



Mercy Health

Care first



The tender Mercy
of God has given
us one another.

Catherine McAuley



Mercy Health

Quality Account
2015/16



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On the cover: Centre: Karen mother Bree Sha; (clockwise from bottom right) Werribee Mercy Hospital midwives Natalie Martin and Claire McAteer; Murdoch Childrens Research Institute research fellow Dr Elisha Riggs and VICSEG Refugee Family Resource Mentor Waan Tardif; Mercy Health Multicultural Services Manager Natalija Nesvadba; Werribee Mercy Hospital Karen Interpreter Christina George.

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders both past and present.

This report was produced on Wurundjeri Country.



Welcome to Mercy Health's Quality Account 2015/16

On behalf of the staff, Board and executive of Mercy Health, we are proud to present this year's *Quality Account*.

The Account offers the communities we serve, and our partners, a snapshot of the work we have done this year to improve our safe, high-quality and inclusive care.

We work with our community to ensure every person Mercy Health supports — from patients, residents and clients to their families and our staff — feels well cared for, safe and respected. These qualities radiate from every story in this report.

- We have expanded our support for the most vulnerable mothers and babies in our community: Aboriginal and Torres Strait Islander families, families from refugee backgrounds and those facing serious complications.
- We have opened the doors to our new mental health centre, designed with input from clients, clinicians and consumer advocates, to support holistic and long-term recovery.
- We have enhanced our specialist and allied health services to keep up with the latest medical advances.
- We have partnered with community, government and non-government organisations to ensure our patients, residents and clients are supported throughout their care journey.
- We have continued to evolve our model of aged care to ensure our residents enjoy life as much as they always have.
- We have strengthened our support for the dying and those who love them.
- We have introduced new training and wellbeing programs for our staff, recognising their ability to care for our community depends on their own sense of wellness and worth.
- We have improved the safety and quality of our care in partnership with you, our community.

Every year we welcome more people in need and every year we renew our efforts to improve the care we offer them. We wish to acknowledge especially the stewardship of our Chief Executive—Health Services Linda Mellors and Chief Executive Aged & Community Care Kevin Mercer. In the often-quoted words of our Foundress Catherine McAuley, “We must never say, ‘It is enough’”. As our community continues to grow and diversify, we will evolve with it to meet people where they are, with the very best care we can give.



Clare Grieveson
Group Executive Director,
Quality, Risk &
Service Improvement

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

We would love to hear your thoughts about this year's report and your own stories

Email story@mercy.com.au to share your thoughts about this report, or to share your journey with Mercy Health.

How our consumers shaped this year's report

Last year, you said you wanted to see:

- more individual stories and quotes
- more statistics.

We have:

- added more facts and figures to increase transparency and accountability in our reporting
- used more consumer stories and experiences to give a human face to our service improvements
- taken the opportunity to highlight services that aren't often in the public eye.

Partners for a healthy beginning

Families from refugee backgrounds can face many barriers to maternity and early childhood healthcare when they settle in Australia, including language, health literacy and trauma.

Werribee Mercy Hospital has joined the Murdoch Childrens Research Institute (MCRI), Victorian Foundation for Survivors of Torture, the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG), and Wyndham City Council, as part of the Bridging the Gap partnership, to develop the Healthy Happy Beginnings pregnancy care model, which aims to reduce these barriers.

Currently being piloted with Karen mothers from Burma and their families, the Healthy Happy Beginnings program offers woman-directed, culturally and linguistically appropriate support to Wyndham's growing Karen population, with the aim of improving maternal and infant health outcomes. There are plans to expand this support to other communities from refugee backgrounds.

Each week a multidisciplinary team of midwives, a maternal and child health nurse, an interpreter and a bicultural worker co-facilitate group pregnancy care and information sessions for expectant Karen women. Sessions are held in a community centre. The women are also offered individual appointments for antenatal care with a midwife and an interpreter at the same location.

By engaging Karen mothers in an innovative way the program aims to build their health literacy, overcome isolation, and provide access to maternity and healthcare. It also equips their care team to offer an integrated approach.

About 90 Karen women have participated in the program to date.

The program was developed in consultation with Karen women and men to ensure it meets their health, cultural and social needs.



Werribee Mercy Hospital Interpreter Christina George.

Mercy Health fact

6.1% of all women birthing in our hospitals need interpreting services, which we provide in 43 languages.

Feedback from an evaluation of 19 participants

- ✓ Felt prepared for childbirth.
- ✓ Learnt key words in English (for example 'ultrasound').
- ✓ Made friends with whom they continue to socialise.
- ✓ Appreciated the continuity of maternal and child health nurse and bicultural worker after childbirth.
- ✓ Knew what to do if they needed help.



Members of the Healthy Happy Beginnings team:
(Back) MCRI Research Fellow Elisha Riggs,
VICSEG Refugee Family Resource Mentor
Waan Tardif; WMH Karen Interpreter Christina
George (front) mothers Helen Naw and Bree Sha.

Making Karen mothers feel at home

Although Bree is expecting her fourth baby, in many ways she feels like a new mother. The distance between childbirth in Burma and Australia is not only geographical: almost every facet of the health and midwifery systems here is immeasurably foreign.

“To have a baby here is very different from in my country,” Bree confirms, through Werribee Mercy Hospital’s Karen Interpreter Christina George. “That’s why I came into the program, to meet with other Karen women and learn from their experiences. It has been especially helpful in doing all the paperwork.”

Appointed to Werribee Mercy Hospital’s Multicultural Services Unit in April, Christina brings more than her professional expertise to her role.

“When I arrived in Melbourne from Burma eight years ago I was expecting my second child,” Christina explains. “There was no program like this back then. I had my baby at Werribee Mercy Hospital and even though the care was great, it was very strange for me.

“I compare myself to these women; I could speak some English, but most of the mothers in the program don’t have much knowledge of the health system and they have very limited literacy and English.

“Without access to an interpreter, they don’t know how to ask questions, so they don’t understand everything the clinician or midwife says to them. They may not know who to call when they need care or may stop attending appointments. So my role supports the mothers and also the clinicians.

“The program also helps families build peer support networks. Different women have different experiences, so when they can speak to one another that’s a huge benefit.”

Expectant mum Helen agrees. “It’s really helpful for me; I plan to stay in touch with the other mothers after the birth,” she says. “This is my first baby, and I’m giving birth at Mercy Hospital for Women.

“I have only my husband here, so the group has given me lots of support.”

Serving our diverse community

Mercy Health is proud to serve our increasingly diverse community's needs. This snapshot of our hospital patients and clients over the past 12 months highlights our support for people from culturally and linguistically diverse backgrounds.



Mercy Health hospitals	2015/16	2014/15
Patients born in a country other than Australia	31.1% 203 countries	30.7% 204 countries
Language other than English (LOTE) spoken at home	13.1% 138 languages	12.9% 132 languages
Interpreter required	5.1% of all consumers OR 38.8% of those who speak LOTE	4.6% of all consumers OR 35.3% of those who speak LOTE

Mercy Health fact

The top 10 countries of birth for our patients cover three continents (Australia-Oceania x 2, Asia x 6, Europe x 2).

Hearing your voice: Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people's public healthcare experiences. The government sets a target of 95% positive ratings by the public of a hospital's care.

What you said

Patients and families want to be involved in their care and kept up to date and communicated with clearly.

There are opportunities to improve patients' transition from the hospital back into their home and community.

Patients and carers are concerned about waiting times to access care in our Emergency Departments.

It is important for staff to communicate compassionately and respectfully with patients and families.

What we are doing

Revising staff badges to make it easier for consumers to read them and identify staff.

Ensuring we provide accessible and easy-to-understand patient information to enable patients and carers to be informed about their healthcare and options.

Supporting carers and patients to escalate concerns about their care through our new R.E.A.C.H. program. (See page 19)

Focusing on improving discharge planning processes through a dedicated working party.

Educating and upskilling our staff in the principles of person-centred care, customer service and the importance of health literacy.

Investing in projects to address patient access to our Emergency Departments.

Mercy Health fact

93.25%

rated Mercy Hospital for Women's care "very good" or "good"*.

90.25%

rated Werribee Mercy Hospital's care "very good" or "good"*.

*When asked "Overall, how would you rate the care you received while in hospital?" in the 2015/16 Victorian Healthcare Experience Survey (adult inpatient).

From hospital to home: making the path smoother

Making sure you can continue your recovery after you leave hospital is an essential part of good care.

To improve the discharge process from hospital to home the Department of Health and Human Services established the Transition Care Index, which is part of the Victorian Healthcare Experience Survey.

The index tracks how hospitals, health services, peer groups and the state are performing against four questions on patient discharge. The index is shown below with the four questions that contribute to it.

Question	Mercy Health hospitals
Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	73.81%
Did hospital staff take your family or home situation into account when planning your discharge?	76.42%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids)	69.4%
If follow up with your General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital?	88.3%
Overall score in Transition Care Index (target = 75%)	75.96%

Some of the ways we are working to improve our transitions of care



Mercy Health fact

Our June 2016 consumer survey had an extraordinary response, with more than 480 consumers providing feedback on the care provided at Mercy Health.

98%

of consumers felt that staff always respected their views and opinions, and 95% said they would recommend Mercy Health to their family and friends.

Feedback and complaints

Ways we gather your feedback

Through our Community Advisory Committee and our site-based Consumer Advisory Groups at Mercy Hospital for Women, Werribee Mercy Hospital and our newly established group Voices of Consumer and Carer Advisory Link (VOCCAL).

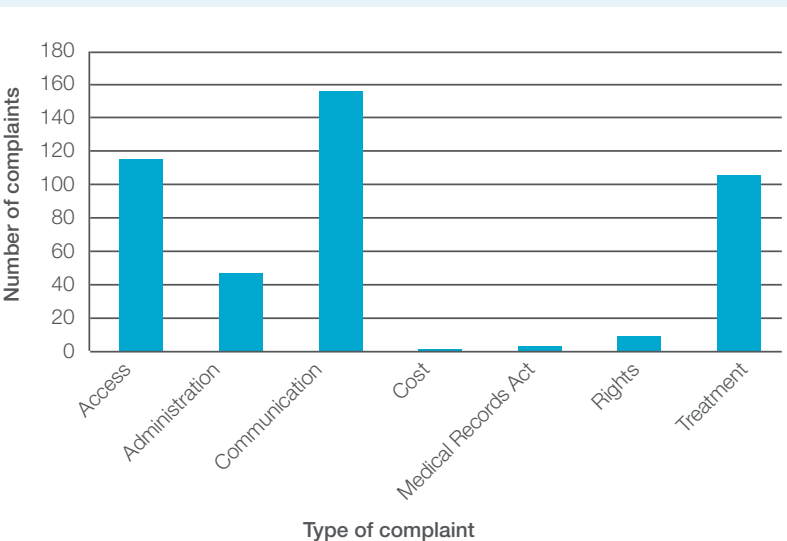
By undertaking surveys and asking our consumers to comment on their experience of receiving care and services.

Through our formal feedback management system. When we receive a formal complaint, we take the steps needed to investigate your concerns, including: assessing the complaint; gathering information; seeking a resolution or outcome with you; and working with our staff and consumer representatives to make improvements. We keep records of formal feedback and share them with our Board, executive, program directors and managers as well as our Consumer Advisory Committee and Groups.

By appointing consumer representatives to key committees and working groups to ensure that patient, resident and family views are integrated into our service planning, design and evaluation.

By undertaking Care First Rounds (executive walkarounds where patients can provide feedback and suggestions).

Total complaints by theme July 2015/June 2016*



*As recorded in the Victorian Health Incident Management System

Why your feedback is important

Consumer feedback gives us a unique perspective that only people who use and interact with our services can offer. Feedback helps us identify areas where we are doing well as well as areas that need to be improved.

Mercy Health fact

You can give Mercy Health feedback in many ways:

- directly to staff when you are being cared for in our services
- online
- by phone on (03) 8416 7783
- in writing through our feedback form.

Visit our Contact Us page at mercyhealth.com.au for details.



More than 70 consumers attended the Consumer Advisor Conference.

Listening to your good advice

Consumer Advisors are community members who give their time and experience to help us improve our services. They might be a past patient, a family member, or simply someone who wants to help improve care.

Mercy Health is committed to investing in our Consumer Advisors to ensure they have the knowledge, skills and support to participate effectively and develop meaningful partnerships within the organisation.

Mercy Health's Community Advisory Committee (CAC) identified a need for Consumer Advisors across the state to connect with, learn from and support each other. In response, the CAC partnered with more than 70 health services' consumers and the Health Issues Centre to hold Victoria's first Consumer Advisor Conference in November 2015.

The conference brought Consumer Advisors and health services staff together to share their experiences and explore the questions and issues that matter to them, including:

- What does it mean to be a Consumer Advisor in 2015 (including roles, responsibilities and challenges)?
- What resources are needed now and into the future to support and grow Consumer Advisor participation?

The conference generated many ideas for ways to support Consumer Advisors' work and to recognise their important contribution to quality care:

- create a statewide, online peer contact list or hub to promote networking, sharing stories and ideas, mentoring and supporting each other locally and beyond
- offer training, education and support to help develop consumer capacity and interest in the role
- introduce budgets for Consumer Advisor activities
- learn more about consumer participation from different sectors
- consider remuneration or reimbursement, including for travel to and from Consumer Advisor activities
- explore good practices with Consumer Advisors themselves
- make organisational online tools available for Consumer Advisors, where appropriate
- explore new ways to engage consumers and the community, including online
- acknowledge the contribution Consumer Advisors make to health services with strategies such as an annual award.

Mercy Health fact

Since June 2015, the Community Participation and Experience team has recruited an additional 10 Consumer Advisory Group members and two Consumer Chairs to work throughout our health services.



Marianne Mahony

Consumer Chair, Mercy Health Community Advisory Committee

Why did you become a consumer advocate?

I'd had a long relationship with Mercy Hospital for Women as a social worker, going back to when I was manager of health promotion at the PANCH health service. In 2012 I was thinking about retiring and doing some voluntary work. Then I heard that a position on the CAC had been advertised, and I applied. When I fully retired, I wanted to take a more active role. I hope I'm supporting volunteers to have a real voice in the way health services are run, to make things better for people in future.

How can consumer advocates and advisors contribute to making healthcare better?

I see consumer participation as a way of educating and empowering people in the health sector. Often people will have had an experience which draws them to volunteer here. For instance, my mother had been at Mercy Place Parkville, so I'd experienced as a consumer what it was to have a parent in aged care; what was working well and what could be improved.

Stressing new ways to work well together

When the 2015 People Matter Survey revealed our employees felt workplace stress was a key area of concern, we looked at ways to identify its root causes and ways to combat it.



In early 2016 Health Services piloted Stresswise, a program developed by WorkSafe Victoria with several health sector unions to build resilience and proactively address the causes of workplace stress, including workplace bullying and harassment.

The pilot program involved interviews with each participant, information gathering, and feedback to explore ways to build healthier and more effective behaviours within their area. These included improving communication, giving positive feedback, strengthening issue resolution, and having input into decision making.

Pilot participants then met to agree on and develop action plans to improve their working environment, including:

- ensuring staff and leaders complete a periodic anonymous survey, to check on their progress towards the objectives they have identified
- creating a new interpersonal issue resolution process.

Guiding staff on how to manage stress, bullying and harassment is a key part of our induction and ongoing training at Mercy Health. New staff must complete online training on values-driven behaviour, and all staff must revisit this training once a year.

Other ways we work to keep each other healthy

- Regular employee surveys on job satisfaction, quality and safety, and training and education.
- Other formal and informal training and feedback opportunities, such as snack sessions and employee forums.
- Flexible working arrangements and family support such as childcare referrals and a breastfeeding-friendly workplace.
- 'Stepping Stones' for people to take on more, less or different responsibilities as they reach new life stages.
- Employee Assistance Program (EAP) offering staff and their immediate families free, confidential counselling services, and a range of extra resources to support their wellbeing.
- Thrive @ Mercy, an online health and wellbeing hub to support employees at all life and career stages.

Our people's voices matter

Making sure our people can deliver the best quality care possible, and enjoy their work, is a top priority for Mercy Health.

The People Matter Survey is run annually, offering health services employees an opportunity to give honest feedback on their workplace and the care they provide.

Our 2015 People Matter Survey asked staff to give us their feedback on important issues including patient safety, with most of the 1039 participants agreeing this is well-managed in our hospitals.

93% agreed

Patient care errors are handled appropriately in my work area

76% agreed

This health service does a good job of training new and existing staff

95% agreed

I am encouraged by my colleagues to report any patient safety concerns I might have

83% agreed

The culture in my work area makes it easy to learn from the errors of others

83% agreed

Trainees in my discipline are adequately supervised

87% agreed

I would recommend a friend or relative to be treated as a patient here

86% agreed

My suggestions about patient safety would be acted upon if I expressed them to my manager

87% agreed

Management is driving us to be a safety-centred organisation

Mercy Health fact

In 2015/16 Mercy Health ran more than 'snack sessions' on preventing bullying and harassment to support our staff.

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How we're using this feedback

We've put a number of initiatives in place to improve patient and staff safety:

- recruiting manual handling and clinical risk experts to build staff knowledge and capability
- strengthening Care First executive walkarounds
- developing a number of workforce plans
- increasing transparency in and availability of incident reporting, including a Nurse Unit Manager dashboard that provides live incident data.

Feltmum™ breaks the maternal diabetes cycle

Feltmum™ is a new tool empowering pregnant mothers to understand gestational diabetes. It was created by Mercy Hospital for Women Certified Diabetes Educator Cath McNamara in partnership with experts from Diabetes Victoria, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Deakin University.

“Diabetes is a critical issue for the Aboriginal community at all life stages because of the impact on shortening lifespan and perpetuating the health gap,” Cath explains. “Aboriginal and Torres Strait Islander communities have highly visual and auditory ways of learning. So offering appropriate tools for teaching and learning is crucial to empowering women with knowledge about diabetes.”

Feltmum™ is a tactile, interactive response to this challenge: a felt diagram of a pregnant woman complete with 28-week sized baby, uterus, placenta and endocrine system. The tool allows educators to clearly show how excess insulin released after sugar consumption travels through a mother’s bloodstream to the baby’s placenta.

“The goal of educating pregnant women about gestational diabetes mellitus (GDM) is to minimise their babies’ weight gain,” Cath says. “GDM can cause problems during delivery, and long-term weight problems and type 2 diabetes later in life.”

Feltmum™ is being rolled out across community health providers including Mercy Hospital for Women’s outpatients’ clinic. “Our four educators use a version of Feltmum™ in the mainstream outpatients’ clinics,” Cath confirms. “It’s a universally applicable tool, whether you’re addressing healthcare professionals or people from culturally and linguistically diverse backgrounds.”

Other ways we support our Aboriginal and Torres Strait Islander communities and staff

- Our Nagnak mother and baby clinics have expanded their hours from two days to five days a week, making culturally safe care available to many more families.

- Our health services’ Reconciliation Action Plan has been given provisional endorsement by Reconciliation Australia and will be launched formally in February 2017 — a milestone in Mercy Health’s history.
- Our new dedicated Aboriginal space at Werribee Mercy Hospital began offering support to families in June, and will soon receive a culturally significant name from Community Elders.

We have cared for more than 1,400 members of the Aboriginal and Torres Strait Islander communities this year

	Number of patients		
	MHW	WMH	OFC*
Inpatients	226	130	20
Outpatients	290	104	N/A
Emergency presentations	129	253	N/A
Mercy Mental Health inpatients	N/A	16	N/A
Mental Health community care	N/A	67	N/A
Number of mothers/deliveries	79	17	N/A
Number of babies/births	80	19	N/A

*Mercy Health O’Connell Family Centre

Mercy Health fact

1.5

Rates of GDM are 1.5 times higher in Aboriginal and Torres Strait Islander women than in non-Aboriginal women (Australian Institute of Health and Welfare (AIHW), 2008).



Feltmum™ creator Cath McNamara (right) with Mercy Hospital for Women Senior Aboriginal Hospital Liaison Officer Jo Pappas.

“Our services make a notable difference to the health and wellbeing of the communities we serve and I am extremely proud of our staff for the very valuable work they do.”

Chief Executive—Health Services
Adjunct Professor Linda Mellors



Learning from errors

At Mercy Health, our goal is to provide the safest possible care. The Australian healthcare system is among the best in the world, but there are still many risks when spending time in hospital, such as the risk of infection, a fall or a pressure injury.

Incident reporting is one very important aspect of our patient safety program at Mercy Health. By learning from mistakes and putting measures in place to prevent them from recurring, we are ensuring we provide the safest possible environment for our patients and our employees. An average of seven clinical incidents a day are reported by our employees, and while most relate to near-miss incidents where no harm has occurred, each one provides a valuable learning opportunity and helps us to put good systems in place to prevent the incident or near miss happening again.

Mercy Health has put a number of measures in place over the past year to strengthen our incident reporting and management processes:

- we provide regular education to our staff on how to report, respond to and analyse incidents
- we have strengthened the linkage between our complaints and incident processes, so that feedback is being provided to patients in a timelier way
- we have improved our monthly reporting processes to the Victorian Audit of Surgical Mortality (VASM), where each case and any unexpected outcomes are discussed in detail at the surgical unit meeting
- we have improved the tracking and monitoring of the recommendations arising from incident review
- we have created an online dashboard for our managers so they can easily access and respond to their incident data.

Mercy Health's Board provides our highest level of clinical governance and is supported to do this by the Board Quality Committee. We have improved the incident data being reported to our Board Quality Committee, to include trended incident reports, reviews of specific types of incident and information on our highest outcome clinical incidents.

National Standards accreditation: pulse check

In 2014/15 our health services were the proud recipients of full accreditation under the National Safety and Quality Health Service Standards (National Standards) after a detailed review.

In response to feedback from the quality surveyors, a number of activities have occurred across Health Services in 2015/16 to strengthen our accreditation-related processes.



Members of the Mercy Health surgical services and quality teams enjoying a recent Care First Round.

Process	Action taken
Executive walkarounds (direct observation of our care by the leadership team)	Care First Rounds are conducted to raise the visibility and engagement of the leadership team in relation to quality, safety and continuous improvement. They also offer an opportunity for staff to raise ideas and issues directly with senior leaders.
National Standards audit system	We undertook a comprehensive review of our audit system and introduced a number of enhancements.
Recognising and Responding to Clinical Deteriorating in Acute Health Care	A newly created Deteriorating Patient Coordinator has been appointed, to lead our work on this standard of care.
Quality improvements	A number of key projects have been implemented, such as R.E.A.C.H. (see page 19), a method for patients, families and carers to escalate care.

Mercy Health fact

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Care First Rounds have been undertaken, covering more than 27 clinical areas and speaking with more than 40 patients and 300 staff.

National Standards are not just about gaining accreditation: they guide us on how to continually improve our care for the community. Here is a snapshot of our work across the health services clinical standards over the past 12 months.



Standard 3 – Preventing and Controlling Healthcare Associated Infections

- We have expanded our annual influenza vaccine campaign for staff to make vaccinations available all year round, helping us work towards our goal of ensuring all staff are vaccinated. For 2016, we were pleased to achieve a 77% immunisation rate against a target of 75%. Flu vaccination reduces the possible spread of 'flu within the hospital, thus protecting both staff and patients.
- We rolled out a new waterproof dressing which allows clinicians to more easily monitor wound healing, protecting patients who have had surgery, such as caesarean section, from infection.
- Thorough cleaning of surgical incision sites can reduce the risk of hospital acquired infection. We standardised the type of skin disinfectant used in surgery to reduce risk of infection.
- Our hand hygiene campaign has continued to show excellent results: in 2016 we averaged a rate of 84% against the Victorian Department of Health target of 80% compliance. Hand hygiene is one of the most achievable and effective measures people can take to prevent infection.
- Our staphylococcus aureus bacteraemia rate for 2015/16 financial year is 0.7 per 10,000 occupied bed days which is less than the state average of 0.8 per 10,000 occupied bed days. We continue to monitor these types of infections and undertake an investigation when one occurs.
- We monitor our neonatal intensive care unit babies for central line-associated bloodstream infections. For example, our most vulnerable babies whose birth weight is less than 750 grams have an infection rate of 1.3 per 1000 central line days which is less than the state average of 3.7 per 1000 central line days.



Standard 4 – Medication Safety

- We introduced Medication Safety Walkarounds, allowing senior staff to note significant improvements in drug security and to recommend changes to improve the way medication histories are taken.



Standard 5 – Patient Identification and Procedure Matching

- We redesigned our medical record clinical alert form in response to staff feedback, making it easier to use and understand.
- We increased our focus on ensuring staff 'ask the patient — don't tell' when checking their three patient identifiers (name, date of birth and address).



Standard 6 – Clinical Handover

- We are improving our discharge summaries by standardising their content and format, to make it easier for staff and GPs to have a clear picture of each patient's discharge plan.
- We have recruited a project manager to analyse the discharge process for obstetric patients, increasing our emphasis on providing early parenting and other key forms of support and advice.
- We surveyed GPs on the quality of our discharge summaries, and their feedback on aspects such as having enough information to continue a patient's care is being used to improve the information captured.



Standard 7 – Blood and Blood Products

- We ran a Blood Safety Month campaign across our hospitals, including education sessions and blood wastage workshops.



Standard 8 – Preventing and Managing Pressure Injuries

- Delirium is a significant risk factor in the development of pressure injuries. We are working on a new cognitive assessment chart to assess and monitor patients aged over 65 experiencing delirium to help prevent pressure injuries.
- Our neonatal intensive care unit and special care nurseries have achieved excellent outcomes in controlling pressure injuries through targeted equipment and the recently developed Neonatal Pressure Injury Point Prevalence Survey.



Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care

- We have launched a new patient and family escalation process called R.E.A.C.H (Recognise, Engage, Act, Call, Help) to make it easier for patients, their families or carers to alert staff if they feel the patient's condition is worsening. This is proving to be highly effective and reassuring for patients and families alike.
- We have reviewed our clinical deterioration policies and procedures to ensure they are easy to understand and follow.
- We are simplifying our Observation and Response Charts and updating them to ensure they continue to adhere to clinical requirements.



Standard 10 – Preventing Falls and Harm from Falls

- Our Care of the Older Person's Committee held a May Day! Falls at Werribee Mercy Hospital education day, inviting all staff to learn more about medications that increase fall risk in older people. Staff also took part in a Falls Learning Expo 'Walk in Their Shoes' that let them experience what it's like to feel at risk of falling.

“I believe consumers have unique stories and can take an active role in their care.”

Consumer Advocate Lorelle Tormey



National Standards for Mental Health Services (NMH)

NMH Standard 2: Safety

- We have reviewed all procedures to ensure they align with the *Mental Health Act 2014*.
- We have condensed our mental health risk assessment tool from nine pages to four, making it much more user-friendly for clinicians while maintaining a rigorous approach to minimising risk.

NMH Standard 6: Consumers and NMH Standard 7: Carers

- In March we held the first meeting of Voices of Consumer Carers Alliance Link (VOCCAL), a new community advisory group to help consumers and carers participate meaningfully in decision-making around mental health policy, care and treatment, and wellbeing.

Making high-needs pregnancy care more accessible

Mothers experiencing pregnancy complications or concerns, such as signs of early labour, rupture of membranes and decreased fetal movements, need extra support.



Our PDS clinics provide an essential service for women experiencing pregnancy complications or concerns.

The Pregnancy Day Stay (PDS) unit at Werribee Mercy Hospital was expanded to help provide this support to the growing number of women birthing there.

To meet increasing demand for its services, in 2015 the day stay unit was divided into two separate areas. Each area offers more space, more access to midwives and more thorough assessments.

- The PDS clinic now offers pre-booked monitoring for pregnancy complications and concerns, offering ultrasound and cardiotocography (CTG) machines, staffed by a midwife Monday to Friday.
- The Maternity Assessment Unit (MAU) clinic offers women unbooked assessments for symptoms of early labour, rupture of membranes, bleeding, decreased fetal movements and other pregnancy concerns. The MAU contains private assessment rooms equipped with birthing beds, CTG machine, neonatal resuscitators and a recliner. It is staffed by midwives around the clock.

Mercy Health facts

100% of women who gave birth in our hospitals received postnatal domiciliary care through Hospital in the Home in 2015/16 (against a statewide average of 99%).

97% of babies born at 37+ weeks in our hospitals are being breastfed (against a statewide average of 92%).

Telemedicine delivers Mercy to Darwin

Communities in regions outside Australia's major metropolitan centres can find it difficult to access specialist healthcare.

The telehealth clinic for Northern Territory women with suspected pregnancy complications started in November 2015, linking the Royal Darwin Hospital's obstetric team with Mercy Hospital for Women's maternal fetal medicine, obstetric and gynaecological ultrasound specialists.

"The clinic sees up to three patients a week, and we support the team at the Royal Darwin Hospital via a live ultrasound link," explains Mercy Hospital for Women Obstetrician Dr Alexis Shub. "Patients travel from all over the Top End to be seen by the clinic. More complex pregnancies may also receive input from genetics, cardiology or other specialists as needed."

Mercy Health fact

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consultations have been run through the telemedicine clinic since November 2015.

"This multidisciplinary approach has been able to reassure women that their pregnancy is uncomplicated, or provide a definitive diagnosis when there is a problem."

"The clinic is a great collaborative effort between local and remote medical, midwifery and management staff to promote healthcare equity across Australia."

“Patients travel from all over the Top End to be seen by the clinic.”



Dr Alexis Shub, Dr Alice Robinson and Associate Nurse Unit Manager Caitlin O'Brien coordinating the Northern Territory teleconference.



Easing the pressure on our smallest patients

In any given month, more than 190 babies born early or sick need respiratory and other forms of support in our hospitals' Special Care Nurseries. Because their skin and overall health are delicate, these newborns are at heightened risk of pressure injuries around their noses and mouths from medical equipment, which can lead to pain and infection.

While pressure injuries are assessed regularly in adult patients using a Pressure Injury Point Prevalence Survey (PIPPS) tool, it has rarely been used to assess newborns. Last year, our Health Services quality and learning teams studied whether PIPPS could help protect this vulnerable group of patients from pressure injuries.

"We adapted the adult PIPPS to create a new audit package that would enable nursery staff to assess and document babies' risks for pressure injury," explains Program Lead Educator General Medical & Surgical Services Caroline Cooper-Blair.

"We then trialled the new package by examining all newborns in both Mercy Hospital for Women and Werribee Mercy Hospital's Special Care Nurseries from head to toe. We focused especially on areas of their skin touched by medical devices and recorded the results.

"We were really pleased that no pressure injuries were identified, despite the fact that neonates are a particularly vulnerable group, and a large number in the Special Care Nursery have numerous devices as part of their supportive care.

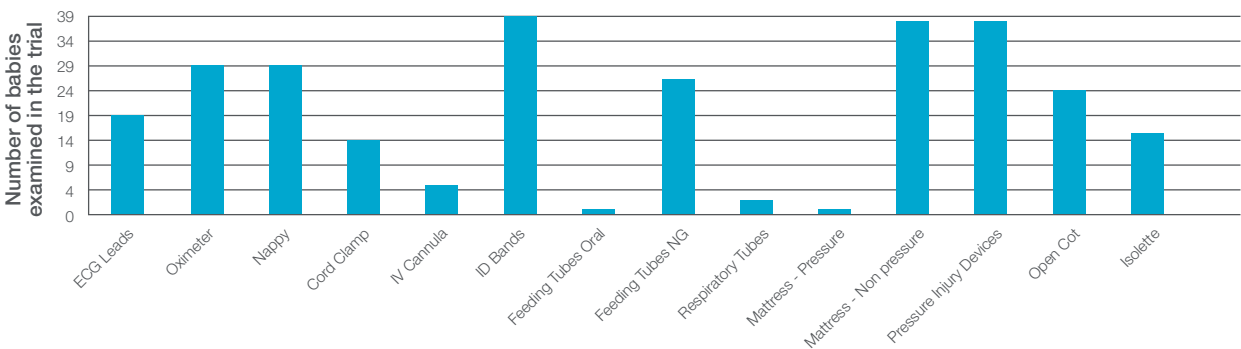
"But we did identify some areas for improvement, such as in documentation and partnering with parents, to ensure we keep up the good work, and we're developing new training for all nursery staff."

Mercy Health fact

8

days is the average length of stay for babies in our Special Care Nurseries.

Potential pressure injury causing devices



Allied health strengthens care for women

Incontinence affects 4.8 million Australians. In 2015 Mercy Hospital for Women received a grant to establish an Advanced Practice Continence and Women's Health Physiotherapy role (APP) within the existing urogynaecology clinic: the first advanced practice allied health role established at Mercy Hospital for Women.

The role opened a new patient pathway to help meet increasing demand for management of incontinence and mild pelvic organ prolapse, and to reduce multiple waiting periods for different clinicians during the patient journey.

Two senior physiotherapists attend one urogynaecology clinic each per week, assessing and beginning treatment of low-risk, less complex patients who would benefit from conservative care.

The physiotherapists work as part of a multidisciplinary team to provide timely access to appropriate care.



Outcomes from April 2015/March 2016

- 124 patients received physiotherapy via this new model of care.
- No adverse incidents or events were reported.
- 100% of patients surveyed said they were satisfied with their experience in the clinic.

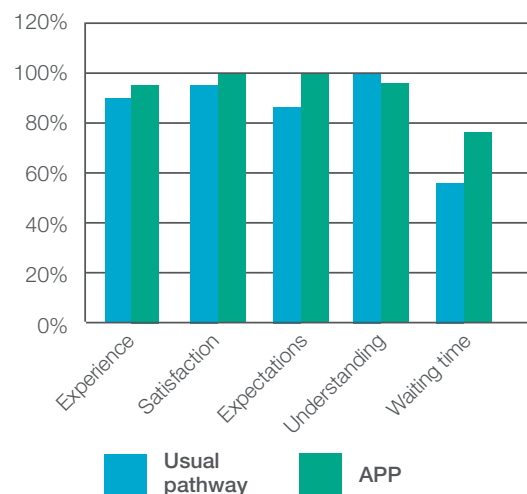
The March evaluation revealed an unexpected positive outcome: patients in the new model were more actively engaged in their treatment throughout their journey. This appeared to help them achieve better healthcare outcomes more quickly.

Mercy Health fact

1 in 3

Australian women will experience urinary incontinence in their lifetime.

Patient Satisfaction Survey





Jean’s story

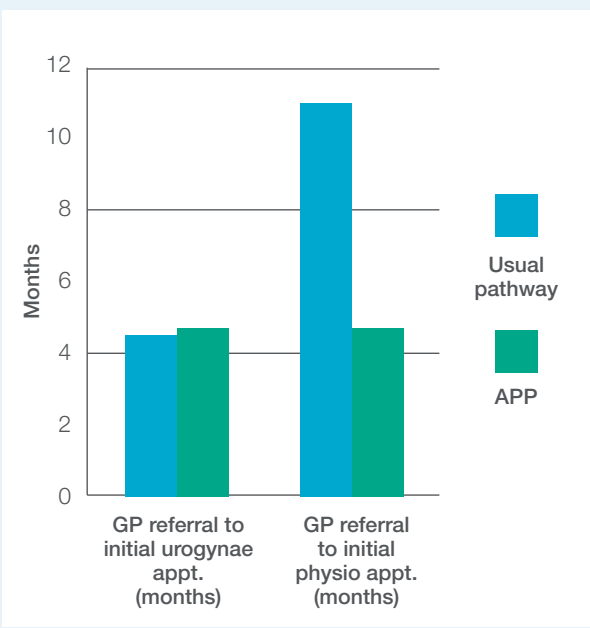
Jean is 81 and lives alone. She has been suffering from incontinence for more than 10 years, and her condition is getting worse. Jean is unable to go out and buy continence pads because she is blind and rarely leaves her house.

Jean travelled by taxi for her first appointment at the Mercy Hospital for Women urogynaecology clinic. In the old model, Jean would have had to wait another 11 months to start her physiotherapy treatment.

In the APP model, Jean saw the physiotherapist at her first appointment and started her program immediately. 12 months later, Jean has not needed surgery or further investigations and her symptoms and quality of life have significantly improved.

“The fact that I only had to tell my story once was great,” Jean says. “My treatment options were clearly explained, the physiotherapist understood my concerns and I feel much more confident.”

Waiting times



Monitored beds improve critical care

Skilled and timely critical care close to home saves lives. With pressure on emergency departments increasing as our population grows, equipping other areas of our hospitals to provide critical care has become a priority.

Werribee Mercy Hospital's Education Unit, in conjunction with Ward C3 (Acute Medical Unit incorporating Monitored Bed Area), has responded by establishing the 'Monitored Bed Area Program'.

The program provides education and skill development in cardiac monitoring, non-invasive ventilation, patient assessment and the deteriorating patient. These skills will ultimately equip C3 staff to provide critical care in Werribee, rather than transferring patients to another site: a clear benefit for the local community.

The program is run by the hospital's Critical Care Qualified Clinical Nurse Educators. Participating nurses receive group and individual learning opportunities, and learning materials reflecting best practice and a holistic approach to:

- improving patient outcomes and experience through timely management of their acute condition
- reducing the length of stay within the Monitored Bed Area
- supporting early identification of the deteriorating patient
- providing evidenced-based information to the patient and their families
- promoting positive communication skills staff can use when interacting with patients, visitors and other employees.

Participants are supported and encouraged by the educators, Ward C3 Nurse Unit Manager and colleagues throughout the program.

Outcomes from the first program evaluation

Positive staff feedback

"I have an improved understanding of my role and feel empowered to do whatever it takes to deliver a high standard of care."

"The increase in my skills and knowledge positively affects the patient experience by giving me increased confidence to advocate for the patient."

"I feel more composed and professional even during challenging situations."

"I think the most important benefit is that my increased skills and knowledge will instill confidence and comfort in patients being cared for in C3 and their families."

“These skills will ultimately equip C3 staff to provide critical care in Werribee.”



The Monitored Bed Area Program will increase our capacity to offer critical care.

A new world in mental health recovery

Consumer Advisors and carers were among the first to experience Werribee Mercy Hospital's new mental health centre, the Clare Moore Building, in May 2016 ahead of its official opening in 2017.

The newly appointed Community Advisory Group with a special focus on mental health, VOCCAL, joined other Mercy Health Consumer Advisors on a walk through the centre. The groups took the opportunity to add their feedback to earlier client and staff input on design elements and potential uses of common areas.

The centre's design was informed by the *Mental Health Act* and National Recovery Framework, with decisions based on supporting consumer self-empowerment and involvement in care.

The visitors welcomed the centre's sense of warmth and tranquillity, noting individual rooms are spacious and designed sensitively with the clients' needs in mind, and common areas are welcoming and multifunctional.

The groups were especially positive about the new naming conventions for areas, which aim to destigmatise mental health and promote recovery.



Mercy Mental Health staff in the new Clare Moore Building.

Mental health performance data 2015/16

Key performance indicator	Target	Mercy Health actuals
Percentage of adult inpatients who are re-admitted within 28 days of discharge	14%	14.9%
Percentage of adult patients who have post-discharge follow-up within seven days	75%	69.6%
Rate of seclusion events relating to an adult acute admission	≤15/1,000	14.83/1,000
Average length of stay	15.2 bed days	14.7 bed days

What are we doing with this information?

We are launching a post discharge follow up program (see the table on page 29) that allocates a clinician and peer support worker to contact clients within seven days of going home.

Mercy Health fact

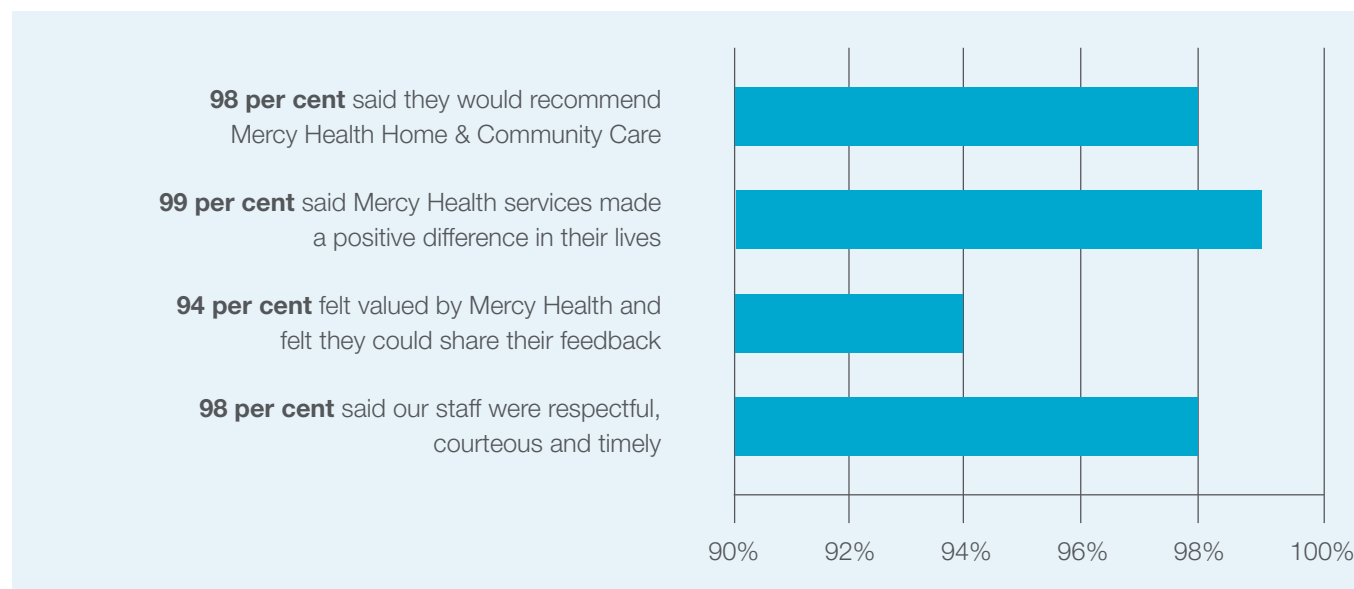
3

consumers and 3 carers have so far joined the VOCCAL mental health Consumer Advisory Group.

What our clients, government and consumer advisers said they would like to see in our new unit	What we did	What clients, consumer consultants and staff said after Stage 1 opened
Give clients better control of their private space	• Introduced swipe card access for all rooms • Installed safes in each room for clients' valuables • Included an ensuite for each room.	Client 1: "Having my own bedroom, bathroom and safe, makes life here feel more normal." Client 2: "I feel safer here with the wristband to open my door; knowing the other patients can't get into my room reduces my paranoia."
Break down the stigma around mental illness and promote recovery	• Renamed areas to remove negative connotations: - Seclusion Rooms → Personal Safety Rooms - High Dependency Unit → Intensive Care Area - Low Dependency Unit → Recovery Care Area. • Replaced enclosed nurses' stations with open stations that promote interaction and communication. • Created sections that reflect each stage of the journey to recovery. • Designed communal areas such as kitchenettes and the dining room to create a 'homelike' environment; clients are encouraged to eat together, and have access to tea/coffee making facilities and a dishwasher.	Client 1: "The new unit is much quieter and brighter. Because there are three sections, the patient mix is more conducive to recovery. In the old nurses' office, there were so many people talking and staring from behind glass. Here, staff are more available. I think this environment has been hugely beneficial to my recovery." Consumer consultant: "Having worked on the old ward for 16 years and having input into the new building's design, just walking in you are immediately struck by its brightness and openness, and the positive change in the consumers' and families' behaviour."
Enhance post-discharge support	Recruiting two peer support workers (consumer and carer) for clients being discharged from the centre. A clinician will work with the peer support workers to ensure they are themselves supported.	
Create safe outdoor spaces so clients can enjoy amenities, fresh air and exercise	Included spacious but secure courtyards in the development.	Client 2: "I used to feel suffocated at times and when I'm in that state of mind, I need to walk, I need to breathe. There's more space here and that helps."

Shaping our home care to fit your needs

In 2015/16 we surveyed our Home & Community Care clients to measure their satisfaction with our services and identify areas for improvement. A total of 800 surveys were mailed to clients in Melbourne, Barwon, Canberra, Albury and Young, with 336 responses received (an excellent return rate).



Better Practice Program (BPP)

The BPP aims to simplify, standardise and renew the way our Home & Community Care supports both clients and the staff who partner with them.

Phase One was undertaken in 2015/16 with a review of all protocols, policies, procedures and supporting documents, while client documents including our handbook and service brochures were also reviewed by Mercy Health's Consumer Advisory Committee.

Outcomes include:

- reducing the number of forms we ask our clients to complete, and presenting our service options in an easy-to-understand format
- a new intranet hub, providing a one-stop shop for staff information
- using technology to simplify processes and reduce time for staff, external service providers and clients
- increased client, staff and service provider satisfaction with the support and responsiveness of our team.

Phase two of the BPP project will see this work continue to evolve, to better support our clients and staff.

Mercy Health fact

94%

of survey respondents gave positive feedback about our services.



Home & Community Care Nurse Nicole Sawyer (right) with client Margaret.

Clients also identified some areas for improvement, and we were pleased to respond with these actions.

Area	What our clients said	How we have responded
Communication and responsiveness	Information and communication with office staff could be improved.	We have: • improved our Customer Service and office staff training • developed a Customer Service and Business Etiquette Procedure • redesigned our information packs for new clients • reinstated a regular client newsletter.
Billing	Our billing processes could be improved.	As an interim solution, we introduced different colours for invoices and statements to make them easier to recognise. We have also changed the invoice format so the 1300 number for billing enquiries is easier to see. We have also convened a Client Financial Management Working Party that has: • improved the way we communicate billing processes and manage financial queries • reviewed the way we present statements to make them more user-friendly.
Decision-making	Not sure how decisions were made about their service or did not feel involved in those decisions.	We launched the Better Practice Program to redesign all client forms, assessments, procedures and policies, which: • enables our staff to better support clients' decision-making • results in a simplified and client-driven journey from first contact to ongoing care.
Feedback management	Our feedback processes could be improved.	The Better Practice Program included a redesign of our feedback forms and processes, and introduced annual quality planning in which clients and staff can propose improvements for the coming year. Ideas added to the 2016 Quality Plan resulted in: • a Rostering Working Party to improve service setup, management and communication to clients and staff • redeveloped procedures and staff responsibilities, from a client's initial enquiries and throughout their journey with us.



Norman's story

Accepting help, including from Mercy Health Home & Community Care, was not an easy decision for a former Anglican minister more accustomed to comforting others. But with the right support, Canberra grandfather and photography enthusiast Norman Kelley is beginning to overcome a personal tragedy and embrace a new chapter in his life.

Norman's wife, Julie, was the light of his life. They were married for 52 wonderful years, working together and raising three sons and eight grandchildren.

In late 2014, Julie developed heart disease and died unexpectedly, leaving Norman grief-stricken. He moved to Canberra to be closer to family while he resumed treatment for a serious medical condition, renting his own home to maintain his independence.

But he's far from alone: Mercy Health Home & Community Care (MH HCC) carers visit regularly to clean and to monitor Norman's health. Care Advisor Nadine Knight also calls or visits to help out – and importantly, listen.

"She's outstanding," Norman says. "She helps organise the cleaning and the washing, but she also asks me how I'm feeling today and what I've been up to. It's nice to share; it means a lot to me."

MH HCC has also provided Norman with social connections. When his treatment means he can't get behind the wheel, MH HCC arranges a driver. More often than not, Norman heads to the local Men's Shed.

"The Men's Shed has just been terrific," Norman says. "I've met men who have similar experiences to me, and we share our thoughts and ideas."

One of those ideas is to pass on Norman's photography skills. Norman learned photography from his father, eventually buying a digital camera, which quickly became worn and outdated.

In a creative move, Nadine suggested Norman could purchase a new digital camera through his Home Care Package. "It has given me a whole new activity in my life, one that is incredibly exciting and interesting to me," Norman says. "I am in the process of joining a photography club for extra tuition."

"It was so exciting that Norman was able to rekindle his passion for photography," Nadine says. "Not only has he connected with other people who are just as mad about it, but he's capturing images of family gatherings that his children and grandchildren will treasure for many years."

“Nicole is just marvellous. I couldn't do without her.”

Stan, Home & Community Care client



Writing your own closing chapter

Advance care planning invites people to discuss and write down their wishes for future care and treatment, if they can no longer communicate.



It can be useful for all of our patients, clients and residents, at each point in their journey, by:

- helping them, their families and treating teams to understand what is important and meaningful to them, including spiritual needs and cultural traditions
- supporting their substitute decision maker to represent their best interests.

We have provided extensive staff training on advance care planning and have implemented an Advance Care Plan Policy and Procedure.

Mercy Health fact

A Mercy Palliative Care volunteer has been asked to represent consumers on a key external End-of-Life-Care Framework steering committee.

Mercy Health advance care plans and conversations are being completed with patients across many areas of our health services. New information kits are also being piloted to help patients and families understand and consider advance care planning.

Since starting these conversations in 2015/16, almost 20% of patients aged over 75 have chosen to complete an advance care plan.

In addition to advance care planning we are also reviewing our end-of-life-care processes.

Mercy Health fact

Approximately **54%** of palliative care patients died in their place of choice in 2015/16, compared to a national average of about 14%.



“Advance care planning ensures everyone involved in a patient’s care knows their wishes and needs if their condition changes.”

George’s story

George was admitted to Werribee Mercy Hospital’s subacute ward after a fall. When discussing the goal of his care with the medical team and his wife Alison*, George was able to clearly set out his wish to prioritise his quality of life, rather than have invasive interventions. While he did not have a documented plan, George did appoint his wife, who was aware of his wishes, as his substitute decision maker.

During his admission, George developed delirium from a urinary infection. Alison restated that George valued his independence and dignity and would not want to die connected to tubes. Alison and the medical team agreed George would not receive acute care, and that if he did not improve, he would receive palliative care.

The care team reassured Alison that she would be updated regularly if his condition changed. She remarked how relieved she was to have had this conversation. Sadly, George continued to deteriorate and he began to receive palliative care.

George’s advance care planning, including his extensive discussions with Alison — so she could ‘stand in his shoes’ — and his medical team, provided clarity on what was in his best interests. This supported their decision making and ensured George and Alison’s final hours together were as peaceful as possible.

! Don’t have an advance care plan? Just like a will, everyone should have one. Speak to your GP about how to set up your plan — it’s easy.

* Names have been changed.



FIT fights falls in our homes

More than half of all people living in residential aged care homes have at least one fall each a year. Up to half of these falls cause serious injuries, such as fractures, which can undermine residents' independence, function, confidence, and quality of life.



Chief Executive Aged & Community Care Kevin Mercer, Group Executive Director Quality, Risk & Service Improvement Clare Grieveson, General Manager Quality Susan Blackbourn, Aged Care Quality Agency State Director Victoria/Tasmania Catherine Rosenbrock, and Group Chief Executive Officer Stephen Cornelissen at the presentation of our Better Practice Award for FIT for the Future (see below).

Mercy Health's aged care quality team developed and introduced a new Falls Investigation Tool (FIT) and tools to record falls data to help reduce the number of falls at our homes. By providing information to staff in real time, the 'FIT for the Future' toolkit enabled homes to quickly and easily identify trends and patterns in residents' falls, and make changes to reduce risks.

The toolkit has significantly reduced both the number of falls and the number of falls with serious injuries since its introduction.

Our aged care homes used the new falls data collection tools to capture when, where and why a resident had fallen. They also tracked potential causes (such as medication changes, toileting issues, or inappropriate footwear).

What we have put in place to reduce the risk of falling

- a standard 'safe shoe' assessment tool
- an environment assessment for the resident's room
- use of stickers on mobility aids and in the resident's room to alert staff that the resident was at high or medium risk of falling
- a review of residents' toileting preferences
- more use of 'low-low' beds to minimise the impact of falls
- Learning Facilitators at every home and a Mobility & Dexterity Care Module for staff to learn more about falls prevention and harm minimisation.

Did you know?

FIT for the Future won a 2016 Australian Aged Care Quality Agency Better Practice Award. These awards recognise outstanding examples of high-quality aged care across residential and home and community care.

Mercy Health fact

Over a two year period we had

408

fewer falls and 204 fewer falls resulting in serious injury (across 11 aged care homes).



Fighting the biggest killers of mothers and babies globally

Head of Mercy Hospital for Women's Translational Obstetrics Group, Professor Stephen Tong, explains how our researchers are targeting three of the biggest killers of women and babies globally: preeclampsia, ectopic pregnancy and stillbirth.

Preeclampsia

This serious pregnancy complication can cause severe damage to both mother and baby's organs, nervous and blood systems. "There is no treatment except to deliver the baby, which may expose them to all the complications of prematurity," Stephen says.

"Developing a drug which quenches the disease and its effects would allow the pregnancy to progress and protect both mother and baby.

"We have set up a clinical trial of one potential treatment in South Africa: a very exciting step, as we know a disproportionately large number of babies are lost to preeclampsia in the developing world."

Ectopic pregnancy

"Unfortunately, as ectopic pregnancies occur outside the womb, they cannot ever be viable, and can rupture the mother's blood vessels and cause death," Stephen explains.

"Currently most women need surgery which can mean losing their fallopian tube, damaging their fertility. So we've been trying to develop a potent, medication-based approach.

"We anticipate great benefits: it will make ectopic pregnancies less dangerous with better outcomes for women; it will be much more cost effective than surgery;

and it will be much more accessible in the developing world, where there is huge loss of life from ectopic pregnancies."

Stillbirth prevention

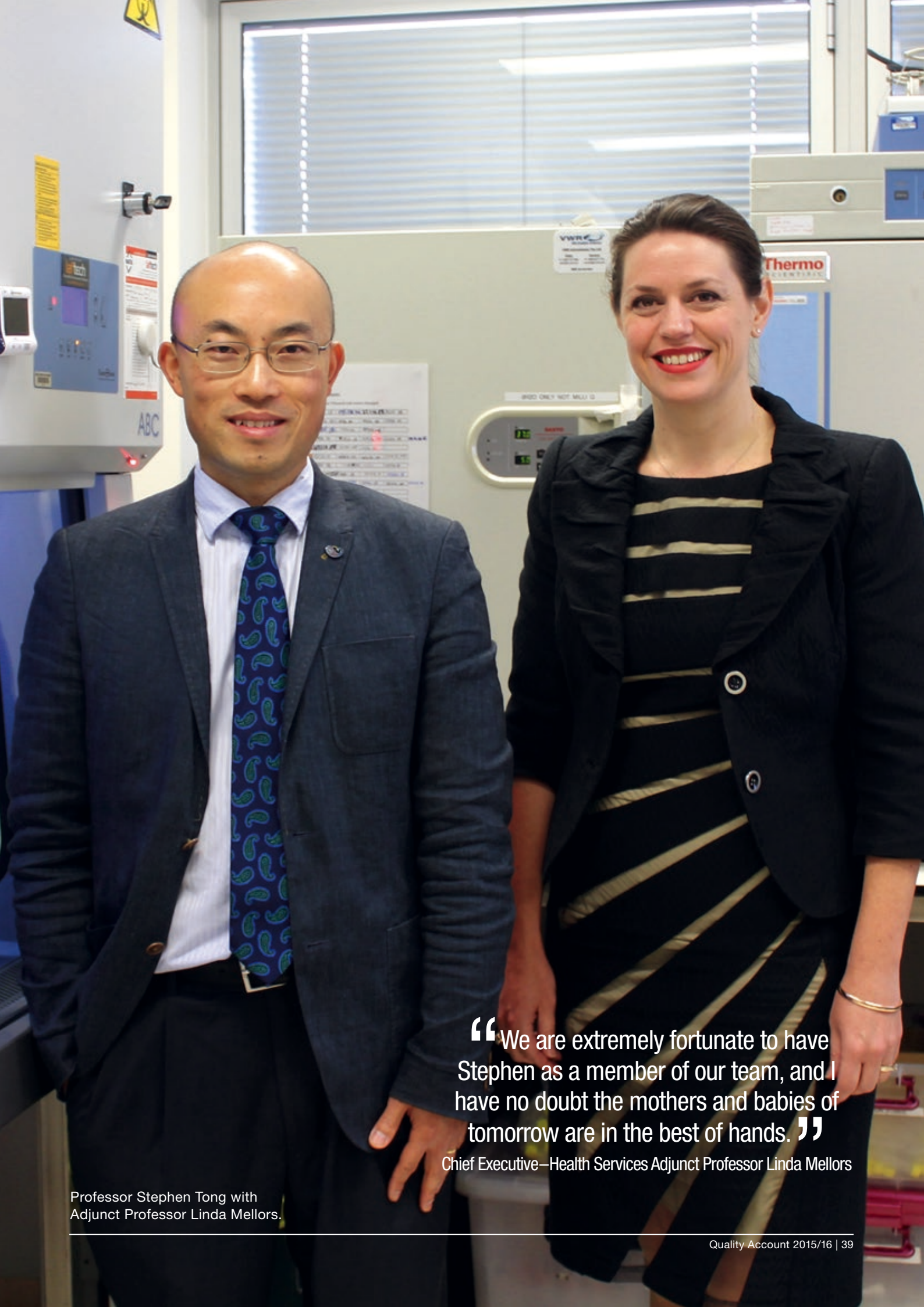
"This year we're wrapping up two very large studies," Stephen says. "The FOX (fetal oxygen) study is the first step towards developing a blood test to detect babies at increased risk of stillbirth. If the outcomes are conclusive, it will be immensely exciting.

"The FLAG (Fetal Longitudinal Assessment of Growth) study looks at a different group of at-risk babies: those who are not meeting their growth targets, but are not underweight enough to be considered very small. These are babies who, if delivered early enough, are likely to be healthy, so we hope to develop a blood test to detect growth restriction in time to deliver them safely."

Mercy Health facts

Close to **70,000**
lives are lost globally each year to preeclampsia

1 in 120 births in
Australia will be a stillbirth or a newborn death.



“We are extremely fortunate to have Stephen as a member of our team, and I have no doubt the mothers and babies of tomorrow are in the best of hands.”

Chief Executive—Health Services Adjunct Professor Linda Mellors

Professor Stephen Tong with
Adjunct Professor Linda Mellors.

Where to find us

Health Services

Victoria

Mercy Hospital for Women, Heidelberg: 03 8458 4444
Mercy Health O'Connell Family Centre, Canterbury: 03 8416 7600
Mercy Mental Health, Saltwater Clinic, Footscray: 03 9928 7444
Mercy Mental Health Triage Service: 1300 657 259
Mercy Palliative Care: 03 9313 5700
Mercy Grief Services: 03 9313 5700
Werribee Mercy Hospital, Werribee: 03 8754 3000

New South Wales

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

Residential Aged Care

Victoria

Mercy Place Abbotsford: 03 9419 3933
Mercy Health Bethlehem Home for the Aged, Bendigo: 03 5440 8200
Mercy Place Boronia: 03 9762 6506
Mercy Place Colac: 03 5233 5600
Mercy Place East Melbourne: 03 9413 1777
Mercy Place Fernhill, Sandringham: 03 9291 8000
Mercy Place Montrose: 03 9724 6000
Mercy Place Parkville: 03 9385 9222
Mercy Place Rice Village, Geelong: 03 5247 2200
Mercy Place Shepparton: 03 5832 0900
Mercy Place Warrnambool: 03 5564 2800
Mercy Place Wyndham, Werribee: 03 8734 6500

New South Wales

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

Queensland

Mercy Place Westcourt: 07 4031 6977
Mercy Place Woree: 07 4054 5544

Western Australia

Edgewater Mercy Hostel: 08 9306 2449
Mercy Place Lathlain: 08 9361 8969
Mercy Place Mandurah: 08 9535 4799
Mercy Place Mont Clare, Claremont: 08 9383 0000
Mercyville Hostel, Craigie: 08 9401 2841
Villa Maria Hostel, Lesmurdie: 08 9291 6314

Retirement Living

Mercy Place Apartments (Parkville): 03 8416 7759
Mercy Place Rice Village (ILUs): 03 5247 2200
Mercy Place Colac (ILUs): 03 5233 5600
Mercy Place Westcourt Coral Sea Gardens (ILUs): 07 4031 6977
Edgewater Mercy Villas (ILUs): 08 9291 0874
Villa Maria (ILUs): 08 9291 0874

Home & Community Care

For general enquiries

1300 466 322

Victoria

Colac: 03 5233 5603
Geelong: 03 5240 7300
Melbourne North West Metro: 03 9385 9444
Melbourne South East Metro: 03 8530 6999

Australian Capital Territory

Canberra: 02 6228 9600

New South Wales

Albury: 02 6024 9508
Young: 02 6382 8322

Queensland

Cairns: 07 4031 6977

Support and administrative services

Mercy Health: 03 8416 7777

Careers

For careers information at Mercy Health visit:
careers.mercy.com.au

Help us shape our care

Your stories, feedback and ideas are what make our care great.



JOIN A MERCY HEALTH COMMUNITY ADVISORY GROUP IN YOUR AREA
Email Bec Jolly: RJolly@mercy.com.au



SEND YOUR STORY TO
story@mercy.com.au



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mercyhealth.com.au and click the Feedback tab



VISIT US ON FACEBOOK AT
Facebook.com/MercyHealthAus



EMAIL YOUR FEEDBACK TO
feedback@mercy.com.au



CALL US ON
(03) 8416 7777



“I’d like to help the care and compassion I received to continue or improve by sharing my story. If sharing my journey can give a better experience to someone else, it’s worthwhile.”

Consumer Advisor Sandra Harwood



“My wife was a resident here and she had Alzheimer’s. I have created the gardens so other residents who live with the disease have a beautiful space to enjoy.”

Mercy Place Montrose resident Tony Hopkins



“I would not have got the help I needed if Jo and Jodie hadn’t been there. It would be ideal if all programs linked in with the Aboriginal Unit.”

Mercy Hospital for Women mum Kaylene Williamson





“When he comes home, we have a happy and more confident person in our midst.”

Home & Community Care client John Beckhouse
with parents Pam and Wal



“He’s kicking goals at every turn; the doctors just can’t believe he’s doing so well.”

Lucy Horne, mother of Jake
(born at 24 weeks at Mercy Hospital
for Women, now a healthy two-year-old)





Mercy Health

Care first

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