



Mercy Health

Care first



Mercy Hospitals
Victoria Ltd

2022-2023

REPORT OF OPERATIONS



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Cover: LEFT – A member of the surgical team prepares at Werribee Mercy Hospital. CENTRE – An Emergency Department nurse with a patient at Werribee Mercy Hospital. RIGHT – A midwife cares for a new baby, mother and father at Werribee Mercy Hospital.

Back cover: Additional teams have been added at both of Mercy Health's hospitals to service the community.

Opposite: A surgical team performs prostate surgery at Werribee Mercy Hospital.

WELCOME

Mercy Health (which operates Mercy Hospitals Victoria Ltd) is proud to present this overview of milestones and accomplishments achieved over the last 12 months while delivering the best of care to our patients. Our Hospitals are led by Adjunct Professor Jason Payne, Chief Executive Health Services and we are grateful for his leadership and expertise and that of his team.

Although less visible in the news this year, the COVID-19 pandemic continues to make a significant impact across health services and Mercy Health's services have been no exception.

In spite of this continuing challenge, our people remain the true heart of Mercy Health's services and continue to show outstanding commitment and buoyancy under the prolonged pressures the pandemic has created. Mercy Health expresses its sincere gratitude and respect to the remarkable individuals who comprise our hospitals and health services.

In light of these extended pandemic pressures on our remarkable staff, this year Mercy Health has committed to supporting staff in a new way through the Institute for Healthcare Improvement's Joy in Work program. This program aims to help health staff rediscover sources of joy in their work and reduce preventable small sources of frustration, using an improvement science-based approach. While still in its early stages, Mercy Health hopes this program will help support our people to do what they do best: to witness God's mercy and strive for justice in the delivery of compassionate care to our communities, every single day.

In July 2022 Werribee Mercy Hospital welcomed the installation of a temporary Emergency Department (ED) Short Stay Unit, which immediately increased the hospital's ED capacity and improved access to emergency care for people living in Melbourne's west. The 24-bed Short Stay Unit (SSU) cares for patients coming through the ED who are not critically ill, but who still need further observation before being either discharged or admitted. A temporary measure until the planned full expansion of the ED, it has helped reduce patient waiting times and has conserved ED beds for the most unwell patients.

In March this year Werribee Mercy Hospital (WMH) commenced its Rapid Access Hub to help reduce the

number of patients waiting for a planned endoscopy across Melbourne's west. Waiting times for these procedures had increased during the COVID-19 pandemic. Rapid Access Hubs, which form part of the Victorian Government's COVID-19 Catch-Up Plan, provide upgraded endoscopy suites where designated teams perform endoscopic procedures. Since opening, the WMH Rapid Access Hub has provided hundreds of these procedures to people from Melbourne's west, contributing to the delivery of more timely care.

Mercy Perinatal continues its world-renowned research into perinatal health. One area of research focus this year has been in stillbirth prevention. Tragically, one in 130 births in Australia will end in stillbirth. While there are many causes of stillbirth, a large proportion occur because the placenta does not function properly, which can result in fetal growth restriction and critically low levels of oxygen being available to the baby. Mercy Perinatal is aiming to develop a blood test that will help health care professionals identify these problems so the baby can be safely delivered and taken out of harm's way before stillbirth occurs. This research is progressing at pace, with six collaborating institutions across Australia and New Zealand partnering with Mercy Perinatal to recruit over 2,000 pregnant women to participate in the research. Thanks to this strong support, we hope we are well on the way to advancing knowledge and practice around stillbirth prevention.

Further highlights from throughout the year are presented in the Year in Review on pages 46-49.

Mercy Health's future plans are bright.

Construction and planning is progressing towards the opening of a new Early Parenting Centre in Whittlesea later this year, which will allow Mercy Health to continue our proud heritage of supporting young women and families during the first months and years of a baby's life. To be located in South Morang in Melbourne's booming outer-northern corridor, Mercy Health is pleased to extend its reach into this high-growth area and support the many families who call Whittlesea home.

Planning is now well underway for the redevelopment and expansion of the Emergency Department at Werribee Mercy Hospital. Funded by the Victorian

Government, this very substantial redevelopment project represents significant investment in supporting the rapidly-growing Wyndham community. Mercy Health remains grateful to the Victorian Government for the opportunities to deliver better care to more people.

This year the Board of Mercy Health Australia welcomed Angela Nolan into the role of Group CEO. Angela has an esteemed background in senior executive roles in the health and aged care sectors. Her former role as CEO of St Vincent's Hospital Melbourne is testament of her commitment to the Catholic health sector and the mission of Mercy Health.

Angela's commencement in October 2022 followed Matthew Posar's period as Interim Group Chief

Executive Officer from July 2022. The Board sincerely thanks Matthew for his contribution and leadership during this period.

Finally, we thank the State Government of Victoria for its ongoing support, our partners whose support allows us to deliver care, and most importantly the Victorians and their families who trust and choose us to partner with them in their care.

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Mercy Hospitals Victoria Ltd for the year ending 30 June 2023, as at 24 August 2023.



A handwritten signature in black ink that reads "Virginia Bourke".

Ms Virginia Bourke
Chair



A handwritten signature in black ink that reads "Angela Nolan".

Ms Angela Nolan
Group Chief Executive Officer
(Commenced October 2022)



A handwritten signature in black ink that reads "Matthew Posar".

Mr Matthew Posar
Interim Group Chief Executive
Officer
(July 2022 to October 2022)

INTRODUCTION

The 2022-2023 year proved to be another impacted by the COVID-19 pandemic. While no longer commanding the news headlines or being quite so central to the thinking of many in our community, the challenges it has continued to pose for health services and the people who work within them have remained very real.

One of the most pronounced challenges the pandemic has created for the health sector at large was the postponement of elective surgeries and procedures. These delays, while necessary to ensure pandemic safety, have caused very long waiting lists for procedures that may otherwise have enabled earlier diagnoses and interventions.

Mercy Health is very proud to have helped address this through the new Rapid Access Hub at Werribee Mercy Hospital (WMH). This hub, one of several funded by the Victorian Government under its COVID-19 catch-up plan, provided upgraded endoscopy suites with the sole purpose of fast-tracking endoscopy procedures that had been delayed by COVID-19, therefore reducing the lengthy waiting times for these procedures. A designated team performs these endoscopies at WMH. Developed in partnership with Western Health, the Royal Melbourne Hospital and the Royal Children's Hospital, Mercy Health is very proud of this collaboration and what it will mean for the many patients from Melbourne's west who will now be treated sooner.

Another proud moment for Mercy Health's hospital services, and one that reinforces the human impact of what we do, came in October 2022 via our newly developed Neonatal Hospital in the Home program,

which enabled baby Frank to be home in time for Christmas instead of spending it in hospital. Baby Frank, who had been born at 25 weeks' gestation and weighed only 601g at birth, had been cared for in Mercy Hospital for Women's Neonatal Intensive Care Unit for a near-record 150 days since his birth. Our Neonatal Hospital in the Home program enabled Frank's parents to finally take him home, where he, his parents and his family were able to continue receiving nursing care within their familiar and comfortable home environment. Parents simply being together at home with their new baby is the plan for most expectant parents; however, for families whose new babies need in-hospital neonatal care, bringing their baby home becomes a delayed rite. Our Neonatal Hospital in the Home program helped this moment happen sooner for Frank's family, and will for countless other families into the future.

Mercy Health's staff remain the heart of what we do, and I offer my gratitude to every single member of our team. We could not do it without you. I also thank our partners and the Victorian Government for their ongoing support.



**Professor
Jason Payne**
*Chief Executive
Health Services*

A handwritten signature in black ink that reads "J. Payne". The signature is written in a cursive, flowing style.

FINANCIAL COMMENTARY

Financial Information	2023 \$000	2022 \$000	2021 \$000	2020 \$000	2019 \$000
Operating Result *	57	127	160	1	-5,966
Total revenue	589,482	532,932	478,330	447,109	418,690
Total expenses	596,367	543,162	490,267	459,560	428,670
Net result from transactions	-6,885	-10,230	-11,937	-12,451	-9,980
Total other economic flows	-197	4,279	5,572	-1,399	-4,574
Net result	-7,082	-5,951	-6,365	-13,850	-14,554
Total assets	231,913	239,338	217,463	220,161	228,332
Total liabilities	149,527	149,870	122,044	118,307	112,698
Net assets/Total equity	82,386	89,468	95,419	101,784	115,634

* The Operating result is the result for which the health service is monitored in its Statement of Priorities.

Reconciliation of Net Result from Transactions and Operating Result	2022-2023 \$000
Operating result *	57
Capital purpose income	9,037
Depreciation and amortisation	15,979
Net result from transactions	-6,885

2022-2023 was another year of a challenging financial environment. MHVL incurred a Comprehensive Loss for the year of \$7.1million.

The loss result for the 2023 financial year includes Long Service Leave revaluation adjustments of negative \$0.2 million and depreciation expenses of \$16.0 million, which are partially offset by capital and interest revenue of \$11.5 million, culminating in MHVL being in line with our Statement of Priorities (SoP) target of a break-even Operating Result.

Our continuing response to the pandemic resulted in operational expenses being over budget, including substantial costs incurred for retention allowances paid to health staff. Overall costs, both staff and non-staff, continue to increase in price, with those impacts felt across all services at both Werribee Mercy Hospital and Mercy Hospital for Women.

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

MERCY HOSPITALS VICTORIA LTD

Mercy Hospitals Victoria Ltd is a company limited by guarantee and a charity registered by the Australian Charities and Not-for-profits Commission. It is a Denominational Hospital as set out in Schedule 2 of the Health Services Act 7988 (Vic).

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

The relevant ministers for the reporting period were:

- The Hon. Mary-Anne Thomas, Minister for Health (1 July 2022 to 30 June 2023)
- The Hon. Mary-Anne Thomas, Minister for Ambulance Services (1 July 2022 to 5 December 2022)
- The Hon. Gabrielle Williams, Minister for Ambulance Services (5 December 2022 to 30 June 2023)
- The Hon. Gabrielle Williams, Minister for Mental Health (1 July 2022 to 30 June 2023)
- The Hon. Colin Brooks, Minister for Disability, Ageing and Carers (1 July 2022 to 5 December 2022)
- The Hon. Lizzie Blandthorn, Minister for Disability, Ageing and Carers (5 December 2022 to 30 June 2023)
-

The predominant objectives for which MHVL (the Company) was established are:

1. to carry on or assist in the carrying on of the charitable activities of Mercy Ministry Companions (a lay civil and canonical entity established to carry on the work of the Sisters of Mercy) in connection with hospital, healthcare and related services.
2. to operate:
 - Mercy Hospital for Women, Heidelberg
 - Werribee Mercy Hospital
 - other hospitals, health and related services, as determined by the Company.
3. to educate and train:
 - medical, nursing, social welfare and pastoral care students at undergraduate, intern and postgraduate level
 - others engaged in hospital, healthcare and related services on a paid or voluntary basis.

The Company will operate at all times as part of the mission of the Catholic Church in conformity with canon law and in conformity with the theological framework of Mercy Ministry Companions.

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

OUR SERVICES

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

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

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

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

health issues. Services include residential, day and community programs and home-based education and support programs.

Mercy Health will also be the provider of early parenting services at the new Whittlesea Early Parenting Centre which will open in late 2023.

Mercy Mental Health supports people in south-west metropolitan Melbourne with severe and complex mental illnesses by providing acute and community-based care. Services are available to adults through acute inpatient programs, residential rehabilitation programs and crisis and community recovery-focused treatment programs. Mercy Mental Health also offers inpatient and community specialist perinatal mental health services to women and infants in western Victoria.

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

MERCY HEALTH STRATEGIC FRAMEWORK 2018-2022

The *Mercy Health Strategic Framework 2018-2022* provides the structure for which strategic decisions are made within Mercy Health.

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

The Mercy Health Strategic Framework 2018-2022 is grounded in our Catholic heritage while recognising contemporary influences on our organisation. The Framework articulates five broad goals and associated objectives.

Care first

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

Leading through service excellence and innovation

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

Differences made through partnerships

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

A growing, resilient and sustainable organisation

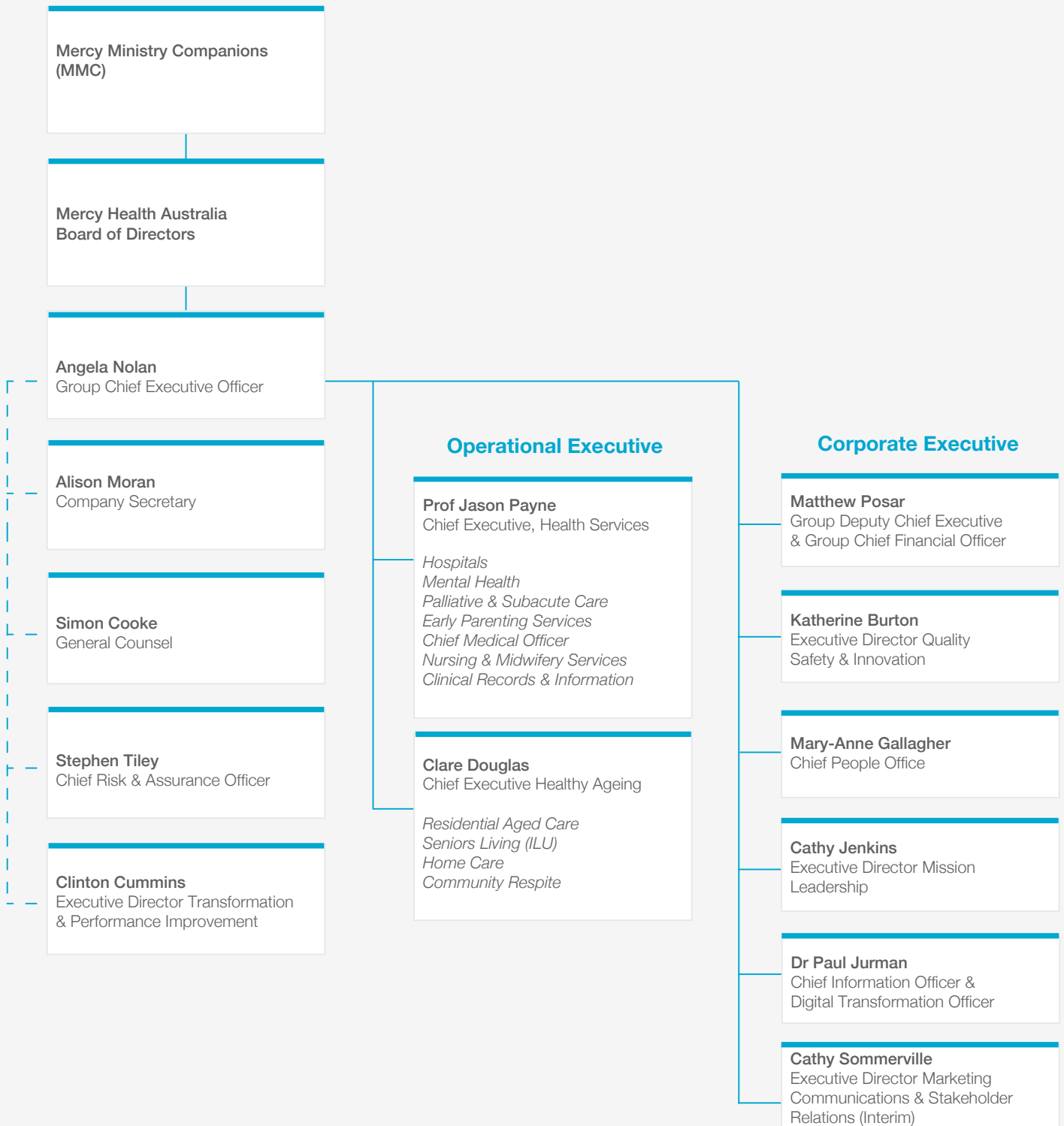
- We will pursue opportunities that provide diversification and growth of our services.
- We will operate with financial diligence and use contemporary business disciplines to ensure sustainability.
- We will act responsibly and care about environmental sustainability.

Strong mission-driven culture and vibrant workforce

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

The Framework is supported by the Mercy Health Long Term Operational Plan 2018-2022 and will be monitored against a range of success indicators. It has been put into action through annual business plans that detail strategic initiatives that realise our mission.

ORGANISATIONAL STRUCTURE



GOVERNANCE

Mercy Hospitals Victoria Ltd Board

Ms Virginia Bourke (Chair)
Ms Jo Barker
Mr John Corcoran AM (Deputy Chair) (retired December 2022)
Mr Martin Day
Ms Penelope Eden
Ms Jane Edge
Adjunct Clinical Associate Professor Ian Haines
Sr Berice Livermore RSM
Mr Tim O'Leary
Adjunct Professor Susan Pascoe AM (Deputy Chair from November 2022)
Adjunct Professor Francis Sullivan AO
Dr Jane Fischer (commenced May 2023)

Company Secretary

Ms Alison Moran

The Board is supported by five committees.

Finance, Audit and Risk Committee

Ms Jo Barker (Chair)
Mr John Corcoran AM
Mr Martin Day
Ms Sandy Lawson
Mr Tony Ryan

Ethics Committee

Mr Martin Day (Chair)
Dr Frances Baker RSM
Mr Diarmid Davine (resigned September 2022)
Dr Genevieve Green
Ms Cathy Jenkins
Ms Mary Klasen
Reverend Kevin McGovern
Dr Carol Ong RSM (resigned April 2023)
Professor Jason Payne
Adjunct Associate Professor Felix Pintado (resigned April 2023)
Associate Professor Michael Rasmussen
Adjunct Professor Francis Sullivan AO

Quality Committee

Adjunct Clinical Associate Professor Ian Haines (Chair)
Mrs Kate Birrell OAM
Dr Jacqueline Collett (concluded term January 2023)
Ms Penelope Eden
Dr Michelle Goh RSM (concluded term January 2023)
Sr Berice Livermore RSM
Mr Marcel Mihulka
Ms Sally Moore
Dr Patrick Gilbourne (commenced April 2023)
Dr Jane Fischer (commenced May 2023)

Human Research Ethics Committee

Mr Tim O'Leary (Chair)
Dr Fiona Brownfoot
Mr Diarmid Davine
Mr James Dwyer
Professor Christine East
Dr Philip Henschke
Associate Professor Lisa Hui
Ms Margaret Joss
Ms Kathryn McNulty
Dr Kathy McMahon
Mr Tim Norton
Dr Carol Ong (resigned April 2023)
Professor David O'Neal
Professor Jason Payne
Dr Josephine Power
Dr Neelofar Rehman
Dr Andrew Watkins
Dr Lenore Ellett (commenced September 2022)
Prof Peter Lange (commenced October 2022)

Corporate Governance Remuneration and Nomination Committee

Ms Virginia Bourke (Chair)
Mr John Corcoran AM (concluded term December 2022)
Adjunct Professor Susan Pascoe AM
Ms Jo Barker (commenced April 2023)
Ms Jane Edge (commenced April 2023)

BOARD

Ms Virginia Bourke BA, LL.B Hons, MA, FAICD

Board Chair

Virginia joined the Mercy Health Boards in 2016 and was subsequently appointed Chair of Mercy Health in 2018. She chairs the Mercy Health Corporate Governance, Remuneration and Nomination Committee and previously served a term as a Director of Mercy Health from 2008 – 2014.

Virginia is the Pro-Chancellor of Australian Catholic University and is a Director of Catholic Health Australia and Caritas Australia. Virginia was formerly Chair of St John Ambulance Victoria and a Director of St John Ambulance Australia.

Virginia is a lawyer and consultant with experience in private practice and senior in-house counsel positions for over 25 years. She is currently a consultant with the national health and aged care industry team at MinterEllison Lawyers.

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

Ms Jo Barker B Comm, ACA, GAICD

Board Member

Jo joined the Mercy Health Boards and the Mercy Health Finance, Audit and Risk Committee in 2015, and provides valuable business knowledge and insight. Jo was appointed Chair of the Mercy Health Finance, Audit and Risk Committee in 2021.

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

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

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

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

Mr John Corcoran AM BEc, LLB (Retired December 2022)

Board Member

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

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

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

Mr Martin Day Associate Dip Valuations and Real Estate Management, MBA, FAICD, GAIST Adv

Board Member

Martin has been on the Mercy Health Boards since 2016. He is Chair of the Mercy Health Ethics Committee and a member of the Finance, Audit and Risk Committee. Prior to this, Martin was Chief Executive Officer of the Private Hospitals Division of

St Vincent's Health Australia, which included eight leading private hospitals in Melbourne, Sydney, Brisbane and Toowoomba. Martin held senior executive roles in the health service industry for 23 years, in both Australian and international acute healthcare markets, including South East Asia and the Pacific. He also has 20 years of corporate governance experience in the not-for-profit sector, including healthcare and, for the past eight years, industry superannuation.

Martin's qualifications include Associate Diploma of Valuations and Real Estate Management, RMIT; Master of Business Administration, Deakin University, Victoria; Fellow of Australian Institute of Company Directors; and Graduate of the Australian Institute of Superannuation Trustees. His industry experience includes risk management, clinical governance, workforce development, financial management, operational management, stakeholder engagement, public/private partnerships and social accountability. Martin is also a Director of Adeney Private Hospital Pty Ltd and East Sydney Day Hospital Pty Ltd. Adeney is a new private hospital in Kew, Melbourne, being developed by a joint venture including Medibank Private and 42 specialist doctors. East Sydney is also a joint venture including Medibank, specialist doctors and other investors.

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

Ms Penelope Eden LL.B, Cert. Nursing **Board Member**

Penelope joined the Mercy Health Board in May 2021. Penelope brings her broad expertise across health and aged care, mental health, youth and child health, and disability services to the Mercy Health Board, having advised operators across the sector for over 20 years as a legal practitioner. Penelope is a partner at law firm Minter Ellison, where she leads the firm's national aged care and human services practice. Penelope is passionate about the work she does and her contribution to the sector.

Penelope's background as a clinician and longstanding engagement in the health and human services sectors gives her a unique understanding of the complex regulatory and operational environment within which Mercy Health operates. She advises on the regulatory, contractual and broader commercial risks and opportunities in the rapidly changing human services sector. Penelope is widely regarded as an industry expert and has been consistently recognised in *Best Lawyers in Australia* and *Doyle's Guide* in the categories of Health and Aged Care, Medical Negligence, Personal Injuries and Insurance Law.

"I was educated by the Sisters of Mercy and feel a strong connection to the Mercy values. I am passionate about the work I do across the health and human services sector and hope to contribute in some way to the important work of Mercy within our community. I feel privileged to be part of such an experienced and committed Board and management team."

Ms Jane Edge MBA (Exec), GAICD **Board Member**

Jane joined the Mercy Health Board on 1 November 2021. Jane draws on over 25 years' experience in high impact roles delivering social change. She has a unique blend of senior executive/CEO/Board experience across strategic and operational management.

Jane is the CEO of Australia's largest disability-focused international development organisation, CBM Australia, where she leads catalytic, collaborative and innovative approaches that see millions of lives transformed each year in a growing movement to end the cycle of poverty and disability. Jane also serves on the Board of the Australian Council for International Development as Vice-President Finance and has held a range of governance roles locally and internationally.

Jane's early career was in journalism and communications, followed by executive management roles and organisational change/executive coaching consulting across a variety of industries. Jane has a Master of Business Administration (Executive) and Advanced Certificate in Executive Coaching.

"As a passionate change-maker motivated by my faith, I'm innately drawn to Catherine McAuley's servant

leadership, advocacy and practical action for the poor. Her vision for the world is even more compelling today and I'm thrilled to serve alongside Mercy Board colleagues and executive staff all of whom are so committed to stewarding Catherine's legacy and the Mercy values."

Dr Jane Fischer MBBS, FACHPM, GAICD
(commenced May 2023)

Board Member

Jane joined the Mercy Health Board in May 2023 and is also a member of the Board Quality Committee.

As a former CEO in the Victorian public health sector and an experienced Board Chair in the not-for-profit sector, Jane brings strong leadership, clinical governance and strategic expertise to the Mercy Health Board.

Jane has a medical background, specialising in palliative medicine and has worked in both metropolitan and rural settings. She has extensive knowledge of the health, aged and disability sectors and over 20 years of experience in senior health executive roles including as the former CEO/Medical Director at Calvary Health Care Bethlehem. In that role, Jane led a significant change management process resulting in a major organisational restructure. She achieved a financially sustainable model of care with the expansion of ambulatory services and ultimately, the redevelopment of their Caulfield site.

Jane has over 15 years of governance experience and was Chair of Palliative Care Australia for five years. She is skilled at working with government and a range of key stakeholders at a state, national and international level to advocate for funding and policy development. Jane has also been a member of a number of federal and state government advisory committees to influence strategy and policy directions for palliative care.

"The values of Mercy Health are strongly aligned with my own personal values. I admire Catherine McAuley and the founding Sisters of Mercy, who, against adversity, established services caring for those most vulnerable. It is a privilege to be part of the Board and to work with other Directors to continue the mission of the Sisters and ensure Mercy Health continues to meet the changing health needs of the community."

Adjunct Clinical Associate Professor Ian Haines MBBS Hons, FRACP, FACHPM

Board Member

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

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

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

Sr Berice Livermore RSM, RN, MN,
Bachelor of Health Administration, Dip of Theology

Board Member

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

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

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

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

Mr Tim O'Leary BA Hons, Grad Dip Applied Philosophy

Board Member

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

Tim is a Member of Council at Newman College (University of Melbourne) and a board member of Melbourne Archdiocesan Catholic Schools. He is also a former Board member of eMotion 21, a for-purpose charity that champions the inclusion of young people with Down Syndrome. Tim has an Honours degree in Arts and a Graduate Diploma in Philosophy from the University of Melbourne.

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

Adjunct Professor Susan Pascoe AM BA, Dip Ed, Grad Dip Special Ed, M Ed Admin

(Hons), FAICD, FIPAA, FACE

Board Member

Susan was appointed to the Mercy Health Boards in March 2018 and is a member of the Mercy Health Corporate Governance, Remuneration and Nomination Committee. She is President and Chair of the Australian Council for International Development (ACFID), Chair of Catholic Emergency Relief Australia (CERA), Chair of the Community Director's Council, and Chair of the Victorian Government's Social Services Regulation Taskforce. Susan is a member of the Vatican's Commission on Methodology and its Taskforce for the Continental Stage preparing for the Synod on Synodality. She was a member of the Australian Catholic Bishops Conference Safeguarding Steering Committee, and its Governance Review Project Team from 2019 to April 2020.

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

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

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

"I was educated by Mercy sisters in primary school, and have worked with a number of Mercy women as colleagues over the years. I have deep respect for their commitment to those who are experiencing vulnerability and marginalisation, and to their professional approach to their ministry and missionary endeavours. I am

honoured to have some role in continuing the work of Catherine McAuley here in Australia.”

Adjunct Professor Francis Sullivan AO
BA, Dip Ed, MA

Board Member

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

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

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

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

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

EXECUTIVE

Mr Matthew Posar

Interim Group Chief Executive Officer

(July 2022 to October 2022)

Chief Financial Officer

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

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

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

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

Ms Angela Nolan

Group Chief Executive Officer

(commenced October 2022)

Angela Nolan has recently been appointed Group CEO at Mercy Health Australia, taking up this position in October 2022. This follows 5 years as CEO of St Vincent's Hospital Melbourne and previous Executive positions at St Vincent's in operations and corporate services.

Angela holds a Bachelor of Business and began her career as a Chartered Accountant at Arthur Andersen, working with organisations across a variety of industries, including healthcare, manufacturing, banking and finance and superannuation.

After completing a second qualification in Human Resource Management and Industrial Relations, Angela worked for the ANZ Bank. In her final role at ANZ, Angela was Global Head of HR Advisory and Consulting, where she led significant transformation programs.

Angela currently holds a Board Director position on the Mercy Health Foundation Board. She has served on the Boards of St Vincent's Research Institute, Aikenhead Centre for Medical Discovery, the Victorian Comprehensive Cancer Centre and Inclusion Melbourne. Angela was awarded the Australian Centenary Medal for her work with Inclusion Melbourne, a community based not for profit organisation that facilitates community involvement for people with intellectual disabilities.

Professor Jason Payne

Chief Executive, Health Services

Jason was appointed Chief Executive Health Services in October 2019. This role has operational accountability for Public Health Services which span Victoria and southern NSW. Services in the portfolio comprise of two main public hospital campuses, Mercy Hospital for Women and Werribee Mercy Hospital, as well as Mercy Mental Health and Wellbeing Services, Mercy Palliative Care, Mercy Health O'Connell Family Centre and hospital services in New South Wales. Prior to this, Jason was the Chief Operating Officer, Health Services, a position he had held since December 2018.

Jason brings a wealth of experience to this role with a clinical background in nursing and more than 29 years' experience in the Victorian public health sector across a variety of care settings. Previously he has worked at the Department of Health and Human Services and across a broad range of roles at Austin Health including the Executive Director Clinical Operations and Ambulatory Services and the inaugural Director of Cancer and Neurosciences at the Olivia Newton-John Cancer Wellness & Research Centre.

Jason holds three academic appointments; Professor of Enterprise at the University of Melbourne, Faculty of Medicine, Dentistry and Health Services (Nursing); Adjunct Professor at the University of Notre Dame, School of Medicine and Adjunct Professor at Victoria University, Nursing and Midwifery Department, St Albans campus.

Jason believes strong consumer engagement is critical to improving patient care and outcomes and is passionate about working with our consumers to achieve this.

Ms Katherine Burton

Executive Director, Quality, Safety and Innovation

Adjunct Professor Sharon Donovan

Executive Director, Nursing, Midwifery and Aged Care Clinical Practice (concluded March 2023)

Ms Mary-Anne Gallagher

Executive Director, People, Learning and Culture

Ms Cathy Jenkins

Executive Director, Mission Leadership

Dr Paul Jurman

Chief Information and Digital Technology Officer (commenced April 2023)

Mr James Lye

Executive Director, Marketing, Communications and Stakeholder Relations (concluded March 2023)

Mr Matt Malone

Chief Information Officer (concluded February 2023)

Ms Jenny Smith

Executive Director, Strategy, Planning and Major Projects

Ms Cathy Sommerville

Interim Executive Director, Marketing, Communications and Stakeholder Relations (commenced April 2023)

HEALTH SERVICES LEADERSHIP TEAM

Ms Jessica Casey

Group General Manager, Human Resources

Ms Robynne Cooke

Chief Operating Officer

Adjunct Professor Jeffrey Kirwan

Chief Medical Officer

Mark O'Connor

General Manager, Health Services Finance

Ms Karen Russell

A/g Director Quality, Safety & Innovation – Health Services (commenced 14 April 2023)

Ms Natalie Stevens

A/g Director of Nursing / Site Director of Nursing WMH

STATEMENT OF PRIORITIES: OVERARCHING STRATEGY 2022-23

Keep people healthy and
safe in the community

Maintain COVID-19 readiness

Status: Complete

- **Maintain a robust COVID-19 readiness and response, working with the department, Health Service Partnership and Local Public Health Unit (LPHU) to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework and continued support of the COVID-19 vaccine immunisation program and community testing.**

Outcomes:

- Resources dedicated to ensure coordinated response to COVID-19.
- Ongoing appointment of infectious diseases physician facilitating provision of advice and expertise.
- N95 mask fit-testing currently completed for 87 per cent for active staff working in medium and high risk areas.
- Ongoing personal protective equipment (PPE) training compliance rate 81 per cent for active staff.
- Prospective employees are required to provide proof of vaccination status consistent with public health orders and with Mercy Health's policy including but not limited to COVID-19 and seasonal influenza vaccination compliance requirements.
- Established processes in place for surveillance testing as needed.

Care closer to home

Delivering more care in the home or virtually

Status: Complete

- **Increase the provision of home-based or virtual care, where appropriate and preferred, by the patient, including via the Better at Home program.**

Outcomes:

- Transitioning the 'at-home services' to business as usual was further supported by another increase in the number and complexity of HITH Beds.
- Mercy Health increased HITH bed numbers from 6 Adult Acute Beds to 50 Total Beds (10 Neonatal HITH and 40 Adult Acute Beds).
- Mercy Health increased the complexity of the HITH care we provided such as HITH beds for Qualified Neonates (feeding support for neonates >1900g, and phototherapy).
- Acute Adults now includes same day admissions post laparoscopic surgery (Cholecystectomy), acute rehabilitation, more complex cellulitis management and other infectious conditions.
- The West Metro HSP commissioned a new service model for substitution GEM@Home beds.

Keep improving care

Improve quality and safety of care

Status: In progress

- **Work with Safer Care Victoria (SCV) in areas of clinical improvement to ensure the Victorian health system is safe and delivers best care, including working together on hospital acquired complications, low value care and targeting preventable harm to ensure that limited resources are optimised without compromising clinical care and outcomes.**

Outcomes:

- In 2022-2023 Mercy Health convened a Hospital Acquired Complications Committee (HACC) to develop plans and implement actions to ensure Mercy Health minimises the incidence of Hospital Acquired Complications (HACs) that patients experience. With the aim that by identify and minimising HACs, MH will improve our clinical performance by ensuring all patients receive high quality safe care.
- The achievements to date are the draft development of an application within our Decision Point software to monitor our HACs and a presentation template has been delivered to the Hospital Acquired Complications Committee for further education planned in 2023.
- Mercy Health undertakes audits of our HACs from a clinical coding perspective with our consolidated file reporting a 91% coding accuracy.
- Mercy Health reviews all adverse events with the purpose of ensuring that any contributing factors are mitigated so that the same adverse event will not reoccur, or if it does, that it does so with less harm.
- Mercy Health has been involved in several collaborations with SCV including:
 - Testicular Torsion Working Group – Multistate paediatric improvement collaborative recommendation
 - Cardiac Ambassador Collaborative – the aim to reduce readmission rates for patients with cardiac failure (WMH)
 - Sentinel Event Program – members of the working group to revise and update current program guide
 - Preterm Birth Collaborative – reduce the rate of preterm birth (37.0-38.6 week gestation) by 20% by March 2024
 - Post-partum Haemorrhage Collaborative – reduce the harm to women as a result of PPH (MHW).

Contribute to a responsive and integrated mental health and wellbeing system

Status: In progress

- **Continue to transform Area Mental Health and Wellbeing Services that deliver wellbeing supports and are delivered through partnerships between public health services (or public hospitals) and non-government organisations.**
- **Develop/refine services that will be provided across two aged-based streams: infant, child and youth (0-25), and adult and older adult (26+).**
- **Provide integrated treatment, care and support to people living with mental illness and substance use or addiction.**
- **Subject to the passage of the Mental Health and Wellbeing Bill 2022, actively participate in the implementation of new legislative requirements and embed the legislation's rights-based objectives and principles.**
- **Work with the department to test ('shadow') and implement activity-based funding models initially for bed-based and adult ambulatory mental health and wellbeing services.**
- **Continue towards implementation and routine use of the electronic state-wide mental health and well-being record to underpin best practice mental health care and improve the experience of Victorians with lived experience of mental health as they move between providers.**

Outcomes:

- Mercy Mental Health (MMH) is becoming the Area Mental Health and Wellbeing Service for Adults and Older Adults for the catchments of Wyndham and Hobsons Bay. MMH will continue to provide perinatal mental health services (state-wide/level 6) to the Western Region of Victoria.
- Mercy Health transitioned the Ursula Frayne Centre in Footscray across to be operated by Melbourne Health.

- MMH business partners engaged in working groups advising the disaggregation process (Finance and Activity, Communications, Human Resources and Industrial Relations).
- MMH Project Management Office has been established to further support the transition and transformation of MMH.
- MMH Divisional Director and Clinical Services Director are members of the North and West Metropolitan Mental Health System Reform Project Control Group which informs the disaggregation along with numerous Department of Health Committees to drive the transformation.
- MMH actively involved in electronic state-wide record project including representation in key meetings and forums.

Improve Emergency Department access

Status: In progress

- **Improve access to emergency services by implementing strategies to reduce bed access blockage to facilitate improved whole of system flow, reduce emergency department four- hour wait times, and improve ambulance to health service handover times.**

Outcomes:

- Project Eight, a whole-of-hospital initiative comprised of eight system pillars, seeks to sustainably improve access to WMH for our community and partners while maintaining safe, timely, patient-centred care by improving flow, throughput and discharge processes. Projects are underway aimed to improve discharge planning, bed management, leader rounding and timely patient interpreter referrals.
- Opening of a new 24-bed Short Stay Unit at WMH which cares for patients coming through the ED who are critically ill, but who still need further observation before being either discharged or admitted.
- Mercy Health Hospital in The Home (HITH) Services now can manage direct admissions from our Emergency Departments, the Victorian Virtual ED and from GPs.
- Comprehensive design works undertaken for the \$110 million expansion of the WMH Emergency Department."

Plan update to nutrition and food quality standards

Status: In progress

- **Develop a plan to implement nutrition and quality of food standards in 2022-2023, implemented by December of 2023**

Outcomes:

- In preparation for the implementation of the standards, a gap analysis has been undertaken against the standards.
- Mercy have identified and has plans for actions including reviewing the current menus, developing new menus and completing nutritional analysis of menu items to ensure that recipes meet the nutritional banding criteria, specifications of therapeutic diets and International Dysphagia Diet Standardisation Initiative (IDDSI).
- Mercy Health are also reviewing the health service population, including cultural diversity, assessing risk and safety compliance and reviewing feedback processes.

Climate change commitments

Status: In progress

- **Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change.**

Outcomes:

- In 2022-2023, Mercy Health continued implementing the Caring for People and Planet strategy 2020-25. The Caring for People and Planet strategy has a focus on resource use across three action areas: sustainable models of care; climate change; and ethical and social responsibility.
- The Green Champions initiative has more than 50 environmental champions across 38 departments and 5 sites.

- Mercy Health held an organisation-wide “Green Day” for ideas sharing and awareness raising
- Dedicated resources within the Sustainability Team are assigned to the management of the Environmental Data Management System (EDMS) to ensure timely and consistent collection of data, responsiveness to new reporting requirements and the monitoring of trends to inform and track the impact of strategic projects.
- Local Action Plans are improving sustainability and have led to successes such as the implementation of PVC recycling in 5 new wards, a new aluminium recycling stream in theatres and boomerang mugs for staff tea rooms.
- Aboriginal Cultural Safety Plan developed and progress against plan reported annually.
- Aboriginal Cultural Awareness: E-Learning package available to all MHVL staff in MyCircuit LMS.
- Aboriginal Cultural Journey Training with Strengthening Cultural Partnerships also available all MHVL staff in MyCircuit LMS.
- Mercy Mental Health (MMH) staff undertake specific training around understanding the impacts of colonisation, trans-generational trauma, racism, discrimination, marginalisation and disadvantage and poor mental health outcomes.

Improve Aboriginal health and wellbeing

Improve Aboriginal cultural safety

Status: In progress

- **Strengthen commitments to Aboriginal Victorians by addressing the gap in health outcomes by delivering culturally safe and responsive health care.**
- **Establish meaningful partnerships with Aboriginal Community-Controlled Health Organisations.**
- **Implement strategies and processes to actively increase Aboriginal employment.**
- **Improve patient identification of Aboriginal people presenting for health care, and to address variances in health care and provide equitable access to culturally safe care pathways and environments.**
- **Develop discharge plans for every Aboriginal patient.**

Outcomes:

- Working with Reconciliation Australia, Mercy Health created the Innovate Reconciliation Action Plan 2021–23 which was launched in August 2021.
- An Innovate RAP focuses on developing and strengthening relationships with Aboriginal and Torres Strait Islander peoples, engaging staff and stakeholders in reconciliation, and developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples.

Moving from competition to collaboration

Foster and develop local partnerships

Status: In progress

- **Strengthen cross-service collaboration, including through active participation in health service partnerships (HSP).**
- **Work together with other HSP members on strategic system priorities where there are opportunities to achieve better and more consistent outcomes through collaboration, including the pandemic response, elective surgery recovery and reform, implementation of the Better at Home program and mental health reform.**

Outcomes:

- Mercy Health actively participated in two Health Service Partnerships (HSPs) due to the geographic spread of our services, with involvement in the West Metro HSP and the North East Metro HSP.
- The HSPs are directly commissioning surgical catch-up activity and Better@Home services. The partnerships are sharing novel service models relating to telehealth and rapid access clinics which may inform new or enhanced services.
- A model of care pathway for MHW and WMH HITH expansion has been developed and includes an increase of HITH beds.

Joint service planning

Status: In progress

- **Develop HSP Strategic Service Plans – codigned by health services and the department that guide a system approach to future service delivery and consider equity, quality and safety, and value.**

Outcomes:

- Mercy Health actively participated in two Health Service Partnerships (HSPs) due to the geographic spread of our services, with involvement in the West Metro HSP and the North East Metro HSP.
- Mercy Health is working with the North East Metro HSP on an initiative to build an elective surgery waitlist audit tool which will support the review of long wait patients and update and provide accurate status of patient waiting on surgery elective waitlists.

Planned Surgery Recovery and Reform Program

Status: In progress

- **Maintain commitment to deliver goals and objectives of the Planned Surgery Recovery and Reform Program, including initiatives as outlined, agreed and funded through the HSP workplan. Health services are expected to work closely with HSP members and the department throughout the implementation of this strategy, and to collaboratively develop and implement future reform initiatives to improve the long term sustainability of safe and high quality planned surgical services to Victorians.**

Outcomes:

- Werribee Mercy Hospital (WMH) is one of eight hospitals across Victoria to establish a Rapid Access Hub which opened in 2023. The WMH Rapid Access Hub provides endoscopy procedural rooms that have resulted in improved access for thousands of patients across the West Metro HSP waiting for an endoscopic procedure.

- The Rapid Access Hub has been developed in partnership with other health services in Melbourne, namely Western Health and the Royal Melbourne Hospital, which means more patients will be treated across Melbourne's west.
- WMH has established strategic partnerships with a small number of private endoscopy providers in the Werribee Health Precinct to enable accelerated access to endoscopy care for patients on the WMH waiting list and also to release existing operating theatre stock to undertake additional elective surgery.

Support mental health and wellbeing

Status: In progress

- **Support the implementation of recommendations arising from the Royal Commission into Victoria's Mental Health system, by improving compliance with legislative principles supporting self-determination and self-directed care**
- **Embed consumer, family, carer and supporter lived experience at all levels, in leadership, governance, service design, delivery, and improvement**
- **Work towards treatment, care and support being person-centred, rights-based, trauma informed, and recovery orientated, respecting the human rights and dignity of consumers, families, carers and supporters.**

Outcomes:

- Chief Executive Health Services actively participated in planning meetings with the North and West Metropolitan Transition Steering Committee to develop a coordinated response to service changes due to disaggregation.
- MMH commenced a range of initiatives and has in place elements aligned with many of the RCMHS recommendations. These include increasing the peer workforce and initiating several improvement projects, such as implementation of an evidence-informed project to improve services provided within our mental health rehabilitation bed-based programs.

A stronger workforce

Improve workforce wellbeing

Status: Complete

- **Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022-2023.**
- **Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework.**
- **Prioritise wellbeing of healthcare workers and implement local strategies to address key issues.**

Outcomes:

- Fitzroy Legal Service (FLS) provides a Family Violence clinic at MHW with referrals made by Social Work or from the Perinatal Mental Health team. FLS has provided legal aid to many women. The clinic commenced as a phone or digital meeting due to COVID-19, however moved to on-site service provision.

- Mercy Health is supporting the Department of Health and Human Services initiatives to address occupational violence and aggression in Victorian health services. Mercy Health staff complete four interactive online training modules for health services staff that the department has developed. The online Occupational Violence and Aggression (OVA) modules include topics such as risk assessment, de-escalation techniques, Code Grey and Code Black roles and responsibilities and reporting incidents.
- Health Services collaborated with the Institute for Healthcare Improvement (IHI) to implement their 'Joy in Work' framework. The framework aims to increase joy at work and reduce burnout, and the drivers of burnout, among health staff
- Managers and Leaders at Mercy Health undertook the Workplace Support for Managers family violence training, key elements of the training include the impact of family violence in the workplace, recognising family violence, responding to staff disclosures, Mercy Health's family violence policies and procedures, supporting staff who are responding to patients experiencing family violence.

PERFORMANCE PRIORITIES

In 2022-23, Mercy Health continued to respond to the COVID-19 pandemic. In doing so we were unable to meet all targets as per the Statement of Priorities. COVID-19 resulted in delays to surgery, visitor restrictions and increased demand for services, with patient experience impacted.

*The outcomes reported below are reflective of published data available at the time of authoring.

High quality and safe care

Key performance measure	Target	Result	
Infection prevention and control			
Compliance with the Hand Hygiene Australia program	85%	85%	
		MHW	WMH
Percentage of healthcare workers immunised for influenza	92%	97%	96%
Continuing care			
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645	1.082	
Healthcare associated infections (HAIs)			
Rate of surgical site infections for selected procedures (aggregate)	No outliers	Achieved	
Rate of central line (catheter) associated blood stream infections (CLABSI) in intensive care units, per 1,000 central line days	Zero	Zero	
Rate of healthcare-associated <i>S. aureus</i> bloodstream infections per 10,000 bed days	≤ 0.7	0.5	
Patient experience			
Percentage of patients who reported positive experiences of their hospital stay – Quarter 1	95%	88%	
Percentage of patients who reported positive experiences of their hospital stay – Quarter 2	95%	84%	
Percentage of patients who reported positive experiences of their hospital stay – Quarter 3	95%	81%	
Maternity and newborn			
		MHW	WMH
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (APGAR score <7 to 5 minutes)	≤ 1.4%	1.1%	0.7%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%	23.6%	24.5%

Key performance measure	Target	Result	
Mental Health			
Patient Experience			
Percentage of mental health consumers who rated their overall experience of care with a service in the last 3 months as positive	80%	49%	
Percentage of mental health consumers reporting they ‘usually’ or ‘always’ felt safe using this service	90%	77%	
Percentage of families/carers reporting a positive experience of the service	80%	20%	
Percentage of families/carers who report they were ‘always’ or ‘usually’ felt their opinions as a carer were respected	90%	42%	
Closed Community Cases			
Percentage of closed community cases re-referred within six months: CAMHS, adults and aged persons	< 25%	36%	
Post-Discharge Follow-up			
		Werribee	Footscray
Percentage of consumers followed up within 7 days of separation – Inpatient (adult)	88%	82%	86%
Readmission			
		Werribee	Footscray
Percentage of consumers re-admitted within 28 days of separation – Inpatient (adult)	< 14%	14%	12%
Seclusion			
Rate of seclusion episodes per 1,000 occupied bed days – Inpatient (adult)	≤ 8	7	
Unplanned Readmissions			
Unplanned readmissions to any hospital following a hip replacement	< 6%	8%	

Strong Governance, leadership and culture

Key performance measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	62%

Timely access to care

Key performance measure	Target	Result
Elective Surgery		
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%	100%
Percentage of urgency category 1, 2 and 3 elective surgery patients admitted within clinically recommended time	94%	62%
Number of patients on the elective surgery waiting list	2,750	2,777
Number of patients admitted from the elective surgery waiting list	5,738	4,930
Number of patients (in addition to base) admitted from the elective surgery waiting list	710	808
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year	39.3% (-2.9%)
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤ 7	8

Key performance measure	Target	Result	
Emergency Care		MHW	WMH
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	97%	66%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	85%	39%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	73%	42%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	0	289
Mental Health		MHW	WMH
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	NA	29%
Percentage of triage episodes requiring an urgent response (triage scale C) where a face-to-face response was provided by the mental health service within 8 hours	80%	*	*
Specialist Clinics			
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	45%	
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	94%	

*These two new outcomes were not available to report at the time of authoring. They will be included once Annual Monitor data is published.

Effective financial management

Key performance measure	Target	Result
Operating result (\$m)	\$0.00	\$0.06m
Average number of days to paying trade creditors	60 days	47 days
Average number of days to receiving patient fee debtors	60 days	81 days
Adjusted current asset ratio (Variance between actual ACAR and target, including performance improvement over time or maintaining actual performance)	0.7 or 3% improvement from health service base target	0.6%
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ \$250,000	Not achieved
Actual number of days available cash, measured on the last day of each month	14 days	35 days

Activity and funding

Funding type	Activity
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	67,693.68
Acute Admitted	
National Bowel Cancer Screening Program NWAU	127.25
Acute admitted DVA	95.51
Acute admitted TAC	8.37
Subacute/Non-Acute, Admitted and Non-admitted	
Subacute – DVA	0
Transition Care – Bed days	1,576
Transition Care – Home days	459
Mental Health and Drug Services	
Mental Health Ambulatory	70,742
Mental Health Inpatient – Available bed days	21,982
Mental Health Service System Capacity	1
Mental Health Subacute	10,590
Primary Health	
Community Health / Primary Care Programs	610

WORKFORCE DATA

Workforce

We confirm that employees have been correctly classified in workforce data collections.

Hospitals labour category	June FTE		Average monthly FTE	
	2023	2022	2023	2022
Nursing	1552.74	1484.02	1496.76	1468.16
Administration and Clerical	310.75	292.13	300.92	287.77
Medical Support	79.24	64.40	70.73	65.71
Hotel and Allied Services	178.72	182.57	173.06	177.22
Medical Officers	32.54	27.14	29.20	27.56
Hospital Medical Officers	346.80	272.33	299.83	257.57
Sessional Clinicians	122.81	115.83	124.76	111.67
Ancillary Staff (Allied Health)	227.63	231.43	220.69	229.76

Occupational Health and Safety

Occupational health and safety statistics	2022-2023	2021-2022	2020-2021
The number of reported hazards/incidents for the year per 100 FTE	60.70	51.81	54.33
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.96	0.89	1.66
The average cost per WorkCover claim for the year ('000)	\$17,769	\$13,453	\$10,654

Mercy Health has continued to use an early intervention and recovery at work response to workplace injuries. Mercy Health promotes reporting injuries early for assessment, triage, treatment and suitable work accommodations to facilitate recovery at work.

An increase in claims costs is reflective of injuries sustained that have not been supported by an early intervention approach. Despite this increase, Mercy Hospitals continues to maintain a focus on recovery at work with the average back at work rate is 84.39% (16, 26, 52 and 104 week), supporting the processes and practices that have been in place since 2018.

Mercy Health has continued the commitment to implement structured approaches to health and safety management. In the final year of the Mercy

Health Staff Safety Plan (2019-2022), the increase in staff reporting of hazards and near misses has demonstrated that staff are actively engaged in looking after their safety. Supervisors are also ensuring that incident investigations are completed in a timely manner.

Occupational Violence and Aggression management has focussed on prevention initiatives and the delivery of training to staff. The training program engages with staff to ensure they are provided with the appropriate skills to identify and de-escalate behaviours.

Workplace safe-design principles have been applied to building and refurbishment works to benefit staff and patients. Workplace inspection programs are embedded across the health service to assist in identifying areas for improvement.

Occupational Violence

Occupational violence statistics	2022-2023
Workcover accepted claims with an occupational violence cause per 100 FTE	0.22
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.12
Number of occupational violence incidents reported	1030
Number of occupational violence incidents reported per 100 FTE	37.98
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.72%

The following definitions apply:

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

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

or unplanned Code Grey, the incident must be included.

Accepted Workcover claims – accepted Workcover claims that were lodged in 2021-2022.

Lost time – is defined as greater than one day.

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

Consultancies

Details of consultancies (under \$10,000)

In 2022-2023, there was no consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2022-2023 in relation to these consultancies is \$Nil (excl. GST).

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

In 2022-2023, there were five (5) consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2022-2023 in relation to these consultancies is \$413,596 (excl. GST). Details of these consultancies can be viewed below.

Consultancies over \$10,000

Consultancy	Brief summary of project involved	Total approved project fee (excluding GST)	Expenditure 2022-2023 (excluding GST)	Future expenditure committed (excluding GST)
Ernst & Young	EMR Business Case Refresh	\$160,362	\$160,362	\$0
Karabena	Aboriginal Employment Plan	\$111,900	\$111,900	\$0
Destravis	WMH Space Utilisation	\$78,035	\$78,035	\$0
O'Connell Advisory	Medical Imaging Tender	\$54,299	\$49,299	\$5,000
Loss Prevention Group	Security Audit	\$14,000	\$14,000	\$0

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2022-2023 is \$11,964,831 (excluding GST) with the details shown below.

Business as usual (BAU) ICT expenditure	Non-Business as usual (BAU) ICT expenditure		
Total (excluding GST)	Total = Operational expenditure and Capital expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$10.567m	\$1.398m	\$0m	\$1.398m

REPORTING PROCEDURES

Freedom of Information

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

For the 12 months ending 30 June 2023, MHVL received 845 applications; of which 845 were made by members of the public and none were made by a Member of Parliament.

Of the requests received by MHVL:

- access was granted in full for 634 requests
- access was granted in part for 94 requests
- one was denied access
- 12 applications were withdrawn
- none were not proceeded with
- 23 were not processed
- 64 had no documents
- 17 had not yet been finalised at 30 June 2023.

Making a request

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

- the application should be made in writing
- the application should identify as clearly as possible which type of document is being requested
- the application should be accompanied by the appropriate application fee (\$31.80 at 30 June 2023). The fee may be waived in certain circumstances.

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

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

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

Werribee Mercy Hospital

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

Mercy Mental Health

Freedom of Information Officer
PO Box 2083
Footscray Vic 3011

Mercy Hospitals Victoria Ltd

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

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

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

Further information regarding the operation and scope of Freedom of Information can be obtained from the Act, regulations made under the Act, and at ovic.vic.gov.au.

Building Act 1993

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

Public Interest Disclosures Act 2012

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

MHVL does not tolerate detrimental action being taken against any person in relation to the making of a

public interest disclosure or any other 'whistleblower' disclosure protected by law.

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

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

Carers Recognition Act 2012

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

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community. For example:
 - Support groups and information sessions for bereaved carers run by the Mercy Palliative Care Program
 - Employed Mental Health Care Consultant and Carer Peer Workers
 - Regular Mental Health Carer Support sessions
 - Promotion of and adherence to the Charter of Healthcare Rights
- Ensuring that our staff have an awareness and understanding of the care relationship principles set out in the Act. For example:
 - Induction and training programs offered by the organisation include discussion of the principles of the Act
 - Person-centred care initiatives include engagement of carers in documentation and training
 - REACH escalation program is in place to support carers address care issues
 - Mental health staff training includes carer participation training.

- Consideration of the carer relationships' principles set out in the Act when setting policies and providing services. For example:
 - Availability of flexible working arrangements for employees who are in care relationships is documented in specific policies and procedures including leave provisions
 - Our employees and people in care relationships with our employees have access to our Employee Assistance Program
 - The Organisation references the Carer Recognition Act 2012 in its policy and procedure documents
 - Patient Experience Surveys used by the organisation measures carer recognition, involvement and support in care and decision-making.

Environmental performance

In 2022-2023, Mercy Health continued implementing the *Caring for People and Planet* strategy 2020-25. The *Caring for People and Planet* strategy is focussed on protecting the world's limited resources now, and in future years; with a focus on resource use across three action areas: sustainable models of care; climate change; and ethical and social responsibility.

Within MHVL, there has been a practical emphasis on data collection, health professional engagement and waste reduction activities. Dedicated resource within the Sustainability Team is assigned to the management of the Environmental Data Management System (EDMS) to ensure timely and consistent collection of data, responsiveness to new reporting requirements and the monitoring of trends to inform and track the impact of strategic projects.

Staff engagement activities have included the reinvigoration of the Green Champions program, and an organisation-wide "Green Day" for ideas sharing and awareness raising. The Green Champions reinvigoration has resulted in identifying more than 50 environmental champions across 38 departments and 5 sites. Green Champions have been supported to develop Local Action Plans for improving sustainability in their local areas. This has led to successes including the implementation of PVC recycling in 5 new wards, a new aluminium recycling stream in theatres and boomerang mugs for staff tea rooms.

Reporting boundary for environmental data

The environmental data presented in this report has coverage across MHVL, specifically:

- Mercy Hospital for Women
- Werribee Mercy Hospital (including Mercy Mental Health services located within Werribee Mercy Hospital)
- Mercy Mental Health Community Care Unit
- Mercy Palliative Care
- O'Connell Family Centre.

While best efforts have been made to collect environmental data for activities where available for these sites, special focus was given to ensuring completeness of Mercy Hospital for Women and Werribee Mercy Hospital data sets as the largest and most resource intensive sites. For each indicator set, contextual information is provided and will indicate variations in data availability within this organisational boundary.

In addition to the above, Mercy Mental Health operates services from three leased sites: PARC, Wyndham Clinic and Saltwater Clinic. PARC and Wyndham Clinic are operated from shared community health facilities, with utilities, general waste and recycling services and facility management outside of operational control. PARC and Wyndham are therefore considered outside of the organisational boundary for environmental data. The exception is for corporate fleet and air travel, with vehicles and staff associated with these sites included in the MHVL total. Clinical waste activities at PARC and paper recycling (confidential) at Wyndham Clinic have also been included since data was available. Saltwater Clinic is a leased site but is considered within the MHVL operational boundary for environmental data, with electricity and waste management within operational control.

Greenhouse gas emissions

MHVL breaks down its greenhouse gas emissions into “scopes”, consistent with standard reporting conventions. Scope 1 emissions refers to direct emissions arising from organisationally owned or controlled assets, such as the emissions from using petrol to power a fleet car. Scope 2 are indirect emissions from electricity, which is largely powered by

fossil fuels in Victoria. Scope 3 refers to all other indirect emissions that occur outside of the organisations control but as a result of an organisations actions, for example business travel, emissions from waste generation and emissions embedded in the supply chain.

Mercy Health is an early adopter of comprehensive health and aged care carbon footprinting in Australia. In the past year, a comprehensive carbon inventory study was undertaken to determine Mercy Health's full baseline footprint across emissions scopes 1, 2 and 3. The results of this study showed that in FY 2020-2021, Mercy Health (including residential aged care and NSW services) generated 102.96k tCO₂-e. This was made up of 11% scope 1 emissions, 30% scope 2 emissions and 59% scope 3 emissions. MHVL comprised 46% of all Mercy Health emissions. This detailed study has clarified Mercy Health's baseline environmental impact, identified carbon hotspots, and will now inform a decarbonisation trajectory.

Scope 1 emissions increased in 2022-2023, due to an increase in natural gas usage. Scope 1 also included the new reporting of refrigerants, although these accounted for <1% of Scope 1 emissions. These were calculated using an asset register and determining the total stock of refrigerants. NGA factors for standard leakage rates and global warming potential were then used to calculate fugitive emissions. 82% of assets using refrigerants were accounted for using this method – the remaining 18% were not included as details regarding the charge were unable to be retrieved.

Scope 1 emissions from medical gases decreased, driven by the decreased used of desflurane, a potent greenhouse gas. Mercy Hospital for Women eliminated the use of desflurane in 2022-2023, while use at Werribee Mercy Hospital was minimal (3 bottles).

Scope 2 emissions from electricity decreased in 2022-2023.

The scope 3 emissions detailed in the MHVL Report of Operations 2022-2023 are calculated from corporate air travel, waste disposal, indirect transport and utility emissions. The marked increase in Scope 3 emissions for FY 2022-2023 compared with the previous two years is due to the inclusion of air travel.

Greenhouse gas emissions	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]			
Carbon Dioxide	4,616.5	4,070.3	3,794.3
Methane	8.7	7.6	7.1
Nitrous Oxide	3.2	2.8	2.7
Total	4,628.4	4,080.7	3,804.1
GHG emissions from stationary fuel (F2) [tonnes CO2-e]	4,443.0	3,911.5	3,627.3
GHG emissions from vehicle fleet (T3) [tonnes CO2-e]	185.4	169.3	176.8
Medical/Refrigerant gases			
Desflurane	2.7	11.6	26.0
Isoflurane	0.0	0.0	0.0
Nitrous oxide	1,627.7	1,618.8	1,712.6
Refrigerant – R134A	24.2	–	–
Refrigerant – R22	4.5	–	–
Refrigerant – R32	0.2	–	–
Refrigerant – R404A	1.0	–	–
Refrigerant – R407A	0.0	–	–
Refrigerant – R407C	0.1	–	–
Refrigerant – R410A	19.5	–	–
Sevoflurane	22.2	21.5	2.0
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	6,330.4	5,732.7	5,544.8
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]			
Electricity	14,667.4	16,090.8	16,826.2
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	14,667.4	16,090.8	16,826.2
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)			
Commercial air travel	1,008.9	–	–
Waste emissions	982.09	977.63	889.24
Indirect emissions from Stationary Energy	2,235.56	2,061.59	2,222.21
Indirect emissions from Transport Energy	46.71	9.00	9.40
Any other Scope 3 emissions	142.46	238.14	187.87
G3 Total scope three greenhouse gas emissions [tonnes CO2e]	4,415.76	3,286.36	3,308.72

Greenhouse gas emissions	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
Net greenhouse gas emissions (tonnes CO2e)			
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	25,413.3	25,109.8	25,679.7
Carbon Neutral Electricity	0.0	0.0	0.0
Green Power Electricity	0.0	0.0	0.0
Purchased LGCs	0.0	0.0	0.0
Any offsets purchased	0.0	0.0	0.0
Net greenhouse gas emissions [tonnes CO2e]	25,413.3	25,109.8	25,679.7

Electricity use

Electricity data is supplied directly to EDMS by the energy provider for upload on a monthly basis. For Mercy Hospital for Women, electricity usage is calculated as a fixed % apportionment of Austin Health's usage due to the shared site. No estimate data was used for the 2022-2023 period as actual usage data was available.

Electricity use has remained relatively constant from July 2020 – June 2023. Energy efficiency improvements have been undertaken at Werribee

Mercy Hospital with the replacement of fluorescent lighting with LEDs in the Outpatient department, Mother Baby Unit, carpark and all outdoor areas. Building on this replacement program would further improve MHVL's energy usage into the future.

The organisation is exploring 100% renewable electricity as the first major step towards achieving Mercy Health's Caring for People and Planet net-zero ambitions.

Electricity use	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
EL1 Total electricity consumption segmented by source [MWh]			
Purchased	26,474	27,318	26,785
Self-generated	0	0	0
EL1 Total electricity consumption [MWh]	26,474	27,318	26,785
EL2 On site-electricity generated [MWh] segmented by:			
Consumption behind-the-meter			
Solar Electricity	0	0	0
Total Consumption behind-the-meter [MWh]	0	0	0
Exports			
Solar Electricity	0	0	0
Total Electricity exported [MWh]	0	0	0
EL2 Total On site-electricity generated [MWh]	0	0	0

Electricity use	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
EL3 On-site installed generation capacity [MW] segmented by:			
Diesel Generator	1.5	1.5	1.5
EL3 Total On-site installed generation capacity [MW]	1.5	1.5	1.5
EL4 Total electricity offsets segmented by offset type [MWh]			
LGCs voluntarily retired on the entity's behalf	0	0	0
GreenPower	0	0	0
Certified climate active carbon neutral electricity purchased	0	0	0
EL4 Total electricity offsets [MWh]	0	0	0

Stationary energy

Natural gas is used for heating and hot water systems at most MHVL sites. Natural gas data is supplied directly to EDMS by the energy provider for upload on a monthly basis. For Mercy Hospital for Women, natural gas usage is calculated as a fixed % apportionment of Austin Health's usage due to the shared site. Estimate data generated through EDMS was required for May and June 2023 for Mercy Hospital for Women, Mercy Palliative Care, O'Connell Family Centre and Mercy Mental Health Community Care Unit.

Natural gas usage has increased by 16,344 GJ in 2022-2023 compared to 2020-2021; an increase of approximately 23%. This has been largely driven by an increase in gas usage attributed to the shared

Mercy Hospital for Women site. Due to a lack of data granularity and the fixed apportionment method of calculating gas usage, understanding the reasons behind this increase is difficult. 2022-2023 usage is however very similar to 2018-2019 figures, indicating possible COVID-19 related effects on heating demand.

Diesel is used at the Werribee Mercy Hospital for back-up generators. Refuelling data, collected annually, is used as a proxy for annual fuel usage. The annual variations are due to diminished refuelling needs following a large refuel in 2020-2021. Diesel fuel used in generators at Mercy Hospital for Women is not included as back-up generators are not under operational control.

Stationary energy	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
F1 Total fuels used in buildings and machinery by fuel type [MJ]			
Natural gas	86,116,498	75,906,451	69,772,216
Diesel	76,818	0	455,434
F1 Total fuels used in buildings [MJ]	86,193,316	75,906,451	70,227,650
F2 Greenhouse gas emissions from stationary fuel consumption by fuel type [Tonnes CO2-e]			
Natural gas	4,438	3,911	3,595
Diesel	5	0	32
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	4,443	3,911	3,627

Transportation

Transport data covers all of MHVL, including leased sites that are otherwise not considered part of the organisational boundary for environmental data.

For fleet data, a comprehensive report is obtained annually from the procurement team. The MHVL corporate fleet of 98 vehicles use three fuel sources: petrol, petrol (E10) and diesel. The fleet increased from 79 vehicles in 2021-2022 to 98 vehicles in 2022-2023, due to growth in Mercy Mental Health (Wyndham Clinic) and Hospital in the Home services. Rising emissions and the current fleet make-up falls short of Caring for People and Planet net-zero ambitions, with no hybrid or electric cars in the fleet.

2022-2023 is the first year MHVL has reported on corporate air travel (T4), revealing 2.5 million kilometres travelled on commercial flights. Approximately 98% of these were from travel

associated with continuing medical education (CME). In the absence of a centralised travel booking system, manual data collection was undertaken for staff groups identified as most likely to travel by air. For senior medical staff travelling for CME purposes, claims were retrospectively analysed through the claim portal and recorded. Travel records for senior leaders were obtained with assistance from support staff. Improvements for FY 2023-2024 data collection include an automated report to be generated from the claim portal.

The health and sustainability benefits of active travel are recognised by MHVL. To encourage staff uptake in the last year, a secure bike cage was installed at Werribee Mercy Hospital and Ride2Work day promoted. Both major hospitals now offer secure bike parking, end-of-trip facilities and membership discounts to Bicycle Network.

Transportation energy	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
T1 Total energy used in transportation within the Entity by fuel type [MJ]			
Petrol	2,594,073	2,396,736	2,530,102
Petrol (E10)	35,766	0	0
Diesel	110,797	102,298	80,674
T1 Total energy used in transportation (vehicle fleet) [MJ]	2,740,637	2,499,034	2,610,776
T2 Number and proportion of vehicles in the organisational boundary by engine/fuel type			
Road vehicles	98 (100%)	79 (100%)	82 (100%)
T2 Passenger vehicles	98 (100%)	79 (100%)	82 (100%)
Petrol	89 (91%)	78 (99%)	81 (99%)
E10	8 (8%)	0 (0%)	0 (0%)
Diesel	1 (1%)	1 (1%)	1 (1%)
T2 Internal combustion engine	98 (100%)	79 (100%)	82 (100%)
T2 Hybrid (independently charged)	0 (0%)	0 (0%)	0 (0%)
T2 Electric propulsion	0 (0%)	0 (0%)	0 (0%)

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]			
Petrol	175	162	171
Petrol (E10)	2	0	0
Diesel	8	7	6
T3 Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	185	169	177
T4 Total distance travelled by commercial air travel			
T4 Total distance travelled by commercial air travel	2,568,746	–	–

Total energy use

MHVL's total energy use increased by 9% in 2022-2023 compared to 2020-2021, driven largely by an increased use in natural gas, as described previously. Renewable sources of energy listed in E3 arise from the renewable portion of ethanol in

E10 fuel and the renewable power percent (RPP) attributed to grid electricity. Energy use when normalised to LOS, separations and floor area all increased successively over the period from 2020 to 2023.

Total energy use	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]			
Total energy usage from stationary fuels (F1) [MJ]	86,193,316	75,906,451	70,227,650
Total energy usage from transport (T1) [MJ]	2,740,637	2,499,034	4,596,337
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	88,933,953	78,405,485	74,823,987
E2 Total energy usage from electricity [MJ]			
E2 Total energy usage from electricity [MJ]	95,306,740	98,344,223	96,426,295
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	17,921,244	18,282,191	18,280,713
Non-renewable (E1 + E2 – E3 Renewable)	166,319,450	158,467,517	152,969,569
E4 Units of Stationary Energy used normalised			
Energy per unit of LOS [MJ/LOS]	478	438	383
Energy per unit of Separations [MJ/Separations]	1423	1271	1150
Energy per unit of floor space [MJ/m2]	1,644	1447	1339

Sustainable buildings and infrastructure

MHVL is working with the Victorian Health Building Authority (VHBA) to deliver an Early Parenting Centre in Whittlesea in the coming months. An additional percentage of the total construction cost has been allocated to implement enhanced sustainability features, including an all-electric building. A 50kW solar panel system will see the Early Parenting Centre become MHVL's first building to host solar panels and self-generate electricity. With this centre expected to open later this year, solar generation data will be included in the 2023-2024 Report of Operations.

Planning is also underway for the new Werribee Mercy Hospital Emergency Department. Currently in the design phase, Werribee Mercy Hospital is

actively working with the project team and VHBA to scope additional features that will reduce the environmental impact of the building in the short and long term.

NABERS energy and water ratings for year 2021-2022 were obtained for Mercy Hospital for Women, Werribee Mercy Hospital and O'Connell Family Centre. The 0 star energy rating for Mercy Hospital for Women is related to the fixed % apportionment method of calculating energy use, which may be overestimating the energy use at Mercy Hospital for Women. The accuracy of this approximation is to be reviewed by the Health Services Sustainability Committee in 2023-2024.

Site	NABERS Energy star rating 2021-2022	NABERS Water star rating 2021-2022
Mercy Hospital for Women	0	4.5
Werribee Mercy Hospital	4.5	5
O'Connell Family Centre	5.5	6

Water use

Potable water data is supplied directly to EDMS by the energy provider for upload every two months. Due to nature of the billing cycles, estimate data was required for the final billing cycle of 2022-2023 for Mercy Hospital for Women, Mercy Palliative Care and O'Connell Family Centre.

In reviewing water data in the EDMS, a recycled water meter with previously unreported usage data at

Werribee Mercy Hospital was identified. Billing data was manually reviewed and historical data obtained. This is reported below and showed 2808 kL of recycled water in use in 2022-2023.

Potable water use has increased by 8% compared to 2020-2021 levels, driven by increased water use at all sites. Normalised water usage also increased.

Water use	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
W1 Total units of metered water consumed by water source (kL)			
Potable water [kL]	84,452	77,304	78,228
Class A recycled water [kL]	2,808	2,822	4,519
W1 Total units of water consumed [kL]	87,260	77,304	78,228
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Water per unit of LOS [kL/LOS]	0.48	0.46	0.45
Water per unit of Separations [kL/Separations]	1.44	1.34	1.36
Water per unit of floor space [kL/m ²]	1.66	1.53	1.58

Waste and recycling

Waste data is collected from waste providers. Retrospective work to collect historical waste data has led to more complete data sets and a significant increase in the waste totals previously reported. This is largely due to data from MHVL's largest site, Werribee Mercy Hospital, becoming available.

MHVL has made progress in decreasing the percentage of waste to landfill and improving the recycling rate over the past 18 months. This is attributable to multiple factors working in tandem: the establishment of the Green Champions program, improved governance for sustainability initiatives through the establishment of a Health Services Sustainability Committee and the appointment of two Sustainability Officers within MHVL. Green Champions have been crucial to communicating and educating peers on waste management, implementing new waste streams in their local areas and have successfully advocated for access to new recycling streams.

The recycling rate increased from 15% over 2020-2022 to 20% in 2022-2023. The greatest increase in recycling was seen for paper (which includes cardboard), which nearly doubled in 2022-2023 compared with 2020-2021 figures. Commingled and battery recycling also improved. The data for PVC recycling is incomplete, with no data for Apr – June 2023 available, and suspected missing data. Improving PVC data reliability will be explored going forward, as reliable data is expected to show the impact of expanded collections improved contamination.

In June 2023, Mercy Hospital for Women and Werribee Mercy Hospital unveiled a recycling station for hard to recycle items. Staff can now recycle batteries, e-waste, blister packs, coffee pods and medication vial lids in one single location. The latter three streams were new streams to MHVL. Reporting on these streams will be incorporated into the reporting for 2023-2024.

A project to improve contamination, collection and reporting practices for commingled recycling was undertaken earlier this year at Mercy Hospital for Women. Staff education, including waste signage, a video and inservice trainings run by Green Champions was delivered. A gap in data collection for commingled recycling was also identified, which was rectified through the development of a data collection instrument which is now used daily to record bin weights. These improvements have led to approximately 500kg of commingled recycling being collected each month at Mercy Hospital for Women.

Future improvements include centralisation of bins and standardisation of waste infrastructure to further maximise appropriate waste separation. This approach is currently being piloted at Mercy Health Albury and will inform MHVL's subsequent implementation. Albury's project is also piloting organic waste, which is a point of interest for other MHVL sites given the steady decline in organic waste collections from 2020-2021 onwards.

Waste and recycling	Jul 2022 to Jun 2023	Jul 2021 to Jun 2022	Jul 2020 to Jun 2021
WR1 Total units of waste disposed of by waste stream and disposal method [kg]			
Landfill (total)			
General waste	560,988	539,417	524,385
Offsite treatment			
Clinical waste – incinerated	6,344	6,024	9,429
Clinical waste – sharps	4,986	3,382	1,100
Clinical waste – treated	185,186	205,149	152,171
Recycling/recovery (disposal)			
Batteries	392	173	124
Cardboard	See paper	See paper	See paper
Commingled	7,994	5,465	4,481
E-waste	1,909	936	2,511
Fluorescent tubes	105	164	23

Grease traps	5,048	3,278	3,043
Organics (food)	0	1,330	8,531
Paper (confidential)	81,927	62,311	56,135
Paper (recycling)	91,939	64,247	47,805
PVC	287	535	483
Toner and print cartridges	562	461	656
WR1 Total units of waste disposed [kg]	947,666	892,872	810,878
WR1 Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	59.20%	60.41%	64.67%
Offsite treatment			
Clinical waste – incinerated	0.67%	0.67%	1.16%
Clinical waste – sharps	0.53%	0.38%	0.14%
Clinical waste – treated	19.54%	22.98%	18.77%
Recycling/recovery (disposal)			
Batteries	0.04%	0.02%	0.02%
Cardboard	See paper	See paper	See paper
Commingled	0.84%	0.61%	0.55%
E-waste	0.20%	0.10%	0.31%
Fluorescent tubes	0.01%	0.02%	0.00%
Grease traps	0.53%	0.37%	0.38%
Organics (food)	0.00%	0.15%	1.05%
Paper (confidential)	8.65%	6.98%	6.92%
Paper (recycling)	9.70%	7.20%	5.90%
PVC	0.03%	0.06%	0.06%
Toner and print cartridges	0.06%	0.05%	0.08%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream	N/A		
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated (kg general waste)/PPT	1.80	1.79	1.70
Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT	0.63	0.71	0.53
Total waste recycled and reused per patient treated (kg recycled and reused)/PPT	0.61	0.46	0.40
WR4 Recycling rate [%]			
Weight of recyclable and organic materials [kg]	190,161	138,900	123,793
Weight of total waste [kg]	947,666	892,872	810,878
WR4 Recycling rate [%]	20.07%	15.56%	15.27%
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]			
tonnes CO2-e	982.09	977.63	889.24

Additional information available on request

In compliance with the requirements of FRD 22 Standard Disclosures in the Report of Operations, details in respect of the items listed below have been retained by Mercy Hospitals Victoria Ltd (MHVL) and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements, if applicable):

- (a) a statement of pecuniary interests of all relevant officers;
- (b) details of shares held by senior officers as nominee or held beneficially or in a statutory authority or subsidiary;
- (c) details of publications produced by MHVL about the activities of MHVL and how these can be obtained;
- (d) details of changes in prices, fees, charges, rates and levies charged by MHVL;
- (e) details of any major external reviews carried out on MHVL;
- (f) details of major research and development activities undertaken by MHVL;
- (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) details of major promotional, public relations and marketing activities undertaken by MHVL to develop community awareness of MHVL and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) general statement on industrial relations within MHVL and details of time lost through industrial accidents and disputes;
- (k) a list of major committees sponsored by MHVL, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) details of all consultancies and contractors including consultants/contractors engaged, services provided and expenditure committed for each engagement.

Gender Equality Act 2020

While Mercy Health is not considered a defined entity for the purposes of the Act, Mercy Health has a longstanding commitment to gender equality and has voluntarily participated and been recognised as an Employer of Choice by the Workplace Gender Equality Agency (WGEA) (or its equivalent) since 2008.

In 2022, Mercy Health was one of just four recipients in the Health and Social Assistance industry to receive the citation across Australia and looks forward to maintaining the citation in the years to come. In 2023, we will again be applying for Employer of Choice citation.

Mercy Health has a three-year Gender Equality Plan, based on the criteria set by WGEA, which sets annual targets aimed at addressing issues of equality. Mercy Health is making strong progress on the representation of women in management and more senior roles. The pay gap between men and women has been trending down since 2019-2020, and we have successfully achieved our gender pay gap targets across Mercy Health in 2022-2023.

Effective 31 December 2022, Mercy Health pays superannuation to all permanent employees on paid primary carer parental leave, for the difference between 18 weeks and the number of weeks they receive paid parental leave (during which they already receive superannuation). The superannuation on the “top up” period is paid at the minimum wage.

Safe Patient Care Act 2015

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

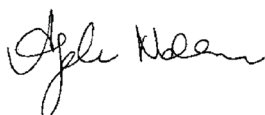
Car parking

Mercy Hospitals Victoria Ltd complies with the Victorian Department of Health circular on car parking fees and details of car parking fees and concession benefits can be viewed at mercyhealth.com.au.

ATTESTATIONS

Data integrity

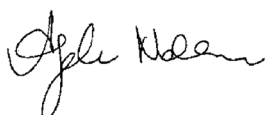
I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mercy Hospitals Victoria Ltd has critically reviewed these controls and processes during the year.



Angela Nolan
Group Chief Executive Officer
24 August 2023

Conflict of interest

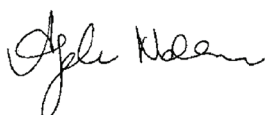
I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Mercy Hospitals Victoria Ltd and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Angela Nolan
Group Chief Executive Officer
24 August 2023

Integrity, fraud and corruption

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



Angela Nolan
Group Chief Executive Officer
24 August 2023

DISCLOSURE INDEX

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

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YEAR IN REVIEW

Mercy Health staff rediscovering Joy in Work

Following on from the tireless efforts of health care workers everywhere throughout the COVID-19 pandemic, Mercy Health is supporting our people by helping staff rediscover joy in work.

In response to the 2022 People Matter Survey results, Health Services collaborated with the Institute for Healthcare Improvement (IHI) to implement their 'Joy in Work' framework. The framework aims to increase joy at work and reduce burnout, and the drivers of burnout, among health staff.

The framework identifies nine core factors that contribute to joy in work, such as physical and psychological safety, meaning and purpose, participative management, and camaraderie and teamwork. The methodology to implement the Joy in Work framework is based in improvement science and involves teams asking colleagues to identify what contributes to a good day at work ('joy') and the impediments that detract from a good day at work ('pebbles in the shoes'). Once identified, the teams use improvement science to identify and test change ideas to increase joy and remove 'pebbles'. An online survey measured the impacts on staff wellbeing and burnout in participating teams.

A cohort of 50 'Joy in Work' Ambassadors made up of both clinical and non-clinical staff undertook IHI's 'Joy in Work' online training modules and participated in four live coaching calls with an IHI expert. Opportunities were also created for internal discussion and collaboration, to share learning, ideas and challenges.

The staff have now 'graduated' and completed their formal training. They continue to identify and make improvements in their local areas and measure the positive impact on wellbeing and burnout.

Werribee Mercy Hospital reducing COVID-19 elective surgery waiting lists

In March 2023 Werribee Mercy Hospital (WMH) stepped up to reduce the number of patients waiting for a planned endoscopy across Melbourne's west through the hospital's new Rapid Access Hub.

Rapid Access Hubs (RAHs), which form part of the Victorian Government's COVID-19 Catch-Up Plan, provide upgraded endoscopy suites to help reduce the long waitlist times for endoscopic procedures that have been delayed due to COVID-19. A designated team at WMH performs these procedures in the new RAH.

The RAH has been developed in partnership with other health services in Melbourne, namely Western Health, the Royal Melbourne Hospital and the Royal Children's Hospital, which means more patients will be treated across Melbourne's west.

Mercy Health is proud of this collaboration and its sole aim of delivering better, more timely care to patients who have had their endoscopy delayed due to the COVID-19 pandemic.

"The collaboration involving other health service providers is both a significant and exciting element of the initiative, with patients from Melbourne's west standing to be the beneficiaries," said Melissa Fox, the RAH's Nurse Unit Manager at Werribee Mercy Hospital.



Staff in the Day of Surgery Admissions and Day Procedure Unit at Werribee Mercy Hospital.

New Neonatal Hospital in the Home service brings baby Frank home in time for Christmas

In October 2022, the team at Mercy Hospital for Women's (MHW) Neonatal Intensive Care Unit (NICU) farewelled baby Frank after a near-record breaking 150 days in our care.

Baby Frank was home in time for Christmas with support from Mercy Health's innovative new Neonatal Hospital in the Home program, which Werribee Mercy Hospital commenced in 2022. This service allowed Mercy Neonatal nurses to continue to care for Frank and his parents in their temporary home environment in nearby Altona.

Born at 25 weeks' gestation and weighing just 601g, baby Frank was cared for in the NICU until well enough to go home. While Frank survived, his twin brother, Luka, sadly, died aged nine days old.

Despite the sadness of losing Luka, Amie and Florio say they will remember Friday 21 October, the day of their farewell to MHW's NICU staff, as a joyful occasion.

Amie says Frank's hospital stay over five months had its highs and lows.

"There were two or three occasions when we knew it was touch and go for Frank. We will never forget the support of the amazing NICU team, who became our guardians and friends."



Baby Frank is finally home with his parents thanks to Mercy Health's Neonatal Hospital in the Home program.

Our NICU nurses and allied health staff wiped away tears as Frank, cradled by his mother, Amie McGillivray, and father, Florio Skratulja, made their way through a guard of honour outside the hospital on Frank's day of discharge.

Jemma was one of the nurses who joined the guard of honour to farewell Frank and his proud parents. As Jemma said, "At the end of the day, it is all about bringing mothers and babies safely home."

Early parenting support on its way for Whittlesea families

Construction of a new Early Parenting Centre in Whittlesea, funded through the Victorian Government Early Parenting Centres expansion and upgrade program, and to be managed by Mercy Health, is on track for the centre to open later in 2023.

Early Parenting Centres provide a range of services to support families in the first months and years of a baby's life, including advice and care for parents and

carers, support with sleep and settling, support with feeding and extra care for babies and toddlers with additional needs.

To be located in South Morang in Melbourne's booming outer-northern corridor, Mercy Health is proud to extend its services and support into this region. The new centre will join Mercy Health's long-established O'Connell Family Centre in continuing our proud heritage of supporting young women and families.



The new Short Stay Unit, enabling more Emergency Department care, is craned into position at Werribee Mercy Hospital.

Better access to emergency care for communities in Melbourne's west

In July 2022 Werribee Mercy Hospital launched a temporary Emergency Department (ED) Short Stay Unit, which immediately increased the hospital's ED capacity and improved access to emergency care for people living in Melbourne's west.

The 24-bed Short Stay Unit (SSU) cares for patients coming through the ED who are not critically ill, but who still need further observation before being either discharged or admitted.

The SSU has helped reduce patient waiting times and has conserved ED beds for the most unwell patients.

"This temporary unit is ideal for patients who might present with a sprained ankle or a broken wrist," said Werribee Mercy Hospital's General Manager Maree Pane.

"It is good for patients who need some medical care but are unlikely to need admission to a ward."

The SSU is a good temporary solution for the growing community in Melbourne's west.

"The temporary unit highlights that we have the space available for an expansion, and the State Government's willingness to identify a short-term opportunity demonstrates that it understands the critical need for both expansion and investment in the Wyndham corridor," said Adjunct Professor Jason Payne, Mercy Health's Chief Executive of Health Services.

During the 2022-2023 Financial Year, Werribee Mercy was thrilled to receive confirmation that the Victorian Government would provide approximately \$110 million for the construction of a brand new emergency department at Werribee Mercy. This project is now in the early works stage.

Mercy Werribee Hospital looks forward to growing with the thriving Wyndham community.

Research to bring more mothers and their babies safely home

The research work of Mercy Perinatal aims to bring more mothers and babies safely home from hospital. This year, one key area of Mercy Perinatal's research has been focused on stillbirth prevention.

In Australia, one in 130 pregnancies tragically ends in stillbirth. While there are many different causes of stillbirth, a large proportion occur because the placenta does not function properly. This in turn can impair growth of the baby, known as fetal growth restriction, and cause levels of oxygen available to the baby to fall to critically low levels. This can end in stillbirth. While most growth restricted fetuses are born alive and well, they are at 3-4 times increased risk of stillbirth.

Mercy Perinatal is conducting research that aims to develop a blood test that will help prevent many stillbirths. The blood test aims to measure 'danger signals' that leak out of the stressed placenta in pregnancies at high risk of stillbirth. Such at-risk babies could be safely delivered, taken out of harm's way, before stillbirth occurs.

We have partnered with collaborators across six major tertiary hospitals in Australia and New Zealand to develop these stillbirth tests. Together with our hardworking team at the Mercy Hospital for Women as well as our collaborators, we have already recruited more than 2,000 pregnant women who have generously donated their blood samples and pregnancy information.

Thanks to the strong support we have received from patients, research colleagues and funding sources, we hope we are well on the way to answering the urgent questions about preventing stillbirth.

Improving patient experience front and centre with Project 8

Patients at Werribee Mercy Hospital (WMH) are benefiting from the whole-of-hospital Project 8 initiative, which has at its core, delivering better patient experiences.

Commenced in 2021 and with eight different continuing improvement streams, the initiative seeks to ensure that every patient receives the right care at the right time in the right place. It aims to improve patient access and flow and the discharge process, all of which can dramatically impact a patient's experience of their care in hospital.

When the initial Project 8 commenced in 2021, health services were buckling under the strain of the COVID-19 pandemic due to the associated increase in presentations, especially within the Emergency Department.

The project then set about identifying key pillars to a smooth patient journey. It found that if eight identified pillars worked together, every patient journey should be a smooth one. These pillars became the focus of the project's improvement work.

Some of the areas focused on during 2022-2023 were:

Patient interpreters

WMH's patients speak 150 languages and dialects. Timely patient referrals to interpreters, and better integration of this crucial service, has been targeted for improvement of patient experience.

Standardisation of planned patient discharges

Health care teams now know from the time of a patient's admission, the date of their planned discharge. If that date changes, health care teams are immediately aware of that change and equipped to facilitate a smooth new plan.

Leader rounding and clear identification of nurses in charge

We received feedback that on-ward leaders were difficult to distinguish. Many nurses were wearing a combination of scrubs and PPE due to COVID-19, Nurses in Charge now wear badges clearly identifying their role and inviting patients to ask questions or to discuss any issues they might be experiencing. This has proven enormously helpful to patients and staff alike, with both empowered to raise and promptly solve issues that might be impacting a patient's experience of their care.

Project 8 is making a positive difference to patient experience, and will continue to do so in many and varied ways.

A Nurse In Charge caring for a young patient at Werribee Mercy Hospital.





Mercy Health

Care first



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