



Mercy Public Hospitals Inc
2010-11
Quality of Care Report



*"Whatever you do,
work at it with all your heart..."*
Colossians 3:23-24



contents

Page 4	changing lives
Page 6	living our mission
Page 8	a deep commitment
Page 10	women + babies
Page 16	continuity of care
Page 20	supporting families
Page 24	hearts + minds

Page 28	affirming life
Page 32	diverse + inclusive
Page 46	culture of learning
Page 52	continuous improvement
Page 64	staying in touch
Page 66	where we are located

Caring for Our Community

Mercy Public Hospitals Inc

2010-11

Quality of Care Report



changing

Our lives change every day; by chance or by design.

For every challenge, we seek a solution.

For every achievement, we celebrate.

As a Catholic organisation Mercy Health is grounded in a 2,000 year tradition of providing compassionate care to people in body, mind and spirit.

Our organisation brings together people of all faiths and cultures bonded by common values that guide our interactions with each other and those we serve. We draw on these values and our collective strength to care for people at every stage of life.

Our vision is to build an enduring capacity and passion to serve those with special needs. Through our ministry we touch the lives of nearly half a million people in Victoria, southern New South Wales and the Australian Capital Territory each year.

We respect the dignity of each human being and are committed to caring for people from birth until death. We do this through health care, pastoral care, home and community care, aged care and clinical research.



Mercy Health is a private organisation founded and wholly owned by the sisters of Mercy, Melbourne Congregation.

lives



“Providing quality care to those we serve is a cornerstone to achieving our mission and living our values.

“We are blessed to have some of the most committed people working for us, people who share a common bond to care for those in need.

“We are proud of our reputation as a caring and quality provider of health, aged care and community services. We are equally committed to ensuring the work entrusted to us by the Sisters of Mercy continues to grow and develop, and that it is lived each and every day in the actions and behaviours demonstrated by our people.

In order to grow and develop we must be willing to learn and reflect on all that we do. Our commitment to quality encapsulates this. While we celebrate our successes we will not let these blind us to future improvements or using every opportunity to reflect and build on our capacity to care.

“It is humbling to be able to lead such an outstanding organisation which has the most wonderfully talented and committed people and a charism that is unique and singularly focused on caring for those in need.”

*Stephen Cornelissen,
Chief Executive Officer,
Mercy Health*

We offer acute and subacute hospital care, aged care, mental health programs, specialist women's health, early parenting education and support, palliative care, home and community care, and health worker training and development.



living our

We honour the links to our past when in 1857 the Sisters of Mercy arrived in Victoria to care for women and children and empower them through education, healthcare, housing and employment.

Today we continue to reach out and make services available to people where they need it, whether it is at home, in a hospital or a clinic. We seek guidance from cultural leaders and work with other care professionals so we can tend to the physical, personal, social and spiritual needs of each person. We help people in hospital and when they return home from hospital care; we assist people with special needs to live independently at home; and we care for older people in residential settings while they stay connected to their family, friends and community.

Mercy Ethos

In all Mercy ministries, “quality” of care is an attitude or feeling about serving others that is grounded in compassion, hospitality and respect. To assist people work more consciously in the spirit and values of Mercy, a series of Mercy Ethos Programs is offered to lay people as well as Sisters of Mercy.



Sr Trudy Keur rsm, Pastoral Care Coordinator.

Sr Trudy Keur rsm, Pastoral Care Coordinator, Werribee Mercy Hospital attended the residential Mercy Ethos Program in Dublin in May 2011.

“As a Sister of Mercy I wanted to reconnect with the places and times of Catherine McAuley and gain a better insight into what inspired Catherine to spend her inheritance on the poor of Dublin and draw so many young women and prominent citizens to share her vision.

“As I walked down Baggot Street, an ordinary Dublin street, there was Catherine McAuley standing at the door of the building she had built using her inheritance. For me Catherine’s statue had a presence, and the experience was similar to that of being in the presence of certain religious and state leaders such as the Pope, the Dalai Lama and present Governor General.

“Having undertaken this program I have a clearer and more profound insight into being a Sister of Mercy. This experience was matched by my experience of Catherine’s presence and hospitality, which has informed my work as pastoral carer offering hospitality to patients, families and staff.

“I have been able to share my experiences at orientation sessions for new staff and at the Mercy Day service. Catherine McAuley is very much present and alive to me and I trust in my listeners as I share my experiences and reflections with them. I invite them to share who they are and to express this in their work, taking the Mercy Health values as the keys.”

mission



Sr Helen is welcomed by the Mother of Mercy Hospital community in Tacloban City, the Philippines.

Mercy ministries reach out

In March 2011 Sr Helen Monkivitch rsm AO, Director of Leadership & Mission, Mercy Health, travelled to the Philippines on an information exchange with Mother of Mercy Hospital in Tacloban City. On request from the Sisters of Mercy, Sr Helen was asked to share her considerable knowledge and expertise in hospital administration to assist the Mother of Mercy Hospital community in working towards their end goal – a viable 100 bed hospital servicing the eastern regions of the Visayas Islands.

During her trip, Sr Helen interviewed senior medical and administrative staff, toured hospital and university facilities, and reviewed patient care and administrative procedures. Sr Helen was also asked to bring along documentation outlining examples of Mercy Health's policies and procedures around IT, Payroll, Risk, Procurement, Finance and Administration.

Sharing information and knowledge between ministries is a long held tradition within the order of the Sisters

of Mercy. Since the days of Catherine McAuley, Sisters of Mercy from Ireland to Pakistan have learned from each other and drawn strength and assistance from Mercy ministries worldwide.

Sr Helen said of her experiences in the Philippines, "It was fascinating. I'd never been to the Philippines before. Mother of Mercy Hospital was opened in Tacloban City in October 2010 and they are struggling to stay afloat with the 57 beds they have at the moment. The purpose of my trip was to assess the situation, then produce a report with recommendations that the Mother of Mercy Hospital community could implement to hopefully build up patient numbers, address the costs, and also address the quality of care issues. It was definitely a challenge."

Sr Helen has since sent her findings and recommendations to Mother of Mercy Hospital in Tacloban City. Mercy Health and the Sisters of Mercy look forward to progress reports from the hospital in the near future.



a deep

Our relationship with patients, families and carers is intimate and personal. Often we become involved in people's lives when they are at their most vulnerable.

To the best of our ability we honour our duty of care and take this opportunity to reflect on some of the ways we deliver, promote and monitor the care we provide.

How we manage our performance

Mercy Health has an established Clinical Governance Committee, which aligns the direction of our health services with the Department of Health's Victorian Clinical Governance Policy Framework so that patient safety and quality care remain our primary focus. Our quality plans, and their progress, are regularly reported to the Board Quality Committee.

What do we mean by quality of care?

"When we ask this question, we ask if our actions have been well enough informed, skilled enough and caring enough to satisfy the needs of our patients, residents, clients and staff.

"To me quality was summed up by Catherine McAuley, foundress of the Sisters of Mercy, when she said 'the simplest and most practical lesson I know ... is to resolve to be good today – but better tomorrow'.

"Working with people we need compassion and understanding, but we also need clear processes so we can manage risk and make sure the care we provide is as safe as possible.

"Effective risk management is also critical to achieving our organisational objectives. We have an organisation wide risk program endorsed by the Mercy Health Board. In 2010 the Victorian Managed Insurance Authority conducted an independent Risk Framework Quality Review that showed Mercy Health has 'an open, transparent and risk aware culture throughout the health service'.

"This is utterly important to us because people are at the centre of everything we do."

*Kerry Shearer, Executive Director
Risk Management & Quality*



"Quality is a process; it guides all of our efforts to deliver care in our hospitals and clinics, in people's homes and in residential aged care.

"The Board Quality Committee reviews Mercy Health's systems and processes, monitors performance and makes recommendations about how we can continually improve our efforts. We draw on the organisation's knowledge and skills to achieve the best outcomes for patients, clients and residents and support our people through education and training so they can work effectively in their various roles."

*Associate Professor Michael Coote, Chair,
Mercy Health Board Quality Committee*

commitment



Courtney Wood, Community Participation Officer reviews comments from “Your Hospital, Your Say” sessions at Werribee Mercy Hospital.

Listening to the people we serve

We invite people to give feedback on our services through hospital feedback forms, online, through our customer feedback officers and in consultation with our health professionals.

Our commitment to improving communication with the people we care for was extended in 2010 when we appointed a Community Participation Officer to gather input from each of our regions and develop community participation strategies.

One of the first projects to go into planning was a series of “Your Hospital, Your Say” feedback sessions for members of the Wyndham community. This project was supported by Werribee Mercy Hospital and its Community Advisory Committee. Comments from the sessions were used to develop a community engagement plan so the hospital can stay in touch with people more effectively.

Community Advisory Committee

The Board of Mercy Health recognises the importance of keeping close to the communities we serve and deepening our commitment to engage with, listen to and report back to those communities. One of the ways of achieving this is the development of a Mercy Health Community Advisory Committee made up of people who use our health services, carers and interested individuals.

“The Community Advisory Committee will enable us to speak directly to a range of people, which will inform our decision making at an organisational level.

“The Committee will report directly to Mercy Health’s Board Quality Committee. It will meet four times a year and participate in a workshop with the Mercy Health Board to provide strategic input from a community perspective. The Committee will be responsible for developing and monitoring a community participation plan that will guide participation activities throughout the organisation.

“We believe this initiative to create a formal exchange between members of our community, our Board and our Board Quality Committee will increase the quality and appropriateness of the care we provide in different care settings.”

*Kerry Shearer, Executive Director
Risk Management & Quality*



women +

Mercy Hospital for Women is one of the most advanced women's and babies' hospitals in Australia.

In a year of record births at the hospital, we had the privilege of welcoming 5,865 babies into the world. There were slightly more boys than girls, 118 sets of twins and five sets of triplets born between 1 July 2010 and 30 June 2011.

Alison Patrick, Director of Nursing and Midwifery said it was the highest total in a 12 month period in 40 years. "We have had a consistent increase, with about 16 to 20 babies born each day.

"We provide our nurses and midwives with ongoing education and training and regularly review our systems and clinical processes so we can continue to deliver quality care."

The gift of life

5,737 mothers

5,865 babies

2,949 boys

2,916 girls

118 sets of twins

5 sets of triplets

Record birth numbers for 2010-11

At Mercy Hospital for Women we have many specialist doctors, nurses, midwives and allied health professionals who provide compassionate and innovative care to people at all stages of life. Our Neonatal Intensive Care Unit (NICU) is one of the largest of the four NICUs in Victoria, catering for up to 54 babies at any one time. This year Mercy Hospital for Women cared for 1,227 sick

"We are so happy to welcome these beautiful babies into the world. It's an honour to be part of the experience and to help these mothers through the birthing process."

*Linda Mellors,
Executive Director,
Mercy Hospital for
Women & Mercy
Health O'Connell
Family Centre*



babies

and premature babies in the NICU and Special Care Nursery.

Each of our hospital departments works with researchers, universities and other health services to make sure we meet industry and community standards. We provide clinical support and education to a range of students (undergraduate and postgraduate) as well as ongoing professional development for qualified professionals throughout their careers. We continue to increase our clinical knowledge so women and babies have the opportunity to achieve their best health outcomes.

Leaders in clinical care

One of the specialists in women's and babies' health is Professor Sue Walker, Director of Perinatal Medicine and Sheila Handbury Chair of Maternal Fetal Medicine. Professor Walker was honoured with Catholic Health Australia's "Emerging Leader of the Year" award in 2011 for her outstanding work as one of Australia's only maternal fetal medicine specialists, her contribution to research, her training of specialist obstetricians and gynaecologists, and her respect and compassion for the people she cares for.

In receiving her award, Professor Walker said, "It is almost as much of an honour to receive this award as it is a privilege to work with such an outstanding team at Mercy Hospital for Women, particularly in the Department of Perinatal Medicine. I stand on the shoulders of many giants."

"Providing leadership in this vital area is critical to our mission. It is important that we are a consulting resource for our metropolitan, our regional, our rural and remote neighbours. And it matters to the mothers and babies of the future that we are a leading site of teaching, training and research."

Professor Sue Walker

The Department of Perinatal Medicine provides clinical care for some of the most complex pregnancies in the state. These include pregnant women who have severe underlying medical conditions or have a history of severe problems in a previous pregnancy such as early onset preeclampsia, preterm birth or perinatal loss. To further understand these conditions, as well as pregnancies with fetal complications, the department continues to be productive in perinatal research.

A successful collaboration between the Department of Perinatal Medicine and the Institute of Breathing and Sleep at Austin Health has resulted in a number of publications regarding sleep disordered breathing in pregnancy. Obstructive sleep apnoea is associated with a variety of complications in pregnancy including gestational diabetes and preeclampsia. The research group also identified that obstructive sleep apnoea may be associated with impaired fetal growth. This data raises the intriguing possibility that obstructive sleep apnoea may be an important intermediate step in explaining the associations seen between obesity and adverse pregnancy outcomes, including stillbirth.

"It will be particularly exciting if these observations are confirmed," said Professor Walker, "since there is a treatment available for obstructive sleep apnoea in the form of continuous positive airway pressure (or CPAP), which prevents the upper airway collapse observed in obstructive sleep apnoea."

An earlier achievement for Professor Walker was her appointment in 2010 to the newly created position of "Sheila Handbury Chair of Maternal Fetal Medicine" at Mercy Hospital for Women. This position is a first for Australia and will act as a focus for research, teaching and training in maternal fetal medicine.



women +



Professor Sue Walker says she is constantly humbled by the courage of families “and the trust they put in us as we join with them in committing to the best possible outcome for them and their babies”.

When accepting Catholic Health Australia’s “Emerging Leader of the Year” award Professor Walker shared these thoughts:

“I am honoured to be chosen as an emerging leader. Given the many outstanding leaders there are in Catholic healthcare around Australia, I would seem a somewhat unlikely choice. But history is full of us I guess.

“Paddy [my son] and I not long ago finished reading *Charlotte’s Web* by EB Whyte. Wilbur, the runt pig who wants to live to see the snow of his first winter, is perhaps as unlikely a hero as Charlotte is a leader; Charlotte, the inconspicuous spider who weaves the words that saves Wilbur’s life.

“The words she weaves are a salient reminder to us all. We have days when our clinical care and our research endeavours are absolutely ‘terrific’, our teaching success truly ‘radiant’. But do you remember the word that saves Wilbur’s bacon? The word that saves Wilbur – and saves us too, I suggest – is the word ‘humble’.

“Vail Charlotte. Nice words to live by.”

Professor Sue Walker, Director of Perinatal Medicine, Mercy Hospital for Women, receives Catholic Health Australia’s “Emerging Leader of the Year” award, 2011.

babies

Banking on a healthy start for newborns

Another project milestone was the opening of Mercy Health Breastmilk Bank in February 2011. A first for Victoria, the bank collects breastmilk from mothers who have had a baby at Mercy Hospital for Women then screens, pasteurises and delivers the donated milk to sick and premature babies in the hospital's Neonatal Intensive Care Unit and Special Care Nursery.

Dr Gillian Opie, Neonatal Paediatrician and Head of Unit, Mercy Health Breastmilk Bank says: "As health professionals working in a tertiary hospital setting we have a responsibility to provide the best quality of care using the principles of evidence based practice. Evidence is unequivocal that breastmilk provides the best nutrition and immunological support for all babies, particularly if they are sick or premature.

"A mother's basic instinct is to care for and comfort her child and provide nourishment. For women whose babies are sick or premature, there is understandably stress and anxiety. Through the Breastmilk Bank we can now offer families an alternative to formula when the mothers' own milk supply is limited. We believe that pasteurised donor milk benefits not only premature babies, but the whole family in these circumstances."

Kerri McEgan, Manager Mercy Health Breastmilk Bank, added that many women have made enquiries about donating their milk. "The screening and selection criteria are very thorough, but we encourage all interested mothers to contact us. Since February this year 20 babies have been able to benefit from donated breastmilk. This is a good outcome for babies and their families."

*In six months
145.5 litres of milk
were donated.
All requests
for pasteurised
donor milk were
accommodated
with eight babies
receiving donor
milk in August 2011.
None of the babies
who received donor
milk developed
any of the
serious secondary
complications of
prematurity.
All of the babies
who received
donor milk went
home healthy.*





women +

“During the first 12 months of practice we will consolidate and streamline practices within the milk bank and plan for future expansion,” said Kerri. “One day we hope to provide other tertiary nurseries in Victoria with pasteurised donor milk.”

Mercy Hospital for Women and Mercy Health Foundation thank the Victorian Government and the many supporters who turned this vision into a reality after nearly two years of campaigning. Mercy Health Breastmilk Bank is one of the ways that Mercy Hospital for Women is advancing the quality of healthcare in Victoria. Fundraising continues so the Breastmilk Bank can maintain this vital service.



Kerri McEgan, Manager Mercy Health Breastmilk Bank (left) and Dr Gillian Opie, Neonatal Paediatrician and Head of Unit, Mercy Health Breastmilk Bank (right) chat with new mum Dannielle whose baby received donor milk during her stay in the Special Care Nursery.

babies



To all the amazing staff in the Special Care Nursery and NICU:

“On 29 December, 2009 our beautiful daughter came into this world prematurely after we lost her twin brother in utero at 27 weeks. Olivia was born at 31 weeks and five days and weighed 1.75 kilos. She was tiny but perfect and, we discovered, amazingly resilient. She initially went into a NICU bed, but only needed CPAP [continuous positive airway pressure] for 24 hours before she was ready to be transferred to a Special Care Nursery bed. There she gradually put on weight, learnt to regulate her temperature and practised breastfeeding. Olivia stayed in the Special Care Nursery for three weeks before she was transferred to Werribee Mercy Hospital’s Special Care Nursery so she could be closer to us at home for breastfeeding. On 1 February, 2010 we were finally able to take her home with us at 36.5 weeks.

“Our journey since leaving the nursery has been a happy one. While there have been many physical and emotional challenges along the way being parents of a preemie, we would not change anything for the world. Olivia is now

21 months and a normal, happy, cheeky toddler who loves climbing, reading and who will talk your ear off if you let her!

“We will never forget our special time in the Special Care Nursery and the amazing people we met there. Words aren’t really enough to express how grateful we are to you. The way you all calmly go about caring for so many sick and precious babies is incredible. Even more special to us was the way you looked after us as parents who had already suffered a devastating loss and who were anxious and emotionally very vulnerable.

“Although it does not seem like enough, as a token of our gratitude, this year we made a donation to both the Special Care Nursery and the Mercy Health Breastmilk Bank, which we are thrilled to see is finally up and running. I was one of the lucky mums who ended up having an abundant supply of breastmilk. I remember feeling awful sitting next to mums in the expressing room who worked so hard to only produce a few millilitres. I would have loved to be able to donate some of my milk to them so I hope this initiative continues to thrive.”

Shane, Jacqui and Olivia Rose



continuity

At our hospitals we use current research and best medical evidence to make decisions about the care we give to individual patients so we can achieve the best possible health outcomes.

Caring for newborns and their families

Teams of health professionals at Mercy Hospital for Women work together in the Neonatal Intensive Care Unit (NICU) and Special Care Nursery to support babies and their families. These professionals include nurses, doctors, pharmacists, social workers, care managers, discharge coordinator, physiotherapist, lactation consultant, speech therapist, psychologist and Aboriginal Hospital Liaison Officer to support the growth and development of very young babies.

There are four bedrooms in the NICU and Special Care Nursery with shared ensuite rooms that are available to rural families of babies who are extremely sick or dying. These rooms are also available to parents to “room in” and establish their parenting skills before they go home with their babies.

If families need accommodation close to the hospital, our Social Work Department coordinates rooms at Lion’s House and other local businesses.

Patient care is often shared between our hospital services and local or specialist providers so people can be treated in the most appropriate setting. The care of unwell newborn babies is one area where these strong relationships benefit patients and their families.

Mercy Hospital for Women has streamlined discharge processes so that babies can be reunited with their family as soon as possible. This may be by discharging them home or transferring them to another facility, depending on their medical needs. Both Mercy

Hospital for Women and Werribee Mercy Hospital work closely with the Newborn Emergency Transport Service (NETS) to facilitate the safe transfer of babies between our hospitals. In some cases babies are transferred from Mercy Hospital for Women to Werribee Mercy Hospital for ongoing care and support.

Midwifery in the Home

Werribee Mercy Hospital’s Midwifery in the Home service completed a survey on mothers who had delivered their baby at the hospital and were visited at home by the team. The survey measured the parents’ understanding of SIDS and the SIDS and Kids Safe Sleeping strategies.

Mothers were given a survey on their Midwifery in the Home visit in May 2011:

- 96 per cent of respondents were aware of safe sleep strategies
- 85 per cent had had safe sleeping strategies role modelled during their admission to Werribee Mercy Hospital

This was a 10 per cent increase on the numbers in the 2010 survey period.

Caring for people between hospital and the community

The care we give individual patients, residents and clients varies according to their needs. We work with different teams of health professionals so that each person can receive the care they need at the appropriate time and in the best place. We refer to this approach as care coordination.

Care can be coordinated on the ward, in the Emergency Department, at home (including residential care facilities) or in the community. Our hospitals have a number of services such as Hospital in the Home, Maternity in the Home and the Hospital Admissions Risk Program

of care



Werribee Mercy Hospital and Mercy Hospital for Women provide postnatal care for women and babies in their own home so they can continue to be cared for in the community.



continuity

to respond to people's specific needs. One of the aims of our services is to familiarise patients with their local health service network through information and referrals.

The new Transition Care Program at Werribee Mercy Hospital has begun strongly, offering therapy focused care to older people who have been in hospital.

After a recent illness, Beryl, who now uses a walking frame, took part in the 12 week Transition Care Program at Werribee Mercy Hospital. Three of these weeks included home visits by program staff.

Beryl mainly received physiotherapy but was also shown how to cope with activities such as cooking and her medication requirements were taken care of. "I found the program very, very helpful," said Beryl.

When asked about the care his wife received, Beryl's husband Ken said, "They were all really great and took excellent care of Beryl."

Enhancing communication with GPs

Werribee Mercy Hospital has employed a GP Liaison Coordinator to facilitate liaison between the hospital and local GPs to improve communication, access and service delivery. An essential part of this program is to identify any gaps or issues with the hospital's discharge summary processes. Between July and December 2010 a random sample of patient files from admissions to our medical team were audited to gather data relating to the discharge summary process. The audit tool was designed in conjunction with General Practice Victoria to ensure that both hospital and GP perspectives were included.

The audit found that 94 per cent of audited files had a completed discharge summary and 79 per cent of these were stamped as having been faxed to the GP practice. Eight per cent of patients did not have a GP on record so a summary could not be sent. It was unclear why the remaining 13 per cent did not have a completed discharge summary sent to their nominated GP. All discharge summaries are currently handwritten and 100 per cent of the documents audited were legible.

Since this audit, our GP Liaison Coordinator has worked with Mercy Health's Health Information Services team, administrative and medical staff to improve the number of patients who have their nominated GP on record. These teams are reviewing the current process to identify improvement opportunities. Mercy Health is also investigating options to introduce an electronic discharge summary system to improve the flow of documents to GP practices.

The Mother Baby Unit discharge audit in June 2011 showed that 100 per cent of clients had their discharge summary completed and sent to their nominated GP within one week of discharge.

One hundred per cent of mothers and babies had evidence that their carers were involved in the discharge planning process, and 100 per cent of mothers were involved in their care planning during admission and discharge planning pre-discharge.

of care

Double the care

During the year Coralie Pickering and her twin boys experienced this continuity of care when, six weeks into her pregnancy, doctors were concerned that something was wrong with Coralie's baby.

Coralie was taken for an ultrasound scan and, to everyone's surprise, they found not one but two healthy babies. After the shock, and then relief at this news, Coralie and her family had many challenges to face.

"The twins were very fragile," said Coralie. The toughest hurdle came when at just 26 weeks Coralie went into labour. She was transferred to Mercy Hospital for Women where the team were able to prevent her labour from progressing. Her twins, Kallum and Rhyden, were born after 33 weeks of pregnancy, almost two months early. Both boys were small and required treatment in the Neonatal Intensive Care Unit (NICU). After two weeks of treatment they were well enough to be moved to the Special Care Nursery at Werribee Mercy Hospital for ongoing care.

Werribee Mercy Hospital's Special Care Nursery is a Level 2, high dependency Unit that is able to care for babies over 32 weeks' gestation and weighing more than 1,300grams. The nursery has 12 cots, with plans to open a further four cots in early 2012. Staff at the Special Care Nursery provide family centred care, not only caring for premature and unwell babies but also teaching families how to look after their new babies.

During Kallum and Rhyden's stay at the hospital they established a strong feeding pattern, put on weight and became well enough to be discharged home.



Kallum, Coralie and Rhyden.

Jennifer Anning, Nurse Unit Manager Special Care Nursery, emphasises the importance of caring not only for the baby, but of supporting the whole family to bond and become comfortable with each other. "Sometimes their babies have been very sick and they have not been able to touch or hold them. Our job is to assist families in all aspects of care, not just their clinical needs.

"One of our greatest joys is seeing families leave the nursery together to start a new phase in their journey at home."

Coralie provides regular updates on the boys' progress via photos and emails.

"Every day I still think how lucky I am to have two beautiful babies," said Coralie.



supporting

At all of our health services, we care for individual patients, their families and carers.

Under the Children, Youth and Families Act 2005, Mercy Health is required to give priority to an infant's or child's best interest, including consideration of the need to protect a child from harm, protect their rights and promote their development.

The Act provides the legislative basis for interventions, policies and processes that protect vulnerable children and support their families. Medical practitioners, nurses and midwives must inform Child Protection if they form a reasonable belief that a child is at risk or in need of protection.

Where there is significant risk of harm, an infant or child is referred to Child Protection and intensive support is provided to protect the infant or child.

"Through Mercy Health's Vulnerable Children Committee, and the hospitals' sub committees, staff working with families are informed of our responsibilities and processes for protecting children who may be at risk," said Veronica Love, committee chair.

Representatives from the Vulnerable Children sub committees at Mercy Hospital for Women, Mercy Health O'Connell Family Centre and Werribee Mercy Hospital are an important link between the hospitals and the Vulnerable Children Committee. To maintain a clear and rigorous process, the committee formally reports to Mercy Health's Clinical Governance Committee and the Department of Health.

"Mercy Health O'Connell Family Centre prioritises admission for families who are referred by ChildFIRST or Child Protection," said Veronica, who is also the Director of Nursing of this early parenting centre. "These families

are given the opportunity to learn parenting skills that support safe development for their children."

The relationship between Mercy Hospital for Women and Mercy Health O'Connell Family Centre creates a unique opportunity for families to receive care in a range of settings.

Supporting the wellbeing of the whole family

This year Mercy Health O'Connell Family Centre celebrated its fifth anniversary with Mercy Public Hospitals Inc and received four years' reaccreditation with the Australian Council on Healthcare Standards.

"We are focused on child health and development, parenting and family wellbeing and infant attachment," said Veronica Love, Director of Nursing, Mercy Health O'Connell Family Centre, "and we are increasing our capacity to support parents with mental health issues.

"With our day stay programs, residential stay programs, parenting education sessions and mental health assessments, we can provide families who attend Mercy Hospital for Women with ongoing support, from the antenatal period through to early parenting."

Mercy Health O'Connell Family Centre is also developing therapeutic programs in collaboration with the other two publicly funded early parenting centres in Victoria. Over the past year all three early parenting centres shared referral criteria that support specialist early intervention and parenting programs for vulnerable families and young children. For the first time, the three centres shared staff education and conducted joint planning for future service delivery.

families



The centre includes both parents in parenting education and the weekly dads' night facilitated by a fathers' counsellor continues to be very popular.

"We recognise fathers' ability to nurture and care for young children and the need for both parents to develop attachment with their child from birth," said Veronica. "We work closely with the Nangnak Baban Murrup and Nangnak Wan Myeek programs at Mercy Hospital for Women to support Aboriginal families who may benefit from parenting support programs."

In addition to being a public hospital, Mercy Health O'Connell Family Centre is also a registered Community Service Organisation with service funding

through the Department of Human Services. In 2011 the Centre achieved its Community Service Organisation accreditation.

Listening to our clients

The formal process for client feedback is through family feedback forms which consistently have a return rate greater than 80 per cent. The forms include comments on the quality of care received, food services and facilities.

Satisfaction outcomes are reported to the Department of Human Services quarterly and the 2010-11 outcome rated the overall satisfaction of the service at 93 per cent.

"We arrived at Mercy Health O'Connell Family Centre needing some much needed love, care and understanding. Every nurse gave us that and we left feeling much happier and on the road to a brighter life."

"since leaving [the centre] we are making progress; are we cured, well no, but we are just so much happier and we are heading in the right direction."



supporting

Increased psychology services

Our multidisciplinary team and mental health services have been augmented with recent funding through the State Government's Perinatal Depression Initiative to employ a psychologist to join our psychiatrist. With this funding we can now offer a mental health assessment and consultation with a psychologist and follow up with clients after discharge. Clients with mental health issues are referred to their GP for a mental health plan or to community mental health services. Over the past year, there has been strong growth in the psychology services.

In 2010-11 Mercy Health O'Connell Family Centre's psychology services:

- Had 365 contacts with clients
- Saw 228 individual clients
- Made 57 pre-service assessments
- Conducted 180 treatment consultations
- Conducted 128 follow up consultations
- Made 17 referrals to area mental health services

"This year Mercy Hospital for Women is celebrating 40 years of continuous care for mothers and babies.

"We are proud and privileged to continue this tradition of care for so many people in the community. Every member of our staff contributes to the wonderful care that is provided.

"Our relationship with patients, their families and carers are very important to us. Through these relationships we get to know people better and get a clearer insight into what care and support people need for their physical, social and spiritual wellbeing.

"As a specialist provider and leader in women's and babies' health services, we aim to build up our general and specialist gynaecology services for women of all ages. We will continue to develop our expertise in maternity services and the clinical care of newborn babies, especially sick or premature babies, so that our patients and families receive the best possible care.

Mercy Health O'Connell Family Centre provides parents with vital skills and confidence at what is often a challenging time of life. It is a wonderful service and one that we are extremely proud of. It provides a great link between Mercy Hospital for Women, other early parenting services and, increasing, services for the Aboriginal community.

"We remain committed to our partnerships with other healthcare providers so the hospital can provide care in the right setting for all patients."

*Linda Mellors, Executive Director,
Mercy Hospital for Women & Mercy Health
O'Connell Family Centre*

families





hearts +

Mental health issues affect one in five people

Mental health problems are the third biggest health issue in Australia after heart disease and cancer. Whether it is depression, anxiety, schizophrenia or bipolar disorder, one in five Australians will experience some form of mental illness.

Mercy Mental Health treats people with severe and complex mental illnesses by providing acute and community based care. As the mental health service for the south western region of Melbourne,

we provide clinical support for adults living in the municipalities of Wyndham, Hobsons Bay and Maribyrnong. We work with other agencies to provide services where they are needed, and our specialist psychiatric Mother-Baby Unit provides inpatient postnatal mental healthcare across western Victoria.

In 2010 the Wyndham, Hobsons Bay and Maribyrnong integrated teams were established to bring together clinicians with a broad range of skills and experience so they can respond to a range of clients' needs at any stage in their recovery process.

"Nurse practitioners" join the team

Mercy Health has supported the development of a new category of health worker, the "nurse practitioner". Nurse practitioners are experienced nurses who complete additional qualifications so they can practise at an advanced level. While completing their training they are known as nurse practitioner candidates. Nurse practitioners usually specialise in areas of health such as renal dialysis, mental health and neonatal care.

Mercy Mental Health is supporting Judy Foord to complete her nurse practitioner training. Judy is three quarters of her way through her studies and has passed the pharmacology unit. This prepares her for the new responsibility of prescribing medications used to treat symptoms of mental illness.

"Once I am an endorsed nurse practitioner I'll be able to practise relatively independently in the mental health field," said Judy. "I will also be able to provide support to clients and the Mercy Mental Health team by ordering diagnostic tests,

performing advanced assessments and prescribing medications for symptom relief.

"This will benefit clients who may have had to wait long periods for a medical assessment."



minds

Seeds of hope

Paul Grima, consumer consultant and peer support educator at Mercy Health Saltwater Clinic, has been on both sides of mental illness. Having initially experienced the clinic as a consumer, Paul offers clients a unique perspective as someone who has “been there, done that, worn the t-shirt”.

“Before I became unwell I was a state rep gridiron player representing Victoria and was selected to represent Australia. I was in the gym three days a week, bouncing at nightclubs at the weekend, driving a sports car and living the life. My father would tell me life is hard and I remember thinking, ‘I don’t know what you’re talking about, it’s easy.’

“Then one day I broke my collarbone in a game. While I was recovering from that I was diagnosed with chronic fatigue syndrome. My motivation and energy disappeared. I started to gain weight and became isolated in my flat. I started drinking quite heavily and went up to about 140 kilos. One day I woke up and thought, ‘If this is what life is, I don’t want it anymore’. I tried to end my life and ended up in a psych ward. I spent eight weeks in hospital, seven of those weeks in the high dependency unit (HDU).

“My attitude was such that I told everyone who asked – the psychiatrists and nurses – that I’d already checked out; mentally I was already gone, and as soon as I got the opportunity I’d end my life. I made a few futile suicide attempts but, after ending up in hospital again, I realised I wasn’t supposed to go that way. It took about five years to get through my illness. The medication and support and all the help I was getting was only part of the solution. The biggest lesson I learnt was that you actually have to want it yourself.



“I started attending an art group at Saltwater Clinic as a way to work through my agoraphobia. I was then invited to sit in on meetings as a consumer representative. I soon started work on the day program offering support, encouragement and taking consumers out on day trips. Then someone suggested I apply for the consumer consultant role at Saltwater Clinic. I’ve been here 12 years and the role has grown to include peer support education.

“A client once wrote me a letter after I’d worked with him and said that the medication, support, treatment, doctors and nurses are all part of recovery, but the cycle of recovery was not complete until he met me. He wrote, ‘I met this gentle giant who sat down and had a coffee and a few kind words with me and that’s when hope was born. That’s when the cycle was complete.’

“That was huge for me to hear. It really cemented for me exactly what my role is. You have to have hope. When I talk to clients I say to them that there is light at the end of the tunnel, and they hear that from someone who is at the other end of the tunnel madly waving the light.”



hearts +

*In 2010-11,
93.86% of patients
responding to the
Victorian Patient
Satisfaction
Monitor rated
Werribee Mercy
Hospital's
general patient
information as
good to excellent.*

Learning from clients' experiences

During the year Petra Glare, Quality Manager, Werribee Mercy Hospital worked on a Mercy Mental Health project to assess and improve the way consumer feedback is managed.

"Our ultimate aim is to improve outcomes for clients by learning from their experiences," said Petra.

The objectives of the project were to:

- Identify areas for improvement in the current consumer feedback management system
- Investigate options for electronic feedback forms
- Educate staff, consumers and carers about what constitutes feedback
- Embed feedback processes into the service
- Ensure that data gathered from feedback is used in quality improvement activities

The initial step in the process was a paper based review of the ways currently used by Mercy Mental Health to gather consumer feedback and how this information is stored and reported once it is received.

"We also held carer and consumer forums to gather further information on people's expectations for feedback management," she said. "We got feedback on our draft framework to improve our processes, which helped us explore ideas that we may not have considered after the initial review."



Lessons learnt

- Although there are so many ways to use technology, this project highlighted the value of personal interactions and the power of listening to people
- Many consumers and carers did not feel the need to have formalised written responses to their feedback and emphasised the value of being listened to
- However, they did acknowledge that when they made the effort to write feedback, a written response was the most appropriate way for the service to follow up

minds



Arhet Geberat, Social Worker and Bilingual Case Manager, Mercy Mental Health with The Hon Julie Bishop, Deputy Leader of the Federal Opposition, Shadow Minister for Foreign Affairs and Shadow Minister for Trade at Africom's National Awards night, 2011.

Empowering individuals

In her role as a bilingual worker at Mercy Mental Health, Arhet Geberat has been providing mental health first aid training to African community leaders and workers to improve their understanding of mental health issues and help them increase their own community's knowledge of the mental health services that are locally available.

"Through the training people learn how to help themselves and others," said Arhet.

Arhet has provided six mental health first aid training courses to a total of

66 community leaders, predominantly from African backgrounds, and also some leaders from Karen communities.

"The positive feedback inspires me to keep going and deliver more training courses," she said. "This work is a good step forward but there are many social and education challenges ahead."

Arhet received Africom's "National Award 2011: Outstanding Community Service Award" on 16 July 2011 at the Adelaide Convention Centre.



affirming

Palliative care is made available to people with an illness when cure is no longer possible. This care draws on counselling, nursing and medical services, allied therapies and pastoral care. We take a holistic approach to palliative care and provide support not only to our patients across the western region of Melbourne, but also to their families and carers.

Over the past four years referrals to Mercy Palliative Care's community program have increased from approximately 900 per year to approximately 1,400 referrals per year. With a significant increase in the number of patient referrals, Mercy Palliative Care is also adapting their model of care to meet people's growing needs.

"One change has been to increase our role in providing expert advice on palliative care to other health service providers," said Fran Gore, Manager, Mercy Palliative Care. As part of this "consultancy service" Mercy Palliative Care is developing closer relationships with other community services such as councils, aged care services, home and community services and the Royal District Nursing Service to provide a

holistic approach to palliative care, whatever the care setting.

"We have created a number of programs to help carers deal with the many challenges they face," said Fran.

A major initiative this year has been a program for carers of people in residential aged care. Highly trained and experienced volunteers spend time with carers, listening and asking helpful questions. This program complements the Mercy Palliative Care Carer Support Program in which volunteers who have also been carers meet other carers in their homes and offer personal support.

"We have also set up a 'Carers Corner' at our Sunshine office so that carers can visit and enjoy mutual support, education and social interaction with our employees and other carers," said Fran.

Mercy Palliative Care provides a bereavement service to support families after the loss of a loved one, which includes four half day information sessions and an eight week bereavement support group. Memorial services are held every three months for families and friends.

thank you

"I struggled to find effective support for my wife and me. I found out that most people don't know what to say or know how to help when it comes to that dreaded and misunderstood thing called 'cancer'. I feel sad for the majority of people, some family included, who have simply disappeared since my partner got cancer seven months ago.

"I heard about a Carer support Program run by Mercy Palliative Care in sunshine and it's been amazing and surprisingly joyful. I have gained strength and wisdom by talking to other carers and have had my faith in people restored.

"It's great to be in a room full of people who really understand my challenges and nod their heads knowingly when I talk. I've been able to share my journey as a carer and have benefited from listening to others' journeys. It's great to know that I'm not alone and that I'm actually doing a good job."



Palliative Care Collaborative Project

Funded under a Department of Health and Ageing local palliative care grant, this Mercy Health initiative is an education and training program in the palliative approach that is being conducted at a number of aged care facilities at Mercy Health and with staff from our mental health project partners. It is designed to equip carers with the essential tools of palliative care. The program is a collaborative work with partners from Mercy Palliative Care, North West Mental Health, Centre for Ageing and Pastoral Studies and Mercy Health Training Institute. The project involves face-to-face training as well as online sessions with course participants such as personal care attendants, registered nurses, enrolled nurses, service managers, resident liaison officers and pastoral associates.

Other activities in this project include a training needs analysis, cross training to Mercy Palliative Care in mental health, evaluation of advance care planning, development of a DVD on spirituality in the palliative approach and the Partnership in Care conference day.

A resource book – “Affirming Life: What is a Palliative Approach? A Guide for Family and Friends” – was developed through extensive collaboration with industry experts, a staff reference group and family representatives. It has been endorsed by leading peak bodies in palliative, aged and pastoral care, and mental health. The book is available through our healthcare networks.



affirming



Respecting each individual

“The experience of patients and staff across the palliative care spectrum at Mercy Health can be directly related to Mercy values,” said Vanessa McColl, Nurse Manager, Gabrielle Jennings Centre, Werribee Mercy Hospital.

“The value of respect is integral to choosing the preferred place of death for someone and accommodating their wishes and care path.”

John, a 38 year old with a terminal illness, was admitted to Werribee Mercy Hospital’s community program about 12 months ago for medical care and assessment.

John managed his condition at home, but by June this year, could no longer deal with the pain he was experiencing. He was visited at home by a palliative care physician and a palliative care nurse who were able to make an extensive assessment of his disease and symptoms. They provided expert advice and made changes to John’s management plan so he could comfortably remain at home.

Through this contact with John, the physician had gained an invaluable insight into his situation, his disease and his personal and social needs. Given John’s complex symptoms, it was inevitable that he would need to be admitted as an inpatient. That time came within weeks when John needed to take different medications to control his escalating pain.

By then John was familiar with the palliative physician, who was also employed at the inpatient unit at Werribee Mercy Hospital, and he was known to the palliative care team. Because of his increased care needs, John was admitted to the Gabrielle Jennings Centre without having to present to the Emergency Department or go on a waiting list. The palliative care team had already drafted a care path for John and problematic areas of care provision were highlighted before he arrived.

During his care, referrals across services were smooth and effective and the team was able to manage John from a medical, psychological and social perspective without delay. This enabled timely admission to the unit and discharge back home where John preferred to be.

Through this coordinated approach the team was able to care for, assess and problem solve in the community and at the hospital.

“Palliative care is about impeccable assessment and holistic care,” said Vanessa. “It is with compassion and innovation that we try to alleviate suffering in all of our patients.

“I believe we are stewards of Mercy every single day, seeking not to prolong life but to provide dignity and comfort when it is needed most.”



Reaching out

For 25 years Noel Jeacle spent time with people in the western suburbs raising awareness of palliative care.

His own experience with palliative care began in 1985 when his son was dying of cancer. As Noel and his wife went through this very difficult time they were comforted by workers from Mercy Palliative Care.

“They listened to our concerns during the hardest period of our life,” said Noel. “We would have found it almost impossible to get through it without them.”

When called on by a local parish priest to collect money for Mercy Palliative Care, he was more than happy to do so – and continued his support for more than two decades.

“This was my way of repaying them,” he said. “You need counsellors to talk to at a time like that. I’ve been happy to speak to other people in the community and share my personal experience. They know I speak from the heart.”

This year Noel decided it was time to “hang up the boots”. To give thanks for his service and dedication, Noel was honoured at an award ceremony at Werribee Mercy Hospital in September 2011.



diverse +



Our Cultural Diversity Committee operates at a strategic level to ensure equitable, high quality healthcare is provided to people from culturally and linguistically diverse backgrounds.

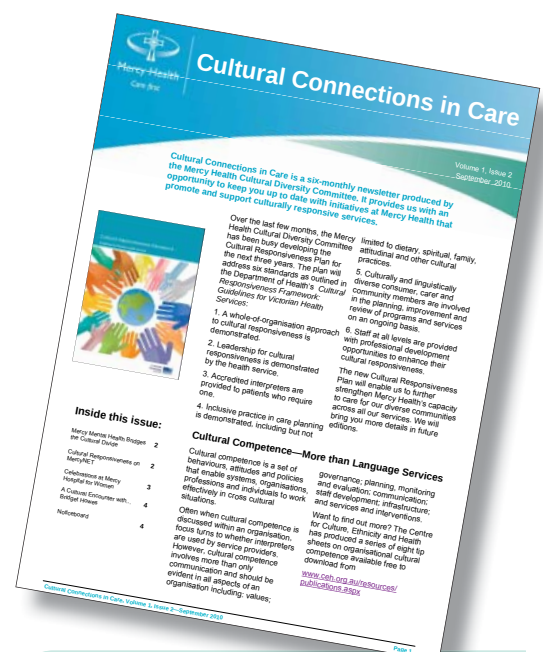
The Committee led the development of Mercy Health's "2010-13 Cultural Responsiveness Plan", which was approved by the Mercy Health Board in November 2010. The plan was submitted to the Victorian Department of Health and highly commended, showing a "very strong commitment to working with [the] community across the whole organisation".

The Cultural Diversity Committee will continue to monitor the implementation of the plan over the next three years and build relationships with community organisations. These include the Ethnic Communities Council of Victoria and the Centre for Culture, Ethnicity and Health and a broad range of Mercy Health employees who support diverse communities across our services.

Every six months outcomes of the Committee's activities are reported by the Executive Director People, Learning & Culture to the Mercy Health Board as part of the Human Resources report.

To ensure our commitment to cultural responsiveness is experienced at a grassroots level, we have Cultural Diversity Working Groups in each of our facilities. These groups are actively involved in monitoring the provision of care locally and reporting to the Cultural Diversity Committee. Minutes from working group meetings are reported back to the Cultural Diversity Committee.

All staff members have access to the plan, Mercy Health's cultural responsiveness policy and the Committee's documentation, meeting notes, newsletters and event news through our intranet.



The "Cultural Connections in Care" newsletter is published biannually so staff can keep up to date with initiatives at Mercy Health that support and promote cultural responsiveness.

inclusive

Mercy Health is made up of a network of over 5,500 people passionate about caring for others, whatever the care setting. We value the experience, skill and diversity that our teams bring to our culture of care, and we are enriched by our collaborations with colleagues, partners and other Mercy ministries.

Our diverse workforce supports people in the community who come from 150 countries and speak more than 70 languages. We are committed to continual learning and professional development so we can continue to provide care that is relevant to our changing communities.

In 2011 we began a new e-learning initiative to improve employee access to training programs, ensure currency of training content and give our employees maximum access to learning tools so they can complete their mandatory competencies. Through this initiative employees across the organisation will have access to standardised learning modules and course completion will be recorded and reported centrally.

In 2011 Mercy Health received \$40,000 funding from the Department of Health's Value Added Intervention Project for mature nurses and midwives.

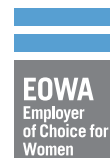
Our mature workforce

- The average age of our workforce is 43.44 years
- 40 per cent of Mercy Health's workforce are 45+ years
- 87 per cent of 45+ employees are female
- 43 per cent of our nurses and midwives are aged 45+



We engaged the services of specialists in managing an ageing workforce to conduct focus groups to determine the needs of our mature employees. Two age management leadership forums were held to assist our managers to discover more about the ageing workforce and contribute to our future strategy. Two Create Your Future seminars for mature age employees have been held to assist people in life planning, which includes information on retirement and advice and resources to plan for a productive future. The funding has also been used to develop IT training for mature employees so they can increase their intranet and internet skills and enhance their skills in programs such as Excel and Outlook.

Many of our workplace programs and culture and diversity initiatives have been recognised locally and nationally, and we have received the Equal Opportunity for Women in the Workplace Agency's (EOWA) Employer of Choice for Women citation four years in a row.





diverse +



Connected to people and place

Mercy Hospital for Women has a long history of working with Aboriginal and Torres Strait Islander mothers, babies and families. A number of women who had their babies at the hospital are now seeing their children and grandchildren having their babies there too.

“We value these relationships,” said Linda Mellors, Executive Director, Mercy Hospital for Women & Mercy Health O’Connell Family Centre. “The trust and the cooperation help us to make informed choices about the services we provide at the hospital and in people’s homes. Our aim always is to care for

mothers and young babies so they can get a healthy start in life.”

Our services for Aboriginal and Torres Strait Islander people integrate with our mainstream hospital services as well as services provided by other organisations. We are proud of our close working relationship with the Victorian Aboriginal Health Service (VAHS). Through a shared care agreement between our Transitions Clinic and VAHS, many women can choose to have most of their care through VAHS and attend the hospital for key appointments and the birth.

Cecily Atkinson, Aboriginal Hospital Liaison Officer says, “We take a holistic approach to care so the planning

inclusive

meetings cover each patient's medical, personal and social needs."

Cecily also attends service planning meetings with the Special Care Nursery, obstetricians and gynaecologists when Aboriginal and Torres Strait Islander patients' needs and discharge plans are discussed. She routinely consults with her counterpart at rural hospitals, especially at times of patient transfer.

Programs such as "I'm an Aboriginal Dad", conducted in conjunction with the Children's Protection Society, are available to men whose partners attend Mercy Hospital for Women for obstetric care or whose babies are in the Special Care Nursery.

We observe cultural protocols in our healthcare and patient management and ask for input and feedback from the community. One of the ways we do this is through Mercy Hospital for Women's Aboriginal Consultative Committee which meets regularly to discuss services

provided to Aboriginal and Torres Strait Islander people. Membership is currently being reviewed with the aim to increase representation from the Aboriginal community.

Mercy Hospital for Women is represented on Austin Health's Aboriginal Advisory Committee by the Aboriginal Hospital Liaison Officer and the Manager of the Aboriginal Women & Family Support Unit. Austin Health is represented on Mercy Hospital for Women's Aboriginal Consultative Committee. Aboriginal staff members of both hospitals consult with each other informally. Through these means there is a regular sharing of information between the two hospitals and the community.

Awareness is also raised at Mercy Hospital for Women and Werribee Mercy Hospital through events such as NAIDOC Week, which celebrates the culture and achievements of Aboriginal and Torres Strait Islander people.

In 2010-11

Mercy Hospital for Women saw 86 Aboriginal and Torres Strait Islander obstetrics patients and birthed 85 Aboriginal and Torres Strait Islander babies.



Illana Atkinson, daughter of Cecily Atkinson, Aboriginal Hospital Liaison Officer, sings at the NAIDOC Week celebrations at Nangnak Wan Myeek.



Traditional dances were performed at Werribee Mercy Hospital during NAIDOC Week.



diverse +

Improving care for Aboriginal and Torres Strait Islander patients

“Nangnak Wan Myeek” is a Mercy Hospital for Women program funded by the Office of Aboriginal and Torres Strait Islander Health from the New Directions strategy to improve the health of Aboriginal and Torres Strait Islander mothers, babies and children.

Sally Missing, Program Manager believes that working with women and their babies is the best time to improve the long term health of Aboriginal and Torres Strait Islanders.

Sally said, “Our newly developed postnatal service offers practical support to mothers when they go home, including home visits and phone follow ups, coordination of services after discharge where this is not provided, linking mothers and babies to other health services, and accompanying them and providing transport when needed.

“The program has established working relationships with key Aboriginal agencies. A number of Aboriginal agencies and staff were involved in the development of the three year plan for the program. Mainstream and Aboriginal clients and service providers gave their input and the planning process was overseen by a steering committee. A report on the consultation process will soon be published.”

Sally added that Aboriginal and Torres Strait Islander community members will be consulted and asked for feedback about the program at regular intervals.

A new initiative in development is the “Adopt an Aunty” volunteer program, based on the Mentoring Mums program developed by the Children’s Protection Society, which will provide an opportunity

for more experienced Aboriginal mothers to work with new or expectant mothers in need of extra support. This is an opportunity for Aunties to share their wisdom, experience and skill and provide some practical assistance to mothers.

A referral and consent form for Nangnak Wan Myeek has been developed and referrals are being made into the program by hospital staff. Through the program, a number of women have been supported to attend appointments at Aboriginal specific and mainstream primary healthcare services. A number of women who would otherwise struggle to make or keep medical appointments have been supported with links into appropriate services and transport when needed.

Information about the Nangnak Baban Murrup and Nangnak Wan Myeek programs is regularly shared with hospital staff and a presentation by an Aboriginal member of staff is scheduled for each hospital orientation program. In 2010-11, seven sessions were held for 131 staff, which included a description of the services offered to Aboriginal and Torres Strait Islander clients at Mercy Hospital for Women by the Aboriginal Women & Family Support Unit and Nangnak Wan Myeek.

Administration staff have been trained to ask the identification question of all clients to make sure that Aboriginal and Torres Strait Islander patients are correctly identified. This will improve data collection on patients so that appropriate services can be offered.

In 2010-11, 24 patient services staff were trained and all current administration staff responsible for registering client details have now been trained.

inclusive



This year Lyn Briggs, Aboriginal Engagement Officer with Nangnak Wan Myeek (New Directions program) at Mercy Hospital for Women donated her painting "The Journey Begins", which was raffled to raise funds for Mercy Hospital for Women's Special Care Nursery.

A "sentinel site" for maternity care

Mercy Hospital for Women participated in the 2010 ICAP (Improving Care for Aboriginal and Torres Strait Islander Patients) review which focused on four service delivery areas:

- Emergency care
- Maternity care
- Cardiac rehabilitation
- Mental health services

One hospital was chosen to collect in depth information on each service delivery area. These hospitals were described as "sentinel sites" and Mercy Hospital for Women was chosen as the sentinel site for maternity care.

Mercy Hospital for Women is also regularly represented at ICAP forums, which are run in collaboration with Victorian Aboriginal Community Controlled Health Organisations (VACCHO).

Transitions Clinic renamed "Nangnak Baban Murrup"

"With the growth of the Transitions Clinic we saw it was time for women who use the Aboriginal and Torres Strait Islander services to have ownership of a name that reflects the care provided to them when they birth at Mercy Hospital for Women," said Olga Davies, Manager Transitions Clinic and Nangnak Baban Murrup.

*In 2010-11,
there were 50
Aboriginal babies
delivered within
Transitions Clinic.*



diverse +



In September 2010 Olga Davies received the State Nursing & Midwives Excellence Award in recognition for "Improving Health Outcomes for Indigenous Clients". This award recognises a nurse or midwife who demonstrates outstanding commitment and excellence in practice for clients and communities.

"We approached the Aboriginal community to find a name for the Aboriginal component of the Transitions Clinic and the honour was bestowed upon us by the Wurundjeri elders with the name 'Nangnak Baban Murrup', which means 'Nurturing Mother's spirit'.

"There is clear evidence that attendance at the clinic has increased as a result of the continuity of care and cultural response to the local community," said Olga.

Nangnak Baban Murrup and Transitions Clinic provide holistic care from a multidisciplinary team made up of an obstetric consultant, two antenatal midwives, an Aboriginal Hospital Liaison Officer, two social workers, a psychologist, psychiatrist and a paediatrician. The Transitions Clinic was established in 2000 to engage marginalised clients in their maternity care and support women who may be at higher risk of complex obstetric and perinatal outcomes. The transitions component of the clinic is now only for referrals for women with a chemical dependency.

Working with our community

Keeping close to our community and contributing positively to their health and wellbeing is very important to us.

Werribee Mercy Hospital has initiated many education programs and run information sessions at schools and in the community, often in conjunction with other organisations. Some of these include the Violence in Schools project, where our Emergency Nurse Educators and members of Victoria Police speak to secondary school students about the dangers and consequences of alcohol fuelled violence among young people. We organise careers nights at several secondary schools in the Wyndham area and our award winning work experience program is conducted twice a year. Through this program Werribee Mercy Hospital hosts over 20 Year 10 secondary school students for one week and students "buddy" with health professionals within the hospital and Mercy Mental Health.

inclusive



Werribee Mercy Hospital works closely with the local Karen community. This year many Karen teenagers attended an information session on starting a career in health.

This program gives students interested in a career in healthcare a real insight into the rewards and demands of looking after people who trust us with their care.

Knowledge exchange

Werribee Mercy Hospital has teamed up with ISIS Primary Care, a community health organisation, to share knowledge between nurses, midwives and local Karen women who will have their babies at the hospital.

This knowledge exchange gives clinical staff and mothers-to-be an opportunity to ask questions, understand expectations and assist cultural practices where possible.

Megan Griffin, Midwifery Education Coordinator at Werribee Mercy Hospital said, "It's about taking the fear out of the birthing process in as many ways as possible. We want Karen mothers to feel safe and comfortable here, to feel that

their cultural practices around birthing are understood and respected. We also want our nurses and midwives to learn about the Karen people and their expectations when giving birth."

ISIS Primary Care provides Karen translators and holds antenatal classes for Karen women. Together with staff at Werribee Mercy Hospital, tours are conducted of the hospital's Maternity Services so women are comfortable and familiar with the people who will support them.

Many skills for many cultures

Interpreter services are made available in our hospitals and clinics, and in the community, so that healthcare can be safely provided.

"On average our community programs have 28 interpreter sessions a month," said Mario Blandin de Chalain, Manager Mercy Mental Health. "In this reporting year we used interpreters from 24 language groups for a total of 347 cases.

"Our community teams also employ bilingual Vietnamese workers and a multilingual African worker for the emerging communities who come from the Horn of Africa."



"There is an impressive commitment and responsiveness across the organisation to the needs of culturally diverse and special needs clients who access the services."

Australian Council on Healthcare Standards survey team 2010



diverse +

Mercy Mental Health interpreter services

During the year there were 347 occasions of interpreter support in the following languages through Mercy Mental Health Community Treatment Programs:

Asian: Mandarin, Hakka, Cantonese, Vietnamese, Tagalog (Filipino), Filipino, Cambodian (Khmer), Indonesian, Laotian, Burmese, Karen, Hindi

European: Spanish, Greek, Italian, Italian (Calabrese), Hungarian, French, Czech, Slovak, Polish, Macedonian, Serbian, Croatian, Bosnian, Slovak, Romanian, Turkish, Kurdish, Albanian

African: Farsi, Arabic, Dinka, Persian, Amharic, Sudanese, Somali, Oromo (Ethiopian), Tigrigna

Auslan (Australian sign language)

The highest number of interpreter services was provided for speakers of:

- Vietnamese
- Dinka
- Amharic

Community snapshot

This snapshot gives a quick insight into the cultural richness of the communities that Mercy Hospital for Women serves.

Our patients come from more than 140 countries, speak over 70 languages and follow over 60 religious faiths. We provide interpreting services and respond to people's cultural needs as fully as we can.

- 15 per cent of our patients speak a language other than English
- 8 per cent need an interpreter
- 35 per cent are born overseas

During the year we provided 7,252 occasions of service in 55 languages.

Top 10 languages:

- | | |
|--------------|--------------|
| • Mandarin | • Macedonian |
| • Arabic | • Somali |
| • Vietnamese | • Cantonese |
| • Greek | • Hindi |
| • Italian | • Turkish |

Most of these interpreting services are provided by a team of dedicated in house interpreters.



During the year Mercy Hospital for Women used a number of strategies to improve access to interpreting services which has resulted in significant improvements. This includes providing interpreter services in 92 per cent of cases where outpatients were identified as needing interpreter services and 77.5 per cent of cases where inpatients were identified as needing interpreter services.

inclusive



Mercy Hospital for Women's Parent Education runs regular antenatal education classes for Chinese and Vietnamese patients. During the year, 24 sessions were conducted for each community group. Patients and their families who speak other languages are also able to access one-on-one antenatal education conducted with the assistance of an accredited interpreter.

"To deliver safe, high quality care we need effective communication between patients and healthcare providers," said Natalija Nesvadba, Manager, Multicultural Services Unit, Mercy Hospital for Women. "Recent international and Australian research suggests that the use of professional interpreters is closely related to medico-legal risk, patient safety, duty of care and patient rights. Language proficiency has a clear impact on the communication process and health outcomes for individuals."

In two sample months, the rate of appropriate interpreter service for maternity patients was higher than the previous year:

- Interpreter services were provided in 98 per cent of required cases in August 2010 (up from 82.1 per cent in August 2009)
- Interpreter services were provided in 96 per cent of required cases in February 2011 (up from 93.1 per cent in February 2010)

Getting feedback on patient information

Mercy Hospital for Women has begun a review of patient information, including information provided in other languages. This review includes interviews with outpatients at the hospital and patients who attend Well Women's Clinic. Patients are asked for their comments on the readability and presentation of materials, and are also asked about the ways they prefer to receive health information.

Feedback is being used to guide the development of patient information in print and online.



Updated translations are now available in a bilingual format, with 41 languages used in translations.

In 2010-11, 92.16% of patients responding to the Victorian Patient Satisfaction Monitor rated Mercy Hospital for Women's general patient information as good to excellent.



diverse +

The art of listening

Minh Hue Nguyen Lam is a Vietnamese interpreter who has worked at Mercy Hospital for Women since 1986.

As an interpreter Minh assists patients and health professionals to communicate effectively. She also translates written information patients receive about their condition or treatment.

Here is some of Minh's story:

"I originally began working with Vietnamese refugees through the Immigration Department. Years later I started at Mercy Hospital for Women and was very impressed by the care and compassion of the staff.

"Because I have worked here for many years, patients have got to know me. Often they'll come to me with their problems first. I really cherish that relationship with the patients. It is so rewarding.

"As an interpreter and translator my role is obvious. I think this patient's story is more indicative of how we care for Vietnamese people and how that care is received.

This is a 'House of Love' said Mrs Nguyen, who reminded me this is the literal meaning of the word 'hospital' in Vietnamese. She emphasised that it was a House of Love in its true and full meaning.

She paid tribute to the hospital after spending five days in the Gynaecological Oncology ward following a hysterectomy because of early cancer. She said that when her GP told her she had cancer she was "shocked, frozen and numb".

"I thought I was going to die very soon because in Vietnam when we hear the word cancer we say: When God or Buddha calls someone, that person has

to answer yes and go. While I waited for the appointment I was so anxious that I could not eat or sleep, but I was glad that my doctor referred me to this hospital. The specialist who saw me at the first consultation patiently explained to me about my condition. He spoke slowly, pausing for the interpreter to make sure my husband and I fully understood him. He reassured us many times that I would be alright and was not going to die. I will never forget the expression on his face and the tone of his voice. They reflect the kindness of his heart.

"On the way home my husband described the doctor as a 'loving mother' as Vietnamese and Chinese would say. After the operation the many people who looked after me were also as caring. The young doctors and the nurses on different shifts were all very nice. I was so impressed by their dedication to their work. A physiotherapist and a social worker came in to see me too. Each one in their field contributed to my recovery. Everybody in this hospital treated me well. Even the cleaner who came each morning to do her work had a gentle smile on her face when she saw me. Not for a moment did I feel that I was discriminated against because I am Vietnamese and not able to speak English. I cannot thank them enough. I wish I could speak English so that I could express my deep gratitude with more than just the words 'thank you'."

"The vast majority of Vietnamese who come here are very happy with the care they receive. Of course, people aren't always in hospital for happy reasons. In those instances when things do not go well, our social workers, pastoral care workers and doctors are very supportive of patients and families through their grief or pain. The patients I work with are happy with the compassion, care and support they receive."

inclusive

Creating a culturally responsive environment

Throughout the year we provide our staff with professional development opportunities to enhance their cultural responsiveness. We are guided by the 2010-13 Cultural Responsiveness Plan developed by our groupwide Cultural Diversity Committee and each facility has their own Cultural Diversity Working Group that identifies ways we can improve our services to culturally and linguistically diverse people.

While we have a committee and working groups, we also work with other organisations to stay in touch with the community's needs and changing expectations.

These organisations include:

- Spectrum Migrant Resource Centre including NERSIN (North East Regional Settlement Issues Network)
- The Victorian Hospitals Diversity Network
 - Natalija Nesvadba, Multicultural Services Manager, Mercy Hospital for Women was secretary then chair of the network in 2010-11
- FARREP (Family and Reproductive Rights Education Program) statewide network
- RMIT University
 - Placement of interpreting and translating students
- Victorian Transcultural Psychiatry Unit, St Vincent's Melbourne

Cultural responsiveness training for 2010-11 included:

- "Interpreting Services and Medico Legal Risk: Know Your Responsibilities" (multiple sessions were conducted at Mercy Hospital for Women and Werribee Mercy Hospital)

- "Cultural Responsiveness in Health: An Overview"
- "Female Genital Mutilation"
- "Grief, Loss and Bereavement: A Cultural Perspective"
- "Cultural Diversity and Early Childhood Services: Implications for Practice" (Mercy Health O'Connell Family Centre)

In November 2010 Mercy Hospital for Women hosted the Victorian Clinical Ethics Forum on Multicultural Issues. This lively discussion covered a range of issues including family members declining the use of a professional interpreter on behalf of a patient and the different ways death and bereavement are experienced: personally and culturally.

A shared table, a shared understanding

We believe that celebration is as important as education and create many events to share, enjoy and gain a better understanding of the people we serve and work with.

These include Cultural Diversity Week, Harmony Day, Refugee Week, Ramadan, Chinese New Year and St Patrick's Day.



Diversity Week events are welcomed by staff.

In 2010-11, 95 per cent of new employees at Mercy Hospital for Women attended orientation sessions in cultural responsiveness.



diverse +

Supporting overseas family members

Social workers at Mercy Hospital for Women advocate for women from many countries around the world. One of the ways they provide support is by writing letters that are included in the application form for overseas relatives to visit during the later stages of a woman's pregnancy and after they have had their baby.

In collaboration with the Multicultural Services Unit, the Social Work Department conducted the study "Vital family support to welcome new life: How effective are hospital social workers' letters supporting pregnant immigrant women's family members who apply for visitor visas?"

The study explored the usefulness of the letters and what type of improvements could be made in this advocacy activity. Key insights are that letters are important

and need to include detailed information about each woman's situation and that new mothers whose relatives' visit them often struggle after relatives return home.

Many women who attend Mercy Hospital for Women need support from our Social Work Department as well as our multicultural services.

For women who have few relatives in Australia and limited access to finance, the personal and professional support they receive makes a world of difference to the way they manage their lives.

"Wemi helps me with making appointments and gives me emotional support all the time," said one first time mother who has two sisters and a cousin in Australia. "Olivia [social worker] helped me to register with Centrelink. She wrote a letter and sent emails and read out their letters to me."



Leticia and her husband Hayford, originally from Ghana, were supported by Wemi Oyekanmi, African liaison and Jane Middleton, social worker to assist with a visa application for Leticia's aunt to come from Ghana for 12 months to help the family with their triplets born at Mercy Hospital for Women.

inclusive

Family and reproductive rights

The Family and Reproductive Rights Education Program (FARREP) is specifically for women who come from communities in which female genital mutilation is sometimes practised.

The Department of Health funds Mercy Hospital for Women to provide direct care support to women and their families and implement health promotion activities in relation to female genital mutilation. The hospital supplements this funding to offer a broader African liaison service that provides culturally appropriate support and information to all women of African backgrounds who use Mercy Hospital for Women services.

In 2010-11 our FARREP/African Liaison Program had 1,042 contacts with 183 clients who were born in various African and non African countries.

Health promotion activities included:

- Active involvement in the development and implementation of the statewide FARREP Integrated Health Promotion Plan 2010-12
- Regular education sessions for Mercy Hospital for Women staff to increase the capacity of health professionals to understand and work with communities at risk of female genital mutilation. Sessions for other health services such as Northern Health were also conducted during the year.
- Community strengthening:
In February 2011 the FARREP network ran a community seminar "Courageous Conversations" to acknowledge the United Nations' International Day Against Female Genital Mutilation. Guest speakers included the Imam for the City Mosque, the Imam for the Preston Mosque, a female GP from Sudan and a priest from an Orthodox Church in Melbourne



who showed their support for the prevention and eradication of female genital mutilation.

The aim of these activities was to assist and empower women who come from communities that practise female genital mutilation to make informed decisions about their healthcare, ensure that the hospital's services meet the needs of affected women and to raise awareness in the broader community.

A number of common issues faced by women who experienced female genital mutilation have been identified through FARREP direct care. The FARREP program and the hospital advocate on behalf of these clients and contribute to information on health management. As a faith based organisation we understand that each culture has its own practices and beliefs. We support women to access services that are available to them so they can achieve the best health outcomes.



culture

We continue to build our capacity to provide care – today and into the future. A philanthropic gift entrusted to Catherine McAuley enabled her to dedicate her life to caring for those in need, and eventually to found the Sisters of Mercy. Such foresight provides the inspiration that is captured in today's Foundation.

Mercy Health Foundation secures philanthropic support and donations for all areas of Mercy Health so that we can, first and foremost, provide care. These gifts go directly toward clinical research, teaching, training and development.

Our scholarships foster learning, promote excellence in care and provide financial assistance to Mercy Health employees who are further developing their professional expertise.

In 2010 Hayley Anderson and Jemma Lane at Mercy Hospital for Women received the Diana Morgan Scholarship to study their Master of Nursing in Neonatal Intensive Care. This scholarship was established in the same year to honour and acknowledge the lifelong commitment Diana Morgan made to her profession and the dedicated service she gave to Mercy Hospital for Women.



Hayley Anderson, Registered Nurse



*Jemma Lane, Graduate Registered Nurse
Division 1*

The Education Unit at Werribee Mercy Hospital works with the Werribee District Hospital Charitable Foundation to coordinate the annual Hepburn Scholarships, which assist staff to obtain tertiary qualifications and for further professional development. A total of \$10,000 is awarded each year. This year Mashuwa Chinomona, Registered Nurse (Clinical Nurse Specialist) received a Hepburn scholarship to complete his Postgraduate Certificate in Perioperative Nursing.

"One of the things I like about working in theatre is that I can help people feel more at ease before they go in for



*Mashuwa Chinomona, Registered Nurse
(Clinical Nurse Specialist)*

their operation," said Mashuwa. "They ask me questions about what will happen to them during the operation. I explain to them and I reassure them that they will be treated with dignity."

of learning

Developing careers

Magdalena Pliszka and Rebecca Campher both began as students and are continuing their careers at Mercy Hospital for Women.

Magdalena finished her double degree through LaTrobe University in 2008 and was employed as a Division 2 Nurse through the pilot program “Investing in Our Future” funded by the Victorian Department of Health.

“The program was extremely useful in my transition from student to registered nurse/registered midwife,” said Magdalena. “I felt accepted and supported by all staff and was able to build on my knowledge and skills and become a more confident graduate the following year.”

Now a clinical midwife specialist, Magdalena was employed in Team Midwifery care at Mercy Hospital for Women in 2009 and began her Master of Midwifery in 2010. Supported by a Mercy Health Foundation scholarship, her master’s thesis focuses on postnatal depression.



Magdalena Pliszka, Clinical Midwife Specialist

“I chose to stay at Mercy Hospital for Women because of the friendly and supportive environment and the Team Midwifery model of care. It’s so rewarding to establish a rapport with a patient and her family and then have the

opportunity to care for them in birth suites and on the postnatal ward.”

Rebecca worked as a student midwife at Mercy Hospital for Women and in 2010 undertook her graduate midwifery year.

“Like Magdalena, the program also provided me with a stepping stone into the big world of midwifery,” said Rebecca. “It made me even more passionate about studying and learning. What I learnt during that year was invaluable. Feeling valued as part of the team, and the support I received, left me with no doubt that this is where I wanted to further my career.”

Since completing her four year course in nursing/midwifery, Rebecca began her Master of Nursing (Neonatal Intensive Care) with a scholarship provided by Mercy Health Foundation in 2011.



Rebecca Campher, Midwife

“I have always loved caring for babies. I worked for a short time with premature babies in my graduate year and I was fascinated to find that they are tiny, yet perfect, and each with their own personality. There is something fulfilling about looking after these special patients; though critically ill they may only give you subtle signs to let you know they are in trouble. Watching them grow, learn to feed and become chubby is very rewarding,” said Rebecca.



culture

Education and training: the foundation of quality care

Mercy Health is committed to providing a range of education opportunities for people seeking a career path in health. This is particularly important if we are to recruit and retain a highly skilled workforce and keep pace with changes in healthcare delivery.

Each year Mercy Health contributes to the qualification attainment and professional development of many undergraduate and postgraduate students, nurses and midwives across Victoria.

Mercy Hospital for Women is affiliated with more than seven universities and provides clinical placement, assessments and theoretical learning for students throughout their courses. Mercy Hospital for Women offers graduate nurse and midwifery programs as well as a combined graduate nurse/midwife program for students who complete double degrees. Mercy Hospital for Women also supports the Master of Neonatal Intensive Care Nursing course and the Perioperative Certificate/Diploma.

Following successful course completion, Mercy Hospital for Women is able to retain the majority of students as qualified employees. As well as training and employing over 55 students each year, the hospital provides clinical placement opportunities for undergraduate nursing, midwifery, medical and allied health students for up to 150 shifts per week, including weekends and after hours.

State-of-the-art facilities

Through an \$11 million grant to The University of Notre Dame Australia (UNDA) from the Commonwealth Government, in collaboration with the State Government, a new state-of-the-art

medical school and clinical education facility is being built at the Werribee Mercy Hospital campus. This project is due for completion in early 2012 and will support the training and development of postgraduate medical students from UNDA. Through the collocation of the Mercy Education Unit, UNDA will also host the training needs of Werribee Mercy Hospital staff and students from a range of universities across Victoria and interstate.

Our partnership with the UNDA's Melbourne Clinical School of Medicine based at the hospital continues strongly. This year we welcomed the second intake of third year students, where the program is largely catered for at the hospital, and saw the first intake of fourth year students. In total, more than 60 medical students participated in the Clinical School's programs this year. The fourth year students will soon graduate and become intern doctors in 2012.

"The Melbourne Clinical School is part of the Sydney School of Medicine, which runs a graduate entry program for 112 entrants per year who spend the first two years in Sydney," said Javier Rodriguez, Fourth Year Clinical Placements Coordinator. "Our Medical School, including the Melbourne Clinical School, strives to produce doctors who will be the future medical leaders for the Catholic and values driven healthcare sectors in Australia."

Enriching students' work experience

In January 2011, Werribee Mercy Hospital began a pilot program with Australian Catholic University that enables nursing students to fully experience work in a healthcare setting. Madeleine, a second year undergraduate nursing student, is employed one day a week in a medical ward as a personal care attendant until she completes her

of learning

Learning from the ground up

Mealear Sar, a third year medical student at The University of Notre Dame Australia, reflects on her year of study at Melbourne Clinical School of Medicine.

“It’s been a year of great learning curves, challenges and fun. The learning curves began with our first rotation at Werribee Mercy Hospital when we started to work with real patients. The techniques that we used on latex models in our training didn’t always translate well into clinical practice! But the real patients were mostly very gracious in letting us practise our skills.

“Learning to share resources around the hospital, sharing with medical students from other universities,

going through the ritual of changing and scrubbing before going into theatre and doing practical procedures have all contributed to our understanding of hospital etiquette.

“This year has also been about my relationships with the people who have shaped my learning: the staff around the hospital, the other students in my team and the university staff.

“All of these experiences are shaping us as people and as health practitioners. I look to a bright future where we will continue to experience the challenges and the joys of practising medicine or surgery and contributing to making a better future, not only for the health sector but also for our communities.”

Bachelor of Nursing. This part time work enabled Madeleine to give up her job as a waitress and gain work experience that is relevant to her future career.

Madeleine is gaining knowledge, skills and confidence working in the hospital setting. She is a valued employee and assists the nursing staff, ward clerk, allied health and environmental services. Madeleine has developed a sound understanding of the roles of the multidisciplinary team and will be well prepared for the transition from student to registered nurse.

“Working alongside the nurses and getting clinical experience has exposed to me to so much. I am getting a good insight into the realities of providing care to people when they are unwell or dying,” said Madeleine.

“I completed rotations in oncology and palliative care and got so much out

of the experience. I’m leaning toward specialising in either of these areas. To me it is a privilege to be part of a person’s life at the end stages.”





culture

Students get practical insights into healthcare

“Werribee Mercy Hospital’s Work Experience Program is an exceptional program and a valuable asset to our Year 10 careers curriculum. It enables students considering a career in health the opportunity to observe, experience and learn firsthand what each service area entails,” said Poppy Ibrahim, Careers/Design and Technology at Heathdale Christian College.

“The program is managed and coordinated in an efficient, effective, friendly and flexible way. First of all, when students apply, they are able to put in preferences of areas in the hospital that interest them. This is followed through when students arrive with an individualised schedule that enables them to experience their

preferred areas throughout the week. The flexibility and individual care students are afforded is beneficial, as it allows them to observe areas that they are considering for their future career, but also allows them to spend less time in areas that may not be what they expected.

“I cannot commend Werribee Mercy Hospital’s Work Experience program highly enough and regard it as one of the best programs I’ve seen.”

Werribee Mercy Hospital conducts two work experience programs per year for up to 20 Year 10 students, and in 2011 began inviting applications from suitable candidates for future transition programs.

Workforce initiatives

To address current and future shortages of health professionals, the Australian Government through Health Workforce Australia has launched several initiatives to increase training places for health professional students. Werribee Mercy Hospital has responded by nearly doubling the number of clinical places in the past year. In 2009 the hospital provided 2,757 placement days and in 2010 this number increased to 4,866. Our students come from a variety of universities and disciplines including medicine, nursing, midwifery and allied health.

Mercy Mental Health also joined the Health Workforce Australia initiative and increased its undergraduate nursing placements from 1,096 in 2010 to 1,923 in 2011.

In 2011, seven staff from Mercy Mental Health and four staff from other service providers enrolled in the Diploma

of Mental Health conducted at Mercy Health Training Institute, and seven nurses completed the Postgraduate Diploma of Mental Health Nursing in positions that were supported by specialist clinical rotations and the nursing education team.

Through this commitment there are more skilled mental healthcare professionals available to support people in the community.

Intern training

In conjunction with St Vincent’s Melbourne, Werribee Mercy Hospital was successful in obtaining accreditation from the Postgraduate Medical Council of Victoria to provide intern training for junior doctors. In January 2011 we welcomed our first intake of intern year doctors. There are now five interns on rotation at any given time with 13 resident medical officers also on rotation from St Vincent’s Melbourne.

of learning

Academic achievers

In December 2010, Werribee Mercy Hospital held its annual graduation ceremony to celebrate the academic achievements of 28 hospital staff who completed postgraduate tertiary studies. This is an increase of 30 per cent on the number of postgraduate students from the previous year.

In addition, the hospital provided a supportive 12 month graduate program for 30 newly qualified nurses, midwives and physiotherapists. These programs assisted graduates in the transition from novice to experienced clinician and resulted in excellent staff retention rates.

We encourage professional partnerships in all of our major service areas. Mario Blandin de Chalain, Manager Mercy Mental Health says, "We take a multidisciplinary approach to staff development and run an entry program for nurses, occupational therapists and social workers. We offer a Diploma in Community Health (Mental Health) course which is taught by mental health educators and clinicians and auspiced by Mercy Health Training Institute. The program is also available to staff from other services in the local area who work with people with mental health problems. This year 12 people graduated from this diploma course."



"We are proud of these students who are our future leaders, our role models, our innovators and our high achievers."

Richard Ainley, Executive Director
Mercy Health – South Western Health Services

thank you



continuous



Having dedicated, skilled people to provide services with compassion and respect is integral to Mercy Health.

Patients can be confident they are cared for by qualified staff. All medical staff at Mercy Health's public health facilities undergo a credentialing process that verifies their qualifications and defines their scope of practice.

Together, we strive to continually increase the quality of care we provide to people in our hospitals and clinics, and in the community.

Timely access to emergency care

The need for timely access to emergency care is one of the most important health issues for local residents. During the

year Werribee Mercy Hospital's Emergency Department staff worked hard to meet this need. Much effort went into improving how we triage, treat and discharge our patients. This has resulted in improved access and reduced waiting times in the Emergency Department, particularly for patients whose care needs are most critical.

A major focus was the Emergency Department Redesigning Care project which resulted in some significant improvements in our processes.

We also opened the Emergency Department Short Stay Unit – a dedicated area for patients who require treatment for a short period or observation of up to 24 hours for conditions such as asthma or chest pain.

improvement

The Emergency Department at Werribee Mercy Hospital is meeting or exceeding key performance indicators.

- Percentage of Category 1 emergency patients seen immediately: 100% (Target rate is 100%)
- Percentage of Category 2 patients receiving attention within 10 minutes: 82% (Target rate is 80%)
- Percentage of Category 3 patients receiving attention within 30 minutes: 77% (Target rate is 75%)

John Stafford, Associate Nurse Unit Manager in the Emergency Department, and Project Lead in our Redesigning Hospital Care Program, has been working closely with the Emergency Department team to meet new national targets for patient treatment times.

“The Redesigning Hospital Care Project is about finding the most efficient pathway in the patient’s journey without compromising their safety or the quality of care they receive,” said John.

“Through sound processes, good communication and teamwork the project aims for the whole of Werribee Mercy Hospital to achieve optimum patient care and satisfaction.

“The values of Mercy Health are articulated in everything we do. Either in the care we provide patients and clients or in how we work together.”

In this way Mercy Health continues to strive to improve in all of its activities.

*In 2010-11,
93.86% of
patients
responding to
the Victorian
Patient
Satisfaction
Monitor rated
Werribee Mercy
Hospital's
general patient
information as
good to excellent.*



John Stafford, Project Lead, Redesigning Hospital Care Program.



continuous



Managing clinical risk

All of Mercy Health's Victorian health services use the Victorian Health Incident Management System (VHIMS) to report and manage clinical and staff incidents. VHIMS is an electronic system that is accessible by all staff. Managers and senior staff are able to enter the results of investigations and actions taken to address issues directly into the system. This ensures that all information is recorded and readily accessible for action or review.

At Mercy Hospital for Women and Werribee Mercy Hospital there are structured processes for the review and dissemination of information relating to incidents and clinical risk issues. A Serious Incident Review process is in place so that serious adverse patient outcomes and high risk near miss events can be investigated and corrective strategies implemented.

The Clinical Risk Management Committee (combined with Clinical Quality at Mercy Hospital for Women) is responsible for the development, direction and management of a

formalised clinical risk management program. The committee identifies and reviews internal clinical risks and ensures that risks identified in other services are reviewed and corrective strategies are implemented to prevent similar errors occurring at our facilities.

Open disclosure

Open disclosure is the process of clear communication with a patient and their family or support person when there has been an adverse or unexpected event that may or may not result in harm to the patient. It is used with the Victorian Clinical Governance Policy Framework to ensure patients are at the centre of our quality and safety issues and improvement initiatives.

This process, including a policy and procedure based on the Department of Health guidelines, has been successfully introduced across Mercy Health services with the support of the Chief Medical Officer at Mercy Hospital for Women, Director of Medical Services at Werribee Mercy Hospital and the Director of Clinical Services at Mercy Mental Health.

improvement

Recording and managing incidents

The reporting of incidents is an important process we use to identify ways to improve the care we provide.

In 2010-11 there were a total of 1,444 incidents reported across Werribee Mercy Hospital and Mercy Mental Health. Of these, 287 were medication related incidents, which is a drop from 306 in 2009-10.

There has been ongoing education and competency assessment of nursing staff and a very active Medication Management Committee which reviews all medication related issues and initiatives, locally and nationally, and promotes medication safety as a service wide priority.

This year the medical ward began a Medication Buddy system in which nursing staff check the medication orders of their patients between shifts to make sure errors have not occurred or orders have not been missed.

“While medication errors are never welcome, it is pleasing to know that all errors are reviewed and improvements are continually being made to decrease the likelihood of reoccurrence,” said Leanne Winder, Chairperson, Medication Management Committee.

Keeping an eye on “near misses”

Hospital staff also report near misses, which are occurrences that are prevented from becoming an incident. These highlight an area where we may be able to prevent future incidents from occurring.

An example of this was during a medical emergency in the inpatient psychiatric unit at Werribee Mercy Hospital where

staff noted that the lighting was not optimal for providing a safe environment to treat a sick client. This was reported as a near miss event and investigated through the Serious Incident Review process in consultation with the Occupational Health & Safety Manager, Unit Manager and Engineering & Maintenance Manager. All light globes in the unit were replaced and fittings were repaired as needed. There is now appropriate lighting for the conditions in the event of another emergency in the unit.

Werribee Mercy Hospital collects clinical indicator data through Australian Council on Healthcare Standards, which is benchmarked across Australia with comparable hospitals. Care provided at Werribee Mercy Hospital compares favourably with similar hospitals on these national indicators.

The hospital's performance was better than the national average in two areas:

- 0.26 per cent of inpatients experienced a fall while admitted to Werribee Mercy Hospital, which is lower than the average rate for Australia (0.38 per cent)
- 0.05 per cent of inpatients developed a pressure area while admitted to Werribee Mercy Hospital, which is lower than the average rate for Australia (0.08 per cent)

Minimising hospital infections

Hand hygiene is an important way to prevent many of the infections that can occur in hospitals. As part of a scheduled program of reviews, Mercy Hospital for Women and Werribee Mercy Hospital audit hand hygiene for all healthcare workers three times a year.



continuous



The target range for compliance, as set by Hand Hygiene Australia, is 65 per cent. In 2010-11, the combined result for the two hospitals was 71.2 per cent, with Mercy Hospital for Women achieving an above target rate of 66.73 per cent and Werribee Mercy Hospital achieving 70 per cent.

Another way Mercy Hospital for Women combats infections is through the “clean between” strategy for all non critical equipment. Detergent wipes are placed near equipment to make it easier for healthcare workers to regularly clean equipment.

Werribee Mercy Hospital has begun installing handwash stations at the main entrances to the hospital to help increase public awareness of hand hygiene.

Combating flu and whooping cough

Patients receive information on immunising against flu and whooping cough (pertussis) at various stages in their care path.

Immunisation for flu is advised during pregnancy and offered to the highest risk patients attending the Transitions Clinic and the Perinatal Medicine Unit at Mercy Hospital for Women. Immunisation for whooping cough is also advised and offered straight after women have had their babies. Expectant fathers are advised to see their GP for their free vaccination before the delivery of their baby.

A snapshot audit in July 2010 and July 2011 at Mercy Hospital for Women was carried out to investigate the immunisation status of postnatal women and to research the effectiveness of the strategies the hospital and other healthcare providers used to encourage women to be immunised. Results showed an increase of 10 per cent in women choosing to be immunised.

Between October 2010 and October 2011:

- 2,120 postnatal women were vaccinated
- 369 hospital staff were vaccinated

Patients and staff at Werribee Mercy Hospital are also offered vaccinations, especially those working in areas that have regular contact with newborn babies.

Between January and June 2011 the following numbers for whooping cough vaccinations were recorded:

- 682 new parents chose to be vaccinated during their hospital stay
- 175 staff members from the Emergency Department, Childbirth Centre, Special Care Nursery, Mother Baby Unit and Operating Suite chose to be vaccinated
- Approximately 80 per cent of Childbirth Centre and Special Care Nursery staff have been vaccinated

improvement

Creating a safe environment

Infection control management is very important at Mercy Health O'Connell Family Centre as families admitted to the centre are not sick. There are systems in place to reduce the risk to families acquiring an infection during their stay. The 2010-11 infection control audit of the facility achieved 98 per cent compliance for safe practice and environment. The hand hygiene assessment resulted in 100 per cent compliance attained by 90 per cent of staff.

Mercy Health O'Connell Family Centre programs are always at 100 per cent capacity and there is a waiting list. Priority is given to families at risk,

particularly families who require intensive early intervention and prevention support. Triage processes have been revised to ensure admission priority is given to families and children at risk.

"Our long term strategy is to ensure that services focus on identifying, managing and working effectively with vulnerable families and communities," said Veronica Love, Director of Nursing, Mercy Health O'Connell Family Centre. "We support this goal by increasing referrals to and from community and health professional services. Focusing on vulnerable families and children has resulted in increased presentations at community forums including to GPs, maternal and child health nurses and eastern region family services."

In December 2010 Mercy Health O'Connell Family Centre underwent an organisation wide review with the Australian Council on Healthcare Standards and was successfully reaccredited, achieving seven extensive achievements.

The extensive achievements were for:

- Quality improvement system for commitment to improving the outcomes of care and service delivery
- Risk management
- Human resource management
- Employee support systems and workplace relations
- Provision of quality and safe care
- Management of external service providers
- Security management

The survey coordinator said:

"The management and staff of Mercy Health O'Connell Family Centre are enthusiastic and passionate about the care of their clients and provide a range of innovative services. Family feedback surveys indicate high rates of satisfaction."

Mercy Health O'Connell Family Centre demonstrates a strong quality culture with evidence that client feedback, incidents/risks and hazards are managed in a non punitive manner to implement quality improvements."

Redesigning hospital care

Our hospitals are implementing a range of programs to improve the delivery of care. One such initiative is the Victorian Government's Redesigning Hospital Care Program,

which uses a systematic approach to analyse and improve processes.

The Redesigning Hospital Care Program is currently undertaking the following government funded projects: "Mercy Hospital for Women Obstetric Throughput Project" and "Werribee



continuous

Mercy Hospital Emergency Department Throughput Project”.

In a redesign review of the outpatient gynaecology booking process at Mercy Hospital for Women, the booking process time decreased from 35 days to around three days.

Several self funded projects are being conducted at Mercy Hospital for Women and Werribee Mercy Hospital: “Werribee Mercy Hospital HARP (Hospital Admission Risk Program) Throughput Project”, “Werribee Mercy Hospital Ambulance Transfer Review”, “Mercy Hospital for Women Outpatients Department Gynaecology Throughput Project” and “Mercy Hospital for Women Operating Room Throughput Project”.

Over the next 12 months the Mercy Health Redesigning Hospital Care Program aims to increase the redesign capability throughout Mercy Health. A Redesign Education Program and a Maternity Model of Care Review are currently being developed to assist in this objective.

Improving processes at the Perineal Clinic

Mercy Hospital for Women is streamlining referrals and assessments at the Perineal Clinic so we can better manage women who have sustained anal injuries during childbirth.

A flow chart has been developed that simplifies the identification and management of women experiencing bladder problems. This easy-to-use educational template enables midwives to improve outcomes for new mothers.

Giving women more access to fetal monitoring

Each month there are over 1,000 attendances at the Fetal Monitoring

Unit at Mercy Hospital for Women – most of which are for high risk pregnancies that require surveillance for pregnancy complications.

In August 2010 the unit began opening at 7am to accommodate women who need Prostaglandin insertion to induce labour. The midwives in the fetal monitoring unit have been accredited to administer the Prostaglandin in accordance with the new clinical practice guideline.

“This is a new step for Mercy Hospital for Women which has enabled women to begin their induction of labour in a timely manner,” said Dr Bernadette White, Clinical Director, Mercy Hospital for Women. “Now many women do not have to wait for busy medical staff who may be working in the outpatient clinic or theatre. Before we changed this process induction was sometimes delayed or performed late at night.”

A comprehensive induction of labour information sheet is being developed to inform women of this process. It includes the risks and benefits of the different methods used. The information sheet is being trialled by consumers to see if the terminology and information can be easily understood.

A brochure on managing breech presentations has also been developed and is currently in production. It explains a procedure performed by a doctor under ultrasound guidance to turn a breech baby so their head can enter the pelvis first. It is designed to inform the women of the risks and benefits of the procedure so she and her family can make an informed decision about using this procedure.

Over the next few months the Fetal Monitoring Unit aims to purchase new treatment chairs for the waiting room to enable pregnant women to recline more comfortably while they are being monitored in Pregnancy Day Care.

improvement

The chairs will also benefit staff as they are operated hydraulically, which will minimise workplace injury and assist pregnant women who have difficulty getting in and out of low recliner chairs.

The senior fetal monitoring midwives initiated weekly cardiotocography graph (CTG) meetings for staff around the hospital. These meetings will support and educate staff in using the RANZCOG fetal surveillance program used within the hospital. The aim is to improve understanding of CTGs in all settings, reduce clinical risk and provide practical interpretation of information to provide optimal care.

Research for better care outcomes

Our commitment to continuous improvement in care is reflected through the many research projects that are conducted at the hospital and in partnership with other organisations.

This year Mercy Hospital for Women led a study into the amount of time it takes an epidural to provide satisfactory pain relief for women during labour. Overseen by Clinical Associate Professor Scott Simmons, Head of Anaesthesia, the study focused on the efficiency rather than the effectiveness of epidurals. Data was taken from more than 300 patients at Mercy Hospital for Women and the Women's and Children's Hospital, Adelaide and researchers found that it can take up to two hours for an epidural to provide pain relief with the average time being about 60 minutes. Associate Professor Simmons said previous studies had concentrated on the effectiveness of epidurals whereas women with labour

pain want to know how long it will take for them to get comfortable.

These research findings were presented at the Australian and New Zealand College of Anaesthetists' annual conference.

The "Gestational Diabetes Follow Up Project" was one of 40 projects approved by Mercy Health's Human Research and Ethics Committee in the past year. Conducted by Dr Harry Georgiou's research group through the Department of Obstetrics and Gynaecology, University of Melbourne/Mercy Hospital for Women, it continues on from the "Gestational Diabetes Follow Up Program – Australia's longest running clinical service and epidemiological study into the development of Type 2 diabetes among women with a history of gestational diabetes mellitus.

Research demonstrated that women who experience diabetes during pregnancy are almost 10 times more likely to develop Type 2 diabetes later in life, with nearly one half of participants developing the condition within 15 years of the index pregnancy.

Members of the team have made an enormous effort to make sure that women who previously experienced a gestational diabetes mellitus pregnancy are regularly followed up so that their blood sugar and fatty acid levels are monitored. They are now evaluating several blood borne biomarkers that are thought to precede the onset of Type 2 diabetes. The early detection of Type 2 diabetes would allow early intervention strategies to be implemented so that the common debilitating complications of diabetes (cardiovascular disease, kidney disease, blindness, etc) can be prevented or delayed.

You can read more about our research in the "2010 Mercy Public Hospitals Inc Research Report" prepared by the Academic Research and Development Committee, Mercy Health. Visit mercyhealth.com.au



continuous



Specialist lymphoedema services

Mercy Health has two lymphoedema clinics: one based at Mercy Hospital for Women and the other in East Melbourne.

The clinic offers a Lymphoedema Compression Garment Program which provides financial assistance for people with lymphoedema who need to buy compression garments. The program is administered by Mercy Health Lymphoedema Clinic with a grant from the Department of Human Services. Ninety eight qualified lymphoedema therapists throughout Victoria apply for financial assistance on behalf of their clients.

The average cost of garments to the program between 2005 and 2011 shows the increase of cost per garment from \$51.96 per garment in 2005-06 to \$77.35 in 2009-10. The average cost per garment for the program in 2010-11 has decreased to \$73.90 while the number of garments purchased has increased.

“An increased range of suppliers with garments conforming to international standards gives greater choice for therapists to prescribe high quality garments at a minimum price to clients and to the program,” said Penelope Sanderson, Manager, Mercy Health Lymphoedema Clinic.

Weight management vital for patients

Lymphoedema can be significantly complicated by weight management issues. In 2010, an audit revealed that 75 per cent of new referrals to Mercy Health Lymphoedema Clinic were people with a body mass index of over 30, putting them in the obese range.

A number of initiatives have been considered to address this issue and provide services for patients. As well as increasing referrals to the dietician working in the clinic, a Weight Management Group Program was trialled to see whether group education could encourage participants to make lifestyle changes and lose weight.

improvement

Four sessions were run over eight weeks between July and August 2011 and seven participants took part. The sessions consisted of a short PowerPoint presentation followed by informal group discussion and question time. A number of different education topics were covered including exercise and lymphoedema, healthy eating, product label reading, motivation, goal setting and tips for long term weight maintenance. At each session, participants had the option to check their weight.

The project aimed to:

- Assist participants to reduce their body weight and improve their health outcomes
- Improve participants' knowledge regarding the links between diet, exercise, weight and lymphoedema
- Offer a supportive and positive learning environment where participants were able to share experiences and knowledge



"Being part of a group was good as it made me realise that others were struggling with their diet and exercise too."

"After this program I feel more confident that I can lose weight and keep it off."

thank you

Evaluation data was collected through surveys and body weight was measured at the start and the end of the program. The surveys indicated that all participants enjoyed being in the group sessions and found it to be a positive learning environment. All participants either lost weight or noticed body composition improvements over the eight weeks. Participants also reported an improvement in their self confidence as well as increased motivation to continue to lose weight as a result of the program.

Mentoring lymphoedema therapists

In 2010 a NEMICS (North Eastern Metropolitan Integrated Cancer Service) grant was awarded to the clinic to mentor lymphoedema practitioners who have recently begun practising in the region. This is an exciting project for the clinic and the first time that formalised mentoring has been provided in the field of lymphoedema. "Clinical staff believed there was a need to provide mentoring as many therapists work on their own with a lack of support," said Judith Purbrick, Senior Clinician Mercy Health Lymphoedema Clinic. "Through the program 10 therapists have been matched with 10 mentors and they'll receive training and support over a 12 month period. This is the first time a mentoring program has been offered in this field and there may be great benefit in offering it to other integrated cancer services."



continuous

Practical partnerships for patient care

During the year the Environmental Services Department at Mercy Hospital for Women facilitated a meeting between Austin Health and Medirest, a vendor that provides meals and nutritional support (oral supplement drinks and enteral feeds) for patients, with the aim to increase the range of options available.

“Because we only have a very small number of patients at Mercy Hospital for Women who require nutrition supplements it was not cost effective for Medirest to provide us with a large range of nutrition supplements, which meant our patients did not get many choices in flavours,” said Ann Bugden, Environmental Services Department Manager. “It occurred to me that a very large percentage of Austin Health patients are on nutrition supplements so it made sense to follow up with them and Medirest.”

Medirest now sources all of their nutrition supplement drinks and enteral feeds from Austin Health, which has significantly increased the selection of products available to patients at Mercy Hospital for Women.

“Patients get the nutrition support product they need much quicker, usually on the day it’s ordered, because of the increased variety and availability,” said Nelly Moshonas, dietitian at Mercy Hospital for Women. “This access optimises patient care as nutrition support therapy is part of their medical management.”

Monitoring and maintaining hospital cleanliness

Providing a clean, safe environment is important to our patients, visitors and staff. Werribee Mercy Hospital has a dedicated team of environmental services staff who work tirelessly to maintain a very high standard of cleanliness throughout our facility. Internal cleaning audits are conducted monthly and every six months an external auditor visits our site to conduct an independent survey. These six monthly results must be submitted to the Department of Health.

In March 2010 the hospital underwent an external audit and achieved the following scores:

Very high risk areas	Hospital Score (Acceptable Quality Level)
Operating Suite, Special Care Nursery	95% (90%)
High risk areas	
Wards, Maternity Services, Emergency, Renal Dialysis	95% (85%)
Moderate risk areas	
Hospital Kitchen, Reception, Pathology, Toilets	95% (85%)

These scores show that Werribee Mercy Hospital maintains a very high standard of cleaning and has exceeded the benchmark set by the Department of Health. The environmental services team has been congratulated on these outstanding results and they continue to strive to exceed expectations and provide a clean and safe environment.

improvement

Successful accreditation

Our commitment to continually improve the quality of the care we provide patients, their families and carers was recognised in the biennial accreditation survey of Werribee Mercy Hospital, Mercy Mental Health and Mercy Palliative Care.

The survey highlighted a range of achievements since the last survey and included a number of recommendations that will help us further improve the care we provide. The surveyors noted that new processes in surgical services have achieved 100 per cent compliance with the surgical consent process, which is a significant achievement. One of the recommendations was for the hospital to “investigate the potential for more formal referral linkages to tertiary health services for care planning and service delivery”. This has been acted upon and Werribee Mercy Hospital has developed an agreement with St Vincent’s Hospital Melbourne so the two services can work together more effectively and efficiently. Better coordination of emergency, medical, surgical and mental health care will greatly benefit the community.

Mercy Health – South Western Health Services provides care through Werribee Mercy Hospital, Mercy Mental Health and Mercy Palliative Care.

Since Werribee Mercy Hospital was established in 1994, our services have expanded and we now deliver care across 10 different locations. Services include surgery and medical care, maternity care and the care for newborn babies, renal dialysis, emergency care, mental health care, palliative care and rehabilitation.

We also provide more services in people’s homes such as mental health and palliative care, Hospital in the Home, Midwifery in the Home, Neonatal Transition Service and Transition Care – a service offering rehabilitation and supportive care for older people after a stay in hospital.

Each facility received an outstanding result and the survey team from the Australian Council on Healthcare Standards noted that staff were “welcoming”, “committed”, “proud of what [they] do” and “values driven”.





staying



“Our services are growing with the communities we serve.

“Our aim is to meet the needs of people for high quality, locally delivered healthcare and we are fortunate to have a highly skilled team of clinicians and support staff who are working hard to provide this care.

“As we grow with the community we will always focus on the safety and quality of the care we provide. While we are performing well on the measures of healthcare quality, we know that our quality management systems must keep pace with this growth.

“Expanding our teaching, training and research programs is an important way of ensuring we continue to deliver



high quality care. The past year has seen significant growth in the numbers of students, undergraduate and postgraduate, that we are teaching across all our services.

“Working more closely with other health services is also an important part of improving access to healthcare in the south west. When people require specialised care it’s important that we can coordinate access to that care at larger tertiary or specialist hospitals.

“Through these improvements patients will receive more support locally and spend less time seeking healthcare in other areas of Melbourne when they are sick, vulnerable, distressed or isolated.”

*Richard Ainley, Executive Director,
Mercy Health – South Western Health Services*

in touch

Consumer satisfaction ratings

In 2010-11 consumers and carers rated their satisfaction with their involvement in decision making about their care in the Victorian Patient Satisfaction Monitor.

Mercy Hospital for Women was rated “good”, “very good” or “excellent” by 95.11 per cent of patients who responded. Werribee Mercy Hospital was rated 93.32 per cent.

These ratings compare well with other hospitals in the same category in Victoria.

Your feedback

The annual *Quality of Care Report* is one way of the ways we communicate with you and we would like to hear your feedback on the information provided in this report.

Please send comments or suggestions to:

Courtney Wood, Community
Participation Officer

Mercy Health
Level 2, 12 Shelley Street
Richmond Vic 3121

Email: information@mercy.com.au

Web: http://mercyhealth.com.au/About_Us/Contact_Us/



where we

We have hospitals, clinics, early parenting services, mental health programs, palliative care services, home and community care, transition care programs and residential aged care facilities in Victoria and southern New South Wales, and we provide home and community care in the Australian Capital Territory.

Health Services

Victoria

- Mercy Hospital for Women, Heidelberg
- Well Women's Clinic, Ivanhoe
- Mercy Health Lymphoedema Clinic, East Melbourne, Heidelberg
- Mercy Health O'Connell Family Centre, Canterbury
- Werribee Mercy Hospital, Werribee
- Mercy Mental Health, Werribee, Footscray, Hoppers Crossing, Burnside
- Mercy Palliative Care, Sunshine, Wyndham, Parkville

New South Wales

- Mercy Health Service Albury
- Mercy Care Centre Young

Aged Care

Victoria

- Mercy Health Bethlehem Home for the Aged, Bendigo
- Mercy Place Colac
- Mercy Place East Melbourne
- Mercy Place Fernhill, Sandringham
- Mercy Place Montrose
- Mercy Place Parkville
- Mercy Place Rice Village, Geelong
- Mercy Place Shepparton
- Mercy Place Warrnambool
- Mercy Place Wyndham

New South Wales

- Mercy Place Albury
- Mt St Joseph's Nursing Home, Young

are located

Home and Community Care

Victoria

- Metropolitan Melbourne: McKinnon, Mitcham, North Melbourne, Parkville
- Geelong: Hamlyn Heights, Manifold Heights
- Regional Victoria: Colac

New South Wales

- Metropolitan Sydney: Kogarah
- Regional NSW: Albury, Young

Australian Capital Territory

- Belconnen

Education and Training

Victoria

- Mercy Health Training Institute, Parkville





Mercy Health

Care first

Mercy Health
Level 2, 12 Shelley Street, Richmond Victoria 3121
Phone (03) 8416 7777
Fax (03) 8416 7888
mercyhealth.com.au