital development, commissioning and group property. With an ambitious growth agenda and a drive for excellence, Mercy Health is actively expanding and developing our future service offerings.

Jenny has more than 20 years' experience working across a number of industries including mining and resources, media, airlines, telecommunications, financial services and consulting.

## **Ms Julia Trimboli MA (Th), M Sc (Bioethics)**

*Executive Director, Leadership and Mission*

Julia was appointed to the position of Executive Director Leadership and Mission in 2015. She is responsible for exploring what Catholic mission means from a contemporary health perspective and integrating it into Mercy Health's culture, policies and practices.

She provides leadership and advice on topics as diverse as person-centred care, ethics, pastoral care and sustainability.

Julia leads the organisation's formation strategy, helping to ensure the principles of Catholic care are reflected in the health, aged and home care services delivered by Mercy Health. Formation programs are developed for the Board, Executive, management and staff.

Julia has decades of experience in Catholic education and health, and a deep understanding of Catholic culture and faith. She has held senior roles in mission at Catholic Health Australia, Calvary Health and Community Care and Cabrini Health.

Julia is Executive Sponsor for the Board Ethics Committee and led Mercy Health's response to the Victorian legislation on Voluntary Assisted Dying. She is the Executive sponsor of Mercy Health's response to the Pope's Encyclical, 'Laudato Si' with the development of Caring for people and planet: Mercy Health's strategic response to 'Laudato Si' 2020-25.

She is a member of many external committees including Catholic Health Australia's Voluntary Assisted Dying Implementation Taskforce and the Global Catholic Climate Movement.

Julia has completed a Master's Degrees in Bioethics and Theology, as well as graduate and further studies in education, human rights, social justice and interfaith relations.

# HEALTH SERVICES LEADERSHIP TEAM

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## **Associate Professor David Allen MBChB, MMed (O&G), FCOG (SA), FRANZCOG, CGO, AFRACMA, PhD**

*Chief Medical Officer*

David started working at the Mercy Hospital for Women in 1991 as a Fellow commencing his training in gynaecological oncology. In 1993-94 David spent 15 months in the Netherlands gaining further experience in gynaecological cancer surgery. David returned to Mercy Hospital for Women in April 1994 as a consultant in the Department of Gynaecological Oncology. In 1998 David was appointed Clinical Director Surgical Services. In 2007 he was appointed Chief Medical Officer/Gynaecological Oncologist, followed by a fulltime appointment as Chief Medical Officer in late 2017, when David ceased clinical work at Mercy Hospital for Women. David remains on national and state government committees and boards as well as a research foundation and national society boards.

## **Mr Allan Boston BPharm, MHA, AFCHSM, GAICD**

*Interim Chief Operating Officer — Health Services*

Allan joined Mercy Health — Health Services in May 2020 as the operational lead of health service delivery. Allan brings a wealth of executive leadership experience in healthcare accumulated over 30 years in Australia and internationally. Allan has worked for many years as a hospital CEO and in corporate group roles. Allan is passionate about patient care, patient experience and clinical governance systems having participated in the development of the 2nd Edition of the National Healthcare Standards in Australia.

## **Ms Katherine Burton BAppSc (MedRad), MBA**

*Director, Quality and Innovation*

Katherine was appointed to the position of Director Quality and Innovation in January 2019. Katherine is responsible for leading and directing the Health Services quality systems that support the provision of high-quality, patient-centred and safe care. Katherine has a clinical background in nuclear medicine. She has more than 20 years' experience in the health industry, holding various senior management and executive roles in quality and safety and operations across a broad range of health services. She also has extensive strategic project management experience.

## **Associate Professor Thomas Chan MBBS, FACEM, FRACMA, MHSM, Graduate Diploma RANZCOG**

*Clinical Services Director, Medical, Subacute and Palliative Care Services*

Thomas Chan joined Mercy Health in May 2020. He has been an emergency physician since 1998 and completed a fellowship in medical administration in 2018. Thomas was the inaugural Director of Emergency Medicine at Casey Hospital, Monash Health, for 10 years and then Director at Austin Health from 2015-20. His interest in medical administrative roles stems from a long-held passion for clinical engagement, quality and the opportunity to address health inequity. He has been involved in a number of state and college quality committees and is currently Chair of the Emergency Care Clinical Network at Safer Care Victoria, a position he has held since 2018.

Thomas is actively involved in trainee research and is a member of the Centre for Integrated Critical Care, University of Melbourne. His research and education interests are in quality and patient safety and clinical guidelines. Thomas is continually looking for opportunities to develop and connect people and teams.

## **Ms Karen Cicero, B.Bus (HRM) Distinction, M.Bus Distinction**

*General Manager Human Resources, Mercy Health — Health Services*

Karen was appointed to the role of General Manager Human Resources in January 2020. She brings extensive commercial experience across a range of industries, including health and human services; aviation engineering; catering; and manufacturing.

Karen has been recognised as a valued business partner, leading effective human resources teams to deliver outcomes. She is passionate about guiding transformational change and establishing and improving human resources functions through effective and integrated people management systems and processes.

With strong analytical problem-solving skills, Karen's background in delivering critical and integrated people metrics and analysis to business leaders supports informed decisions across Mercy Health — Health Services.

## **Mr Mark O'Connor B Com (Melb), CA**

*General Manager, Health Services Finance*

Mark joined Mercy Health in May 2011 and has been General Manager — Health Services Finance since March 2015. Mark's qualifications include a Bachelor of Commerce and a Chartered Accountant. He has more than 20 years' experience across a broad range of accounting functions and roles, including taxation, corporate governance, superannuation and financial reporting. Mark is responsible for the revenue, accounting, finance and business analytics services.

## **Ms Tanya Darrer BAppSc (Ph)**

*Acting Program Director, Ambulatory, Community and Allied Health*

Tanya has been Acting Program Director, Ambulatory, Community and Allied Health, since March 2020. She was Acting Director Allied Health January 2019 — November 2019. Tanya is a physiotherapist with a Bachelor of Applied Science (Physiotherapy), and a Professional Certificate in Health Services Management. She has been a Mercy Health staff member since 1997 and the Department Manager at Mercy Hospital for Women since 2003. Tanya's clinical background is neonatal paediatrics

## **Ms Gillian Evans (RN, RM, MHA)**

*Program Director Women's and Children's Services*

Gillian is responsible for the delivery of obstetric, gynaecology and neonatal services at Werribee Mercy Hospital and Mercy Hospital for Women, including one of five neonatal intensive care units in Melbourne and the Mercy Health Breastmilk Bank. She has more than 30 years' experience in healthcare, including 15 years practicing as a midwife before moving into healthcare management. Gillian is passionate about the provision of evidence-based quality care, ensuring safe birthing outcomes for women and babies. She believes success is driven at a grassroots level, where her work involves building a positive workplace for all staff.

## **Ms Fiona Gray RN, CCRN, GDCM, MHA**

*Program Director, Medical, Subacute and Palliative Care Services*

Fiona Gray was appointed Program Director, Medical, Subacute and Palliative Care Services in August 2016. She is responsible for a wide range of services including the emergency departments at Werribee Mercy Hospital and Mercy Hospital for Women; the acute medical wards, renal dialysis, Hospital in the Home and Intensive Care Unit at Werribee Mercy Hospital; inpatient and community palliative care services; and Victorian and New South Wales Subacute services.

Fiona is a Registered Nurse with more than 30 years' experience in Victoria's public health services, mainly in intensive care nursing and leadership. This background provides the foundation of Fiona's passion for providing the highest level of care to patients and families across the care continuum. She is particularly focused on managing acute and deteriorating patients, supporting quality end-of-life care and providing comprehensive care.

## **Ms Shannon Lang B. App. Sc. (OT)**

*Program Director, Mental Health Services*

Shannon was appointed Program Director Mental Health Services in May 2018. She is jointly responsible for the leadership and direction of the Mental Health program. Shannon has a clinical background as an Occupational Therapist and has more than 20 years' experience in health, including 14 years at a senior leadership level within the public sector. Her leadership roles have encompassed child and youth mental health, adult mental health, allied health, ambulatory care and specialty medicine, in addition to strategy, planning and access.

Shannon is focused on building capability in leaders and services that support better outcomes for people who live with a mental illness.

Shannon is a member of Safer Care Victoria's inaugural Mental Health Clinical Network, and sits on the Department of Health and Human Services' Victorian Clinical and Operational Reference Group: Clinical Mental Health Funding Reform; and Progress Measures Working Group.

## **Dr Michael J Rasmussen MBBS, MRCOG, FRANZCOG**

*Clinical Services Director, Women's and Children's Services*

Michael joined Mercy Hospital for Women as a Resident Medical Officer in 1985. After completing his Fellowship and three years overseas, he returned as a consultant Obstetrician Gynaecologist at Mercy in 1992. Michael occupied a number of roles within the RANZCOG state and federal bodies, and was awarded the President's Medal in 2017. Michael retired from private obstetric practice in 2016, and now works full-time for Mercy Health at Mercy Hospital for Women and Werribee Mercy Hospital.

## **Clinical Associate Professor Scott Simmons BSc, BMBS, FANZCA, MBA**

*Clinical Services Director, Perioperative and Specialist Services*

Scott has been a specialist anaesthetist for 25 years and Head of Anaesthesia at Mercy Hospital for Women from 2007-19. Currently, Scott is Clinical Services Director, Perioperative and Specialist Services Program. He was Chair of the Serious Incident Review Committee for seven years. Scott is a current Cochrane Collaboration author and reviewer and an editor for Anaesthesia and Intensive Care. His research interests are the use of ultrasound in obstetric anaesthesia, maternal critical care, communication for clinicians and understanding critical incidents in healthcare.

## **Associate Professor Dean Stevenson MBBCh, M.Med(Psych), FRANZCP**

*Clinical Services Director, Mental Health Services*

Dean has been a Consultant Psychiatrist with Mercy Mental Health since July 2002 and has served as the program's Clinical Services Director since June 2005. He is jointly responsible for the leadership and direction of the Mental Health Program.

Dean has a medical background in psychiatry spanning three decades, having worked as a psychiatrist in Australia and his native country of South Africa. He has over two decades' experience in clinical governance and senior leadership roles.

Dean holds an academic post as Associate Professor at the University of Notre Dame Faculty of Medicine Sydney — Melbourne Clinical School.

## **Mr Edward Wallace BN, GradDipBA**

*Acting Program Director — Perioperative and Specialist Services Program*

Edward joined Mercy Health in November 2018 as Deputy Program Director for Perioperative and Specialist Services. Edward was appointed to the position of Acting Program Director in March 2020 and is jointly responsible for the leadership and strategic direction of the Perioperative Program across Werribee Mercy Hospital and Mercy Hospital for Women.

Edward has a clinical background as a Registered Nurse and has 20 years' experience in the public health sector, including 10 years in various leadership roles. Edward is Chair of the Comprehensive Care Committee and is passionate about quality improvement at the bedside that produces results in the boardroom.

# STATEMENT OF PRIORITIES 2019/20

In 2019/20, Mercy Health was required to respond to the COVID-19 pandemic. In doing so we were unable to achieve 11 targets as per the Statement of Priorities Part A.

Goals	Strategies	Health service deliverables	Final progress
<p><b>Better Health</b></p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Work with the Department of Health and Human Services (DHHS) on the statewide early parenting centre expansion initiative with respect to services delivered by Mercy Health O'Connell Family Centre.</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• Ongoing participation in consultation meetings with DHHS related to planning of the statewide expansion of the early parenting centres to confirm impacts and opportunities for Mercy Health O'Connell Family Centre.</li> <li>• Due to the coronavirus pandemic all face-to-face services were moved to telehealth in March 2020.</li> <li>• Staged return of face-to-face services commencing early July 2020 will include some reductions in admission numbers to adhere to physical distancing requirements and shared bathrooms.</li> <li>• Options being explored to maximise access for clients for service provision under the current restrictions.</li> </ul>
		<p>Expand the Mercy Health Breastmilk Bank to support neonates at neonatal intensive care units across Victoria.</p>	<ul style="list-style-type: none"> <li>• Achieved.</li> <li>• Mercy Health Breastmilk Bank website launched August 2019.</li> <li>• Two additional satellite sites opened at Royal Children's Hospital on 7 October 2019 and Royal Women's Hospital on 14 February 2020.</li> <li>• Discussions commenced with Joan Kirner Women's and Children's Hospital to become fourth satellite site.</li> <li>• Compassionate pasteurised donor milk now able to be provided with approval from the Victorian Managed Insurance Agency.</li> <li>• Review and development of tracking software to facilitate future improved tracking, reporting and transparency of data.</li> </ul>



Goals	Strategies	Health service deliverables	Final progress
<p><b>Better Access</b></p> <p>Care is always there when people need it</p> <p>Better access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>Equal access to care</p>	<p><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Commission a new Paediatric Ward at Werribee Mercy Hospital (WMH) and grow paediatric services.</p>	<ul style="list-style-type: none"> <li>• Achieved.</li> <li>• Paediatric ward opened in August 2019.</li> <li>• Service being promoted to the local community.</li> <li>• Exploring options for service level agreement with Royal Children’s Hospital to facilitate referrals between services and for WMH to provide care closer to home for appropriate children.</li> <li>• Space identified and work commencing to provide a greater number of outpatient services to children.</li> </ul>
		<p>Complete the Service Plan for WMH.</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• Updated Service Plan provided to the Victorian Health and Human Services Building Authority.</li> <li>• We continue to participate in the Western Region Service Planning initiative led by Western Health.</li> </ul>
		<p>Progress initiatives that support implementation of an electronic medical record (eMR).</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• Single-sign-on project completed.</li> <li>• Project for My Health Record integration completed.</li> <li>• Scanning project completed June 2020.</li> <li>• Ongoing discussions with DHHS about future of eMR implementation.</li> </ul>
		<p>Commence service planning at Mercy Hospital for Women (MHW).</p>	<ul style="list-style-type: none"> <li>• Not achieved.</li> <li>• Planning delayed due to COVID-19 response</li> </ul>

Goals	Strategies	Health service deliverables	Final progress
<p><b>Better Care</b></p> <p>Target zero avoidable harm</p> <p>Healthcare that focuses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p><b>Better Care</b></p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Reduce unnecessary tests, treatments and procedures in line with the Choosing Wisely initiative.</p> <p>Implement Speaking Up For Safety™ training for clinical and non-clinical staff</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• Accepted as a Choosing Wisely Champion Health Service in December 2019.</li> <li>• Choosing Wisely Action Group established, including consumer representation.</li> <li>• A number of projects identified and work progressing with project focused on increasing efficiency of blood gas testing.</li> <li>• In progress.</li> <li>• Speaking Up For Safety™ training launched in October 2019.</li> <li>• Face-to-face training capacity impacted by coronavirus physical distancing measures and online training options developed.</li> <li>• 50 per cent of staff have been trained since the launch and strategies developed to embed principles into work practices.</li> </ul>
<p><b>Specific 2019/20 priorities</b></p>	<p><b>Supporting the Mental Health System</b></p> <p>Improve service access to mental health treatment to address the physical and mental health needs of consumers.</p>	<p>Increase access to psychological interventions for women experiencing perinatal mental health disorders by:</p> <p>a) increasing the staffing profile for psychologists to provide post discharge support; and</p> <p>b) increasing the number of psychology sessions available within the community.</p>	<ul style="list-style-type: none"> <li>• Achieved.</li> <li>• Profile of clinical psychology has increased across Mercy Mental Health Perinatal Community Mental Health Services with additional EFT at WMH</li> <li>• Number of psychology sessions available within the community has increased with eight sessions at MHW and four sessions at WMH.</li> <li>• Number of referrals to the Perinatal Community Mental Health Service has increased compared with last year.</li> </ul>

Goals	Strategies	Health service deliverables	Final progress
	<p><b>Addressing Occupational Violence</b></p> <p>Foster an organisation-wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.</p> <p>Implement the department's security training principles to address identified security risks.</p>	<p>Incorporate DHHS training principles into the Mercy Health Occupational Violence and Aggression (OVA) Framework, and include security risk assessments and risk control measures in the OVA risk register.</p>	<ul style="list-style-type: none"> <li>• Achieved.</li> <li>• DHHS training principles successfully implemented and evaluation being undertaken.</li> <li>• Security risk assessments included in the OVA Risk Register and regular assessments continuing to ensure register includes updated information from recent security risk assessments.</li> </ul>
	<p><b>Addressing Bullying and Harassment</b></p> <p>Actively promote positive workplace behaviours, encourage reporting and action on all reports.</p> <p>Implement the department's <i>Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination</i> and <i>Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services</i>.</p>	<p>Incorporate the 'Know Better Be Better' framework as a key plank in our anti-bullying and harassment efforts.</p>	<ul style="list-style-type: none"> <li>• Achieved.</li> <li>• Mercy Health's program of monthly training for staff including bullying and harassment, with the 'Know Better Be Better' framework embedded into the training content, was interrupted in March due to coronavirus but recommenced in June 2020.</li> <li>• Training content is regularly reviewed to facilitate continuous improvement and refresh.</li> <li>• A 'Respect' campaign has been created to align key programs of work including: 'Know Better Be Better', 'Speaking Up for Safety', the OVA Framework, and the Mercy Health Code of Conduct to link and promote positive workplace behaviours across our organisation.</li> </ul>

Goals	Strategies	Health service deliverables	Final progress
	<p><b>Supporting Vulnerable Patients</b></p> <p>Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to healthcare.</p>	<p>Work in partnership with North West Melbourne Primary Health Network to engage with the Sudanese and South Sudanese community to identify if group pregnancy care is a suitable model of care.</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• Work continues to build on the ongoing project in partnership with Murdoch Children’s Research Institute (MCRI), Victorian Foundation for Survivors of Torture: Foundation House, Wyndham Council Maternal and Child Health Service and VicSEG New Futures.</li> <li>• Funding secured and project plan developed and agreed by project partners on the group pregnancy care model.</li> <li>• Project commencement delayed due to coronavirus restrictions on gatherings. Funders have agreed to delay and project will recommence once restrictions allow.</li> </ul>
	<p><b>Supporting Aboriginal Cultural Safety</b></p> <p>Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.</p>	<p>Develop and commence implementation of a new ‘Innovate’ Reconciliation Action Plan.</p>	<ul style="list-style-type: none"> <li>• Not achieved.</li> <li>• <i>Innovate Reconciliation Action Plan</i> was submitted to Reconciliation Australia in May 2020.</li> <li>• Submission was delayed due to coronavirus-related constraints.</li> <li>• Once the plan is reviewed and feedback received from Reconciliation Australia, plans will be finalised for launch and implementation.</li> </ul>

Goals	Strategies	Health service deliverables	Final progress
	<p><b>Addressing Family Violence</b></p> <p>Strengthen responses to family violence in line with the <i>Multi-Agency Risk Assessment and Risk Management Framework</i> (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.</p>	<p>a) Map and review all relevant policies and procedures relating to the implementation of MARAM and identify the training needs of affected staff.</p> <p>b) Support the engagement and participation of Mercy Hospitals Victoria Ltd staff with any further surveys of staff about family violence.</p>	<ul style="list-style-type: none"> <li>• Not achieved.</li> <li>• Release of MARAM guidelines was delayed until May 2020. Work has commenced on mapping since release of the guidelines.</li> <li>• Achieved.</li> <li>• Information and an invitation to participate in surveys circulated to all staff in a variety of formats.</li> </ul>
	<p><b>Implementing Disability Action Plans</b></p> <p>Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.</p>	<p>Implement Mercy Health's <i>Accessibility Action Plan</i> and monitor progress through the Equity and Inclusion Committee.</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• <i>Accessibility Action Plan</i> submitted to the Australian Human Rights Commission in January 2020 and implementation plan in place.</li> <li>• A number of actions planned as face-to-face training have been delayed due to current coronavirus restrictions, but will recommence as soon as possible.</li> </ul>

Goals	Strategies	Health service deliverables	Final progress
	<p><b>Supporting Environmental Sustainability</b></p> <p>Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.</p>	<p>Implement the actions identified in Mercy Health's <i>2019/22 Environmental Management Strategy</i> including developing data to establish our carbon footprint baseline and subsequent impacts on implementation of waste reduction and recycling projects. This includes but is not limited to the PVC recycling project in theatres, the Intensive Care Unit and renal, as well as implementation of e-waste recycling.</p>	<ul style="list-style-type: none"> <li>• In progress.</li> <li>• Projects identified and included in an action plan.</li> <li>• Progress has been slowed due to challenges with resourcing including stalled recruitment during the coronavirus pandemic and financial pressures impacting on capacity to fill role of Sustainability Officer to facilitate implementation of the action plan.</li> </ul>

# PERFORMANCE PRIORITIES

In 2019/20, Mercy Health was required to respond to the COVID-19 pandemic. In doing so we were unable to achieve five targets as per the Statement of Priorities Part B.

## High quality and safe care

Key performance measure	Target	Result
<b>Infection prevention and control</b>		
Compliance with the Hand Hygiene Australia program	83%	80.9%
Percentage of healthcare workers immunised for influenza	84%	85%
<b>Patient experience</b>		
Victorian Healthcare Experience Survey — data submission	Full compliance	Full compliance
Victorian Healthcare Experience Survey — percentage of positive patient experience — Quarter 1	95%	92.7
Victorian Healthcare Experience Survey — percentage of positive patient experience responses — Quarter 2	95%	94.5
Victorian Healthcare Experience Survey — percentage of positive patient experience responses — Quarter 3	95%	96
Victorian Healthcare Experience Survey — percentage of very positive responses to questions on discharge care — Quarter 1	75%	75.9
Victorian Healthcare Experience Survey — percentage of very positive responses to questions on discharge care — Quarter 2	75%	78.8
Victorian Healthcare Experience Survey — percentage of very positive responses to questions on discharge care — Quarter 3	75%	74.6
Victorian Healthcare Experience Survey — patients perception of cleanliness — Quarter 1	70%	74.9
Victorian Healthcare Experience Survey — patients perception of cleanliness — Quarter 2	70%	75.9
Victorian Healthcare Experience Survey — patients perception of cleanliness — Quarter 3	70%	83.8
<b>Healthcare associated infections (HAI's)</b>		
Rate of patients with surgical site infection	No outliers	Achieved
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil	Achieved
Rate of patients with SAB* per occupied bed day	≤1	0.4

\*SAB is Staphylococcus Aureus Bacteraemia

	Target	Result	
<b>Adverse events</b>			
Sentinel events — root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	Achieved	
<b>Mental Health</b>			
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%	16%	
Rate of seclusion events relating to an adult acute mental health admission	≤15/1,000	12.9	
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%	92%	
<b>Maternity and Newborn</b>			
		<b>Mercy Hospital for Women</b>	<b>Werribee Mercy Hospital</b>
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.4%	1.8%	0.7%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤28.6%	21.4%	18.4%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%	86%	79%
<b>Continuing Care</b>			
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645	0.557	



## Strong governance, leadership and culture

Key performance indicator	Target	Result
<b>Organisational culture</b>		
People matter survey — percentage of staff with an overall positive response to safety and culture questions	80%	88%
People matter survey — percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	96%
People matter survey — percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	92%
People matter survey — percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	89%
People matter survey — percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%	88%
People matter survey — percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	89%
People matter survey — percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	79%
People matter survey — percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	81%
People matter survey — percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%	86%

## Timely access to care

Key performance indicator	Target	Mercy Hospital for Women	Werribee Mercy Hospital
<b>Emergency care</b>			
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	98%	76.12%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	86%	53%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	75.99%	58.47%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	0	11

Key performance indicator	Target	Result
<b>Elective Surgery</b>		
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%	100%
Percentage of urgency category 1, 2 and 3 elective surgery patients admitted within clinically recommended time	94%	93%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year	17.50%
Number of patients on the elective surgery waiting list*	1,460	1,594
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100	3.4
Number of patients admitted from the elective surgery waiting list	5,720	4,835
<b>Specialist Clinics</b>		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	71.40%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	99.60%

\*the target shown is the number of patients on the elective surgery waiting list as at 30 June 2020

## Effective financial management

Key performance indicator	Target	2019/20 Result
Operating result (\$m)	\$0.00	\$1.00
Average number of days to paying trade creditors	60 days	69 days
Average number of days to receiving patient fee debtors	60 days	66 days
Public and Private WIES* activity performance to target	100%	95.17%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.97
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days	22 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days	Not met
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	\$2.28m

\*WIES is a Weighted Inlier Equivalent Separation

## Activity and funding

Funding type	2019-20 Activity achievement
<b>Acute Admitted</b>	
Acute WIES	45,779.00
WIES DVA	110.74
WIES TAC	7.14
<b>Acute Non-Admitted</b>	
Specialist Clinics	101,685.05
Specialist Clinics — Private	24,682.42
<b>Subacute and Non-Acute Admitted</b>	
Subacute WIES — Rehabilitation Public	73.52
Subacute WIES — Rehabilitation Private	1.60
Subacute WIES — GEM Public	304.59
Subacute WIES — GEM Private	7.97
Subacute WIES — Palliative Care Public	291.19
Subacute WIES — Palliative Care Private	0.00
Subacute WIES — DVA	10.98
Transition Care — Bed days	1,789
Transition Care — Home days	1,012
<b>Subacute Non-Admitted</b>	
Health Independence Program — Public	13,489
<b>Mental Health and Drug Services</b>	
Mental Health Ambulatory	70,442
Mental Health Inpatient — Available bed days	24,156
Mental Health Service System Capacity	0
Mental Health Subacute	9,772
<b>Primary Health</b>	
Community Health / Primary Care Programs	626

## Workforce

Hospitals labour category	JUNE current month FTE		Average monthly FTE	
	2019	2020	2019	2020
Nursing	1,392.81	1,438.65	1,337.70	1,433.56
Administration and Clerical	267.81	285.65	263.74	287.55
Medical Support	57.54	58.71	54.02	59.15
Hotel and Allied Services	161.84	167.37	159.62	167.97
Medical Officers	31.93	32.03	31.42	31.61
Hospital Medical Officers	215.15	240.37	209.32	231.89
Sessional Clinicians	94.44	94.00	87.70	92.37
Ancillary Staff (Allied Health)	197.69	216.90	196.12	214.19
<b>Totals</b>	<b>2,419.21</b>	<b>2,533.68</b>	<b>2,339.64</b>	<b>2,518.29</b>

## Occupational Health and Safety

	2019-20	2018-19	2017-18
The number of reported hazards/incidents for the year per 100 FTE	45.3	33.2	23.5
The number of 'lost time' standard Workcover claims for the year per 100 FTE	0.67	0.48	1.17
The average cost per Workcover claim for the year ('000)	\$4,506	\$12,600	\$80,966

Data provided in the Report of Operations for the 2017/18 financial year included lost time claims as the loss of five or more shifts. For 2018/19 and 2019/20, all data is reported as the loss of one or more shifts.

There has been a year on year increase in the number of incidents reported by staff due to staff being encouraged to proactively report near misses, incidents and injuries.

Mercy Health has continued to use an early intervention and recovery at work response to workplace injuries. Mercy Health promotes reporting injuries early for assessment, treatment and suitable work accommodations to facilitate a recovery at work. This is reflected by our ongoing improvement in injury recovery. The decrease in the average cost per claim reflects our early reporting and culture of recovery at work, as our staff remain at work in 87 per cent of cases.

The *Mercy Health Staff Safety Plan 2019-22* aims to ensure that we have an effective safety management system to manage our risks in consultation with staff. The Plan has five safety priorities to ensure we build a positive safety culture that supports the physical and psychological health of our staff:

1. Caring for our staff
2. Building a systems approach to safety
3. Embedding a risk management approach
4. Improving our work environment
5. Promoting a culture of safe work practices

## Occupational Violence

Occupational violence statistics	2019/20
Workcover accepted claims with an occupational violence cause per 100 FTE	0.16
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.80
Number of occupational violence incidents reported	640
Number of occupational violence incidents reported per 100 FTE	25.39
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.63%

The following definitions apply:

Occupational violence — any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident — an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity ratings must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted Workcover claims — Accepted Workcover claims that were lodged in 2019/20.

Lost time — is defined as greater than one day.

Injury, illness or condition — This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

## Consultancies

### Details of consultancies (under \$10,000)

In 2019/20, there was one consultancy where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2019/20 in relation to these consultancies is \$7,452 (excl. GST).

### Details of consultancies (valued at \$10,000 or greater)

In 2019/20, there were four consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2019/20 in relation to these consultancies is \$143,001(excl. GST).

### Consultancies over \$10,000

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2019-20 (excluding GST)	Future expenditure (excluding GST)
Health-E Workforce Solutions	Allied Health Services Smart Diagnostic and Modelling	Mar-20	Jun-20	\$56,700	\$56,700	\$0
Health-E Workforce Solutions	Perioperative Services Diagnostic Review & Future Modelling	May-20	Jun-20	\$42,500	\$42,500	\$0
Chemtronics Biomedical Engineering	Information Technology Audit	Jun-19	Nov-19	\$31,801	\$31,801	\$0
D W Bowe & Associates	Allied Health Services Healthy, Positive & Effective Culture Project	Aug-19	Nov-19	\$12,000	\$12,000	\$0

## Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2019/20 \$12,835,258 (excluding GST) with the details shown below:

Business as usual (BAU) ICT expenditure	Non-Business as usual (BAU) ICT expenditure		
<b>Total (excluding GST)</b>	<b>Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)</b>	<b>Operational expenditure (excluding GST) (a)</b>	<b>Capital expenditure (excluding GST) (b)</b>
\$10.140m	\$2.695m	\$0m	\$2.695m

# REPORTING PROCEDURES

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## Freedom of information

The *Freedom of Information Act 1982 (Vic)* (the Act) allows the public a right of access to documents held by Mercy Hospitals Victoria Ltd.

For the 12 months ending 30 June 2020, Mercy Hospitals Victoria Ltd received 570 applications; of which 569 were made by members of the public and one was made by a Member of Parliament.

Of the requests received by Mercy Hospitals Victoria Ltd, access was granted in full for 425 requests and access was granted in part for 79 requests. A total of 66 applications were withdrawn, not proceeded with, or had not yet been finalised at 30 June 2020.

## Making a request

Access to documents may be obtained through written request to the Freedom of Information Manager, as detailed in section 17 of the Act. In summary, the requirements for making a request of Mercy Hospitals Victoria Ltd are:

- the application should be made in writing
- the application should identify as clearly as possible which type of document is being requested
- the application should be accompanied by the appropriate application fee (\$29.60 at 30 June 2020). The fee may be waived in certain circumstances.

Freedom of Information fact sheets and an access request form are available on the 'Access to information' section of the Mercy Health website at [mercyhealth.com.au](http://mercyhealth.com.au). Requests for documents in possession of Mercy Hospitals Victoria Ltd should be addressed to the relevant facility/service:

### **Mercy Hospital for Women/Mercy Health O'Connell Family Centre**

Freedom of Information Officer  
Health Information Services  
163 Studley Rd  
Heidelberg Vic 3084

### **Werribee Mercy Hospital**

Freedom of Information Officer  
Health Information Services  
300 Princes Hwy  
Werribee Vic 3030

### **Mercy Mental Health**

Freedom of Information Officer  
PO Box 2083  
Footscray Vic 3011

### **Mercy Hospitals Victoria Ltd**

Freedom of Information Officer  
Level 2, 12 Shelley St  
Richmond Vic 3121

Access charges may also apply once documents have been processed and a decision on access is made; for example photocopying and search and retrieval charges.

If an applicant is not satisfied with a decision made by Mercy Hospitals Victoria Ltd, they have the right to seek a review, under section 49A of the Act, by the Office of the Victorian Information Commissioner (OVIC) within 28 days of receiving a decision letter.

Further information regarding the operation and scope of Freedom of Information can be obtained from the Act, regulations made under the Act, and at [ovic.vic.gov.au](http://ovic.vic.gov.au).

## Building Act 1993

Mercy Hospitals Victoria Ltd ensures buildings, plant and equipment that it owns are maintained in accordance with the requirements of all relevant statutory authorities. All new building works performed by or on behalf of Mercy Hospitals Victoria Ltd comply with current requirements of the Building Code of Australia and other applicable Australian standards, statutory authorities or codes of practice.

## Public Interest Disclosures Act 2012

Mercy Hospitals Victoria Ltd (MHVL) is committed to the aims and objectives of the *Public Interest Disclosures Act 2012 (Vic)*.

MHVL does not tolerate detrimental action being taken against any person in relation to the making of a public interest disclosure or any other 'whistleblower' disclosure protected by law.

MHVL has developed procedures for the protection of persons from detrimental action being taken against them by MHVL's officers and employees. These procedures include information about the welfare support MHVL will provide to a person who makes a disclosure.

The procedures are readily available to MHVL's officers and employees through Mercy Health's intranet. The procedure accessible to members of the public is available at [www.mercyhealth.com.au/legal-policy-information/whistleblowers](http://www.mercyhealth.com.au/legal-policy-information/whistleblowers). The Mercy Health website search function also points to the relevant procedure through the search terms of 'whistleblower', 'protected disclosure' and 'public interest disclosure'.

## National Competition Policy

Mercy Hospitals Victoria Ltd adheres to competitive neutrality guidelines in the contracting process and reviews existing contracts where appropriate.

## Carers Recognition Act 2012

Mercy Hospitals Victoria Ltd recognises, promotes and values the role of carers. Mercy Hospitals Victoria Ltd takes all practical measures to comply with its obligations under the Act, including:

- promotion of the principles of the Act to people in care relationships who receive our services and to the wider community — for example, support groups and information sessions run by the Mercy Palliative Care Program (the 'Carer's Own Information Sessions' — for example; distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring that our staff have an awareness and understanding of the care relationship principles set out in the Act (for example, developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- consideration of the carer relationships' principles set out in the Act when setting policies and providing services — for example, availability of flexible working arrangements (per our Workplace Flexibility Policy and Procedure) for employees who are carers, such as reviewing our employment policies including flexible working arrangements and leave provisions

to ensure these comply with the statement of principles in the Act; and developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care.

## Environmental performance

During 2019/20, Mercy Health has continued to embed sustainability processes within our health services. Within our Environmental Management Strategy 2019-22, expansion of CVC recycling capacity is being developed, electronic waste collection has commenced to align with legislation, and we have made a significant effort to decrease the use of polystyrene cups in clinical settings. We completed a baseline waste audit in 2019, which provided valuable insight into current waste practices and resulted in increased education and poster displays. Coronavirus continued to impact on health services, however staff have maintained their focus on reducing waste and emissions wherever possible. Looking ahead, key areas of focus will include reducing our energy use, improving waste collection and reviewing consumable purchasing.

### Greenhouse gas emissions

Total greenhouse gas emissions (tonnes CO2e)	2017/2018	2018/2019	2019/2020
Scope 1	4,439	4,546	4,014
Scope 2	21,478	20,905	19,665
<b>Total</b>	<b>25,918</b>	<b>25,450</b>	<b>23,679</b>

Normalised greenhouse gas emissions	2017/2018	2018/2019	2019/2020
Emissions per unit of floor space (kgCO2e/m2)	1,068.76	1,049.50	976.45
Emissions per unit of Separations (kgCO2e/Separations)	445.22	417.60	384.50
Emissions per unit of bed-day (LOS+Aged Care OBD) (kgCO2e/OBD)	148.82	137.05	126.78



## Stationary energy

Total stationary energy purchased by energy type (GJ)	2017/2018	2018/2019	2019/2020
Electricity	71,595	70,333	69,404
Natural Gas	82,656	80,714	70,842
<b>Total</b>	<b>154,251</b>	<b>151,048</b>	<b>140,247</b>

Normalised stationary energy consumption	2017/2018	2018/2019	2019/2020
Energy per unit of floor space (GJ/m <sup>2</sup> )	6.36	6.23	5.78
Energy per unit of Separations (GJ/ Separations)	2.65	2.48	2.28
Energy per unit of bed-day (LOS+Aged Care OBD) (GJ/OBD)	0.89	0.81	0.75

## Water

Total water consumption by type (kL)	2017/2018	2018/2019	2019/2020
Class A Recycled Water	N/A	N/A	N/A
Potable Water	78,627	80,677	74,729
Reclaimed Water	N/A	N/A	N/A
<b>Total</b>	<b>78,627</b>	<b>80,677</b>	<b>74,729</b>

Normalised water consumption (Potable + Class A)	2017/2018	2018/2019	2019/2020
Water per unit of floor space (kL/m <sup>2</sup> )	3.24	3.33	3.08
Water per unit of Separations (kL/ Separations)	1.35	1.32	1.21
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.45	0.43	0.40

## Waste and recycling

Waste	2017/2018	2018/2019	2019/2020
Total waste generated (kg clinical waste+kg general waste+kg recycling waste)	N/A	61	763
Total waste to landfill generated (kg clinical waste+kg general waste)	N/A	N/A	N/A
Total waste to landfill per patient treated ((kg clinical waste+kg general waste)/ PPT)	N/A	N/A	N/A
Recycling rate % (kg recycling / (kg general waste+kg recycling))	N/A	100.00	100.00

## Additional information available on request

Details in respect of the items listed below have been retained by Mercy Hospitals Victoria Ltd and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements, if applicable):

- declarations of pecuniary interests have been duly completed by all relevant officers;
- details of shares held by senior officers as nominee or held beneficially;
- details of publications produced by Mercy Hospitals Victoria Ltd about the activities of Mercy Hospitals Victoria Ltd and how they can be obtained;
- details of changes in prices, fees, charges, rates and levies charged by Mercy Hospitals Victoria Ltd;
- details of any major external reviews carried out on Mercy Hospitals Victoria Ltd;
- details of major research and development activities undertaken by Mercy Hospitals Victoria Ltd that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

- details of major promotional, public relations and marketing activities undertaken by Mercy Hospitals Victoria Ltd to develop community awareness of Mercy Hospitals Victoria Ltd and its services;
- details of assessments and measures undertaken to improve the occupational health and safety of employees;
- general statement on industrial relations within Mercy Hospitals Victoria Ltd and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- a list of major committees sponsored by Mercy Hospitals Victoria Ltd, the purposes of each committee and the extent to which those purposes have been achieved;
- details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

## Victorian Industry Participation Policy

During 2019/20, no contracts that required disclosure under the Victorian Industry Participation Policy were started or completed.

## Safe Patient Care Act 2015

Mercy Hospitals Victoria Ltd has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

## Car parking

Mercy Hospitals Victoria Ltd complies with the Department of Health and Human Services hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at [mercyhealth.com.au](http://mercyhealth.com.au).

# ATTESTATIONS

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## Data integrity

I, Stephen Cornelissen, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mercy Hospitals Victoria Ltd has critically reviewed these controls and processes during the year.

## Conflict of interest

I, Stephen Cornelissen, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities

required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Mercy Hospitals Victoria Ltd and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

## Integrity, fraud and corruption

I, Stephen Cornelissen, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Mercy Hospitals Victoria Ltd during the year.

# DISCLOSURE INDEX

The annual report of Mercy Hospitals Victoria Ltd is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
<b>Ministerial Directions</b>		
<b>Report of Operations</b>		
<b>Charter and purpose</b>		
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<b>Other relevant reporting directives</b>		
FRD 25D	Victorian Industry Participation Policy disclosures	37
SD 5.2.3	Declaration in report of operations	2
<b>Attestations</b>		
	Attestation on Data Integrity	38
	Attestation on managing Conflicts of Interest	38
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<b>Other reporting requirements</b>		
	• Reporting of outcomes from Statement of Priorities 2019-20	20-31
	• Occupational Violence reporting	33
	• Reporting obligations under the <i>Safe Patient Care Act 2015</i>	37
	• Reporting of compliance regarding Car Parking Fees (if applicable)	37

# YEAR IN REVIEW

## Responding to coronavirus

Mercy Health established a dedicated incident team, the Mercy Incident Command System (MICS), to manage our organisational response to coronavirus. Senior staff are rostered to specific roles to facilitate rapid decision-making and planning while allowing others to maintain service operations. The MICS team established dedicated communication channels to make sure staff and the people we care for remain well informed.

Mercy Health will continue to observe and implement directives from the Victorian Department of Health and Human Services.

We have supported staff to work from home where practical. On site, we have encouraged physical distancing and minimised meetings and other gatherings. We have implemented visitor restrictions and screening for everyone attending our health services. We have implemented telehealth solutions where appropriate, reducing the number of people on

site. We continue to review government advice while balancing the need to provide compassionate care to our patients.

In addition to regular staff training, we have implemented additional training in key areas such as infection prevention, hand hygiene and management of patients with coronavirus. We have also undertaken workforce planning including upskilling staff, redeployment and recruitment to prepare for a possible surge in activity and to safely manage any coronavirus cases.

We have kept our clinicians informed about frequently changing advice on testing criteria for coronavirus. This included Werribee Mercy Hospital supporting the asymptomatic screening clinic during the first testing blitz. We also established a personal protection equipment working group to develop guidelines, manage stock levels, and oversee staff training. We continue to support all of our staff through this challenging time by providing support and advice on managing stress and anxiety.



*Werribee Mercy Hospital Intensive Care Unit staff during the coronavirus pandemic*



### New paediatric ward

The first patient was admitted to the Werribee Mercy Hospital Paediatric Ward in August 2019. The two-month-old girl with bronchiolitis was admitted via the Emergency Department. She already had a deep connection to the ward as the granddaughter of a former Associate Nurse Unit Manager on what was previously the surgical ward, now refurbished and redesigned as a paediatric ward. The ward features 12 beds, a children's playroom and the capacity for a family member to stay with their sick child. The ward opening and associated work to increase the capacity of outpatient services to children means people living in Wyndham can access healthcare for their children closer to home.

*The first patient admitted to the Werribee Mercy Hospital Paediatric Ward, baby Aurora and mum Bronwen Coombs. (Photograph taken prior to COVID-19 requirements)*

### Expansion of the Mercy Health Breastmilk Bank

The Mercy Health Breastmilk Bank has expanded its support for vulnerable babies around the state, with the third satellite site opening at the Royal Women's Hospital in February 2020. The two other satellite sites at Monash Medical Centre and the Royal Children's Hospital opened in 2019. Discussions have commenced with the Joan Kirner Women's and Children's Hospital on the establishment of a fourth satellite site.

We are grateful for the support and collaboration of these hospitals, along with the support of the Department of Health and Human Services and the Victorian Managed Insurance Authority, our insurer, to enable us to expand our services and to enable the ongoing delivery of the service during the coronavirus pandemic.

Each year, Victorian maternity and neonatal services care for hundreds of babies and their families where normal circumstances are interrupted by maternal illness, premature birth or the unexpected severe illness of a full-term baby. For the mothers of these babies, establishing normal lactation can be extremely challenging and pasteurised donor breastmilk is an alternative to a mother's own milk.



*Mum Maddie Francis and baby Ashton, born at 30 weeks. Ashton spent six and half weeks in the Neonatal Intensive Care Unit at Mercy Hospital for Women. Maddie was able to breastfeed Ashton, but also generously donated over nine litres of her expressed breastmilk to the Mercy Health Breastmilk Bank for other babies. (Photograph taken prior to COVID-19 requirements)*



Mercy Health staff trained as clinical champions as part of our response to family violence. (Photograph taken prior to COVID-19 requirements)

### Strengthening Hospital Responses to Family Violence clinical champions

As part of our response to family violence, we have trained 35 clinical staff as clinical champions over the past year. Training included presentations from Victoria Police, Child Protection and Safe Steps. Clinical champions are clinical members of staff who can advise and support other clinical staff to access evidence-based information about family violence. Key activities for the role include:

- increasing staff awareness of available clinical resources
- enhancing local unit/ward knowledge about sensitive practice through the sharing of information, case presentations and reflective practice at staff, team and clinical meetings
- advising staff about support services available to people experiencing family violence
- maintaining a sound knowledge of the clinical indicators of family violence, sensitive enquiry and responding to disclosures.

We are encouraged by the enthusiasm of our staff in

taking up this opportunity for training as part of our broader strategy to address family violence.

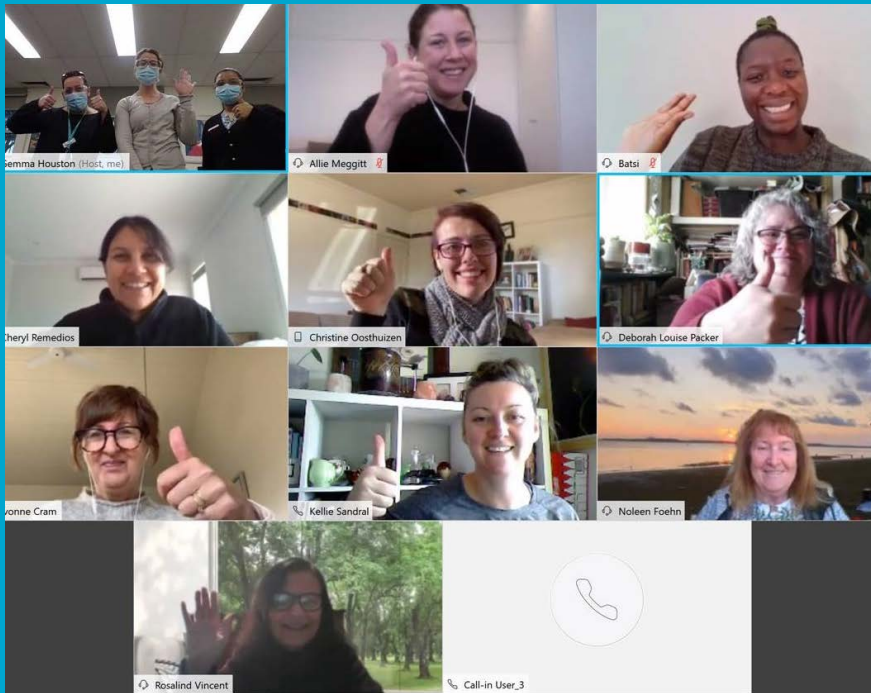
### Choosing Wisely initiatives

Mercy Health was proud to be accepted as a Choosing Wisely Champion Health Service in December 2019. The Choosing Wisely Action Group, which includes consumer representation, meets monthly to oversee and review projects. Despite some delays as a result of the coronavirus pandemic, plans are in place to progress projects over the coming year.

### Mercy Perinatal

Mercy Perinatal and the Maternal Fetal Medicine Unit at Mercy Hospital for Women has continued to attract national and international acclaim for its work in bringing mothers and babies safely home. Recognised as a centre for excellence in perinatal care, research and teaching, Mercy Perinatal brings together clinicians, academics and researchers who passionately strive to improve outcomes for women and their babies.

Mercy Perinatal has continued provision of education and teaching opportunities with the Mercy Perinatal



*Mercy Palliative Care Allied Health team completing Speaking up for Safety™ training.*

## Speaking up for Safety™

Speaking up for Safety training was launched across the organisation in October 2019 with 16 staff accredited as trainers to run a ‘train the trainer’ format. The response and uptake of training by staff has been commendable and is ably supported by a dedicated team of trainers. While training has been impacted by physical distancing measures, the team has modified face-to-face training and developed online training options to improve access. We have trained 50 per cent of staff, with the goal of 80 per cent staff to be trained by 31 November 2020.

Mental Health Symposium, Global Obstetric Update and Fetal Medicine by Twilight seminars. These events have reached over 750 attendees from across Australia and around the world. The symposium provided participants with a much-needed toolkit, including the latest research and clinical pearls on the most significant psychosocial stresses facing women in the perinatal period, while the Global Obstetric Update provided the opportunity to hear from speakers across the world. The Fetal Medicine by Twilight seminars have continued throughout the coronavirus pandemic with some sessions held as Fetal Medicine by Screenlight allowing vital education to continue while adhering to physical distancing requirements.

### QFlow launch at Werribee Mercy Hospital

Werribee Mercy Hospital launched a self check-in system in September 2019. QFlow allows patients to check themselves in for appointments at dedicated kiosks within Outpatient Clinics. This system will improve patient experience by both reducing and providing patients with more information about waiting times.

### Opening of S.M.A.R.T Clinic at Werribee Mercy Hospital

The Mercy Health Palliative Care team used a *Palliative Care Service Innovation and Development Grant* to open a S.M.A.R.T. (Symptom Management Assessment and Referral Team) Clinic to manage patients with an end-stage non-malignant illness. The service is for patients with lung disease, liver disease, renal failure and heart failure. The clinic opened on 10 February 2020 and is operated by a palliative care consultant, clinical nurse specialist and social worker. Referrals are received from medical units within Werribee Mercy Hospital and also from local GP clinics.



Staff from Mercy Hospital for Women celebrating 30 years of service. (L-R) Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, Charito Sta Romana, Kaye Sidler, Saneer Chow, Mary Ann Medilo, Jay Rao and Chief Executive Health Services Jason Payne. (Photograph taken prior to COVID-19 requirements)

### Health Services Staff and Volunteer Service Awards

In October 2019, Mercy Hospitals Victoria Ltd celebrated the milestones and service anniversaries of current and retired employees. The Service Awards recognised our longstanding employees, as well as

our valued volunteers, acknowledging their efforts and achievements over the past five to 40 years of service at Mercy Health. Approximately 240 guests, families, friends and colleagues attended the celebrations at Werribee Mercy Hospital and Mercy Hospital for Women.



# *Mercy Health today and into the future*

Today, Mercy Health staff continue to choose to serve others and be part of an organisation with an important role to play in caring for our community at all times. This is what is at the heart of Mercy Health.

Almost 10,000 people choose to work at Mercy Health. Our people come from 137 countries and speak 74 different languages. They represent many different faiths and 91 cultural backgrounds and they are united by our shared mission: to bring God's mercy to those in need.

Mercy Health people are people of action, and just as the Sisters of Mercy cared for the sick and vulnerable during the deadly influenza pandemic of 1919, Mercy Health continues to respond to the needs of our own time, inspired by the courage, vision and determination of those who began our healthcare journey a century ago.

As communities continue to expand and change, so too do our health and social challenges.

But we are not just about action, we are mercy in action. Our action is driven by a deep sense of compassion, service and solidarity, which is mercy. The poet Sister Mary Wickam says mercy in action is "a healing, a hope and a blessing".

It is important to ensure that every person Mercy Health supports — from patients, residents and

clients, to their families and carers, and our staff — feels well cared for, safe and respected.

Mercy Health believes our role goes beyond providing physical care; we must also care for a person's emotional and spiritual wellbeing. We strive to deliver better outcomes for people at every stage of life, particularly for the vulnerable and for those facing significant disadvantage.

We strive to be a leader in clinical care, teaching and research across women's health, fetal and newborn health, paediatrics, allied health, palliative care, mental health and aged care.

Mercy Health now includes two major public hospitals in greater Melbourne: Mercy Hospital for Women in Heidelberg and Werribee Mercy Hospital in Melbourne's rapidly growing west. We have subacute hospitals in Albury and Young in New South Wales. We also care for people in 34 residential aged care homes and 10 retirement villages around Australia, and in 2019/20 there were 11,441 people living independently in their homes with the support of our Home Care Services.

Mercy Health undertakes research with the aim of improving the lives of everyone we serve. Finally, through the Mercy Health Foundation, Mercy Health raises funds to support our charitable work.



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Mercy Hospital for Women (MHW) is a tertiary hospital based in Heidelberg, Victoria offering obstetric, gynaecological and neonatal services, and has one of only four neonatal intensive care units in Victoria. The Neonatal Intensive Care Unit is co-located with the Special Care Nursery and collectively they care for some of Victoria's most unwell babies. MHW also provides perinatal medicine, perioperative services, women's health and diagnostic services. It is a major teaching hospital and specialist referral centre with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynaecological cases.

Werribee Mercy Hospital (WMH) is a general hospital providing comprehensive care in the south western region of Melbourne. The hospital provides surgical, medical, emergency, intensive care, maternity, newborn, paediatrics, renal dialysis, mental health, subacute, rehabilitation, allied health and palliative care services. WMH also provides a range of home-based support services including Hospital in the Home and Midwifery in the Home.

Mercy Health O'Connell Family Centre (OFC) is an early parenting centre based in Canterbury, Victoria. It focuses on the needs of vulnerable families and young children. The residential, day and community programs provide child-focused parenting skills to promote safe child development. The centre is increasing its support for vulnerable families including families with mental health issues. Services include residential, day and community programs, Cradle to Kinder program (home-based education and support) and the Play Steps program.

Mercy Palliative Care supports people, and their families, with advanced disease when a cure is no longer possible. The aim is for each person to experience the best quality of life possible for them — physically, emotionally, socially and spiritually. The specialist palliative team includes doctors, nurses, social workers and grief and bereavement counsellors, and all are committed to providing care to people in their place of choice.

Mercy Health Albury (NSW) is a major provider of subacute health services, caring for people in Albury Wodonga and surrounding areas. It offers palliative



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care, geriatric evaluation management, transitional aged care, aged care assessment, community therapy and inpatient rehabilitation programs.

Mercy Care Centre Young (NSW) is a 26-bed health service providing a range of outpatient, community health and aged care services for the people of Young and surrounding regions. It specialises in geriatric evaluation and management, rehabilitation and palliative care.

Mercy Mental Health (MMH) supports people in south west Melbourne with severe and complex mental illnesses by providing acute and community-based care. Services are available to adults through acute inpatient programs, residential rehabilitation programs and crisis and community recovery-focused treatment programs. It also offers inpatient and community specialist perinatal mental health services for women and infants in western Victoria. MMH aims to work together with patients, residents, families and carers to support the recovery of the person experiencing mental illness.

Aged Care and Home Care Services offered across Australia are built around our Christian beliefs that human life is sacred and must be respected and that relationships are critical to our sense of wellbeing. Staff, residents, clients, families and carers work together to ensure each person can have the best day possible, every day. We recognise that every person has their own life story and we support them to continue their life journey, their way.

Mercy Health promotes research throughout the organisation, supporting innovative projects and

trials across a range of areas including obstetrics, gynaecology, mental health, paediatrics, reproductive medicine, aged care, midwifery and palliative care. Research is driven by innovation, one of our core values, and is central to the continuation of Mercy Health's mission through which we deliver better care and outcomes for people at every stage of life, particularly for those facing significant disadvantage. Our researchers are driven by a desire to give hope to our patients, clients, residents, families and carers. Mercy Perinatal is a world renowned research centre and a leading example of Mercy Health's research capability. Based at Mercy Hospital for Women, Mercy Perinatal has become an international perinatal centre of excellence uniting the three pillars of education, clinical care and research. At the heart of Mercy Perinatal is a commitment to bringing mothers and their babies safely home, and the recognition that safe pregnancy, childbirth and the best possible start to life are in everyone's hands.

Mercy Health Foundation helps to fund the charitable work of Mercy Health underpinned by the support of our generous donors. Funds are raised and distributed to advance health and aged care and to improve outcomes for everyone in the community, particularly those who face disadvantage.

The Sisters of Mercy were visionary and became known for their pioneering spirit in care, compassion and innovation. They were determined to push the boundaries in order to care for society's most vulnerable and disadvantaged. Those same bold, compassionate qualities still resonate in Mercy Health today and will carry us forth into our second century and beyond.

7: Werribee Mercy Hospital in 1994 8: Over the years, Mercy Health Foundation has raised funds for all manner of causes 9: Mercy Hospital for Women in Heidelberg 10: A number of Mercy Health Residential Aged Care homes have introduced intergenerational programs, which are a great success with both residents and children 11: Werribee Mercy Hospital midwife Sarah providing care and support during the coronavirus pandemic to mum Gowthami and her baby, born in September 2020 12: Home Care Services client Tracy Stonehouse 13: The extension to the Catherine McAuley Centre at Werribee Mercy Hospital



### **Mercy Health**

Level 2, 12 Shelley Street  
Richmond Victoria 3121  
Phone +61 3 8416 7777  
[mercyhealth.com.au](http://mercyhealth.com.au)

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging. This report was produced on Wurundjeri Country.