



Mercy Health
Care first

Quality and Care A Year in Review 2011-12



The Mercy Health story

1831



The beginning

Catherine McAuley founds the Sisters of Mercy in Dublin to teach skills to girls and women, help them with work opportunities, assist the homeless and care for the sick.

1846

Arriving in Australia

Sisters of Mercy arrive in Perth, Western Australia.

1870

Education

The Sisters build the first wing of the present Academy of Mary Immaculate in Fitzroy and become the first teaching nuns in Victoria.

1920

Health services

St Benedict's Hospital in Malvern is opened by the Sisters in response to the flu pandemic in 1919.

1934

The Sisters open Mercy Private Hospital for private and maternity patients.

1971



Mercy Maternity Hospital is opened and maternity patients from Mercy Private Hospital are transferred to the new hospital.

1982

The Sisters establish Mercy Hospice in Sunshine.

1991

Mercy Maternity Hospital increases its services to women and is renamed Mercy Hospital for Women.

1994

Werribee Mercy Hospital, a new public community hospital, is opened to provide care for the growing population in the south west region of Melbourne.

1996

The Sisters of Mercy form a new ministry, "Mercy Health & Aged Care Inc", to serve the community's changing health and aged care needs.

1997

Werribee Mercy Hospital adds mental health to its services.

1997

-2005

Aged care services

The Sisters of Mercy and the Board of Mercy Health & Aged Care Inc see the growing need for aged care services, particularly residential aged care. During this time five aged care residences join Mercy Health & Aged Care Inc.

2005

Mercy Hospital for Women relocates to Heidelberg.

2006

Community services

Mercy Home & Community Care is established to assist older people, disabled people, their family and carers.

2008

Mercy Health & Aged Care Inc becomes "Mercy Health" to show the full range of health, community and aged care services provided across Victoria, southern New South Wales and the ACT.

2008

Health worker training

Mercy Health Training Institute is established to train healthcare workers.

2009

Philanthropy

Mercy Health Foundation is created to seek philanthropic support to advance teaching, training and foster the constant improvement of care.

2011

Mercy Hospital for Women celebrates its 40 year anniversary.

2012

Now and into the future



Today Mercy Health provides hospital care, specialist women's and babies' services, mental health programs, early parenting education and support, palliative care, residential aged care, home and community care, and health worker training and development.

Mercy Health will continue to respond to people's needs and improve health outcomes for those who are vulnerable and disadvantaged.

Being *cared for* safely

Everyone has a right to participate in and receive safe, quality care whether in hospital, in their own home or in residential aged care.

Mercy Health, along with other health professionals, family and carers help people plan and achieve their health and lifestyle goals.

Because safety and wellbeing are central to everything we do, we have systems that guide the way we provide care, identify and manage risks, track our performance and improve our efforts.

These systems also help us to see where and when human errors are made so we can reduce the likelihood of the same errors happening again.

This report provides a brief overview of how quality care is provided across Mercy Health.

We aim to always get better at how we do our work and how we listen to the people we care for.



Bringing babies safely into the world is a privilege and a responsibility shared across all of Mercy Health's maternity services.



Quality care can be as simple as assisting people in their daily lives.

“The simplest and most practical lesson I know... is to resolve to be good today – but better tomorrow.”

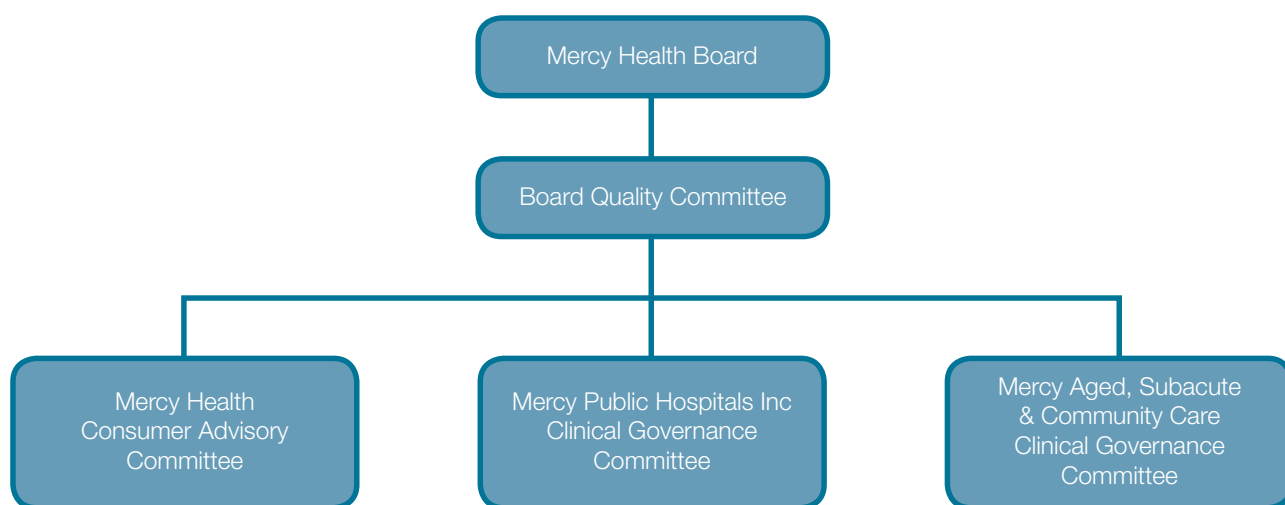
*Catherine McAuley,
Sisters of Mercy*

Managing quality and safety

At Mercy Health all employees take responsibility for the quality of care people experience through our services. Our commitment to quality and safety is supported at all levels of our organisation and is led by the Mercy Health Board.

The Board Quality Committee is a subcommittee of the Mercy Health Board. Its role is to make sure that the standard of services provided at Mercy Health is constantly reviewed and assessed. This is known as “governance”.

Reporting to the Board Quality Committee are three committees that contribute expertise and advice. Each supports the way care is delivered – and the way patients, clients and residents participate in their care.



In a typical month, Mercy Health

- Treats 4,393 emergency patients
- Discharges 3,992 patients back to their home
- Supports 2,498 palliative care clients in the community
- Supports up to 500 people in the community with mental health services
- Provides 1,944 community based client visits
- Provides residential aged care to 1,168 people
- Supports up to 90 vulnerable families
- Delivers 675 babies



Being *seen* and heard

There are many ways our health professionals and support staff listen to people to understand their care needs. These include discussion groups, feedback systems, program reviews and community advisory committees.

This report shares some of the feedback that was gathered during the year and gives people another opportunity to be heard. Please see page 26 to share your comments.

Community participation

Mercy Health values the knowledge, skills and expertise that community participation can bring to the decisions we make. We understand that people like to participate in different ways so we offer a range of feedback opportunities.

Mercy Health's Community Advisory Committee is made up of people from all walks of life who give input from a consumer's point of view for all of our services across Australia. The committee held its first meeting in March 2012 and reports to Mercy Health's Board Quality Committee, which reports directly to the Mercy Health Board.



Feedback forms are used to learn more about the experiences people have had at Mercy Health. Comments are sent to our patient liaison officers and quality managers for further action.



Jennifer Morris

Meet committee member, Jennifer Morris

Jennifer Morris is the youngest member of Mercy Health's Community Advisory Committee and works as an advocate at the Youth Disability Advocacy Service.

Jennifer said, "I've had a lot of experience as a patient in the healthcare system. I have a chronic illness and disability and use services (like hip orthopaedics) that may not deal with young people very often. This got me thinking about how healthcare must be responsive to individual needs.

"As a young person with a disability I know I can offer a different perspective and level of thinking to the Community Advisory Committee. I believe the committee can start a conversation that could change the way Mercy Health meets diverse needs in the community. Ultimately, it can help people understand the similarities and differences in what patients need."

What Werribee women want from postnatal care

Werribee Mercy Hospital's physiotherapy department offers postnatal education classes. From October to December 2011, a survey of pre and postnatal women was conducted to find out their preferences for these classes. The majority of women said they preferred to attend classes during their inpatient stay, preferably between 10.30am and 12.30pm.

Results showed that the preferred class topics are:

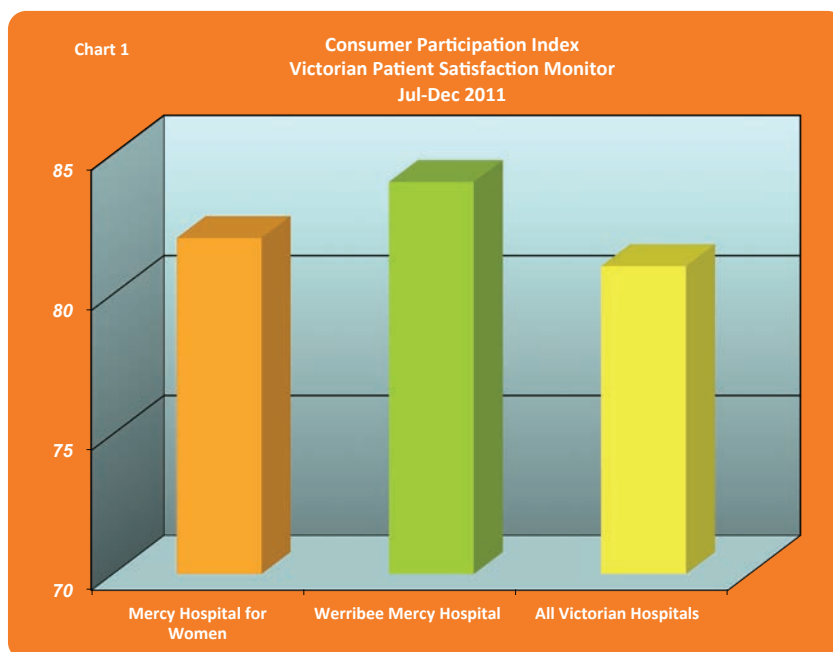
- Core stability – 85 per cent
- Baby massage – 80 per cent
- Pelvic floor exercises – 65 per cent
- Back care – 60 per cent
- Return to exercise – 45 per cent

Classes have been changed to meet women's needs and a follow up survey will be conducted later this year.

Outcome

"It's All About Me"

Earlier in 2012, Mercy Place Warrnambool, a Mercy Health aged care home, hosted a series of seminars for the program "It's All About Me". This program brought together aged, community, disability and mental health workers and carers to discuss care from a resident or client's point of view.



Mercy Health's community participation index in Victoria is above the state average.

"Some of the topics were challenging," said Rodney Symons, Hotel Services Manager at Mercy Place Warrnambool, "for example, how to provide appropriate care for people with dementia. When you think about it, bringing people together to share and enjoy meals is not as simple as it seems.

"Sometimes we focus more on our tasks because we have to do our job, so when we think about creating an

experience that suits residents' different needs we really have to think differently."

Rodney explained that after the seminar, employees at Mercy Place Warrnambool formed a working group to improve meal time experiences for residents. "It's pleasing to see how much the residents are enjoying the changes, which include menus on the tables and minimising medication administration during meal times."



Sharing meals can increase our sense of belonging and wellbeing.

“The program also helped us develop networks with other participants so we can share our ideas and resources, which can lead to improvements in aged care in the region,” he said.

Supporting palliative care volunteers

Louisa Thompson, Support/Volunteer Coordinator, Mercy Health Albury is part of the National Managers of Palliative Care Volunteers network. “One of the things we do is look at different ways palliative care volunteers can be managed and supported so a range of palliative care services can be delivered to people in regional and remote communities as well as metropolitan areas,” said Louisa.

In September 2011, Mercy Health Albury Palliative Care hosted a NSW and Albury regional meeting of palliative care volunteer managers, coordinators and volunteers to talk about issues that affect services to regional and remote communities. These include appointing paid managers to coordinate palliative care volunteer teams, setting up national training competencies so that volunteers are working to an agreed standard, and recognising the importance of palliative care volunteers and the value they bring to this essential service. Dr Yvonne Luxford, Chief Executive Officer, Palliative Care Australia attended the meeting and heard about the palliative care

Transitions Clinic: “Nurturing Mother’s Spirit”

Mercy Hospital for Women’s services to Aboriginal and Torres Strait Islander mothers and babies continues. In 2011, the Transitions Clinic at Mercy Hospital for Women was renamed “Nangnak Baban Murrup”, which means “Nurturing Mother’s Spirit”.

“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 Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc.

“I was fortunate to be invited to the renaming ceremony of the Transitions Clinic,” said Adjunct Professor Stephen Cornelissen, Chief Executive Officer, Mercy Health.

“Those present were witness to the most inspiring and touching Welcome to Country and saw firsthand the special relationship our hospital has developed with the Aboriginal community in supporting women and their partners through their pregnancy and into early childhood.”

In 2011-12, 89 Aboriginal and Torres Strait Islander babies were either born at or transferred to Mercy Hospital for Women.



Mercy Hospital for Women has different programs to improve access to health services for Aboriginal and Torres Strait Islander people.

work being delivered in Albury and its outreach service. “It was invaluable to

hear the first hand accounts of the volunteers and the coordinators,” said Yvonne.

Being *seen* and heard

Respecting different cultures

Mercy Health is committed to providing health services that respect cultural diversity. Our Cultural Responsiveness Plan outlines the different ways we can cater for the needs of culturally diverse patients, residents, their families and carers.

The Cultural Diversity Committee monitors the way we use the plan across our organisation and our local Cultural Diversity Working Groups look at ways we can improve our services. Where care is provided to people from many different cultures, Mercy Health has a number of dedicated employees who can offer additional services. This includes the Multicultural Services Unit at Mercy Hospital for Women and Mercy Mental Health's bilingual case workers.

Mercy Health also partners with other organisations, sharing resources where appropriate.

Respecting different faiths

Mercy Hospital for Women cares for people from many different backgrounds.

This year the hospital worked closely with the Islamic Council of Victoria to make sure appropriate care for Muslim women and families was provided during Ramadan.

"We created an information sheet for health professionals that explained Ramadan and the impact fasting can have on people with different healthcare needs," said Natalija Nesvadba, Manager Multicultural Services Unit, Mercy Hospital for Women.

The hospital's Multicultural Services Unit, Nutrition and Dietetic (food and nutrition)

Department and food service provider also reviewed the meals available to Muslim patients. The review looked at whether patients were correctly identified as requiring Halal meals and the suitability of their food options.

Based on feedback from the review, a list of Halal meals was created so patients can choose appropriate meals. Ongoing feedback has been positive and the hospital continues to work with staff so that patients who require Halal meals can be properly identified and catered for.

Outcome

- Mercy Hospital for Women and Austin Health share staff interpreters
- Mercy Hospital for Women and the FARREP (Family and Reproductive Rights Education Program) statewide network support women and families that come from communities where female genital mutilation/cutting is sometimes practised
- Werribee Mercy Hospital and ISIS Primary Care provide antenatal classes for women from the Karen community

ISIS Primary Care, a community health organisation, and Werribee Mercy Hospital promote positive and culturally sensitive birthing experiences for Karen women, many of whom are refugees.



Interpreter services

Caring for patients includes providing interpreter services for people who have limited or no English. This year Mercy Health created a Language Services Policy for the whole organisation to make sure there are effective interpreting procedures in place.

"In 2012 we were able to improve the way we delivered interpreter services at Mercy Hospital for Women," said Natalija Nesvadba, Manager Multicultural Services Unit, winner of the 2012 Mercy Health International Women's Day award for her advocacy for women from culturally diverse backgrounds.

"We know that 97 per cent of maternity patients who require an interpreter now have one present when they attend our hospital compared to 79.8 per cent in 2008-09."



Understanding people's cultural practices is essential in delivering appropriate care.

Compassionate care

A baby being stillborn is traumatic for all families. Being from another culture and unfamiliar with the hospital system can make the experience even more distressing.

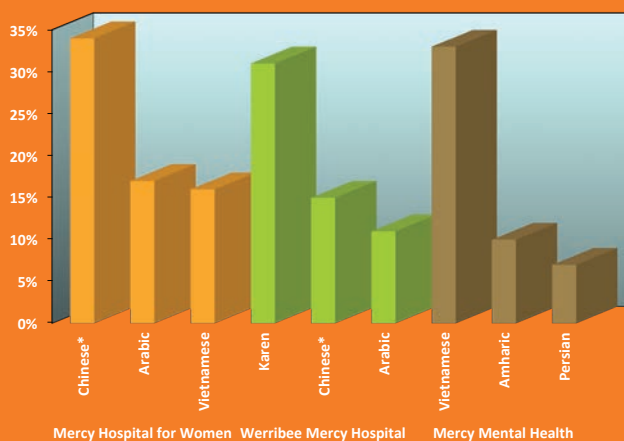
For Uma Kannan and Harish Reddy, the premature loss of their son at 18 weeks' gestation was made more bearable by holistic care provided by the staff at Mercy Hospital for Women.

"Everyone was really wonderful, caring, but most importantly, treated us with empathy," said Harish. "We were looked after by the pastoral carers who helped us make arrangements. I come from a Hindu background so it was really important that our beliefs could be respected."

Harish added that the pastoral carers and midwives particularly helped his wife through her experiences as a mother. "We're now settling back into our life and Uma has since returned to work."

Chart 2

Top Three Languages Spoken by Patients in Victoria
Percentage of Patients for 2012



*Includes Cantonese and Mandarin

Mercy Hospital for Women provided nearly 8,000 occasions of interpreting service to 1,540 patients in 61 languages.

Werribee Mercy Hospital provided 716 interpreter services in 43 languages.

Mercy Mental Health provided 758 occasions of interpreter services in 32 languages.

At Mercy Hospital for Women, six per cent of all patients need an interpreter. At Werribee Mercy Hospital two and a half per cent of all patients need an interpreter.

Optimal Health

Promoting mental health recovery in the Vietnamese community

Mercy Mental Health bilingual staff Thuy Dinh and Yen Nguyen, together with Thao Nguyen from Healthmaps*, were part of the Optimal Health Program team invited to speak at the 21st Annual Resilience in Change Conference held in Adelaide in September 2011.

They presented a paper "Health Promotion in Multicultural Communities" which focused on the history, outcomes and future goals of the Optimal Health Program that was adapted for Vietnamese women in the western region of Melbourne.

The Optimal Health Program is an eight week, group based program that helps people experiencing mental illness develop skills to improve and manage their wellbeing. Mercy Mental Health, with the support of Mercy Health Foundation, arranged for this program to be adapted and translated into Vietnamese.

In partnership with Healthmaps, it was delivered to nearly 20 Vietnamese women, including mentally ill clients and carers.

"We invited clients and carers to be involved in the program so everyone could understand the journey of recovery," said Thuy Dinh.

"As a group, people could speak about the early warning signs for mental illness, coping strategies, relapse prevention, social togetherness and goal setting. People said the program was very useful in helping them maintain health and prevent relapse."

**Healthmaps is a professional organisation committed to developing evidence based programs and health behaviour models within organisations.*

Increasing cultural responsiveness

Mercy Health employees are given opportunities to learn about the healthcare needs and expectations of people from diverse backgrounds, which improves their cultural responsiveness.

At Mercy Hospital for Women all new employees receive cultural responsiveness training, which includes an introduction to the services provided through the Multicultural Services Unit. At Mercy Mental Health, the Victorian Transcultural Psychiatry Unit offers employees workshops to help staff develop their cultural responsiveness skills.

Across our organisation, cultural diversity is recognised through holy days, remembrance days

and events throughout the year. These include Cultural Diversity Week, Refugee Week, Ramadan, Chinese New Year and National Aborigines and Islanders Day Observance Committee (NAIDOC) Week.



NAIDOC Week is celebrated annually at Mercy Hospital for Women and Werribee Mercy Hospital.

"I saw an article on the intranet about the NAIDOC celebrations across Mercy Health. As I am of Aboriginal heritage I was pleased to see the organisation was recognising Indigenous people.

I haven't worked for a company before that acknowledged the history of Aboriginal people and their struggles. I just wanted to express my thanks."

*Care Worker,
Mercy Home &
Community Care*

Thank you

Our diverse community

Mercy Health's Cultural Diversity Committee leads cultural responsiveness activity across our organisation to make sure high quality, equitable healthcare

is provided to people from different cultures and who speak different languages.

All employees have access to Mercy Health's Cultural Responsiveness Plan, Cultural

Responsiveness Policy and the Cultural Diversity Committee's communication documents through the organisation's intranet.



Patients are at the centre of all that we do.

Setting *high* standards

Mercy Health constantly works to improve patient safety and the quality of the services that are provided. Activities are recorded and performance is reviewed and compared against state and national standards.

"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 do not let these blind us to future improvements or using every opportunity to reflect and build on our capacity to provide safe, compassionate care.

"It is a great honour to be part of the Mercy Health team, knowing that we all come to work with the single and common purpose of doing the very best we can for others and especially for those in need."

Adjunct Professor
Stephen Cornelissen
Chief Executive Officer
Mercy Health

Our mission is to follow Jesus Christ in His mission of mercy through the delivery of health, aged care and community services.

Our vision is to build an enduring capacity and passion to serve those with special needs.

Our values of compassion, hospitality, respect, innovation, stewardship and teamwork guide us in all that we do.

Starting on time

Having a surgical procedure can be stressful for many people. To improve patients' experience in day surgery, staff in the Perioperative Department* at Mercy Hospital for Women began a project to increase the number of surgical procedures starting on time.

Using an evidence based process (the Lean methodology), the project team identified areas that were causing delays and introduced new systems, such as staggering patients'

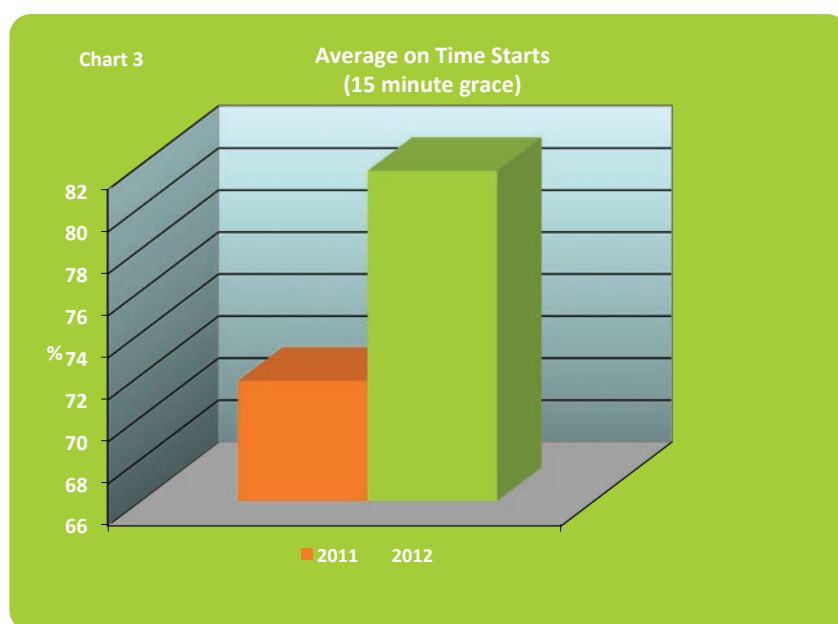
**Perioperative care is the care patients receive before, during and after an operation.*

admission times, so the flow of patients through operating theatres could be improved (see chart 3 below).

New system to manage documents

Mercy Health has policies, procedures, clinical guidelines and protocols to guide employees in all aspects of their work. There are also information and orientation packs to show employees the types of behaviours that are consistent with Mercy Health's values.

Our Risk & Quality team is leading a project to introduce a new document management



In January to July 2011 on start times were 72 per cent; in January to July 2012 on start times were 81.5 per cent.

system that will improve the way we store, access and update information across the organisation. It will enable us to electronically share information with other health organisations. It will also help us to ensure we are providing care in line with best practice.

Work continues to integrate this document management system into our IT environment.

Learning online

In 2011-12, our People, Learning & Culture team began an e-learning project to support the development and delivery of online learning. These include employee orientation, emergency procedures, diversity, workplace safety and infection control (hand hygiene).

In combination with a learning management system, online learning will improve reporting on the training employees have completed and ensure staff are compliant across the organisation.

“All of the learning modules will assist in developing the skills of our people and improving the way we care for patients, residents and clients,” said Kate McCormack, Executive Director People, Learning & Culture. “They also demonstrate to our employees our commitment to delivering respectful, compassionate care.”

Infection prevention and control

Mercy Health’s hospitals, residential aged care, and home

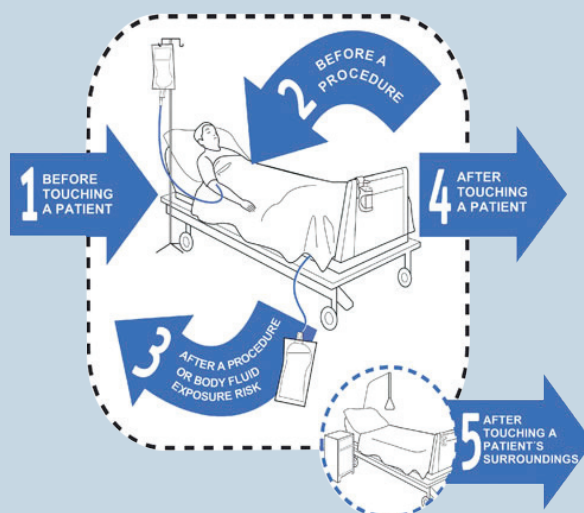
The latest technology for disinfecting ultrasound probes was installed in Mercy Hospital for Women’s Emergency Department, Outpatients Department, Early Pregnancy Assessment Clinic and in perinatal medicine. A system to monitor the use of this equipment was also implemented to make sure the highest standard of safety is achieved.

and community care services conduct infection prevention and control programs to reduce the risk of infection to patients, staff and visitors. Infection control education is also provided for patients, staff and visitors.

Mercy Health hospitals’ Infection Prevention and Control Program includes weekly tutorials for medical staff led by an infectious diseases expert, with regular audits, to see how staff are performing.



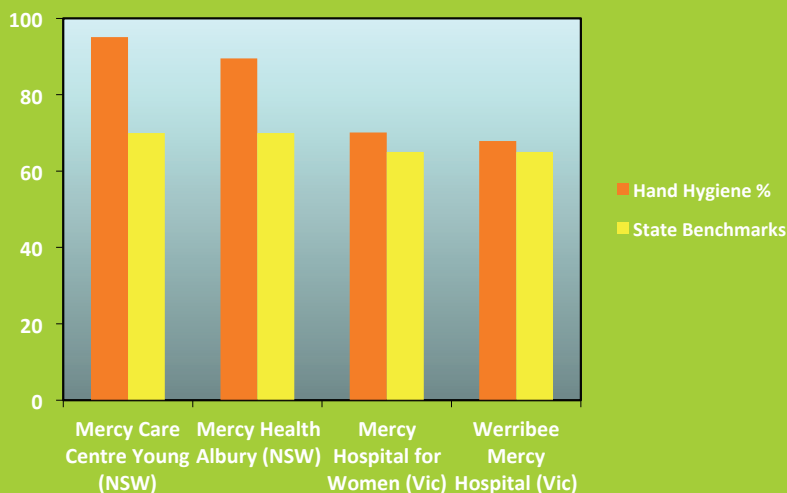
Five moments for hand hygiene



Improving hand hygiene among healthcare workers is the single most effective intervention in reducing risk of hospital acquired infections. “Five moments for hand hygiene” have been identified as the critical times when hand hygiene should be performed.

Chart 4

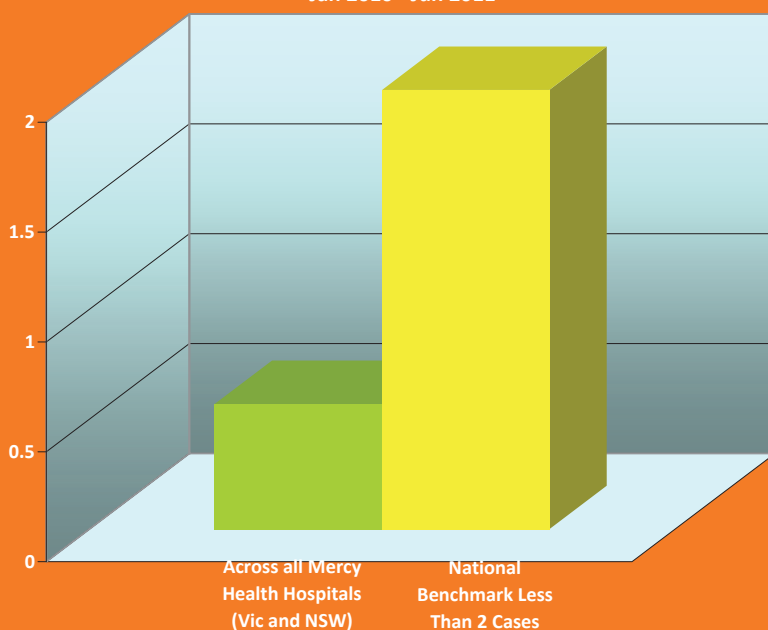
Hand Hygiene (Audit ending Feb 2012)



The compliance rates for hand hygiene across all our hospitals are consistently above the state benchmarks of 65 per cent for Victoria and 70 per cent for New South Wales, but work is continuing to achieve much better results.

Chart 5

Cases of Staphylococcus Aureus Bacteraemia [SAB] Per 10,000 Days of Patient Care Jan 2010 - Jun 2011



Staphylococcus aureus bacteraemia (SAB) is one of the most common bacteria that can cause a range of diseases from minor skin infections to life threatening blood diseases. Cases of SAB across Mercy Health hospitals are well below the national benchmark of less than two cases per 10,000 days of patient care.

Maternity and Neonatal Services participated in the pertussis (whooping cough) booster program supported by the Department of Health. Vaccination was provided to 4,408 new parents.

The hospitals' Infection Control Units monitor infection risks for patients who receive any type of invasive therapy or surgical procedure, regularly audit hand hygiene compliance (see charts 4 and 5 left), and review and recommend new equipment.

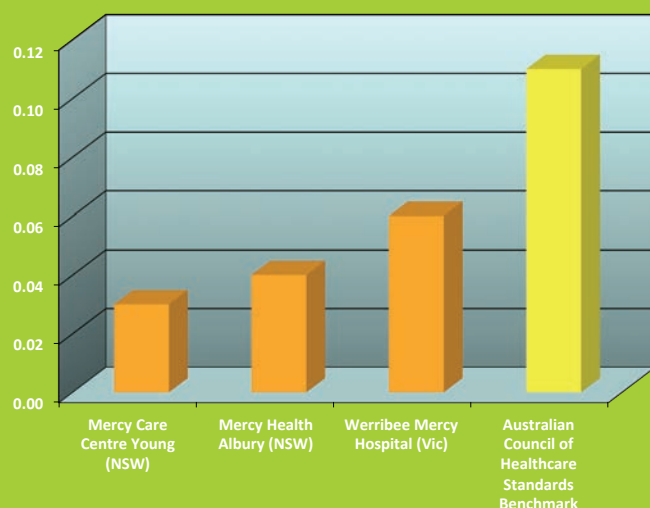
Low incidence of pressure injuries

Screening patients for the risk of pressure wounds during their hospital stay is important for assessment and care planning. The annual percentage of pressure ulcers across each Mercy Health hospital is well below a national benchmark of 0.11 per cent (see chart 6, page 15).

At Mercy Health Albury, pressure injuries were reduced as a result of five pressure mattresses bought with an Australian Department of Health and Ageing grant. These mattresses are designed to reduce pressure on the body for long term, incapacitated patients.

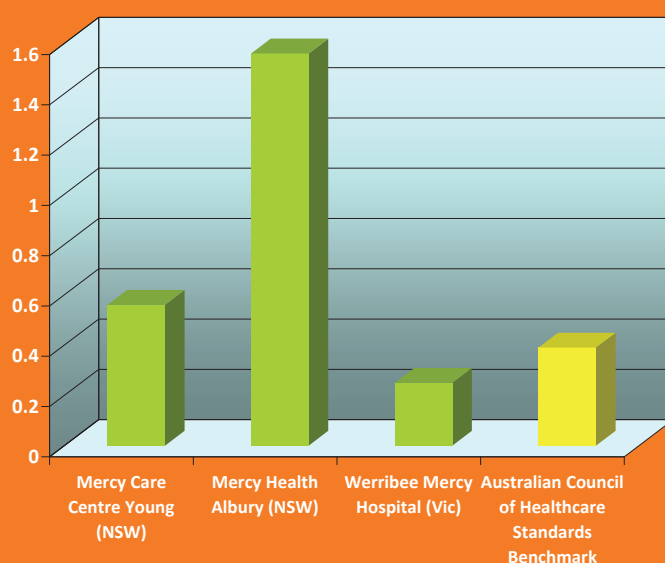
It is important to note that the incidence of pressure injuries at a women's and babies' hospital, such as Mercy

Chart 6
Percentage of Pressure Ulcers
Annual Percentage
Jul 2011 - Jun 2012



In 2011-12, Werribee Mercy Hospital had a falls rate of 0.25 per cent, which is lower than the rate of 0.40 per cent in similar hospitals. This equals 123 falls in 49,640 days of patient care.

Chart 7
Rate of Fall Incidents
Annual Percentage
Jul 2011 - Jun 2012



Hospital for Women, is lower than a general hospital and therefore not comparable as patients tend to be significantly younger.

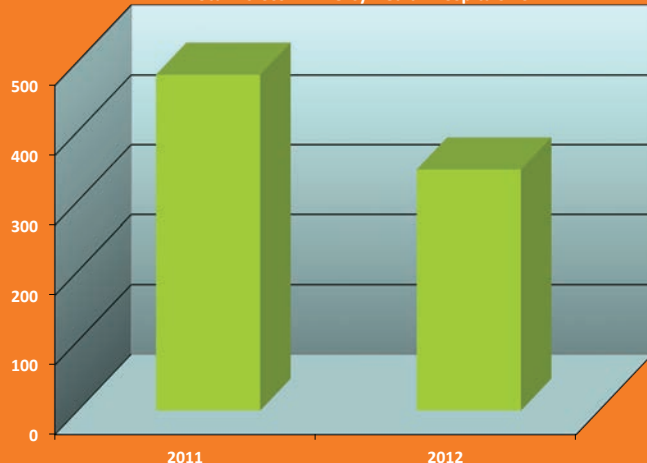
Falls and falls related injuries

Mercy Hospital for Women works to reduce the incidence of falls for “at risk” groups. These include women who shower the day after giving birth and people who go to the Pathology Department and have difficulty looking at blood. People in this particular at risk group are not restricted to patients and include partners, carers, friends and relatives.

At Mercy Health Albury, which has a Geriatric Evaluation and Management Unit, patients are often admitted with a history of falling. Several new initiatives have been introduced such as “No Falling for You” to reduce the number and impact of falls. The “Steppin’ On” program was conducted for elderly patients, which provides information on falls and covers topics such as home safety, vision and safe footwear.

At Werribee Mercy Hospital, the Safe Care Committee reviews falls data (see chart 7 left) and oversees a number of initiatives that assist patients who are at risk of falling. These include the use of bedside patient boards to identify high risk patients, the use of hi-lo beds so patients at risk of falling can be nursed closer to the ground and reviewing assessment and care planning tools.

Chart 8
Reduction in Medication Errors
Total Across All Mercy Health Hospitals 2011-12



Medication errors

Medicines are a common form of treatment; therefore, it is important that medication errors are monitored. Since 2011, Mercy Health hospitals have reduced medication errors (see chart 8 above).

At Mercy Hospital for Women the review of medication errors occurs through the Pharmaceutical Advisory Committee which identifies trends (using a group of similar incidents) and conducts reviews to help identify ways to improve performance.

At Werribee Mercy Hospital an initiative called “Pink Slips” was introduced to record minor errors. Nursing and pharmacy staff write down medication errors on a pink slip that is attached to the medication chart. The chart is reviewed by the medical team on their next round. This reduces phone calls and disruption to medical staff while they are on their rounds

and improves communication between team members.

“Best care everywhere” for older patients

Werribee Mercy Hospital is involved in the Council of Australian Governments Long Stay Older Patients initiative to improve the wellbeing of older patients in hospital.

Older patients are defined as those aged 65 years or more

and Aboriginal or Torres Strait Islanders aged 45 years or more, many of whom experience a downturn in their ability to manage their daily activities after spending some time in hospital.

“Related problems such as under-nutrition, falls, skin tears, pressure ulcers, delirium and depression can be prevented or minimised during hospital admission when an older patient’s overall wellbeing is taken into consideration,” said John Stafford, Nurse Unit Manager (Acting).

“We’re using high visibility education programs to raise awareness of the needs of older patients, which includes newsletters and posters. Each month we focus on one aspect of care, such as nutrition, and provide resources and examples of best practice.”

The project team has also been involved in policy development at a regional level to care for older patients in hospital.





Best care for older people everywhere

Through the Long Stay Older Patients initiative, the Council of Australian Governments has provided health services with a toolkit to improve care for older people. It includes checklists for screening, assessing and supporting a patient's overall wellbeing.

For older patients, the personal activities of daily living can be maintained in hospital. They support independence and help people maintain their dignity and participate in other activities.

- Under-nutrition can be an issue for many older patients who cannot manage their meals and drinks independently or who have a reduced appetite because of illness or lack of activity
- Under-nutrition in older people in hospital is common and not well recognised
- Nutrition risk screening on admission assists the hospital in identifying and managing under-nutrition
- Older people often need assistance and encouragement to enable them to meet their nutritional needs in hospital
- Simple strategies, such as people sharing meal times, can assist patients to eat enough to meet their needs

Breakthrough research programs

Our research output continues to grow and many of our teams are creating breakthrough programs. During the year the Translational Obstetrics Group at Mercy Hospital for Women/The University of Melbourne made a groundbreaking discovery in the treatment of pre-eclampsia, a potentially fatal condition that globally kills 60,000 women each year.

The group identified that a particular enzyme MMP14 may contribute to the body attacking some of the maternal organs.

Published in *The American Journal of Pathology*, this work was mainly undertaken by two young scientists – Dr Tu'hevaha Kaitu'u-Lino and Dr Kirsten Palmer – and led by Associate Professor Stephen Tong who said of the team's work, "Our group has been working hard to unravel the key biological steps causing pre-eclampsia. Our discovery could have a very real impact on how we care for women with pre-eclampsia in the future."

Read more in the "2011 Mercy Public Hospitals Inc Research Report": mercyhealth.com.au

Managing "quality of care" in aged care

Just over 12 months ago Mercy Health began two projects to improve care for older people. These were the development of a quality management system and the creation of care modules, which are sets of documents that outline how care should be given. Both projects positively affect the way older people participate in and receive care in residential settings.

"We wanted to make sure that we had systems and processes in place that could



Translational Obstetrics Group (L-R) Dr Louie Ye, Dr Tu'uhevaha Kaitu'u-Lino, Dr Clare Whitehead, Ms Laura Tuohey, Associate Professor Stephen Tong.



We care for older people in the community and in residential aged care.

- In community care 62.1% are female and 37.9% are male
- In residential aged care 70.3% are female and 29.7% are male

support older people as their circumstances and needs continued to change,” said Kerry Shearer, Executive Director, Risk Management & Quality.

Susan Blackbourn, General Manager Quality, states that “the new care modules provide a ‘recipe’ for care delivery, while the quality system ensures residents are considered in everything we do”.

Both the quality management system for aged care and the care modules have been rolled out to the majority of Mercy Health aged care homes, with the others to be completed by the end of 2012.

Early feedback from employees shows the changes are having

a positive impact. In one of the homes 45 per cent of employees said the previous framework promoted care first.

Once the new care modules and the quality management system were implemented, this figure rose to 98 per cent.

The doctor will see you now — on telemedicine!

Mercy Health experienced a first this year when an aged care resident at Mercy Place Rice Village met with his GP, a leading dermatologist, the Community Care Coordinator and Service Manager in a telemedicine conference to discuss a severe rash covering most of his body.

The resident was able to attend the appointment from the comfort of his room, without having to wait long for a

specialist appointment or a hospital admission.

Justin McCarthy, Service Manager at Mercy Place Rice Village said, “This is an innovative approach to primary healthcare, making medical consultation an easier and more comfortable process for our residents. By offering new services like this we can provide immediate treatment for residents and avoid potential hospital admissions.”

Connected, ongoing care

“Continuity of care” is a term that is used to describe the care provided to an individual – as well as the quality of the care they receive – over time.

At Mercy Health we provide health, community and residential aged care services. While this is not complete “continuity of care”, we aim to support people at critical times in their lives: in hospital, at home and in accommodation for older people.

Meet Zane McKenzie

Being able to live independently is a common goal. For people with an illness or disability, this goal can be very difficult to achieve.

Zane McKenzie is a person with a disability who has been able to create a life that he not only manages independently, but enriches every day.

Born with cerebral palsy, Zane is unable to move the lower half of his body and has spent most

of his life in a wheelchair. Zane’s parents provided for all his care needs before he decided, in 2009, to move out of the family home and live by himself. When he moved out of home he began to use Mercy Home & Community Care services to assist him in his daily living: from domestic chores to attending medical appointments.

Over the past three years Zane has created a full life with his wife and children.

“Mercy Home & Community Care has had an amazing influence on me,” said Zane.

“They help around the house and all the carers are fantastic. We have a great relationship; I suppose they are almost like family. The care coordinators are really flexible and attentive.”



Zane McKenzie enjoys his independence with the support of his family and carers.

Mercy Health O'Connell Family Centre: More complex care for families

Mercy Health O'Connell Family Centre is a specialist early parenting centre supporting families of 0-4 year olds across Victoria. The residential, day and community programs provide child focused parenting skills to promote safe child development, and the centre is increasing its supports for vulnerable families including families with mental health issues.

During the year Mercy Health O'Connell Family Centre

partnered with Anglicare and Cara to develop a new program "Cradle to Kinder" in the outer east region of Melbourne. This Department of Human Services funded initiative is an intensive case management program for vulnerable young families. It will support mothers from 26 weeks of pregnancy to when a child is four years of age. Support includes facilitating pregnancy care, residential family admission, day stays and group support at Mercy Health O'Connell Family Centre. The Centre will also provide intensive home based parenting education and support.

Mercy Health O'Connell Family Centre achieved its first Community Service Organisation accreditation. The surveyors were very impressed with the service, the environment and employees.



Mercy Health Lymphoedema Services provides assessment, education and management for people with or who are at risk of developing lymphoedema.



Play is an important way to build relationships between parents and children.

Mercy Health Lymphoedema Services

During Lymphoedema Awareness Month in March 2012, the Australasian Lymphology Association launched the national awareness campaign for lymphoedema at Mercy Hospital for Women. There were many activities, including a "Boost and Brunch" morning for young women, and two young clients organised a fundraising event "Lyrical Love for Lymphoedema" raising \$1,000 for the clinic.

The Lymphoedema Compression Garment Program continues to provide financial support for Victorians requiring compression garments and was successful in securing additional funding from the Victorian Department of Human Services to meet increasing demands on the program.



Families' birth plans are respected and discussed throughout the antenatal care process.

New Maternity and Neonatal Services

The purpose built Maternity and Neonatal Services area at Werribee Mercy Hospital has now been completed after an extensive project to integrate birthing and postnatal care. The new Maternity and Neonatal Services features a 16 cot Special Care Nursery, an interlinked building housing a new 24 bed maternity unit and eight refurbished labour delivery rooms.

"Patients really appreciate the improved facilities and enjoy the privacy of their own room," said Marni Dove, midwife at Werribee Mercy Hospital. "Our midwives get to know the women and it gives them the opportunity to become really well informed about their care and their baby's care."

Mercy Mental Health: Better care management

During the year Mercy Mental Health received additional funding from the Victorian Government for community clinical positions which was used to employ 10 community clinicians and one psychiatrist. This has given Mercy Mental Health more resources to meet the demand for services.

Mercy Mental Health provides care to a growing community with twice the state average of new clients per year. The service includes a busy inpatient unit and community teams who manage up to 500 people in the community at any one time. The Crisis Assessment Team provides community assessment and treatment for up to 35 people a day and the 24 hour triage service manages hundreds of calls per month.

The funding for the integrated teams servicing the Maribyrnong, Hobsons Bay and Wyndham communities ensures that each team has 15 clinicians to provide clinical management to people living at home or who are homeless. "It allows us to be more responsive to our community by increasing the number of people we see," said Mario Blandin de Chalain, Manager, Mercy Mental Health.

"This change means that clients receive community treatment from one local team throughout their stay with us," he added. "The clinical teams are supported by our Crisis

"The new team structure has improved the way we balance clinical workloads and we're seeing better collaboration between clinicians in care delivery."

*Mercy Mental Health,
Integrated Team Manager*

"We have learnt from each other about our different clinical roles and we have more support from our colleagues. There is more depth in our clinical review meetings because of the expertise from different specialty roles and we can allocate work to provide better care for clients."

*Mercy Mental Health,
Clinician*

Assessment and Treatment service and our residential and hospital units if clients need more intensive treatment. We are already responding more quickly to client needs with improved follow up."

Mercy Health Breastmilk Bank: Growing strongly

In July 2012 we celebrated the one year anniversary of the first baby to be fed with pasteurised donor milk from Mercy Health Breastmilk Bank at Mercy Hospital for Women.

During the year Mercy Health Breastmilk Bank helped 58 sick and premature babies to a better start in life. "We have received a great response from our families," said Dr Gillian Opie, Consultant Neonatologist and Head of Unit, Mercy Health Breastmilk Bank. "Parents in the nursery have been very positive about the use of pasteurised donor milk and have been well supported by knowledgeable staff. With the success of Victoria's first breastmilk bank, we will continue our efforts to grow this service."

Early pregnancy loss

Women who experience early pregnancy loss commonly find the experience very distressing and the psychological effects may impact recovery and be long lasting.

Mercy Hospital for Women, through private donor funding, has completed a project that aims to improve the experience of women who present with problems in early pregnancy.

An education pack has been developed and has been made available to all medical and midwifery staff in the Emergency Department at Mercy Hospital for Women to improve their communication with women experiencing early pregnancy loss. The pack will also be made available to Werribee Mercy Hospital.

The early pregnancy assessment clinic is now a five day a week service.

Outcome

The latest report on Mercy Hospital for Women's maternal and perinatal data shows that the hospital continues to demonstrate excellent outcomes in the area of perinatal (stillbirths and neonates) mortality.

Over the past five years the perinatal mortality rate for babies born at 22 weeks or more was 37 per cent less than for the rest of Victoria – and for babies born at 32 weeks or more the perinatal mortality was 38 per cent less than the rest of Victoria.

Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2009)

Fast facts:

- Mercy Health Breastmilk Bank is unique in Victoria
- The first breastmilk donor was recruited on 1 March 2011
- 58 sick and premature babies have received pasteurised donor milk
- There have been 59 donors to date
- The first two babies were fed on 21 July 2011
- By June 2012, over 416 litres of breastmilk were donated
- None of the babies who were fed pasteurised donor milk developed necrotising enterocolitis, a potentially fatal bowel condition that affects extremely premature infants. This trend is encouraging and Mercy Health Breastmilk Bank will continue to gather evidence on the relationship between donor breastmilk and the reduction of this condition.



Discharge Coordinator trial

A trial position for a Discharge Coordinator was created by Werribee Mercy Hospital in April 2012 for five weeks to review the medical discharge process. The aim of the trial was to test the role of the Discharge Coordinator and, ultimately, reduce the length of stay for medical patients.

A series of recommendations was put forward by the Discharge Coordinator, including reviewing patients' access to Hospital in

- On admission, an estimated date of discharge for each patient is calculated based on the reason for their admission. The date is recorded in the patient management system and guides care planning to meet the expected timeframe for discharge.
- The expected discharge date is included in information in staff handover notes
- Allied health meetings are held twice a week in the medical ward to improve monitoring of patients' progress to discharge

Outcome

the Home, reviewing discharge paperwork and creating written discharge information pamphlets for patients to take home.

Reviewing maternity services

Mercy Hospital for Women provides maternity services for almost 6,000 women each year. While benchmarked data shows excellent clinical outcomes for women and babies, our staff work constantly to improve services.

A review project was conducted that invited comments from patients and staff. Feedback suggests that a service which offers consistency in health information, clinical care and easy transitions from one setting to another, would continue to improve outcomes for women and staff. The information gained will guide us as we review our model of care.

"The support of having familiar faces care for you throughout your pregnancy and during your stay makes the world of difference and a positive experience."

"Thank you for providing such a wonderful service. You understand that having a baby is not just a medical procedure, but one of the most special moments in our lives. In your care and with your guidance, I have felt the confidence to birth naturally. Thank you for being part of the most special days for us."

Thank you

What works well

Surveyed women	Surveyed staff
• Seeing the same carer	• Improved continuity of care
• Reduced antenatal waiting times	• Improved processes
• Consistent advice	• Reducing variation in practice

Suggested improvements

Surveyed women	Surveyed staff
• Friendly supportive care	• Teamwork/colleague support/respect
• Familiar faces/continuity of carers	• Camaraderie and friendships
• Knowledgeable, informative and thorough staff	• Satisfaction, challenges and learning opportunities

Mercy Palliative Care

In caring for people with terminal illness, we are committed to people dying with dignity in their place of choice, surrounded by love. This year, Mercy Palliative Care with Western Health received a grant from Western & Central Melbourne Integrated Cancer Service to set up a Symptom Management Clinic to cater for people with advanced cancer not currently receiving palliative care services. This will be critical in improving access to community palliative care for oncology patients in line with the funding requirements.

Carers are benefiting from a number of new initiatives through Mercy Palliative Care, including a carers massage program, which aim to provide some of the personal supports they need.

Mercy Health takes a holistic approach to palliative care, drawing on counselling, nursing and medical services, allied therapies and pastoral care to support each individual. Our services across the western region of Melbourne continue to grow and we are expanding our services in southern New South Wales.

This year, Mercy Health Albury was successful in obtaining a grant from the Department of Health and Ageing for equipment for the Palliative Care Unit, allowing clients to be cared for in the place of their choice. Manual handling equipment was prioritised, with ceiling tracking installed in four rooms, and



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.

syringe drivers were bought for pain management.

With our growing expertise, our palliative care services are increasingly sharing knowledge with other health service providers.

Designing homes for residential aged care

Mercy Health has provided residential aged care since 1996, becoming one of the largest not for profit providers of aged care in Victoria. In the

"I heard about the Carers Support Group 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."

Carer

Contact_{us}

last five years we have built or redeveloped eight aged care homes in a range of settings from the fringe of the city to rural and regional towns.

Each home is designed with the community in mind, including learning from previous developments while incorporating best practice in design for the elderly, particularly in regard to people with dementia. We recognise the impact colours, smell and building features have and include aspects like fish tanks in dining areas to help residents relax. Sensory gardens also help to reduce agitation and depression.

We have learnt the importance of working with our clinical staff in creating building designs because the nicest facility does not necessarily result in the best care. Our staff have helped our Property & Development team understand that although our buildings must be responsive to local needs and environments, essentially they need to support care for people.



Mercy Place Albury has been expanded to provide more residential care options for older people.

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Your feedback

This report is one way of the ways you can give your feedback on Mercy Health's services and publications.

Please send comments or suggestions to:
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Email: information@mercy.com.au

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

Where we are located

Health services

Victoria

Mercy Hospital for Women, Heidelberg: 03 8458 4444
Mercy Women's Clinic, Ivanhoe: 1300 657 501
Mercy Health Lymphoedema Services,
East Melbourne: 03 8458 4990
Mercy Health O'Connell Family Centre,
Canterbury: 03 8416 7600
Werribee Mercy Hospital, Werribee: 03 9216 8888
Mercy Mental Health, Saltwater Clinic: 03 9928 7444
Mercy Mental Health Triage Service: 1300 657 259
Mercy Palliative Care: 03 9364 9777
Mercy Grief Services: 03 9364 9838

NSW

Mercy Health Albury: 02 6042 1400
Mercy Care Centre Young: 02 6382 8444

Home and community care

Victoria

Mercy Home & Community Care:
Colac: 03 5233 5603
Geelong: 03 5272 3133
North West Metropolitan Melbourne: 03 9385 9444
South East Metropolitan Melbourne: 03 8530 6999

ACT

Mercy Home & Community Care:
Canberra: 02 6253 3868

NSW

Mercy Home & Community Care:
Albury: 02 6023 0030
Young: 02 6382 8322

Aged care

Victoria

Mercy Health Bethlehem Home for the Aged,
Bendigo: 03 5440 8200
Mercy Place Colac: 03 5233 5600
Mercy Place East Melbourne: 03 9413 1777
Mercy Place Montrose: 03 9724 6000
Mercy Place Parkville: 03 9385 9222
Mercy Place Rice Village, Geelong: 03 5241 3686
Mercy Place Shepparton: 03 5832 0900
Mercy Place Wyndham, Werribee: 03 8734 6500
Mercy Place Warrnambool: 03 5564 2800

NSW

Mercy Place Albury: 02 6024 9500
Mercy Place Mount St Joseph's, Young: 02 6380 1300

Health worker training

Mercy Health Training Institute: 03 9261 2085

Support and administrative services

Mercy Health: 03 8416 7777

Mercy Health Foundation

Richmond: 03 8416 7766



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Care first

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