Government of **Western Australia**
East Metropolitan Health Service

East Metropolitan Health Service

ANNUAL REPORT 2022–23

Statement of compliance

For year ended 30 June 2023

Honourable Amber-Jade Sanderson MLA,
Minister for Health, Mental Health

In accordance with section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the final Annual Report of East Metropolitan Health Service for the financial year ended 30 June 2023.

This Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Pia Turcinov AM
Board Chair
East Metropolitan Health Service
15 September 2023

Peter Forbes
Chair, Board Finance Committee
East Metropolitan Health Service
15 September 2023

Acknowledgment of country

Nitja Noongar Boodja, Ngalak Whadjuk Moort Noongar Boodja, unna. Ngalak Noongar Bridiya, Koora — nitja — boordawaan.

East Metropolitan Health Service (EMHS) recognises the Whadjuk people of the Noongar Nation as the traditional owners of the land which we live, learn and work on today. We acknowledge that the Whadjuk people have a continuing spiritual and cultural connection to this land and pay respect to all Noongar Elders past, present and emerging. We welcome all Aboriginal and non-Aboriginal people to our services.

Acknowledgment of our Aboriginal community

The voice of the Aboriginal community is reflected in the EMHS 2022-23 Annual Report to ensure cultural appropriateness, and that the health impacts on Aboriginal people have been considered and incorporated.

Within Western Australia (WA), the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of WA. No disrespect is intended to our Torres Strait Islander colleagues and community.

EMHS Board Chair introduction

On behalf of the Board, I am extremely proud to present the 2022-23 EMHS Annual Report – my first as the Board Chair.

Looking back at the year, the hard work by our staff in pursuit of our overall mission of *healthy people, amazing care*, has been outstanding.

Throughout the report, the focus on our community is evident. It provides an insight into significant achievements, the performance of our health service and our future, which includes three pivotal projects – the Bentley Surgicentre, Byford Health Hub and Armadale Mental Health Emergency Centre which will bring long-term benefits to our catchment area.

None of this is possible without the dedication and commitment of our more than 10,500 staff who work tirelessly providing outstanding healthcare, from maternity services at Armadale Hospital to palliative care at Kalamunda Hospital, in addition to hundreds of community and outpatient services.

It is important to note, while we moved into the 'Living with COVID-19' stage during the 12 months, the pandemic's legacy was a tired workforce and a high number of job vacancies, particularly within mental health.

By implementing innovative solutions, we have consistently met the whole-of-health vacancy target of 80 days and, at June 2023, sat at an impressive 66 days across all recruitment activities. The experience of COVID-19 also reiterated the vital role of telehealth, which offers great benefits to patients who can access specialist medical care from their homes and eliminates the need to travel long distances for healthcare.

Significantly, telehealth also aligns with our pursuit of net zero emissions, outlined in our sustainability plan which was endorsed earlier this year. Technology enables innovation and provides us with the ability to continually challenge how we can do things better. Our Health in a Virtual Environment (HIVE) is an example of that thinking in action, with its application within the aged care sector bringing benefits to the patient and their treating team.

Proudly, we also focused on other cohorts of vulnerable patients, with the opening of the State's first Day Hospice at Kalamunda Hospital and first mental health transition unit in St James.

We also celebrated the appointment of Francine Eades, who is the first Aboriginal person to be appointed as a member of the Executive team of a health service provider in metropolitan Perth.

Our commitment to ensuring the consumer voice is heard and valued remained strong, with active engagement of lived experience consumers, carers and community members informing the design, planning and evaluation of many projects.

Special thanks also to Ian Smith PSM for his contributions and legacy as inaugural Board Chair and departing EMHS Chief Executive Liz MacLeod PSM, for her many years of service and advocacy for high-quality health services and effective financial management.

It is a privilege to be a part of EMHS.

Pia Turcinov AM
Board Chair
East Metropolitan Health Service

EMHS Chief Executive introduction

On behalf of the Executive, I present the 2022-23 EMHS Annual Report, heralding my last at the health service that I have felt so privileged to lead – alongside the hard-working board – since its inception in 2016.

While much has been achieved during my tenure, I believe that has been largely due to a highly dedicated workforce of more than 10,500 people who have been able to bring our vision to reality. I leave knowing that the solid foundations laid provide the ideal platform for implementing exciting, fresh ideas with renewed vigour that a new chief executive and board chair can bring to any organisation.

I see myself as having been a custodian of a highly regarded health service. It would be remiss, however, not to highlight that standing alongside myself for much of that time (until 31 December 2022 to be exact) was former Board Chair Ian Smith PSM. Ian's wealth of experience played a vital role in initially guiding, then critiquing (when required) and challenging ideas put on the table, to always ensure the best possible outcome for staff and patients.

Achieving the *healthy people, amazing care* commitment EMHS strives for, has not always been easy and the past 12 months form a perfect example. The transition to 'Living with COVID-19', has seen many staff tired, sometimes exhausted, from the previous years as they moved forward to business as usual at a feverish pace. This was to make up for time, service and key project interruptions during the pandemic, such as our waitlist management programs and the launch of electronic medication management solutions across EMHS, as outlined in this report.

As with health services across the globe, enticing new staff has been a core focus with great inroads made during the 12 months being reported on, and that has helped deliver outstanding projects across the service. These include the completion of the Kalamunda Hospital Redevelopment (including WA's first Day Hospice), the Bentley Hospital Rehabilitation Ward, the introduction of EMHS' Crisis Resolution Home Treatment Team (Kadadjiny Marr Koodjal Mia) based from Armadale Hospital and the St James Transitional Care Unit (the Bidi Wungen Kaat Centre), which is being managed by Royal Perth Bentley Group (RPBG). Again, it is the first of its kind in the State within the public system.

At St John of God Midland Public Hospital, the introduction of its Ambulatory Emergency Care Unit is making great inroads in providing care for the community.

As I step back from EMHS, I look forward to watching our existing services evolve and new, exciting projects come to light.

My only parting words are – look after your team; they will look after the health service and in turn the community. And to staff – please remember to always be kind to yourself and patients. It is only by caring for yourself, that you can provide the best possible care to patients.

Liz MacLeod PSM
Chief Executive
East Metropolitan Health Service

About East Metropolitan Health Service

EMHS is an extensive hospital and health network that strives to maintain and improve the health and wellbeing of approximately **786,000** Western Australians within its catchment area, which covers **3647 square kilometres**. It also serves residents of regional WA requiring more complex care.

Members of the network collaborate to provide tertiary, secondary and specialist healthcare services. This includes emergency and critical care, state major trauma, elective and emergency surgery, general medical, mental health, inpatient and outpatient services, aged care, palliative care, rehabilitation, and women's, children's and neonates' services.

EMHS health network – our hospitals

Royal Perth Bentley Group

Royal Perth Hospital (RPH) is an inner-city tertiary hospital, providing an extensive range of services, including adult major trauma, intensive care, emergency and highly specialised services as well as community and hospital-based mental health services and outpatient services.

Bentley Health Service (BHS) is a specialist hospital with services including rehabilitation, elective and same-day surgery, community and hospital-based mental health services.

Armadale Kalamunda Group

Armadale Health Service (AHS) is a general hospital and health service that provides a range of health care, including emergency, maternity, intensive care and community, hospital-based and hospital-in-the-home mental health services and outpatient services.

Kalamunda Hospital (KH) provides specialist palliative care, and incorporates a day hospice and endoscopy services.

Public/private partnerships

St John of God Midland Public Hospital (SJGMPH) is a public hospital providing a wide range of services to the Swan and Hills community, including emergency and intensive care services.

St John of God Mount Lawley (SJGML) provides assessment and restorative care services for public patients.

EMHS health network – our community services

Our community services and population health programs sit at the heart of our surrounding districts and the wider metropolitan area. Here are some of our front-line initiatives working for healthier, happier communities.

Aboriginal Community Health

Boodjari Yorgas Midwifery Group Practice

The multi-award-winning Boodjari Yorgas Midwifery Group Practice continues to be in high demand for its culturally safe, maternity care for Aboriginal women or women having Aboriginal babies.

Run by AHS, it draws its Noongar name from Boodjari meaning ‘pregnant’ and Yorgas, ‘women’ and has attracted national and global attention for its unique model of care.

There are five midwives, a Senior Aboriginal Health Officer and an Aboriginal Grandmother Liaison Officer in the practice. This calendar year, they are scheduled to care for almost 250 women.

Women are able to build a strong, trusting relationship with their midwife and have optional support from health and liaison officers.

Throughout 2022-23, the practice was kept busy meeting demand for its services which include support or help:

- accessing antenatal care in hospital
- during labour and on the postnatal ward
- for families with a baby in the special care nursery or paediatric ward
- in the emergency department
- liaising with other community services or support agencies
- connecting with local community Elders and Derbarl Yerrigan and its Aboriginal Health Team
- partnering with Murdoch and Melbourne universities on research projects, including the ‘Replanting the Birthing Trees’ project with the Ngangk Yira Institute for Change.

The EMHS community includes **21,500** Aboriginal people.

More than **100** EMHS staff identify as being Aboriginal.

EMHS manages **13** specific Aboriginal Health programs.

Senior Aboriginal Health Officer (Maternity) Christine Parry at AHS' Boodjari Yorgas Midwifery Group Practice.

Aboriginal Community and Youth Health Expo

An important health expo in October 2022 resulted in a series of recommendations put forward for increasing engagement with the Aboriginal community and specifically youth.

The proposal for the inaugural expo was put forward by the EMHS Aboriginal Health Community Advisory Groups.

Held at the Belmont Sport and Recreation Club, the expo was attended by more than 100 people.

They included Aboriginal Elders, community members and youth as well as representatives from key EMHS programs and services, local high schools and stakeholder organisations such as the Aboriginal community-controlled organisation Derbarl Yerrigan Health Service.

Recommendations from the one-day event included:

- creating spaces for Elders and youth to engage with each other
- establishing a youth coalition made up of organisations and Aboriginal youth
- developing an accessible database of health and wellbeing services for Aboriginal youth
- engaging Aboriginal youth in decisions about their health care.

These recommendations are now being further refined – with consumer input – and are on a pathway to implementation.

More than 100 people attended the Aboriginal Community and Youth Health Expo in October 2022.

Community and population health

Children's menus in the spotlight

EMHS and Telethon Kids Institute (TKI) researchers led an Australian-first study which examined the nutritional content of children's menus at restaurants and cafes – and found most lacking.

EMHS Principal Public Health Nutritionist – Community and Population Health, Dr Claire Pulker, played a key role in the study, which was a collaboration between TKI, EMHS, the University of WA, Curtin University, Edith Cowan University and the University at Buffalo in the US. The study aligns with the implementation of the EMHS Obesity Prevention Strategy.

The study reviewed the menus of 787 cafes and restaurants across Perth, from the City of Swan in the north to the Shire of Serpentine-Jarrahdale in the south.

It found the nutritional quality of children's menus in restaurants and cafes to be very poor overall and of a poorer nutrition quality than children's menus from the top 10 fast food chains, concluding there was a need for extra support to help them improve.

"Australian Bureau of Statistics figures show energy-dense, nutrient-poor foods contributed to 41 per cent of daily energy intake for children, and 35 per cent for adults," Claire said.

"Unfortunately, one-quarter of Australian children and two-thirds of Australian adults are classified as overweight or obese."

Claire and her team are now working with TKI researchers to investigate the best way to make improvements – incorporating the views of parents and restaurant and café managers to assess what is realistically possible.

EMHS manages 15 health promotion projects across five key pillars:

- Improving Aboriginal Health
- Hospital Settings
- Cancer Prevention
- Byford Health Hub
- Local Government Authority Collaboration

in addition to:

- One public health nutrition program
- Two Aboriginal health literacy programs.

EMHS Principal Public Health Nutritionist Dr Claire Pulker.

Community mental health

Providing a much-needed service

EMHS delivers community mental health services across its catchment area.

During the reporting period, the service collectively attended to the mental health needs of 21,224 consumers.

Royal Perth Bentley Group (RPBG) delivers community mental health services to the eastern portion of Perth city, Midland and Bentley.

It also incorporates the specialist Aboriginal mental health service Wungen Kartup and WA's first mental health transitional care unit, Bidi Wungen Kaat Centre, as outlined on page 98.

Armadale Kalamunda Group (AKG) provides community mental health services to areas including Armadale, Gosnells and Serpentine-Jarrahdale.

It is also home to the new Crisis Resolution Home Treatment Team (CRHTT), as outlined on page 99.

During 2022-23, EMHS Community Mental Health Services:

Delivered mental health services and assistance to **21,224** consumers.

Received **3225** referrals into the Assessment and Treatment Team

Top three reasons EMHS catchment community members have sought assistance for mental health:

1. Existing mental illness – exacerbation
2. Depressed mood
3. Existing mental illness – alteration in medication/treatment regimen.

Top three venues where EMHS has delivered mental health services and assistance:

1. Clinic
2. Home/private dwelling
3. General hospital.

Key demographics

Average age at contact: **42**

The age group with the highest number of community consumers: **35 to 64** years old (comprising a total of **9561** individuals).

Our strategic direction

Our vision

Healthy people, amazing care
Koorda moort, moorditj kwabadak
(Noongar translation)

Our vision statement reflects the essence of what EMHS does and aspires to do for staff, patients and the community.

Our values

Kindness

Represented in the support we give to one another. This is how we demonstrate genuine care and compassion to each and every person.

Excellence

The result of always striving to do better. This is represented by ongoing improvements to the way we deliver our services, creating a high-performing health service.

Respect

Demonstrated through our actions and behaviours. By showing respect to each other we, in turn, earn respect.

Integrity

Shown by doing the right thing, even when nobody is looking.

Collaboration

Represents working together in partnership to achieve sustainable healthcare outcomes for our community with a shared understanding of our priorities.

Accountability

Together we have a shared responsibility to ensure the best healthcare outcomes for our community. This is a reminder that it is not only our actions – but also our inactions – for which we are accountable.

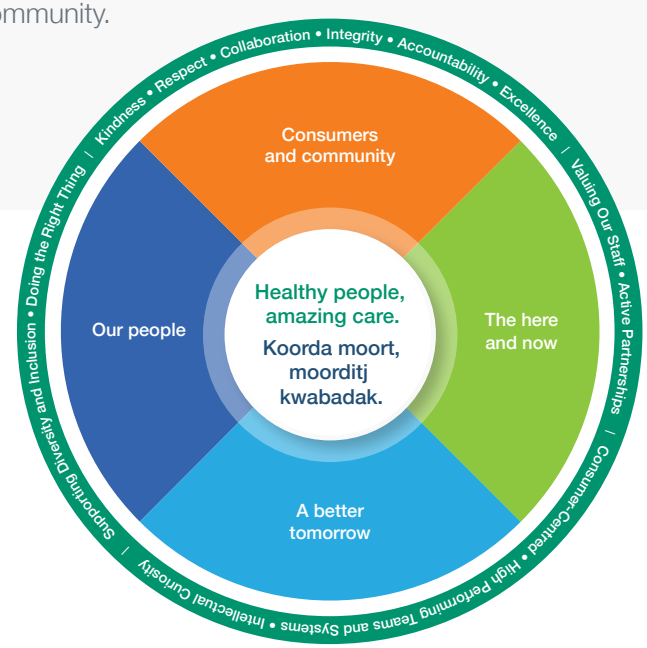
Our goals

Our people are the heart of EMHS and this goal is about providing a safe and supportive workplace that enables staff to thrive.

Consumers and community are central to everything we do, and our goal is to connect with them to understand their needs and deliver individualised, responsive care that will lead to better health outcomes.

The here and now focuses on using data and capabilities to maximise quality health care, be agile and proactive in care, and meet public sector obligations to the highest standards.

By having a future focus for **a better tomorrow**, this goal inspires us to identify, utilise and embed improvements from research, innovation and data to meet future care needs of consumers and the community.



Outcomes from our Operational Plan

The **EMHS Strategic Plan 2021-25** sets out the future direction and aspirations for the health service, in alignment with the overarching health system vision for **delivery of safe, quality, financially sustainable and accountable health care for all Western Australians**. The **EMHS Operational Plan** outlines collaborative actions which enable our health service to achieve and embed the goals of the Strategic Plan, in line with our vision and values. A new Operational Plan was launched in February 2023.

Here are some of our achievements from the **EMHS Operational Plan 2021-22**.

Our people

- Implemented a **Talent Acquisition Team** for EMHS nursing and midwifery
- Operationalised the **Aboriginal Trainee Program** in Aboriginal Community Health and welcomed our inaugural **Area Director of Aboriginal Health** (see page 60)
- Coordinated and managed the **2021 Your Voice in Health (YVIH) survey** action plans and developed a YVIH plan with a focus on wellbeing, workforce and work-life balance
- Selected and engaged a new **Employee Assistance Program** (EAP) provider (see page 43)
- Developed the **EMHS Wellbeing Strategy** (see page 38)

Consumers and community

- Completed and approved the **EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-24** (see page 62)
- Implemented the **Aboriginal volunteer program** in RPH dialysis
- Enhanced the capability of **Health in a Virtual Environment (HIVE)** and implemented **CO-HIVE** programs in residential care and mental health (see page 94)
- Trialled the use of **wearable devices** (remote monitoring) (see page 94)
- Worked collaboratively with external stakeholders to support community recovery-focussed mental health programs, including the **Medical Respite Centre and the mental health transitional care unit (Bidi Wungen Kaat Centre)** (see page 98)
- Progressed public release of safety and quality data through the **EMHS Public Transparency Framework**
- Used the **EMHS End-of-Life and Palliative Care Strategy Implementation Plan 2019-2024** to guide ongoing improvements in coordination and family support
- Improved **consumer feedback** mechanisms with enhanced online consumer feedback forms

The here and now

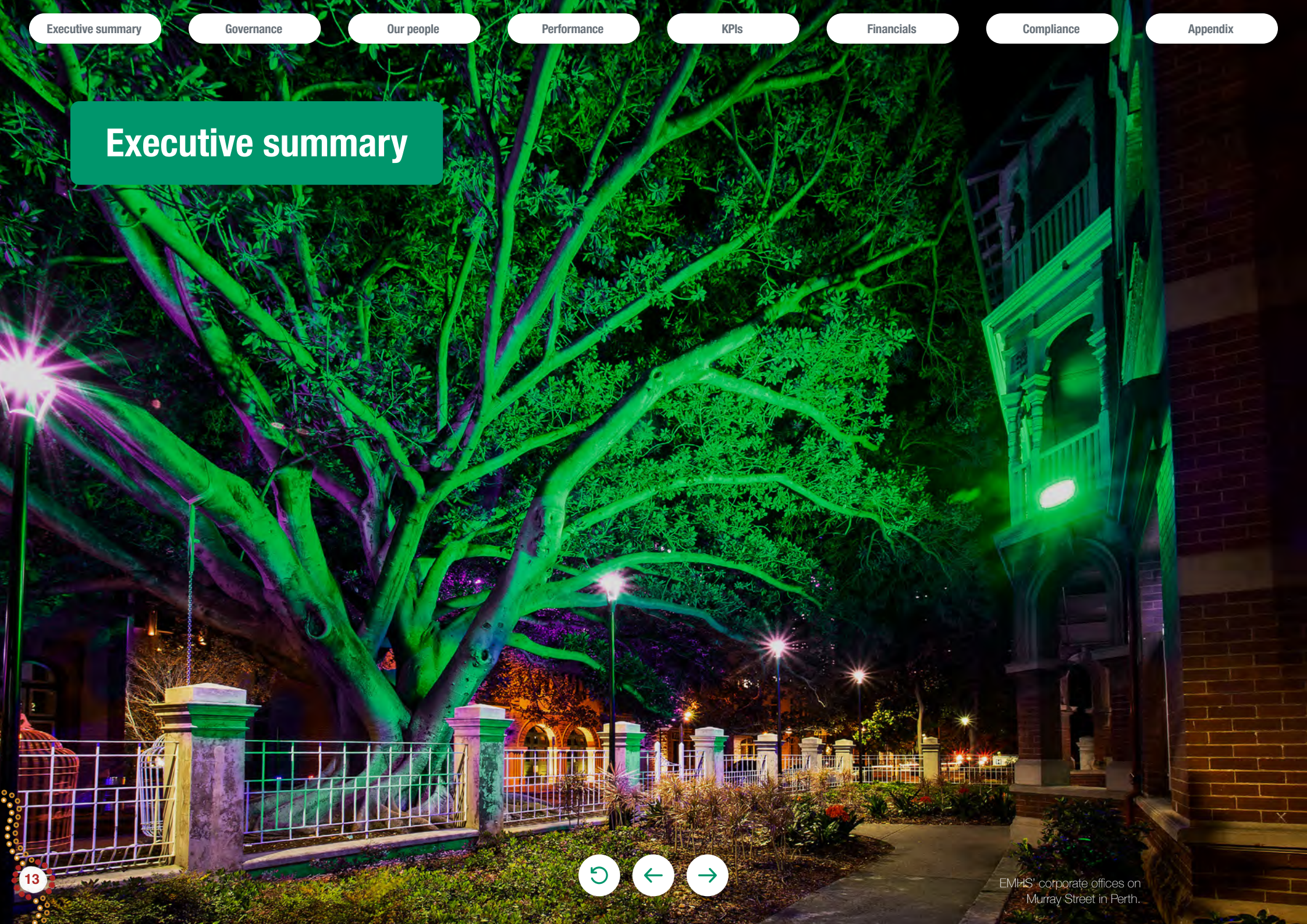
- Implemented a paediatric sepsis pathway, the **Paediatric Acute Recognising and Responding Observation Tool (PARROT)** at Armadale and Midland to improve identification and management of sepsis in paediatric settings
- Developed a clinical ethics process for EMHS and an **EMHS Clinical Ethics Committee**
- Implemented strategies to address and reduce **hospital acquired complications**
- Progressed preparations for the implementation of the **Digital Medical Record** (see page 112)
- Implemented **Aishwarya's CARE Call** to empower families and carers to alert hospital staff to deterioration in a patient's condition

A better tomorrow

- Developed and launched the **EMHS Environmental Sustainability Framework** (see page 108)
- Progressed strategies to **reduce plastic in food services** with a significant reduction in plastics in retail services
- Developed and built upon the **measurement of CO_2 savings** on the EMHS hub, with quarterly reporting on landfill impact
- Constructed and operationalised **negative pressure beds** in the AHS Emergency Department, Canning Ward and Intensive Care Unit
- Developed and implemented a model to understand **current and future theatre and procedure room requirements** across EMHS hospitals
- Developed a **reporting framework for research activity**, to better capture research impact
- Implemented the **Ideas Challenge** and **COVIDEAS** challenge, providing a forum for staff to submit innovative ideas to help EMHS continue to deliver excellent health care

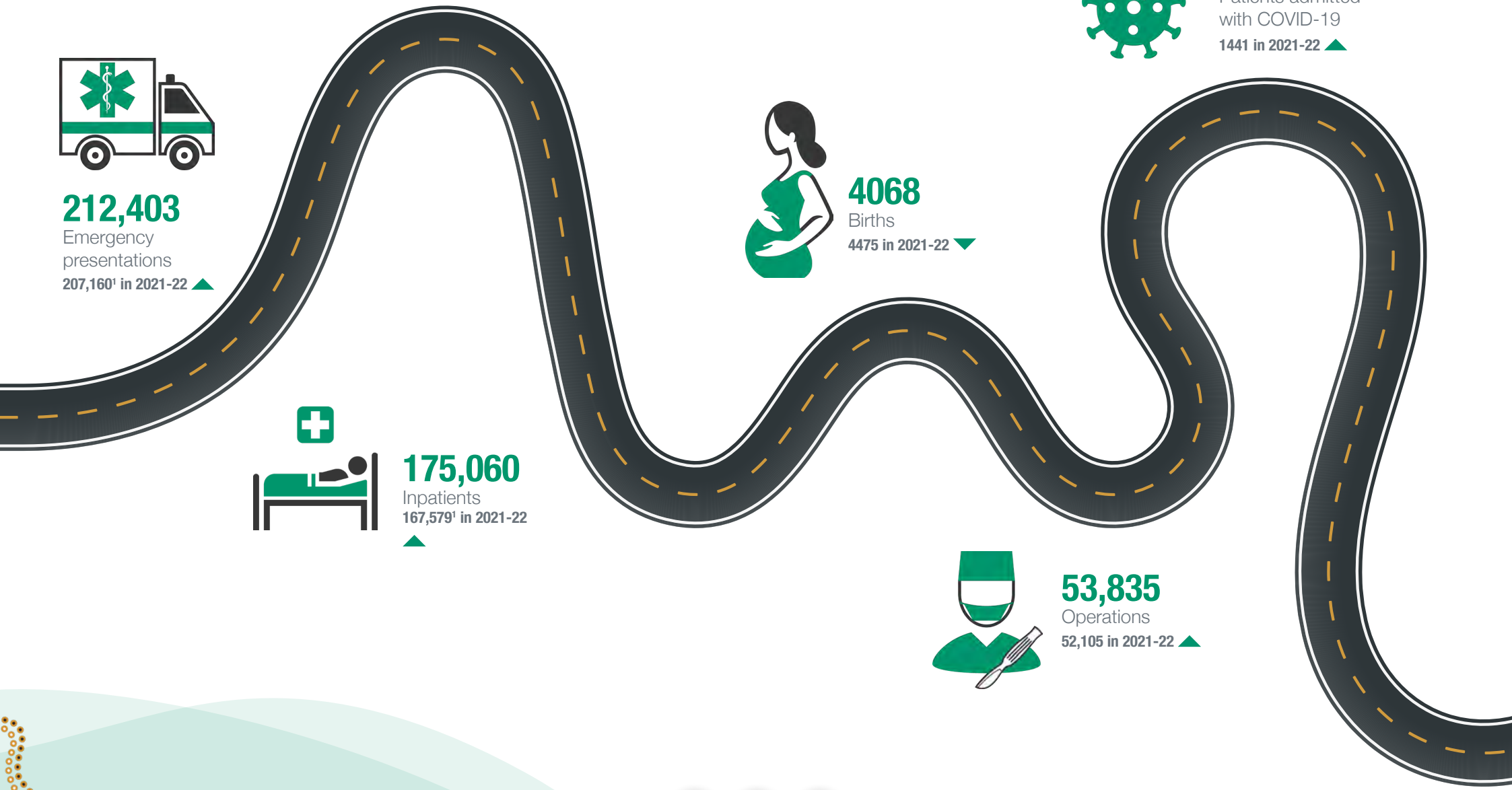
Contents

Executive summary



EMHS' corporate offices on Murray Street in Perth.

2022-23 at a glance



212,403
Emergency presentations
207,160[1] in 2021-22 ▲

175,060
Inpatients
167,579[1] in 2021-22 ▲

4068
Births
4475 in 2021-22 ▼

2833
Patients admitted with COVID-19
1441 in 2021-22 ▲

53,835
Operations
52,105 in 2021-22 ▲

[1] 2021-22 data recalculated based on new criteria used to determine 2022-23 data.

507,286
Outpatient appointments (including virtual care appointments)
636,269[1] in 2021-22 ▼

1696
Patients experiencing homelessness
1430 in 2021-22 ▲

217,252
Occasions of service for community mental health
215,434 in 2021-22 ▲

93
New research projects
120 in 2021-22 ▼

262,173
Virtual care appointments
254,184[1] in 2021-22 ▲

[1] 2021-22 data recalculated based on new criteria used to determine 2022-23 data.

EMHS 2022–23 financial summary

See page 146 for full financial statements

Total cost of services (expense limit)

Sourced from statement of comprehensive income

2022-23 target $000

2022-23 actual $000

Variation $000
$119,001

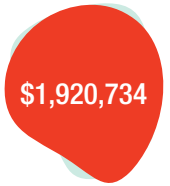
The primary reasons for the variance in the total cost of services (expense limit) and the net cost of services was due to increased expenditure that was not included in initial estimates. **Employee benefits expense** increased due to (a) one-off payments made to staff to address cost of living pressures; (b) cost of award increases with associated flow-on impacts on staff penalties, allowances, superannuation, workers compensation insurance premiums and leave provisions; (c) the implementation of recommendations from external reviews related to staffing levels needed to ensure delivery of safer services; and (d) additional staffing costs associated with the expansion of services (Intensive Care Unit and COVID-19 bed expansions; Health in a Virtual Environment) and the introduction of new models of care (the Mental Health Transitional Care Unit). An unanticipated increase in **patient support costs** was caused by the introduction of a new drug for the first time in 2022-23.

Net cost of services

Sourced from statement of comprehensive income

2022-23 target $000

2022-23 actual $000



Variation $000
$105,249

Total equity

Sourced from statement of financial position

2022-23 target $000

2022-23 actual $000

Variation $000
$62,604

The initial estimates included capital appropriations that were later reclassified in the service agreement as income from the Department of Health. In addition, Government-approved capital projects included in the initial estimates were subsequently funded by the health service from its cash reserves as per Government direction. There was also a substantial increase in the value of the health service's land and building assets resulting from Landgate's annual revaluation process. Significant increases in expenditure contributed to an underestimation of the Health Service's 2022-23 deficit.

Net decrease in cash held

Sourced from statement of cash flow

2022-23 target $000

2022-23 actual $000

Variation $000
$34,765

The decrease in cash reflects the health service's use of its own cash reserves to fund (a) Government-directed approved capital programs; (b) cost of award increases (and associated flow-on impacts on superannuation and worker compensation insurance premiums expenses) and (c) the costs associated with the delivery of safer healthcare services.

Approved salary expense level

Sourced from statement of comprehensive income

2022-23 target $000

2022-23 actual $000

Variation $000
$108,231

The variance relates to (a) one-off payments made to staff to address cost of living pressures and cost of award increases; (b) associated flow-on effects of cost of award increases on staff penalties, allowances, superannuation and leave provisions; (c) the implementation of recommendations from external reviews related to increased staffing levels required to ensure delivery of safer services; and (d) additional staffing costs associated with the expansion of services (Intensive Care Unit and COVID-19 bed expansions; Health in a Virtual Environment; Emergency Department Innovation program) and new models of care (Mental Health Transitional Care Unit).

EMHS 2022–23 performance summary

See page 125 for full KPIs

Key Performance Indicators (KPIs) and KPI targets assist EMHS to assess and monitor achievement of the outcomes outlined in the Outcome Based Management Policy Framework (see page 26).

Effectiveness indicators provide information on the extent to which outcomes were achieved through the funding and delivery of services to the community.

Efficiency indicators monitor the relationship between the service delivered and the resources used to produce the service (i.e. activity and cost).

OUTCOME ONE: Public hospital based services that enable effective treatment and restorative health care for Western Australians		
Effectiveness KPIs	**Target**	**Actual**
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1000 separations)		
(a) knee replacement	≤ 19.6	**10.4**
(b) hip replacement	≤ 17.1	**11.1**
(c) tonsillectomy & adenoidectomy	≤ 85.0	**84.7**
(d) hysterectomy	≤ 42.3	**25.9**
(e) prostatectomy	≤ 36.1	**54.5**
(f) cataract surgery	≤ 1.5	**2.3**
(g) appendicectomy	≤ 25.7	**25.8**
Percentage of elective wait list patients waiting over boundary for reportable procedures		
(a) category 1 over 30 days	0%	**11.9%**
(b) category 2 over 90 days	0%	**38.5%**
(c) category 3 over 365 days	0%	**15.8%**
Healthcare-associated *staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤ 1.0	**0.69**
Survival rates for sentinel conditions		
Stroke		
0-49 years	≥ 95.2%	**94.7%**
50-59 years	≥ 95.3%	**99.0%**
60-69 years	≥ 94.4%	**97.2%**
70-79 years	≥ 92.5%	**94.4%**
80+ years	≥ 87.1%	**89.8%**
Acute myocardial infarction (AMI)		
0-49 years	≥ 99.0%	**99.4%**
50-59 years	≥ 98.9%	**99.0%**
60-69 years	≥ 98.1%	**99.4%**
70-79 years	≥ 97.0%	**96.7%**
80+ years	≥ 92.2%	**96.0%**

OUTCOME ONE: Public hospital based services that enable effective treatment and restorative health care for Western Australians		
Effectiveness KPIs	**Target**	**Actual**
Fractured neck of femur (FNoF)		
70-79 years	≥ 99.0%	**99.3%**
80+ years	≥ 97.4%	**97.6%**
Percentage of admitted patients who discharged against medical advice		
a) Aboriginal patients	≤ 2.78%	**5.98%**
b) Non-Aboriginal patients	≤ 0.99%	**1.09%**
Percentage of live-born term infants with an Apgar score of less than seven at five minutes post delivery	≤ 1.90%	**1.05%**
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤ 12.0%	**14.4%**
Percentage of post discharge community care within seven days following discharge from acute specialised mental health inpatient services	≥ 75.0%	**86.8%**
Efficiency KPIs	**Target**	**Actual**
Average admitted cost per weighted activity unit	$7314	**$7524**
Average Emergency Department cost per weighted activity unit	$7074	**$7630**
Average non-admitted cost per weighted activity unit	$6982	**$7788**
Average cost per bed-day in specialised mental health inpatient services	$1755	**$2156**
Average cost per treatment day of non-admitted care provided by mental health services	$490	**$451**

OUTCOME TWO: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives		
Efficiency KPI	**Target**	**Actual**
Average cost per person of delivering population health programs by population health units	$18	**$55**

● Desired result ● Undesired result

Significant challenges

EMHS faced a number of challenging issues in 2022-23, each with varying effects on the health service. We were able to mitigate against the issues by adopting innovative solutions. Core challenges typically mirrored those in the general community.

Budgetary

As cost of living increased, changes to industrial pay award rates and general inflationary factors put further pressure on the health service's financial management and cost control efforts.

Mid financial year, EMHS took proactive steps to introduce a program focusing on reducing expenditure on general goods and services in clinical and non-clinical functional areas while still providing safe, quality services. Additional cost pressures from the WA Government wages policy, rising costs and the introduction of safer service initiatives for patients have also resulted in increased expenditure levels for EMHS.

Capital works and facilities management

Capital works were impacted by external factors, and our projects continued to experience budget pressures due to cost escalation, long lead times and market volatility or due to latent issues associated with constructing within occupied spaces within ageing infrastructure. While this is being managed through the standard budget process, it does present inherent challenges for 2023-24.

Ageing infrastructure is an ongoing challenge as are capacity issues. Plant and equipment require increased cost and time spent on them to support hospital operations. EMHS is also working on business cases to expand SJGMPH and the RPH Emergency Department (ED).

- **RPH** was established in 1855 and is the oldest public hospital in WA. For more than 160 years, the campus has gradually expanded, with many original buildings still in use as operational clinical facilities. The average age of RPH buildings is 75 years.
- **BHS'** original hospital building was constructed in 1966. Additional buildings were added in later decades. Some areas have been refurbished and expanded over the past 50 years, but most of the hospital remains in its original condition.
- **AHS'** original hospital building was first opened in 1963, with major refurbishment and new facilities constructed in 2001. Given their age, these will require upgrades at the same time as a staged program.
- **KH** will celebrate its 50th birthday this year, with some original parts of the building still in use.

EMHS manages 54 buildings across four hospital sites (excluding SJGMPH) with an approximate total gross floor area of 267,532 sqm.

General staffing

Like all health services globally, EMHS continued to experience challenges in recruiting clinical and non-clinical expertise. Demand for public health services remains high, and for some areas, particularly mental health, the inability to recruit appropriate specialist skill places pressure on current staff to cover the full range and delivery of associated medical and clinical front-line services to those in need.

Flow-on effects are noticeable in the increasing levels of accrued leave balances, as staff from some areas struggle to take leave because of workforce shortages. In general, the inflow of staff back to the health sector post the pandemic is not keeping pace with the demand for health services from the public, which has recovered at a greater rate and is now comparable to pre-COVID-19 demand.

Protecting our staff from violence

Preventing aggression and violence against our staff remained a key focus. We continued to implement a number of strategies as part of an ongoing extensive program to 'Stop the Violence'. The number of violent incidents recorded, while still high, was marginally down this reporting period.

Pandemic effects

Although the general community has largely recovered from the effects of the pandemic, from a health perspective, the additional processes and activities that must be maintained within a health setting to enable patients and staff to continue to be safe from infection, have remained. These processes and activities are primarily related to increased cleaning standards introduced for clinical and patient-facing areas and to maintaining higher standards of hygiene and personal protection for staff working in critical clinical functions (wards, theatres, emergency services).

Although COVID-19 is no longer a designated pandemic, its ongoing presence in the community demands the continuation of these additional activities introduced into the health service's 'business as usual' expenditure. For example, maintaining clinical safety and protocols continues to impact expenditure related to personal protective equipment and raised costs in supply chains has flowed to increased expenditure for hospital supplies. In addition, expenditure on staffing has increased, as EMHS addressed staff furlough and absences through agency, casual and backfill arrangements to maintain safe levels of staffing for clinical services and patient care.

With the cessation of specific pandemic funding, EMHS continues to face challenges in managing the additional pressures on costs and hospital expenditure related to maintaining these higher standards for infection control and management.

WA Emergency Access Target (WEAT)

EMHS continues to focus on ensuring our services are delivered in the most appropriate setting, within clinically appropriate timeframes and within purchased activity levels.

Historically, the WEAT has required 90 per cent of patients presenting to a public hospital ED be seen and admitted, transferred or discharged within four hours. In April 2023, a more nuanced way to measure emergency access was introduced. It was developed by the Australasian College for Emergency Medicine to ensure patients presenting to EDs are medically assessed, prioritised according to their clinical urgency and treated in a timely manner. While that system has only been in practice for some months, it is proving to be a useful tool to help drive work practice changes and identify areas for improvement. By measuring separate patient streams with corresponding targets, it improves the visibility of patient complexities and can guide teams on how best to manage resources to improve patient flow and outcomes.

WA Elective Services Target (WEST)

The reduction of elective surgery waitlists and performance monitoring against the WEST, continues to remain a key focus for EMHS, with the aim to ensure timely and equitable access to public elective surgery services.

Emergency surgery demand continued to impact elective surgery waitlist over-boundary initiatives. While there has been an increase in over-boundary across all three categories, some improvements in specific specialties were noted. Overall, EMHS has reduced the total number on lists (ready for care) and the total over-boundary at the end of 2022-23. Several actions were progressed to improve and then sustain the elective surgery waitlist.
(See page 128)

Mental health

Demand for inpatient and community mental health services remained high – as did the complexity of cases – throughout the reporting period. A key stress factor in this area was the ongoing challenge of attracting specialised mental health nurses and psychiatrists.

Governance

L-R: EMHS Board Members Ross Keesing and Melissa Parke with Security Operations Officer Matthew Kennelly at EMHS' security unit.

Enabling legislation

EMHS, as a **Health Service Provider** (HSP), is governed by the *WA Health Services Act 2016 (HSA 2016)*.

Responsible Minister

EMHS is responsible to the **Honourable Amber-Jade Sanderson MLA**, Minister for Health, Mental Health, who has overall responsibility for the Western Australian (WA) Department of Health.

Shared responsibilities with other agencies

EMHS works with the WA Department of Health (System Manager), the WA Mental Health Commission (MHC), other HSPs and a range of government and non-government agencies to deliver programs and services within the State's eastern metropolitan region.

Hon. Amber-Jade Sanderson MLA, Minister for Health, Mental Health.

Accountable authority

EMHS is a board-governed statutory authority.

It is directly accountable to the public through the Minister for Health and works with the **Director General** (DG) of the WA Department of Health.

The **System Manager** is responsible for strategic leadership, including system-wide planning, policy and performance, and enters into service agreements with HSPs for service provision.

The **EMHS Chief Executive** (CE) is employed by the DG as the 'chief employee' of the HSP and is accountable to the Board for coordinating and managing the daily operations of EMHS.

Agency capability review

In 2022, EMHS undertook an internal review under the WA Public Sector Commission (PSC) Agency Capability Review Program. The review provided an opportunity for improvement against 21 capabilities in the areas of leadership, culture and governance; service excellence; relationships; people; and resources and risk. Opportunities identified were:

- **citizen focus and co-design** – consumer engagement plans and frameworks
- **workforce planning** – building agility and resilience to market changes
- **purpose, vision and strategy** – strengthening communication to external stakeholders.

Objectives to address gaps are incorporated in the EMHS Operational Plan, and these will continue to be progressed throughout 2023-24.

Since the April 2019 release of the **Sustainable Health Review** (SHR) report, the WA Department of Health and HSPs have been progressing this ambitious reform agenda to create a modern healthcare system. In 2022-23, EMHS continued to support prioritised recommendations, with a focus on outpatient access reform, digital health, management of complex chronic disease, workforce culture and capability, the health of our Aboriginal community, mental health and equitable access to health care. Throughout this report, you will find references to how EMHS has responded to various SHR recommendations.

EMHS Board

Focus and achievements in 2022-23

The EMHS Board is responsible for determining the strategic direction of the health service and holds overall accountability for service delivery and performance.

The board had a change in leadership with the inaugural Chair Ian Smith PSM having left in December 2022 and new Chair Pia Turcinov AM appointed in January 2023.

During 2022-23, amongst its many achievements, the EMHS Board approved:

- the EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-24
- revisions to the EMHS Clinical Governance Framework
- the EMHS Innovation Strategy and Implementation Plan 2023-25
- the EMHS Environmental, Social and Governance (ESG) Statement. (See page 110)

Board members also undertook Root Cause Analysis Training as part of Recommendation 6 from the Report of the Independent Inquiry into Perth Children's Hospital (PCH).

An external review of the functions of the EMHS Board and its committees was undertaken. Recommendations from the review resulted in a more streamlined approach to Board committees, with the reduction of five committees to four.

EMHS board members L-R: Elizabeth Koff, Dr Denise Glennon, Board Chair Pia Turcinov, Dr Paddy Ramanathan, Dr Steve Patchett, Ross Keesing, Prof Tracey Moroney, Deputy Chair Hon. Melissa Parke, Peter Forbes and Vanessa Elliott.

Back to grassroots for EMHS Board

With the constraints of the COVID-19 pandemic lifted, the EMHS Board was able to resume visits to our sites and get a grassroots view of our latest services in action.

RPH, AH, KH and BHS were all visited by board members in 2022-23.

The board usually convenes in the Kirkman House boardroom, within the EMHS Corporate Offices, but periodically travels to other sites to meet, talk with staff and see important developments first-hand.

At BHS in September 2022, board members toured the new rehabilitation Ward 12, the Community Mental Health Service and the Mental Health Inpatient Area.

Highlights of a visit to KH in March 2023, included visiting the new Day Hospice (see page 86) and a tour of the refurbished inpatient ward area.

Board members and staff at BHS.

L-R: EMHS Board Member Ross Keesing, KH Palliative Care Consultant Dr Andy Hart, Board Member Prof Tracey Moroney, Board Chair Pia Turcinov and KH Nurse Unit Manager Judy Brand.

On board with innovative technology

EMHS board members were given a demonstration in September 2022, of the use of wearable technology to remotely monitor patients in emergency departments.

The briefing was part of showcasing the operations of our cutting-edge Health in a Virtual Environment (HIVE) remote monitoring service.

Board members were shown how waiting room patients at AH fitted with wearable devices can be monitored from the EMHS HIVE hub, located within the RPH site 30km away.

EMHS was the first health service in Australia to use the technology in this way. It is seen as having a wide range of applications in the future.

Board members visited the EMHS HIVE and enjoyed an engaging demonstration of the innovative technologies being trialled across hospital sites.

EMHS Area Executive Group

The EMHS Area Executive Group (AEG) is responsible for managing the provision of services within individual directorates and is accountable to the EMHS CE.

Lesley Bennett
A/EMHS
Chief Executive

Anne-Marie Presho
Director
Office of the
Chief Executive

Grant Waterer
Executive Director
Medical Services

Christine Thompson
Executive Director
People and Capability

Sandra Miller
Executive Director
Safety, Quality and
Consumer Engagement

Philip Aylward
Executive Director
Corporate Services and
Contract Management

Susan Mylne
Executive Director
Clinical Services Strategy
and Population Health

Graeme Jones
Executive Director
Finance and
Infrastructure

Ben Noteboom
A/Executive Director
Royal Perth Bentley
Group

Neil Cowan
Executive Director
Armadale Kalamunda
Group

Doris Lombardi
Area Director
Nursing and Midwifery

Francine Eades
Area Director
Aboriginal Health

Carla Francis
A/Area Director
Allied Health and
Health Sciences

Maria Farrar
General Counsel

As at 30 June 2023

EMHS would like to acknowledge the following AEG members who resigned from their executive positions in 2022-23:
Joel Gurr, Executive Director, Clinical Services Strategy and Population Health
Diane Barr, Executive Director, Armadale Kalamunda Group
Steve Gregory, Executive Director, People and Capability.

Links to government goals and outcomes

To comply with legislative obligations as a WA Government agency, EMHS operates under the **OBM framework** determined by the Department of Health. This framework describes how outcomes, activities, services and KPIs are used to measure performance against State Government priorities and desired outcomes, and is underpinned by the principles of:

- transparency of reporting performance against targets
- accountability for achieving targets
- consistency and integration of systems and policies to support the achievement of targets
- recognition and acknowledgement of performance against targets.

EMHS reports performance against KPIs for:

1 **Outcome one:** Public hospital-based services that enable effective treatment and restorative health care for Western Australians.

2 **Outcome two:** Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

Outcome one: Public hospital-based services that enable effective treatment and restorative health care for Western Australians	
Effectiveness KPIs	
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1000 separations)	
Percentage of elective wait list patients waiting over boundary for reportable procedures	
Healthcare-associated *staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	
Survival rates for sentinel conditions	
Percentage of admitted patients who discharged against medical advice	
Percentage of live-born term infants with an Apgar score of less than seven at five minutes post delivery	
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	
Percentage of post discharge community care within seven days following discharge from acute specialised mental health inpatient services	
Efficiency KPIs	
Service 1: Public hospital admitted services	Average admitted cost per weighted activity unit
Service 2: Public hospital emergency services	Average emergency department (ED) cost per weighted activity unit
Service 3: Public hospital non-admitted services	Average non-admitted cost per weighted activity unit
Service 4: Mental health services	Average cost per bed-day in specialised mental health inpatient services
	Average cost per treatment day of non-admitted care provided by mental health services

Outcome two: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives	
Efficiency KPI	
Service 6: Public and community health services	Average cost per person of delivering population health programs by population health units

Our people

AHS Registered Midwife Ruby Shennan.

Building our team

As at 30 June 2023, EMHS employed:

Individual staff

10,501

10,503 in 2021-22

Full time equivalent (FTE)

8025

7452 in 2021-22

This included: **114** Aboriginal staff members

112 in 2021-22

970 hotel services
887 in 2021-22

3229 nursing
2982 in 2021-22

1173 medical support
1083 in 2021-22

1197 medical
1081 in 2021-22

1248 administration and clerical
1219 in 2021-22

170 maintenance
167 in 2021-22

38 other
32 in 2021-22

Attraction and retention

The EMHS workforce remained stable in 2022-23 with 10,501 staff compared to 10,503 the previous year, an encouraging figure in the face of a global health recruitment and retention crisis.

Similarly, the workforces at our different sites also remained steady, with a slight increase across both Armadale Kalamunda Group (AKG) and Royal Perth Bentley Group (RPBG) of about three to four per cent.

Site figures were likely influenced by the EMHS COVID Division closure.

Maintaining and lifting the number of frontline workers such as doctors and nurses remained a core focus and challenge for the financial year.

Some corporate services had noticeable staff increases, reflecting a commitment to these areas — including Aboriginal Health and Wellbeing (up 13 per cent).

The number of new staff joining EMHS in 2022-23 boosted our workforce by 19 per cent, however this was offset by staff leaving the service (18 per cent). Given the current challenging employment market, the figure was encouraging.

Areas experiencing highest staff turnovers were the high-risk emergency departments and intensive care units – the most challenging COVID-19 environments in 2022.

Much work was done in 2022-23 to reduce our hire times in the competitive recruitment market. **EMHS consistently met the whole-of-health vacancy target of 80 days and, at June 2023, had an impressive 66 days across all recruitment activities.**

Traineeships and cadetships

Building a workforce that reflects our diverse community has been an important focus this reporting period.

We worked with the Public Sector Commission on a the School Based Traineeship Program which is open to Year 11 students, who can apply to work two days a week with EMHS gaining valuable workplace experience in health support areas.

The 18-month program – which aligns with the EMHS Equity, Diversity and Inclusion Youth Initiative – started in February 2023 and will end in August 2024. Already, three students are taking part in the program, including Elmerillea Jacob and Regine Ineza, who spend their time within AKG.

We also welcomed three newcomers through the Department of Health's Aboriginal Cadetship Program — including Shontae Wade. Shontae is a graduate nurse from Curtin University and was accepted into the Nursing GradConnect Program and is now employed at St John of God Hospital in Midland. An Aboriginal trainee from the Public Sector Commission's Solid Future's Traineeship has also just joined us at EMHS.

L-R: Elmerillea Jacob and Regine Ineza are part of the School Based Traineeship Program at EMHS.

L-R: EMHS Workforce Consultant Sue Flindell with Aboriginal cadet Shontae Wade.

A key focus of this financial year has been overcoming international shortages of medical staff in the wake of COVID-19.
A successful series of recruitment initiatives has boosted nurse, midwife and doctor numbers and has EMHS well placed to meet the health challenges of the future.

Lifting nurse numbers

An EMHS recruitment drive for more nurses passed an important milestone this financial year.

The 1000th nurse to join EMHS in 12 months came on board in September 2022 — just over a year since the successful EMHS Talent Aquisition Team was established in August 2021.

Since registered nurse Aires Jamalul joined the hard-working staff of Armadale Hospital, almost another 500 new nurses have joined EMHS.

The success of the recruitment campaign was due to several factors, including an improved social media presence which has helped build our brand.

Other contributing elements were streamlining the recruitment process, setting up of a dedicated Talent Acquisition Team and advances in online recruiting.

The recruitment push is continuing as we try to provide the workforce with enough registered and enrolled nurses, nursing assistants, student nurses and midwives to meet the demand of our busy health services.

Nursing numbers further rose when more than 180 new graduate nurses joined RPH and BHS in August 2022 and February 2023.

Minister for Health and Mental Health Amber-Jade Sanderson with (L-R) AKG Enrolled Nurse Sophie Houweling, Assistant in Nursing Emma Pearcey, Registered Nurse Aires Jamalul, Registered Midwife Ruby Shennan and Registered Nurse Storm Shalders.

Bolstering doctor ranks

Doctor numbers took a big step forward at EMHS this year when more than 120 new resident doctors and registrars joined the team.

About half of the new doctors came from the UK and Ireland.

Like hospitals across the world, EMHS was hit with staff shortages and pressures in the wake of the COVID-19 pandemic.

The recruitment of such a big pool of doctors is testament to the hard work of our medical workforce recruitment teams.

Our medical staff was also bolstered by 82 new medical interns who started work across our sites in February.

These doctors-of-tomorrow are vital in maintaining and continuing the high quality of patient care we provide.

The figure compares to more than 140 new medical interns in 2021-22, a figure likely to be repeated in 2023-24.

In February 2023, 82 new medical interns boosted doctor numbers across EMHS.

EMHS nurses and midwives in the bush

Our commitment to healthcare extends way beyond the borders of the EMHS catchment area.

In an opportunity that enriched the knowledge and experiences of our staff and helped regional WA, our nurses and midwives were encouraged to go bush for the 2022-23 summer.

EMHS worked with the WA Country Health Service (WACHS) to see our registered nurses and midwives, enrolled nurses and assistants in nursing stationed in country areas for two to six week stints.

During this financial year, 61 EMHS nurses or midwives completed WACHS placements.

WACHS offered incentives including paid travel, accommodation, meal allowances and a deployment bonus.

It is hoped the opportunity will be available again this summer.

Patrick's journey – from security to nursing

Patrick Eneanya is one of the many talented staff members who make up EMHS.

Patrick spent a decade working in security at RPH, BHS and AHS before deciding to study nursing.

Working in security, he found himself interested in the care extended to patients arriving at the hospitals and says nursing was a natural step.

"Being interested in that clinical side of things is why I started working in the hospital in the first place."

Now a registered nurse, he cares for patients in the RPH State Major Trauma Unit.

"I've just met so many amazing people working at this hospital – they enjoy their job," Patrick says.

"But it's not really a job, it's a lifestyle – and they enjoy the lifestyle EMHS provides.

"I just wanted to be a part of it – and now I am."

After working in security, Patrick Eneanya set his sights on nursing.

Striking the right notes

Kalamunda Hospital's (KH) Dr Yamin Myat Aye hits all the right notes with her patients.

The talented palliative care doctor is also an accomplished pianist.

During her work breaks, she can often be found tickling the ivories to brighten up the days of patients, staff and visitors.

The hospital is often filled with the calming sounds of classical and contemporary music and hymns.

A palliative care patient encouraged Yamin to play, after the doctor admitted to having taken several breaks from the keyboard.

"After asking me about my piano journey she said, 'promise me you will never stop again. I will not be here long enough to see your progress but keep playing. Music is powerful and healing'," Yamin recalls.

"I will never forget her words and gave her my promise to keep learning and playing piano."

Yamin says the music has been good for patients and staff.

"I always get positive feedback that my piano is soothing," she smiles.

"Staff, patients and their families love it."

Double act

On several occasions last year, Dr Yamin Myat Aye was joined at KH by Armadale Kalamunda Group (AKG) Physiotherapist Carryne Gibbs, also an accomplished musician – and the two would serenade patients, staff and visitors.

Carryne has been playing the violin for almost 20 years, having played in a range of orchestras through her school and adult years, including the Albany Sinfonia.

"When covering the physiotherapist position at Kalamunda, I used it as an opportunity to provide holistic care to patients, catering to their mental wellbeing as well as physical," Carryne says.

"Witnessing the joy music can bring to patients, their families and staff on the ward is so rewarding.

"Music can also be a motivating factor for many patients to engage in other aspects of physiotherapy. They love being serenaded!"

L-R: Palliative Care Physician Dr Yamin Myat Aye and Physiotherapist Carryne Gibbs.

Values in action

Kindness, excellence, respect, integrity, collaboration and accountability – these are the key values EMHS has been built on.

Every day, our staff embody these values as they go about their varied roles in caring for patients and keeping one of WA's most important health services running.

And each year we recognise staff members who have demonstrated excellence in these areas.

In 2022, Dr Caroline Rhodes, the Director of Clinical Training and Head of Department of Geriatrics at BHS, was named our EMHS Values in Action winner.

Other 2022 quarterly winners were Ben Butson, Patient Care Assistant at AKG; Skye Rowe, Enrolled Nurse at Royal Perth Bentley Group; and Carlie Beange, who at the time was Acting Midwifery Unit Manager at AKG, but has since moved into a different role within EMHS.

Caroline paid tribute to her colleagues when she accepted her award in March.

"The award really reflects the team I work with – I'm lucky and privileged to work with amazing people," she said.

EMHS Values in Action winner Dr Caroline Rhodes.

EMHS Board Chair Pia Turcinov (second from left) with the 2022 ViA quarterly winners Ben Butson and Carlie Beange and overall winner Dr Caroline Rhodes.

L-R: EMHS CE Liz MacLeod with winner of the second quarter 2022 ViA Award Skye Rowe.

Saluting our champions

The expertise and contributions of EMHS staff were recognised at local, national and international levels in 2022-23. Here are some of our health champions.

EXCELLENCE IN MEDICINE

Prestigious research award for RPH heart doctor

The Cardiac Society of Australia and New Zealand's most prestigious research award, the RT Hall Prize, was awarded to Professor Gerald Watts, Senior Consultant Physician at RPH and a Winthrop Professor of Cardiometabolic and Internal Medicine at the University of WA.

The award was presented to Professor Watts for his long-term commitment to research, and the betterment of patient care.

EXCELLENCE IN THE COMMUNITY

Community Citizen of the Year

Not only do our staff make an invaluable contribution to healthcare, but also to the community.

Dr Pedus Eweama, a Psychiatry Registrar with RPH's Mental Health Emergency Centre, was named the City of Swan's 2023 Community Citizen of the Year at an Australia Day citizenship ceremony in Midland.

The award honours people who have quietly contributed to the development of their local communities.

Dr Eweama is a leader in the WA Nigerian community and is also passionate about mental health.

He is the Chairperson of the Nigerian Association of WA and Chairperson of the Council of Nigerian Association Presidents in Australia. He also mentors young people looking to have a career in health.

EXCELLENCE IN HEALTH AND SAFETY

Making our workplaces safer

RPH Pharmacy Technician Darcy Connolly was recognised for her contribution to workplace safety in November 2022.

The EMHS safety representative was awarded a certificate of merit in the Health and Safety Representative section of the Work Health and Safety Excellence Awards in October 2022.

EXCELLENCE IN SCIENCE

People's Choice Award for Data Manager

In May 2023, RPH Emergency Department (ED), Data Manager for the Emerging Drugs Network of Australia (EDNA), Courtney Weber, won the People's Choice Award at the annual Science on the Swan health and medical research conference.

Courtney won the award for her oral presentation – EDNA: First results from a National Toxicosurveillance System of Illicit and Emerging Drugs in Australian Emergency Departments.

EDNA is a national system linking demographic, clinical, outcome and analytic data in patients presenting to EDs with severe and/or unusual recreational drug toxicity.

Courtney coordinates and maintains the collection of data between and within the States.

EXCELLENCE IN NURSING

Our nurses shine at State Awards

The depth of talent in our nursing and midwifery teams was on show at the 2022 WA Nursing and Midwifery Excellence Awards, with Royal Perth Bentley Group (RPBG) staff winning three major awards.

The Excellence in Registered Nursing Award was won by Sonia Kalathil, a key staff member in the RPH Rapid Access Chest Pain Clinic, which has been achieving life-changing results for patients who no longer have to wait months to see a cardiologist.

The Award for Excellence in Education was won by Kylie Fawcett, the Acting Coordinator of Nursing Education at RPBG.

And the Excellence in Person-Centred Care Team Award was won by the RPH COVID-19 Hotel Quarantine Team.

EMHS had a total of 10 finalists in the awards.

Clinical Nurse Specialist Sonia Kalathil, representing the RPH Rapid Access Chest Pain Clinic.

L-R: Clinical Nurse Specialist Lauren Findlay and then Co-Director, COVID Operations Alisha Thompson, representing the RPH COVID-19 Hotel Quarantine Team.

Kylie Fawcett, Acting Coordinator of Nursing Education at RPBG.

Developing our staff

We are committed to developing the potential of our people with training and education programs and opportunities that contribute to a skillful, professional and ethical workforce with excellence at its core.

As an organisation we are acutely aware that the capability of our people has a critical impact on the quality of outcomes, especially for services delivered to patients.

Our Learning and Organisational Development service provides contemporary learning and professional development opportunities to meet our diverse needs through a variety of platforms including face-to-face workshops and events, and online digital packages and resources.

Custom-designed courses and training programs are available to our aspiring managers and senior managers.

Since July 2022, our digital **MyLearning team has created 1281 professional courses or resources.**

A further 619 courses have been created to ensure clinical staff can access training for the **EMHS Digital Medical Record Project**, which will see patients' paper records move to a digital format in the 2023-24 financial year.

This has been the **biggest exercise in course development the team has ever undertaken** and affects the whole of EMHS.

MyLearning turns two

Our corporate learning management system, MyLearning, continued to grow and March 2023 marked its second anniversary.

Throughout the financial year, **253 online modules** and **407 face-to-face courses** have been hosted in the learning management system, covering topics across EMHS from wellbeing programs to digital leadership and essential training for staff.

Training modules are delivered through online learning, seminars and workshops.

The Learning and Organisational Development team also supported undergraduate nurses at Armadale Kalamunda Group (AKG) by creating accounts so they could access information about their placement at Armadale or Kalamunda hospitals. This allowed them to complete their online induction, including mandatory training, via MyLearning.

An AKG graduate nurse program created in MyLearning enabled staff to directly enrol in tutorials and study days. It also provided for efficient attendance tracking.

The EMHS Learning and Organisational Development Team.

Supporting senior leaders

We are proud to support leadership development across all levels with executive, senior leadership and site-based programs tailored to meet the needs of each hospital or service.

In 2022-23, a series of important leadership programs, workshops and events was held including:

- **EMHS Leadership and Management** programs, which saw 294 staff attend courses and workshops aligned with the EMHS Leadership Development and Leading People and Performance Education frameworks.
- **Optimising your Influence and Positive Impact,** four programs in May and June 2023, which gave 80 senior leaders valuable information on how people respond to change, new ideas and different ways of working.
- **A Paradox of Change** workshop in June, held with the Australian Institute of Management WA, gave 30 senior leaders the chance to explore strategies on how to lead and manage in a constantly changing environment. Topics included the emotional reaction to change and tools and techniques for managing and leading change.

Building cultural competency of staff

A new EMHS program was launched in May 2023 to train staff members to be Aboriginal Health Champions.

Every two months non-Aboriginal workers have the chance to learn more about Aboriginal culture and pick up extra skills to meet the needs of Aboriginal patients and their families.

More than 80 people are expected to go through the Aboriginal Health Champions course in the next year.

The program is open to non-Aboriginal staff members who work with Aboriginal patients, their families, Aboriginal staff or Aboriginal community members.

Aboriginal Health Strategy Senior Development Officer Ian Gentle (second from right) with (L-R) Aboriginal Health Champions Leah Wood, Maxine Nicholson-Turner, Sue Flindell, Polash Mondal and Linda Wood.

SHR

Future Focus

HRplus

WA Health's new human resources (HR) system, HRplus will be implemented throughout EMHS in 2024.

HRplus is being implemented in partnership with Health Support Services and will replace Lattice, RoStar and ShiftMatch as our new integrated rostering, payroll and HR system.

It will reduce manual processes and paper-based forms and allow staff to conduct HR and rostering-related activities on multiple devices.

Employees will have more options to access their payslips, leave and roster information at any time, 24/7.

As part of the extensive engagement process, HRplus Change Champions were recruited from staff across our sites to help prepare and support their colleagues and teams for the transition – welcoming a brand-new, contemporary HR era at EMHS.

Implementation of HRplus is in line with the 2019 Sustainable Health Review to improve workforce planning, compliance, and reporting capability.

A contemporary approach to workplace wellbeing

Supporting the health and wellbeing of our staff through the new EMHS Wellbeing Framework and Strategy.

New framework, committee for wellbeing challenges

Staff safety, wellbeing, engagement and satisfaction are critical to the delivery of safe, high-quality and patient-centred health services.

EMHS cares about supporting the health and wellbeing of our staff.

We are committed to helping all staff work to their potential without experiencing work-related burnout or harm.

Contemporary approaches to workplace wellbeing recommend an integrated approach where the organisation provides a psychosocially safe work environment, with leadership and work design as the key contributors to wellbeing.

This best practice approach has informed our new EMHS Wellbeing Framework and Strategy, which was released in February and builds on our first strategy from 2021.

An EMHS Wellbeing Committee was established to help guide these initiatives and existing programs. Consequently, new wellbeing initiatives were developed and embraced in 2022-23.

An **EMHS Wellbeing Support Program** was also introduced across our health service, supported by staff workshops and an online **Wellbeing Hub**.

A **new wellness facilitator** joined AKG to support staff, patients and their loved ones. At Armadale Hospital, a **calendar of wellness events** was developed which included monthly food trucks and therapy dog visits. At RPH, emergency department staff participated in a series of workshops delivered by Lifeline.

The EMHS Wellbeing Framework and Strategy aims to:

- reduce the risk of sickness and stress-related illness (burnout, trauma and moral injury)
- enhance psychological health and wellbeing
- increase motivation, job satisfaction, organisational commitment and excellence in care
- grow and maintain high levels of personal wellbeing and capability throughout a career in health care
- manage causes of and contributing factors to fatigue, trauma and psychological harm from violence and aggression.

Future Focus

We reaffirmed our commitment to smoke-free sites through our EMHS Smoke-Free Environment Policy. The policy covers e-cigarettes and personal vaporisers as well as tobacco products.

Stopping the violence

Code black emergencies due to aggressive or threatening behaviour towards our staff were marginally less in 2022-23, based on the previous financial year.

We reaffirmed our commitment to stopping the violence during the reporting period with staff being informed about a new Department of Health policy that will enable staff to withdraw or refuse care if a patient is violent or aggressive.

EMHS management played a key role in the development of the Refusal or Withdrawal of Care for a Patient Exhibiting Aggressive or Violent Behaviour Policy, released in October 2022.

This followed a series of violent attacks on our staff, with an average of three reported incidents a day.

The policy outlines the circumstances in which senior registered health professionals may refuse or withdraw care to patients aged over 18 years, who pose a threat to staff members.

This is an option of last resort when all other available and reasonable measures have been exhausted.

Your Voice in Health

The need for a greater focus on staff wellbeing was highlighted in responses to the 2023 Your Voice in Health survey, where wellbeing and work practices were identified as the number one thing we could improve on, though there were gains on the 2021 result.

57% of EMHS employees felt confident they would be listened to if they had a good idea
up 6% from 2021 ▲

63% felt our leaders encourage us to collaborate
up 10% from 2021 ▲

57% felt their leaders were open and honest with communication
up 7% from 2021 ▲

64% felt supported to deliver a high level of service
up 6% from 2021 ▲

Our commitment to safety

EMHS is committed to prioritising the health, safety and wellbeing of our workers and extends this commitment to our patients, consumers, visitors and others who may be affected by our work. The EMHS Board and AEG ensure leadership, support, direction and resources are provided for the strategic improvement of work health, safety and wellbeing, and to meet operational requirements.

We acknowledge our shared duties under the *Work Health and Safety (WHS) Act 2020*, *WHS (General) Regulations 2022*, the *Workers' Compensation and Injury Management Regulations 1982* and the *Workers' Compensation and Rehabilitation Amendment Regulations 1995*.

Our commitment to WHS is consistent with the EMHS values of kindness, excellence, respect, integrity, collaboration and accountability and is demonstrated by:

- promoting a culture that has safety at the core of all aspects of work
- supporting workers in maintaining and improving their health and wellbeing through programs and strategies that allow them to work to their potential
- providing all employees with practical instruction, supervision, training and information to enable safe work practices
- working with our staff, elected Health and Safety Representatives (HSR) and others to ensure all practicable measures are taken to improve WHS performance and achieve positive outcomes
- training and supporting elected HSRs
- managing injured workers through early intervention and supportive rehabilitation to facilitate a safe return to work
- providing psychological support for workers and managers through wellbeing programs which identify and manage psychosocial hazards in the workplace, have incident debrief processes and offer a comprehensive employee assistance program and manager support
- understanding and meeting our obligations to other workers and other Persons Conducting a Business or Undertaking (PCBU).

As an acknowledgement of the importance of robust WHS and wellbeing strategies and activities, seven new positions in this area were created with effect from 1 January 2023. The positions include additional WHS and injury management consultants and an ergonomist who has an important role in injury prevention by identifying and managing WHS and manual task risks before hazards harm workers.

These new roles will help our prevention initiatives and contribute to a safer workplace with fewer work-related injuries and illnesses, reducing the human and financial costs to our organisation.

Our WHS strategies are developed through communication and consultation with our staff members who provide vital feedback on their jobs, workplaces, health and wellbeing. We recognise and respect the enormous contribution our workforce makes to the health of Western Australians.

WorkSafe improvement notices

WorkSafe notices received by EMHS sites are forwarded to the AEG and actions are addressed by the relevant directorate. The completion of notices is monitored by our WHS Committee. The WHS Steering Committee regularly reports to the AEG on open notices. EMHS is compliant with its obligations and does not have any overdue WorkSafe notices.

Implementation of new laws

An extensive project was undertaken in 2022-23 to review our compliance with the *Work Health and Safety Act 2020* and *Regulations 2022*, and included:

- a focus on WHS governance and officer and PCBU obligations, with an emphasis on positive due diligence and consultation
- upskilling managers, supervisors, workers and HSRs and making sure they understood their rights and responsibilities under the new legislation
- identifying and managing critical risks.

EMHS internal audit function has planned a Safety Management System Audit for 2023-24.

Consultation

HSRs continued to be critical components of EMHS' WHS and wellbeing strategy. HSR elections were held across EMHS in March and April 2023, resulting in the appointment of 234 representatives. Elected HSRs sit on WHS committees, which deal with operational WHS issues and provide a conduit for communication and problem solving. One of the most important aspects of the new WA *Work Health and Safety Act 2020*, is consultation by employers with workers. HSRs are one of the best ways for the experiences and ideas of workers to be included in creating a safe workplace.

EMHS uses a range of methods and activities to ensure workplace hazards are identified and resolved, and consultation and communication is provided on WHS matters. These include working parties, regular hazard and incident reporting, quarterly workplace inspections and annual Environmental Aggression Risk Assessments.

The EMHS Work Health and Safety Team meets on a regular basis with the organisation's Executive Director, People and Capability Christine Thompson (extreme left), and A/Area Director, Allied Health Carla Francis (second from right).

Injury management

EMHS has a dedicated Injury Management Team (IMT) that functions in accordance with the *Workers' Compensation and Injury Management Regulations 1982*. The IMT focuses on early intervention to ensure injured workers receive the correct diagnosis and access to early treatment, with a focus on recovery at work through medically endorsed return to work plans. Injury management is largely undertaken by EMHS' in-house IMT. Workers' compensation costs related to the use of external vocational rehabilitation were reduced by about $200,000 in 2022-23 compared to the previous year.

The **EMHS Early Intervention (EI) physiotherapy program** helps workers with a musculoskeletal injury receive treatment at work while maintaining their usual duties. During the year, the IMT scrutinised and contacted 1100 workers to determine their suitability for the program after the lodgement of an incident report. A total of 344 workers participated, receiving 730 physiotherapy sessions. Of those, only 13 per cent required progression to a workers' compensation claim.

The EI program produced a significant reduction in medical-expenses-only claims in the year, with estimated costs falling by $414,000.

The IMT also assists with fitness-for-work assessments to ensure the workplace does not pose a risk to an employee with a personal injury or illness. It also helps workers with non-work-related injuries stay and avoid exacerbating their injury in the workplace.

Number of workers' compensation claims by occupational group

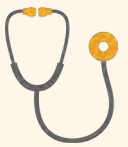
19 medical support
20 in 2021-22 ▼

19 administration and clerical
18 in 2021-22 ▲

20 maintenance
28 in 2021-22 ▼

105 nursing
106 in 2021-22 ▼

76 hotel services
70 in 2021-22 ▲



11 medical
8 in 2021-22 ▲

TOTAL 250 ▶ equal to 250 in 2021-22

Programs and initiatives

Other important programs and initiatives added to our safety and wellbeing focus during the year.

- The new **EMHS Wellbeing Framework and Strategy**, outlined on page 38, includes a psychosocial hazard risk assessment and control process, with high-risk teams prioritised.
- Use of our **EMHS Employee Assistance Program** was up 30 per cent, reflecting an increase in worker confidence in the services it provides. Other initiatives such as a Manager Assist program and improved critical incident debrief processes provided additional support for the workforce.
- More than **6300** staff were **fit tested for respiratory protective equipment** (RPE). Access to fit testing was made easier with a roving service at RPBG, AKG, the Bidi Wungen Kaat Centre, Midland Community Mental Health and City East Community Mental Health Service.
- **Stop the Violence (STV) initiatives** focused on preventing and minimising exposure to workplace violence and aggression while supporting staff in the management of aggressive incidents and their ongoing wellbeing. They included staff awareness, updated training, improved incident reporting and investigation and an increased, targeted security presence.
- The safety and security of staff while parking, accessing and leaving EMHS sites is regularly reviewed. Security patrols and escorts are available for staff arriving and leaving after hours. Regular maintenance is carried out on our grounds and lighting for safety and visibility.
- Preventative walk-throughs by our security officers and the addition of an aggression prevention and intervention clinical nurse consultant in a trial at RPH.

Respiratory Fit Tester Ma-Raquel Tenerife (left) helps a staff member get fit tested for an appropriate mask.

Work health and safety performance indicators

Number of fatalities

YEAR	TARGET	ACTUAL
2022-23	0	0
2021-22	0	0
2020-21	0	0

LTI/D severity rate (percentage LTI/D)

YEAR	TARGET	ACTUAL
2022-23	41.77%	42.01%
2021-22	42.72%	40.61%
2020-21	43.92%	46.41%

Percentage of injured workers returned to work within 26 weeks

YEAR	TARGET	ACTUAL
2022-23	80.0%	66.5%
2021-22	80.0%	60.6%
2020-21	80.0%	63.0%

Lost Time Injury and Disease (LTI/D) incident rate (per 100)*

YEAR	TARGET	ACTUAL
2022-23	2.61	2.37
2021-22	3.15	3.07
2020-21	2.90	2.90

Percentage of injured workers returned to work within 13 weeks

YEAR	TARGET	ACTUAL
2022-23	70.0%	46.3%
2021-22	70.0%	43.3%
2020-21	70.0%	46.0%

Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities

YEAR	TARGET	ACTUAL
2022-23	80.0%	63.1%
2021-22	80.0%	72.3%
2020-21	80.0%	73.0%

* EMHS experienced a lower rate of lost time injury over the reporting period.

Performance

RPH's Heliport incorporates a state-of-the-art in-patient reception area.

Partnering with our community

Engaging and partnering with consumers and our community remains key to achieving our vision of *healthy people, amazing care.*

Improving our consumers' experience

EMHS completed some key projects in 2022-23 to support our commitment to our community.

- The EMHS Multicultural Advisory Group was established to support the implementation of the Multicultural Plan and will allow for appropriate engagement and consultation with EMHS Culturally and Linguistically Diverse (CaLD) communities. (See page 56)
- In a bid to learn more from our consumers and enhance our care delivery, EMHS introduced the Your Experience of Service (YES) Survey. The survey is based on the recovery principles of the National Standards for Mental Health Services. The aim is to help mental health services and consumers work together to collectively build better services.
- The **Feedback and Complaints Management Procedure** was updated in accordance with the WA Department of Health Complaints Management Policy, following a self-commissioned audit. The move ensures consistent management, monitoring and reporting of the feedback received across our hospital sites. Some improvements include improved availability of text telephone hearing or speech services, specific Aboriginal and Young People Feedback forms and the inclusion of a regular quality assurance review of the complaints management process.
- Staff and patients across EMHS participated in a range of events and activities for Carers Week, Patient Experience Week, International Day of Persons with a Disability and Mental Health Week.

During this reporting period, EMHS had **14** consumer advisory groups with **153** members

Armadale Kalamunda Group (AKG) introduced a range of measures to enhance consumer services.

- The transit lounge was re-opened in an expanded location where patients can wait for medications or for a family member/friend to collect them. The service has nurses available if patients require medical attention or have further queries about their discharge.
- The EMHS Crisis Resolution Home Treatment Team (Kadadjiny Marr Koodjal Mia) was commissioned at AHS, providing safe and high-quality hospital-level acute mental health care to consumers in their own home.
- The number of disabled car parking spaces was increased at AHS.
- Approved therapy dogs began regular visits.
- Local Aboriginal Health Consumer Advisory Groups (AHCAG) provided guidance on culturally appropriate artwork and wayfinding.

Rebecca Boehm and therapy dog Dora are always welcome when they visit AKG sites.

Royal Perth Bentley Group (RPBG) also introduced new measures to enhance consumer services.

- Aboriginal and CaLD patients were assisted with increased accessibility to palliative care services.
- A *Last Days of Life* booklet was developed - providing patients and families with information on what to expect in the last days of a person's life.
- A Family Meeting Room was opened at RPH, offering privacy for difficult conversations.
- Patient Bedside Care Boards were introduced at BHS, ensuring patients have information about their care plan and treating team.
- The consumer Lived Experience Advisory Group (LEAG) commenced visiting patients and consumers across RPH and BHS.
- RPBG was represented at the PRIDE Parade and maintained Rainbow Tick Accreditation for mental health inpatient services.

Consumer feedback

EMHS provides a variety of mechanisms for consumers to provide valuable feedback, which contribute to improving the safety and quality of services.

The use of **Care Opinion**, an online platform to enable members of the public to tell us about their experience with our services, was continued in 2022-23. Feedback from Care Opinion is used to improve services and to recognise staff and teams who go above and beyond our patients' expectations.

EMHS manages patient feedback consistent with the **WA Health Complaints Management Policy (2020)**, with all complaints acknowledged, investigated and responded to within appropriate timeframes, and quality improvement activities initiated to address issues where appropriate.

In 2022-23, through our formal processes, EMHS received:

complaints via formal feedback processes

complaints via Care Opinion

compliments via formal feedback processes

entirely **complimentary** stories via Care Opinion

While this recognises only compliments provided through a formal mechanism, there is much praise and thanks fed back to staff informally and directly by patients, carers and their loved ones.

The **Australian Commission on Safety and Quality in Health Care's Australian Hospital Patient Experience Question Set** (AHPEQS) provides validated, standardised patient experience questions by way of an SMS-based survey after discharge. This survey is embedded across all areas of EMHS.

EMHS 2022-23 AHPEQS results

AHPEQS question	%
My views and concerns were listened to	92.6%
My individual needs were met	91.9%
I felt cared for	92.8%
I was involved as much as I wanted in making decisions about my treatment and care	89.6%
I was kept informed as much as I wanted about my treatment and care	89.6%
As far as I could tell, the staff involved in my care communicated with each other about my treatment	85.1%
I received pain relief that met my needs	92.2%
When I was in the hospital, I felt confident in the safety of my treatment and care	91.2%
Overall, the quality of the treatment and care I received was good or very good	92.8%

Examples of quality improvements arising from patient feedback

Situation #1

A cancer patient with a thin head cancer cap was asked to remove the cap for a height check in front of other patients in the waiting room. This led to the patient feeling upset and embarrassed about the absence of compassion for their situation.

Changes implemented as a result

In response to the feedback, staff have been made aware of assessing individual needs with a more patient-focused approach to ensure consumers have privacy. A private space with a mirror for patients to take off head coverings has been implemented. The laboratory manual has also been updated to better reflect what constitutes a true impediment to taking height measurements.

Situation #2

The change in the review process of complaints in late 2022 led to further identification of a consistent pattern of both consumer and staff complaints about the lack of continuity of care in General Medicine wards at AHS.

Changes implemented as a result

The AKG Executive worked in collaboration with the General Medicine team to implement a contemporary model of team-based care which began on 1 March 2023. The changes included months of careful planning and clear and open reporting to the EMHS Board.

The results were evident in a reduced length of stay, improved morale, and a cessation of complaints pertaining to continuity of care.

AKG's response to this issue demonstrated the EMHS values of accountability, collaboration and excellence for the consumers it serves.

Examples of stories shared from Care Opinion

"I attended (Midland) St John of God as I was experiencing a high level of distress following medication changes for mental health concerns. Initially, I found it hard to say why I was there. I was concerned that I would be thought to be taking up 'space' in the system, especially given I felt safe at the time. I found all the staff I interacted with to be kind and non-judgemental."

St John of God Midland Public & Private Hospitals

"I'd like to thank the nurses and doctors in Bentley Hospital for the procedure, upper GI endoscopy and colonoscopy. I am very happy with all the services they provided. They are excellent!"

"How can you congratulate so many people on the care, consideration shown to me whilst at RPH. The staff at Ward 6G, especially Racheal and CC, the doctors (very polite) answered all questions. I transferred to the Transit Lounge next morning and the volunteer lady was so attentive and happy, it was brilliant. I cannot thank RPH enough for their excellent attention and Goderich Street, where my husband has had to attend, was also very efficient and staff friendly."

Royal Perth Hospital

"Our mother, in her late 90s, lived an independent solitary life in her own home prior to being admitted into the care of the staff at KH.

She wasn't the easiest patient; she developed a needle phobia and got quite worked-up when anyone tried to do any obs or tests. The doctors and nurses were fantastic, they did their utmost best to accommodate mum in trying to make her more comfortable and relaxed, nothing was too much or impossible, everything was for the best interest of mum.

We were kept informed of everything that was happening and all our questions answered. We spent three very intense weeks at the hospital, and I was in awe of the care and attention given to our mum each day. I think the hospital has a fantastic team of doctors, nurses, administration, assistants and volunteers. Many reached out and touched our hearts at such a sad time in our life and for this we will be forever grateful."

"I attended Armadale ED recently with my school-aged son who sustained a large burn from boiling water. I was very grateful for the quick assessment by the triage staff and even more appreciative of the care the two doctors who treated his wounds showed towards my son that made him relax, laugh and be at ease despite his difficult situation. Through sheer luck I guess we have never had to take him to an ED before, so this experience was simply great, and no doubt will make the need to come to ED again in the future much less anxiety provoking. Well done and thank you!"

ARMADALE HEALTH SERVICE

The important role of our consumers and community

The experiences, input and feedback of the people who use our services help shape our present and future care.

Consumer workshop informs strategy

The Royal Perth Bentley Group (RPBG) Patient Experience Strategy — 'Deliver What Matters Most' — turned one in February this year.

The three-year strategy guides how RPBG works with healthcare users to transform its services and empowers them to play a key role in their health care in an environment that supports diversity.

In its first full year in 2022, 28 of 55 activities set out in the strategy were achieved including:

- the opening of an End-of-Life Family Meeting Room at RPH in December
- EMHS participation in the 2022 PRIDE WA parade in November (see page 54)
- events to mark National Carers Week in October 2022
- becoming the first Australian healthcare organisation to achieve Level 2 accreditation in the Carers + Employers program (see page 73)
- new patient care display boards with important clinical and non-clinical information at BHS.

In February 2023, a consumer workshop was held to help guide the next phase of the strategy.

The workshop was attended by 16 consumers and carers from the RPBG Consumer Advisory Committee, Lived Experience Advisory Group and a consumer representative pool.

Given its success, it is now set to be held annually.

Community Development Officer Ben Horgan (sixth from right) with members of the Consumer Advisory Committee (CAC), Lived Experience Advisory Group and consumer representative pool.

Input in action

Members of the RPBG Lived Experience Advisory Group were able to see how their input helped shape a key facility when they toured the new mental health care transitional unit, the Bidi Wungen Kaat Centre, see page 98, in St James in September 2022.

Group members participated in the design of the centre and the tour was a chance to view the finished facility.

“I feel a sense of hope for the occupants of the facility and believe there is real room for support, help and change for the consumers there,” group member Tim Fay said.

Members of the RPBG Lived Experience Advisory Group with Community Development Officer Ben Horgan (second from right) at Bidi Wungen Kaat Centre.

Flying the PRIDE flag

KH raised the Progressive PRIDE flag on international Zero Discrimination Day on 1 March 2023, joining other EMHS sites in proudly having it on display.

EMHS has a collective intent to drive change and progress diversity and inclusion for all LGBTIQ+ patients, healthcare users and staff, in line with the Department of Health’s Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019-2024.

“A lot of LGBTIQ+ people at times aren’t always able to be their true, authentic selves, and for that reason, it is important to have representation at sites across EMHS, as it gives them a sense of comfort and reassurance when receiving care or coming into work,” EMHS Acting CE Dr Lesley Bennett said.

Progressive PRIDE flags are flying high across EMHS.

Wear it Purple with PRIDE

Two major events in 2022-23 provided the chance for EMHS to show its support for the LGBTIQ+ community.

Staff members joined the WA PRIDE Parade on 26 November 2022, taking part in the annual Northbridge parade on foot and by buggy.

EMHS was one of more than 100 organisations to participate in the annual event which boosts diversity and inclusion in WA.

Royal Perth Bentley Group (RPBG) Nursing Director, Nursing Services, Kelly-Ann Hahn said the theme for EMHS was embracing diversity in health.

“The crowd were so enthusiastic, and you got a genuine sense they were happy to see the important role health plays in promoting safety and equality,” she said.

On national Wear it Purple Day on 26 August 2022, staff dressed in their purple finery in support of LGBTIQ+ youth.

They were also encouraged to take time to learn about why we Wear it Purple and how our health services can make a positive impact on LGBTIQ+ youth.

Wear it Purple Day 2022 at EMHS also included a panel discussion at RPBG and the raising of the Progressive Pride flag at AHS.

EMHS staff members proudly held the Rainbow banner at the WA Pride Parade.

> **The crowd were so enthusiastic, and you got a genuine sense they were happy to see the important role health plays in promoting safety and equality.**

Clinical Nurse Michelle Lee from the City Older Adult Mental Health Service with RPBG A/Executive Director Ben Noteboom on Wear It Purple Day.

Western Australia's first gender diversity service opens at EMHS

In November 2022, EMHS opened WA's first gender diversity service (GDS) for adults.

The multi-disciplinary service provides initial assessment and/or hormone therapy for individuals over the age of 18 years.

RPBG Medical Co-Director Professor Christopher Etherton-Beer said the service was established to address unmet need and would provide help to a patient group that often has complex health needs.

The GDS is staffed by a sexual health physician, endocrinologist, psychiatrist, clinical psychologist, speech therapist, clinical nurse consultant and a clerk.

As at the end of the financial year, recruitment was ongoing for a senior clinical psychologist to support with the mental health assessment and delivery of psychological interventions.

Although RPH had previously seen transitioning patients through its Sexual Health Clinic, the GDS is now providing a dedicated and formalised service that is open to adults throughout WA.

Christopher confirmed the service has already developed a strong track record of high-quality service delivery with very positive feedback from consumers.

Future Focus

Future focus areas for the GDS in 2023-24 will involve the continued building of relationships with key stakeholders, including TransFolk of WA and the Gender Pathways Service. Establishing strong relationships with primary health is also on its radar.

L-R: RPBG Medical Co-Director Professor Christopher Etherton-Beer, EMHS Executive Director, Clinical Services Strategy and Population Health Susan Mylne and RPBG Operations Manager - Medical Division Leonie Harris.

Caring for our multicultural community

Work has started on a new multicultural plan which will be our blueprint for the next three years, after important goals were reached this year under the existing Multicultural Plan 2021-2023.

With more than a third of people in our catchment area born overseas, engaging and working with multicultural communities has been — and remains — a priority for EMHS.

Significant steps forward in the 2022-23 financial year included:

- the establishment of a new EMHS Multicultural Advisory Group
- continued use of interpreters in our virtual health services
- moves for more multicultural involvement in our consumer and community groups.

Multicultural Advisory Group gets to work

Our new Multicultural Advisory Group got to work recently — the first of its kind to advise a major WA health service.

The 18-member group had its first meeting at RPH on 1 May, with members from communities and backgrounds as diverse as Indian, African, European and Middle Eastern.

The group gives multicultural communities a voice in the health services that affect them and will play a vital role in improving the experiences of staff, patients, clients and carers.

It will also help develop the new EMHS Multicultural Plan, in line with the WA Multicultural Policy Framework.

Eight group members are from the community and 10 are multicultural staff members from across EMHS. Members were appointed for two-year terms after a call-out for community and staff applicants and a selection process.

Our new Multicultural Advisory Group.
Seated L-R: Lani Miller (guest) and Lissa Arika from EMHS Planning Innovation and Commissioning; community member Balwinder Singh; EMHS Executive Director, Clinical Service Strategy and Population Health Susan Mylne; and community members Kavita Seth and Maha Rajagopal.

Standing L-R: EMHS Safety Quality and Consumer Engagement A/Manager Kate Fox; EMHS Senior HR Business Partner Tshakoyi Ndjeka; RPBG Site Representative Drey Seralde; community members Baily Fernandez, Ron Deng and Iren Hunyadi; RPBG Site Representative Shu Jin Tan; RPBG Consumer Engagement Representative Jessica Casado (proxy for Sarah Byrne); AKG Site Representative Emily Kipchoge; and community representative Sadhana Bose.

Not in photo – Alison Harrison from AKG and community member Angela Rao.

Diversity in our consumer groups

Lifting multicultural representation on consumer and advisory groups is a focus across our hospital and health sites.

A recruitment drive to boost multicultural membership of the Consumer Advisory Council at Armadale Kalamunda Group (AKG) began in June 2023 and will continue into the 2023-24 financial year.

Royal Perth Bentley Group (RPBG) is also set to lift multicultural membership of its community groups and committees in 2023-24, including the Lived Experience Advisory Group and the Community Advisory Committee.

A quarter of the members of the RPBG Lived Experience Advisory Group currently have multicultural backgrounds and 19 per cent of members in the RPBG Consumer pool consider themselves multicultural.

In May 2022, SJGMPH also sought two new members for its Consumer and Community Advisory Council, with awareness of issues experienced by diverse groups an essential selection criteria.

Consumer representatives play an important role in putting forward the views of consumers and carers and take part in the review of policies, procedures and publications as well as safety and quality data.

AKG's Diversity and Inclusion Committee also recommenced this year, after a hiatus, partly as a result of COVID-19. The committee acts as the main strategic and advisory body in relation to equity, diversity and inclusion. It was established to ensure the work undertaken across AKG is reflective of the community it serves, including but not limited to Aboriginal peoples, people with disabilities, sexual and/or gender and/or bodily diversities, and culturally and linguistically diverse peoples.

Interpreters in virtual health

Outpatient Services and Language Services worked closely in 2022-23 addressing challenges in the use of virtual interpreters to balance patient choice with clinician requirements.

Interpreter services at RPBG and AKG were expanded in January 2022 to include video interpreting for outpatient and Telehealth clinics to reduce the traffic of people within the hospitals, in line with COVID-19 physical distancing restrictions.

Post the COVID-19 pandemic, virtual health consultations, by video or telephone, remain an option when patients cannot attend an appointment in person — and interpreters continue to be used when needed.

Virtual interpreter services reduce human traffic in outpatient clinics, allow interpreters to reach more patients by reducing travel time and can tap into interpreting services for rare languages.

In-person interpreting continues to be provided on request and for procedures and diagnostic appointments.

Commitment to systematically address and call out racism

We began an important conversation about racism across our health sites this year.

In April 2022, international racism expert Professor Naomi Priest was asked to speak to executives and staff at EMHS.

Naomi, who is based in Melbourne, specialises in addressing inequities within health services.

As part of her trip, Naomi spoke and met with executives and staff from Royal Perth Bentley Group (RPBG), St John of God Midland Public Hospital (SJGMPH) and Armadale Kalamunda Group (AKG).

"There's a substantial body of high-quality research that documents how racism impacts on health and wellbeing," Naomi said.

"There is a lot of data to show Aboriginal and Torres Strait Islander people do receive poorer care and are less likely to get treatment and more likely to wait longer for it.

"There is also a lot of evidence that experiencing racism harms mental health and also physical health such as chronic disease risk markers."

A focus of Naomi's visit was how racism occurred in systems, or systemic racism – and how it could be addressed.

"Policy and practices, social norms, the way systems and institutions are organised, all influence health and healthcare outcomes and need to be reoriented to be culturally safe and to address racism," Naomi said.

She went on to list the steps health services could take to ensure they were providing high-quality care for all patients including Aboriginal peoples by:

- naming racism and acknowledging the impacts it had at systemic and individual levels
- understanding and listening to the views and experiences of Aboriginal peoples and other marginalised groups
- ensuring the healthcare data that was collected included measures of racism and inequities
- having Aboriginal professionals in leadership positions
- encouraging all healthcare providers to reflect on their own privileges and re-orient the system so it also works for Aboriginal peoples and other minority groups.

L-R: EMHS Area Director of Aboriginal Health Francine Eades with Professor Naomi Priest at EMHS.

Individual healthcare workers could help by understanding racism and how it affected people, by listening to Aboriginal staff and patients and by challenging their own assumptions and beliefs, she said.

EMHS Area Director of Aboriginal Health Francine Eades said it was important staff had the chance to hear Naomi speak.

“Importantly for me, accompanying Prof Priest to all the sessions, I felt the stress of retelling personal experiences with racism, but I feel that we need to start the conversation and make it a safe space to share our experiences,” Francine said.

“Otherwise, how will anything change?”

Staff who attended the talks or workshops reported they were looking forward to being part of continuing discussions and actions, ensuring we deliver respectful and safe health care to all.

Future Focus

Cultural diversity a priority

AKG Volunteer Coordinator Sarah Longman has cultural diversity in her sights.

“Looking ahead, I aim to reach out to community services to increase volunteer numbers and provide additional training and education on available services,” Sarah says.

“This year, my focus is on recruiting culturally diverse volunteers to meet the group’s cultural security responsibilities.”

AKG Volunteer Coordinator Sarah Longman, (centre) with invaluable volunteers (L-R) Milly Banks, Ken Clune, Cheryl Gallagher and Rachel Lane.

SHR

Francine makes history as first Aboriginal member of EMHS Area Executive Group

Respected health professional and Minang Noongar woman Francine Eades took up the inaugural position of Area Director of Aboriginal Health EMHS in October 2022, making us the first metropolitan health service in WA with an executive position for Aboriginal health.

Francine has worked in public health for 30 years and gives Aboriginal patients and health workers a voice at the highest levels of our health service, reporting directly to the EMHS Chief Executive.

She leads teams working across a wide range of Aboriginal health programs and services as we remain committed to Closing the Gap between the health of Aboriginal and non-Aboriginal Western Australians.

Francine also oversees the implementation of our *Journey to Better Health – EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-23*, which was released in March.

"We know what the epidemiology of Aboriginal health tells us – we know about those disparities that have existed for quite some time," Francine said.

"We have to acknowledge it and take concrete action to address those disparities in a systemic and rigorous way."

Minister for Health and Mental Health Amber-Jade Sanderson officially welcomed Francine to the role.

"We know we are not going to shift the dial on challenging systemic issues facing Aboriginal people unless we put Aboriginal people in senior positions and a laser focus on them – and that's what this is," the Minister said.

During the COVID-19 pandemic, Francine played a key role in lifting vaccination rates in Aboriginal communities across WA as Aboriginal Health Lead for the WA COVID-19 Vaccination program.

Her career includes 20 years as a registered nurse, and she has a Master of Public Health in Applied Epidemiology obtained under the supervision of Australia's now Chief Medical Officer Professor Paul Kelly.

She is also a past chairperson of the Derbarl Yerrigan Health Service and was an academic at the Curtin University Centre for Aboriginal Studies and the Curtin Medical School.

Francine Eades (fourth from left) with Minister for Health and Mental Health Amber-Jade Sanderson, EMHS Board Member Dr Steve Patchett, EMHS CE Liz MacLeod and key members of the EMHS Aboriginal Health Team.

The vital role of our Aboriginal Health Liaison Officers

Across EMHS, Aboriginal Health Liaison Officers (AHLO) have been acting as a bridge between Aboriginal people and our health services.

In October 2022 we expanded our services to ensure officers were also available in the RPH Emergency Department (ED) on weekends.

This now seven-day service helps with early intervention and support for Aboriginal patients and families and supports non-Indigenous staff with education and cultural awareness.

It followed a 2021-22 pilot study and the findings of an ED working group.

“The AHLO team conducted the pilot to gain an understanding of why some Aboriginal patients choose to leave hospital prior to their care being completed,” Acting Head of Department for Social Work, Language Services and Aboriginal Health Liaison at Royal Perth Bentley Group (RPBG), Denise Gordon said.

“One of the recommendations was for an increased presence of Aboriginal health staff in the ED.”

This year also saw developments at Armadale Kalamunda Group (AKG) where Craig Allen, a Yandruwandha Yawarrawarrka man, was appointed Aboriginal Health Coordinator in January. He was formerly EMHS Acting Manager of the Aboriginal Community Health Team and puts culture at the centre of his work.

“As clinicians, we need to ensure we implement clinical care pathways that are in line with cultural practices and protocols, to address issues and improve our understanding of patients,” Craig said.

His words were echoed by Ken Nicholls, a proud Yorta Yorta/Ngarrindjeri man, who trained as an Aboriginal Health Practitioner and has worked in the Aboriginal and public health sector for eight years.

“The importance of creating a culturally safe and responsive environment is paramount to improving the health outcomes of our people,” Ken said.

“The last thing we want is for anyone who is ill to leave the hospital because they feel culturally unsafe.”

RPBG Aboriginal Health Liaison Officers (L-R) Rob Thorne, Crystal Clarke, Maureen Kelly, Ken Nicholls, Laurel Houghton, Wayne Ninyett, Rikkia Pryor, Brett Walley and Kim Hawkett.

Closing the Gap

EMHS has the highest proportion of Aboriginal people living in its community of any metropolitan health service in WA.

About 2.7 per cent of the 786,290 people living in our catchment area identify as Aboriginal.

Our services also have strong links with country regions with a high proportion of Aboriginal residents such as the Kimberley and Pilbara.

We are committed to the objectives of the National Agreement on Closing the Gap and take our responsibility as a leader in Aboriginal health care seriously. This year marked another significant step forward.

Journey to Better Health – EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-24 was released in March, setting our Aboriginal health goals for the next few years, building on past work and laying out a blueprint for the health service we aim to be.

It is part of our journey to realise the long-term agenda in the Department of Health's Aboriginal Health and Wellbeing Framework 2015-2030 and follows our first action plan in 2018.

The new plan has a multi-strategic approach which prioritises four areas:

1. key organisational-level elements to support the improvement of health outcomes for Aboriginal people
2. a culturally respectful and non-discriminatory health system
3. a strong, skilled and growing Aboriginal health workforce
4. equitable and timely access to the best quality and safe care.

More than 30 actions have been identified, aimed at delivering change.

These range from developing an Aboriginal Health Clinical Practice Guide for staff, a review of HR policies and annual strategic analysis of Aboriginal health data.

The importance of this plan cannot be overstated and fortunately work in most of these areas has already started.

In WA, Aboriginal men have a life expectancy 13.4 years lower than non-Aboriginal men and Aboriginal women are expected to live 12 years less than their non-Aboriginal counterparts.

Although Aboriginal people make up 2.7 per cent of the EMHS catchment population, presentations and admissions to our hospitals are significantly higher.

Across EMHS, Aboriginal people made up 9 per cent of emergency department (ED) presentations, 5.7 per cent of outpatient occasions of service and 8.1 per cent of inpatient separations (patients leaving because of discharge, signing out, transfer or death) in 2022-23.

The percentage of Aboriginal people who do not wait or who leave our EDs has been twice that of non-Aboriginal people. And Aboriginal people have been five times more likely to discharge themselves from hospital against medical advice.

As an organisation we have been striving to better recognise and understand the importance of cultural differences among people who access our services and adapt our approaches.

An Aboriginal cultural competency survey undertaken interdependently by Dr Tracy Westerman of Indigenous Psychological Services in 2021, suggested 60 per cent of EMHS staff were “culturally blind”, or did not appreciate the importance of culture, ethnicity, traditions or language.

The level of cultural competency in an organisation directly impacts the experience of Aboriginal consumers and their families, and their health outcome.

Consequently, further work is being done to ensure our Aboriginal workforce reflects our community profile.

As part of the EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-24 we aim to achieve:

- good practice and guiding principles to establish genuine relationships and partnerships with Aboriginal people, community and organisations, supported by tools and resources
- culturally respectful behaviours by all staff
- a consistent approach to cultural training and improving the cultural awareness and competency of staff where learning outcomes are uniform, optimised and specific to cater for various roles and disciplines
- a workforce in which Aboriginal people represent at least 3.1 per cent of staff, up from the current 1.1 per cent
- representation by Aboriginal people across all levels of the organisation, with EMHS viewed as an ‘employer of choice’.

For Aboriginal people, it is hoped the new plan will improve health outcomes and reduce inequities; improve access to culturally safe health services and programs; and improve understanding of health systems.

It is also hoped it will lead to an increase in Aboriginal people in leadership roles and more partnerships with Aboriginal Community Controlled Organisations.

For EMHS, benefits are set to include better health outcomes, progress in Closing the Gap, the elimination of institutional racism, strengthened relationships with Aboriginal communities, improved staff satisfaction and superior Aboriginal staff engagement.

A traditional Aboriginal dance group helped staff and key stakeholders mark the launch of the EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-24.

Giving a voice to Aboriginal patients within our health care system was a priority in 2022-23 and remains so into the future.

Aboriginal patients share their stories to help others

The wisdom and experiences of Aboriginal patients and communities were captured in an inspiring book *Our Health, Our Stories*, published in January 2023.

The book was the culmination of a two-year project which gave a voice to Aboriginal people in the health system and reflects our commitment to improving their health and wellbeing.

In the book, Aboriginal people who used our services shared stories of their health journeys to encourage and reassure others.

The services included the long-running mobile podiatry and diabetes clinic Moorditj Djena; advocacy and health resource, Aboriginal and Acute Care Coordination (AACC); our Aboriginal Healthy Lifestyle Programs (AHLP); and Aboriginal Health Liaison (AHL).

Rich in imagery and words, *Our Health, Our Stories* combines information about patients' traditional lands, their health journeys and EMHS services.

"It's important we grow together with our consumers and understand our strengths and weaknesses, make appropriate changes to improve the services we offer, Close the Gap and pave the way for an enduring, healthier and brighter future for our mob," EMHS Aboriginal Health Strategy Director Denese Griffin said.

"It is valuable for consumers to understand other people's health journeys and have the confidence to access any health service providers for their medical condition."

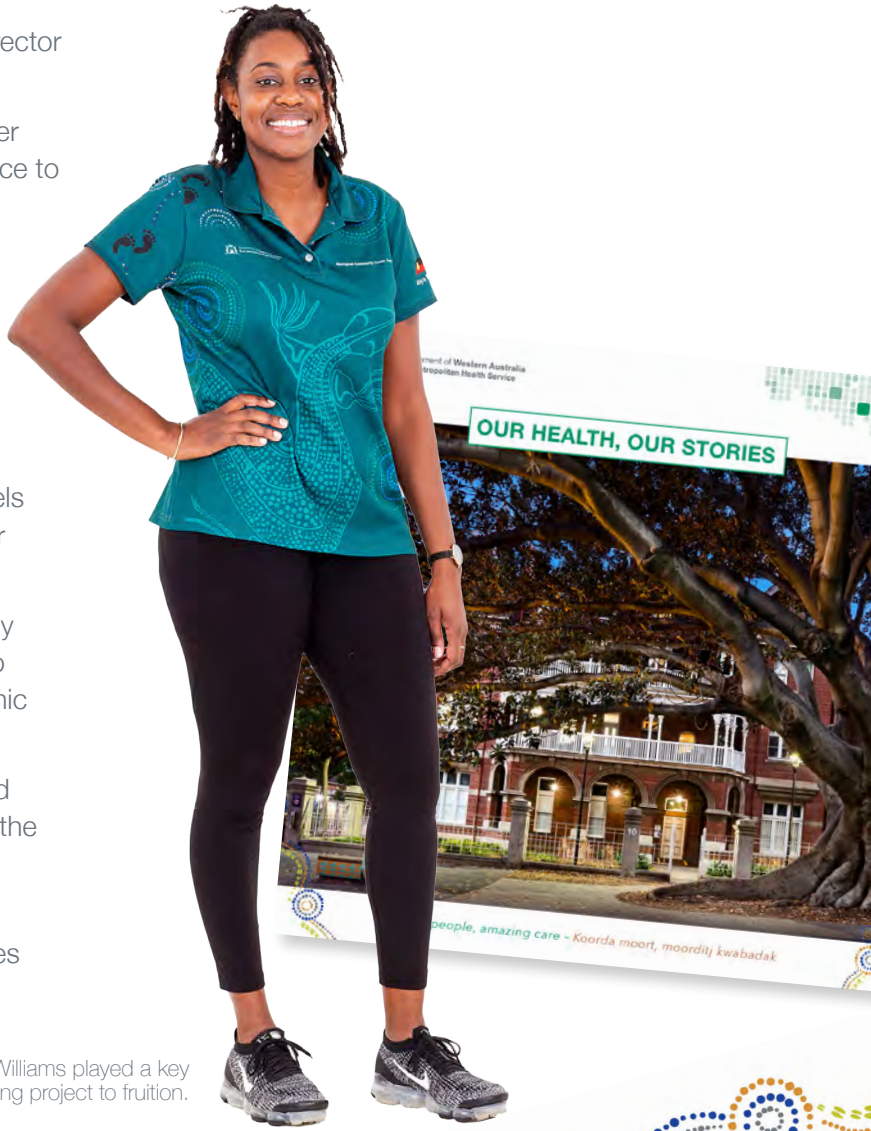
Royal Perth Bentley Group (RPBG) Aboriginal Health Liaison Officer Wayne Ninyett said the book would help break down any barriers to Aboriginal patients attending hospital.

"The most common thing the clients said was how they felt empowered to become role models and to advocate in their family circle and in their community," he said.

"They would educate and encourage their family to make better, healthier lifestyle choices and to seek early medical intervention to prevent chronic disease."

Since the launch, the book has been distributed as far afield as the remote Balgo community in the Kimberley.

Those receiving a copy have included patients, Aboriginal community members, doctors, nurses and other health professionals.



Senior Project Officer Onike Williams played a key role in bringing the exciting project to fruition.

Voices from across our State

The voices in *Our Health, Our Stories* are as diverse as our patients and come from across WA.

Danny, from Bunuba country in the central-west Kimberley, spoke of his journey with type 2 diabetes, including renal failure and amputations.

With the support of EMHS services, he learnt to manage his conditions and had good advice for others.

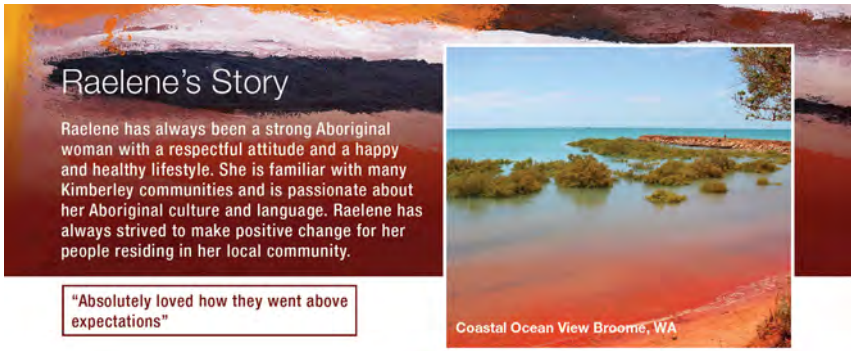
“It’s important to speak up and ask questions in hospital,” Danny said.

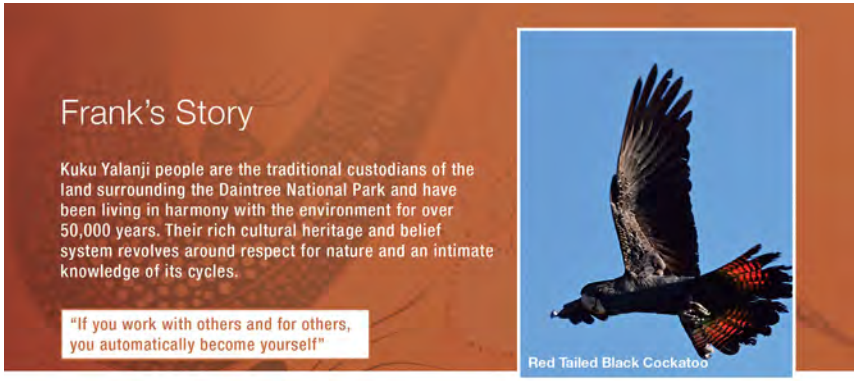
Frank, a Perth resident whose background is both Aboriginal and Torres Strait Islander, spoke of his experiences with type 2 diabetes, high blood pressure, high cholesterol and a heart murmur.

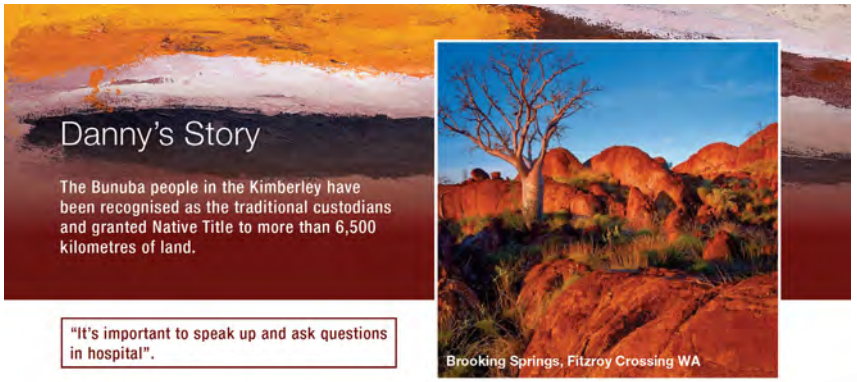
He used Moorditj Djena and other EMHS services and programs.

Raelene shared her story of travelling from a remote community to the city to receive treatment for breast cancer at RPH.

At EMHS, we are inspired by all those who shared their stories and are grateful for the contribution they have made to helping others.







Continuing to deliver safe and high-quality care

EMHS is very proud of the significant improvements we continue to make in improving the quality of health service provision and providing safe and high-quality care for our patients and consumers.

It is recognised however, that in such a complex and challenging environment, sometimes things can go wrong while accessing a hospital or health facility. In these instances, EMHS is committed to finding out what happened, why it happened and how we can make changes to help prevent or reduce the risk of a similar incident occurring again.

Learning from clinical incidents

During 2022-23, there were 175,060 patient admissions to EMHS hospitals. In addition, 212,403 patients were seen in our emergency departments (ED) and another 507,286 patients were seen in an outpatient clinic or setting.

As a testament to our professional and skilled workforce, the overwhelming majority of these interactions occurred without incident. However, for a very small percentage of patients, errors did regrettably occur during their care – and in some cases, these errors resulted in unintended harm.

In the interests of transparency, we are sharing the number of serious clinical incidents that occurred in 2022-23 at our hospitals and health services.

During the reporting period, there were 83 clinical incidents reported with a Severity Assessment Code (SAC) rating of 1 (SAC1). A SAC1 incident is a clinical incident that has, or could have, caused serious harm or death, and which is attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness.

Of the **83** serious incidents reported in 2022-23, the patient outcome[1] was noted as:

- **3** No harm — **7 in 2021-22**
- **62** Serious harm — **73 in 2021-22**
- **0** Minor harm — **2 in 2021-22**
- **17** Death — **17 in 2021-22**
- **1** Moderate harm — **10 in 2021-22**

[1]The outcome does not necessarily arise as a direct cause of the incident. Factors other than healthcare-related may have contributed to the patient's outcome.

The number of SAC1 incidents is partly attributed to an increase in activity and a strong culture of reporting. The most reported types of incidents include infection control, mental health and patient accidents/falls incidents. All SAC1 clinical incidents are subject to a rigorous investigation, with the reports being reviewed by members of the EMHS Executive, as well as the EMHS Board Safety and Quality Committee.

Morbidity and mortality (M&M) review is a forum for clinicians to openly and transparently discuss the quality of care provided to patients who have died or experienced significant morbidity while under the care of a health service. EMHS has continued to mature and strengthen its M&M review processes, which are an essential component of an integrated approach to identifying clinical incidents, opportunities for quality improvement and organisational learning through peer review.

In response to EMHS learning from its safety and quality incident data, it has implemented a number of initiatives to reduce the number and severity of those incidents.

The **EMHS Reducing Falls with Harm Improvement Group** was established to review and discuss patient falls in health care.

The group has shared current strategies in the prevention of harm from falls, including minimisation plans based on best practice and evidence to improve patient outcomes. A suite of contemporary patient education resources is in development to empower patients with information on how to reduce their risk of falls while in hospital.

The **EMHS Sepsis Reference Group** oversees the implementation of tools and systems for improved sepsis management across our health service.

The group has led several key initiatives in 2022-23 including:

- implementation of a WA Paediatric Observation chart for managing sepsis across EMHS services that treat and admit paediatric patients
- an Adult Sepsis Pathway at Royal Perth Bentley Group and Armadale Kalamunda Group
- analysis against the National Sepsis Clinical Care Standard to ensure EMHS hospitals cater for sepsis care that should be provided in hospital and after discharge.

EMHS continues to actively participate in healthcare-associated infection (HAIs) surveillance programs, including the monitoring of hospital-acquired blood stream infections (HABSI), enabling learnings from current practice.

There was a reduction in the number of HABSI in the latter part of 2022-23 following the implementation of actions arising from an external review of relevant clinical policies and practices at RPH.

Examples of learning from a clinical incident

Situation

In incidents where patient(s) require an iron infusion to correct iron deficiency, the treating doctor will explain the procedure including discussing the risk factors and then obtains the patient consent to the procedure. An intravenous cannula (IV) is inserted into the patient's arm in order to administer the iron infusion. This procedure carries a risk that the IV cannula can dislodge and make its way out of the vein leading to a small amount of iron entering the tissue surrounding the IV site. When this is discovered the iron infusion is stopped immediately. The patient's doctor is then notified and the incident is discussed with the patient. As a result, the patient(s) can experience permanent iron staining to the surrounding skin.

Recommendation

It was recommended that EMHS introduce an iron infusion guideline to enhance the existing Iron Infusion Consent and Checklist form and the Intravenous Iron Infusion Patient Information Leaflet. The guideline is to cover prescribing, supply, administration and monitoring of intravenous iron products.

Result

EMHS introduced an Intravenous Iron Therapy – Adult Guideline to assist staff in administering iron infusions according to evidence-based practice. The guideline was reviewed by stakeholders across EMHS to ensure consistency in practice across multiple sites. Additional training and awareness to support staff was also introduced.

EMHS risk management and audit

The three lines of defense model employed by EMHS clearly defines functions that are involved and responsible for effective risk management. These lines of defense are:

1. own and manage risks
2. oversee risks
3. provide independent assurance.

The EMHS Board Audit and Risk Sub-Committee forms part of the organisation's wider governance framework and provides a key oversight role for the second and third lines of defense through the risk management and audit functions.

Some of the key activities performed by the Board Audit and Risk Sub-Committee for this period included:

- review and monitor significant risks including treatment action plans
- oversight of the cybersecurity requirements and its activities
- review and approve any changes to the Internal Audit Plan to ensure the function can respond appropriately to immediate and emerging risks.

Risk management

The 2022-23 highlights of the risk management function included the:

- assessment of risks against new Work Health Safety legislation, to ensure EMHS continues to provide a safe workplace
- improvements to the assessment of information and communications technology (ICT) risks, including patient safety impacts and cyber risks
- assessment of clinical risks and frontline risk identification, to ensure risks can be identified and escalated from the frontline and are aligned to clinical data
- review of the EMHS strategic risk profile and confirmation of key strategic risks and responsibility for control improvements.

Additionally, our health service has undertaken a maturity assessment of the risk management function which has demonstrated consistent improvement in its maturity level from a baseline undertaken in 2019, as well as when benchmarked against its industry peers.

Internal audit

In 2022-23, the risk-based Internal Audit Plan was developed in consultation with AEG, and saw major audits conducted in high-priority areas such as medical equipment, clinical billings, projects and records management.

These audits have made recommendations, which are being implemented to provide continuous improvements to processes and service delivery at EMHS.

In 2022-23, management was able to close 56 per cent of the internal and external recommendations logged for the year, while 44 per cent were in progress at the time of this report. There is a robust governance process in place headed by the Board Audit and Risk Committee, to monitor and query management actions and implementation of these audit recommendations.

Management of medical equipment audit

Medical equipment is critical to support the delivery of safe clinical care, and inadequate management can lead to the purchase or performance of sub-optimal equipment that may expose patients or staff to safety risks.

In 2022-23, EMHS commenced an internal audit to determine the effectiveness of controls, processes, and systems in place for the management of medical equipment across all sites.

Opportunities for improvement have been identified and they are being implemented by management, with progress regularly updated to the Board Audit and Risk Committee.

Clinical Governance Framework updated

We updated our Clinical Governance Framework this year, ensuring we continue to provide safe, high-quality health care with the best possible outcomes for patients.

Clinical governance, as defined by the Australian Commission on Safety and Quality in Health Care (ACSQHC), is the set of relationships and responsibilities between a health service organisation, its State or territory department of health, governing body, executive, clinicians, patients, consumers and other stakeholders.

The EMHS Clinical Governance Framework sets out the requirements for safeguarding and improving the safety and quality of patient care through compliance with the relevant legislation, standards and policy and the implementation and management of associated governance processes.

The framework details how EMHS meets relevant statutory and policy requirements, aligns with WA's strategic goals for clinical care and meets the National Safety and Quality Health Service Standards (NSQHS) for safe patient care.

Revisions to the framework were released in August 2022 on behalf of the EMHS Board, ensuring we continue to remain accountable to consumers and the broader community for continuously improving the safety, quality and efficiency of services.

Important changes to the revised framework include:

- further integration and development of safety and quality within the organisation, consistent with the ACSQHC's National Model Clinical Governance Framework
- reference to the Safety and Quality Policy Framework rather than individual policies to ensure the framework reflects all mandatory requirements as they are updated
- the inclusion of an evaluation section to assess the effectiveness of the framework as per Action 1.03 of the NSQHS. Section 1.03 states that a health service establish and maintain a clinical governance framework and use the processes within the framework to drive improvements in safety and quality.

EMHS Clinical Governance Framework

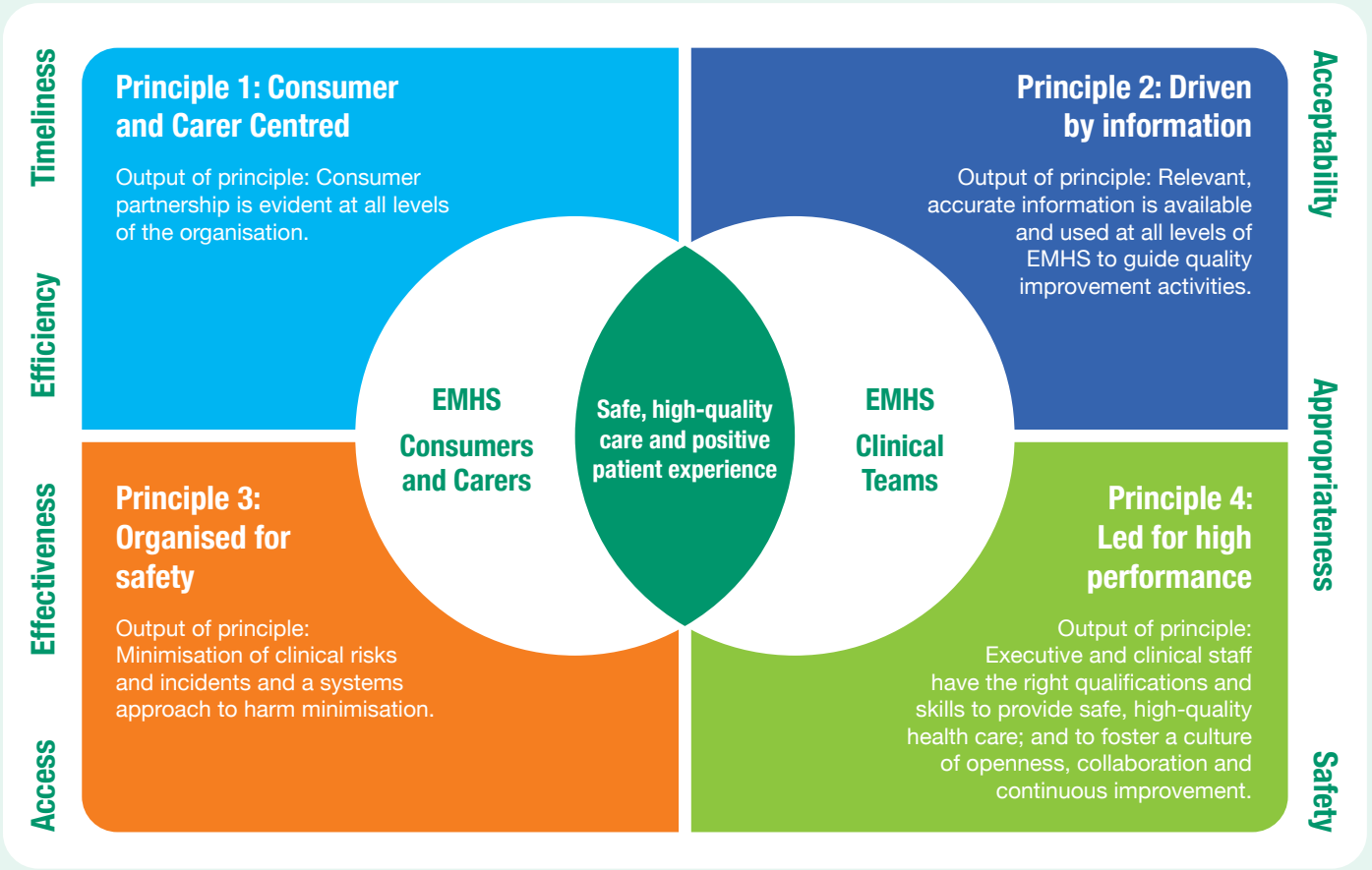
Dimensions of quality. Required elements for robust governance of clinical care.

Priorities and strategic direction are set and communicated clearly.

Measure performance and monitor quality and safety systems within the service.

Report, review and respond to performance to support continuous improvement of quality and safety within the service.

Continuity of care processes ensure that there is continuity across service boundaries.



Planning and resource allocation support achievement of goals.

Culture is positive and supports patient safety and quality improvement initiatives.

Compliance with Clinical Governance Safety and Quality Policy Framework.

Organisational and committee structures, systems and processes are in place.

Roles and responsibilities are clearly defined and understood by all participants in the system.

Months of hard work and preparation rewarded as RPBG and AKG achieve accreditation

In August and September 2022, surveyors from the Australian Council on Healthcare Standards (ACHS) assessed our services against eight National Safety and Quality Health Service (NSQHS) Standards.

The assessors visited all our sites and spent time engaging with staff as well our consumers, carers and volunteers.

Months of hard work and preparation paid off, with both Royal Perth Bentley Group (RPBG) and Armadale Kalamunda Group (AKG) meeting all the required criteria.

Feedback from the surveyors who visited RPH and BHS highlighted how impressed they were with our level of innovation, patient-centred approach, our wonderful culture and 'can do' attitude. They were especially impressed by our mental health services, noting how calm and efficient staff were even on high-risk wards.

RPBG was commended for its support of new technology as well as attention to detail in safety and quality of care, with special mention made of our SAFE dashboards and our Take 5 education initiative. Notably, RPBG received no recommendations for improvement from the surveyors.

Over at AHS and KH, the assessors were appreciative of our transparency and the willingness of staff to answer their queries. They noted a high level of collaboration and teamwork, an obvious focus on the consumer voice, and an incredibly welcoming environment for all consumers and visitors, particularly Aboriginal people.

Of the almost 200 items that were assessed across AKG, not one was found to be deficient. While the assessors advised of improvements in nine areas, no high-risk recommendations were made.

The feedback from both sets of surveyors demonstrated EMHS is certainly on the right path, and the important learnings gained from the 2022 accreditation process will assist us in our continuous improvement journey.

The eight NSQHS standards are:

- Clinical Governance
- Preventing and Controlling Infections
- Comprehensive Care
- Blood Management
- Partnering with Consumers
- Medication Safety
- Communicating for Safety
- Recognising and Responding to Acute Deterioration

Carers WA honour for RPBG

In April 2023, RPBG was formally recognised by Carers WA as the first employer in the State to achieve Level 2 (Commit) Accreditation in the Carers + Employers program.

According to then RPBG Executive Director Dr Lesley Bennett, the accreditation proves why we are an employer of choice not just in the State or country, but globally.

“We are setting the benchmark for carer-friendly employers in WA, and I am delighted to say we are the first employer across all industries in WA, and the first healthcare group in the country, to achieve this accreditation,” Lesley said.

Carers WA CEO Richard Newman presented Annette Baker, BHS Nursing and Site Director, Executive Sponsor and Chair of the Carer Working Group, with the official certificate of accreditation.

“The accreditation is endorsement of the key roles RPBG, as part of EMHS, is playing in supporting staff wellness and wellbeing in terms of both practical support and key resources for carers and managers, to support our workforce, who are unpaid carers outside of their normal working role,” Annette said.

L-R: RPBG Patient Experience Manager Sarah Byrne, then RPBG Executive Director Dr Lesley Bennett, BHS Nursing and Site Director Annette Baker, EMHS A/Director Human Resources Stacey Lynn, Carers WA CEO Richard Newman and a staff member from Carers WA.

Care in our hospitals

AHS joins national alliance to boost full-term births

Armadale Hospital (AH) has joined an ambitious plan to improve the health and wellbeing of mothers and newborns by reducing rates of preterm and early birth.

In October 2022, the hospital became part of Every Week Counts – National Preterm Birth Prevention Collaborative.

The collaborative is funded by the Commonwealth Government and enlists maternity services across Australia to adopt measures designed to safely prevent preterm (less than 37 weeks gestation) and early-term (less than 39 weeks, but more than 37 weeks gestation) birth.

Professor John Newnham (fourth from right) with AKG leaders and staff, supporting national discussions on how to effectively reduce the rates of preterm birth in Australia.

Acting Coordinator Nursing and Midwifery Kate O'Reilly-Bradley said AH was thrilled to be part of the important initiative, which is striving to reduce the rate of preterm and early birth by 20 per cent by March 2024.

"It's an ambitious goal but we are confident it is attainable," Kate said.

As part of the collaboration, AH is working with other participating health services to test and implement evidence-based changes that have been shown to reduce preterm and early birth.

In February, it hosted an Australian Pre-Term Birth Prevention Alliance event attended by Alliance Chair Professor John Newnham AM. Displays in the hospital foyer have also raised awareness about safer birth outcomes.

The **Every Week Counts** initiative is focused on seven key strategies, many of which had already been implemented by AH in recent years.

These include ensuring no pregnancy was ended prior to 39 weeks without obstetric or medical justification; measuring the length of the cervix at all mid-pregnancy scans; offering support to smoking mothers to quit; and providing continuity of care with a midwife through pregnancy wherever possible.

New milestones in Comprehensive Care

Royal Perth Bentley Group's (RPBG) Comprehensive Care Program (CCP) is our model for excellence when it comes to delivering care, including ensuring it is focused on the individual, well-coordinated across their healthcare journey and safe.

Developed by the RPBG Safety and Organisational Learning and Development Team, the CCP aims to ensure patients receive health care that meets their individual needs and considers the impact health issues have on their life and wellbeing.

For staff, it provides an all-in-one risk screening, assessment and care planning tool with management plans for collective risks; tools that help shared decision-making with patients, their family or carers; and coaching on working together with our many health arms.

At its core are three main components – shared decision-making, risk assessment and management and teamwork.

As we continued to roll out and refine the program this past year, new milestones were achieved.

Combined Bedside and Risk Assessment Audit Comprehensive 2 Audit

Also known as CoBRA, this next generation electronic audit tool went live in several departments across RPBG. It captures patient safety risk and compliance information in real time, making it available to ward and Safety and Quality staff, and the process allows for patient safety risk mitigation and data transparency.

Comprehensive Care Dashboard and forms

A new Comprehensive Care Dashboard displaying clinical incidents, hospital-acquired complication information and trends from data collected through CoBRA came into use in August 2022.

The dashboard lets staff and leaders track compliance performance and patient outcome data against Comprehensive Care delivery and make improvements where needed.

New Comprehensive Care forms were also introduced from August 2022, which help tailor the patient experience by including sections for personal preferences, interpreter requirements, goals and concerns.

Registered Nurse Ashley Taylor with a patient.

RPH Family Meeting Room provides privacy in difficult times

A Family Meeting Room opened at RPH in late 2022, providing a private place for staff to have difficult conversations with patients and their families.

Located in the hospital's main block, the seventh floor room was previously solely used as a multidisciplinary team meeting space for staff.

Dr Ricky Arenson, Head of Geriatric Medicine at Royal Perth Bentley Group (RPBG), first identified the need for the room.

"There was no available meeting room for doctors to meet families and patients to discuss sensitive medical matters such as goals of care, end-of-life decisions, nursing home placement and poor medical outcomes," he said.

"These meetings usually take place in hospital corridors and makeshift meeting rooms, so I recognised a real opportunity for us to do better."

The room was redesigned for dual use as both a Family Meeting Room and a place staff can also hold team meetings. Now fitted out with comfortable chairs, soft furnishings and artwork, it provides a quiet place to talk when needed.

L-R: EMHS Innovation Manager Lindsay Rowe, RPBG Head of Geriatric Medicine Dr Ricky Arenson, RPBG Co-Director – Medical Division Linda Brearley and RPBG A/Coordinator of Nursing – Medical Division Fenece Collett.

AHS waiting room extensions

Extensions to the Emergency Department (ED) waiting room at AHS were completed in June 2023 after three months of intensive works.

The waiting room extension complemented the recent $1 million multi-stage upgrade of the hospital's ED.

As well as being more spacious and comfortable, it was designed to significantly enhance the service's ability to manage patient presentations and triage.

The works were carried out while the ED continued to operate.

"We deeply appreciate the ongoing support from staff – all those who adapted to temporary flow changes in our ED as well as the near constant construction noise," AKG Executive Director Neil Cowan said.

The new ED waiting room at AHS.

RPH Radiology embraces ground-breaking MRI potential

A new world-first portable head-only MRI system is making an impression in the RPH Radiology Department, with the potential to serve remote patient populations.

Unlike traditional imaging units, the Hyperfine Swoop can be wheeled directly to a patient's bedside, offering immediacy and convenience.

Four healthcare organisations in Australia – RPH being one – each acquired a unit as part of a multi-site research project funded by the National Imaging Facility (NIF).

The Hyperfine Swoop is ground-breaking on several levels according to Professor Paul Parizel, the inaugural David Hartley Chair of Radiology at the University of Western Australia (UWA) and RPH, and the person who advocated that the unit come to our health service.

"It avoids the time-consuming and potentially risky transportation of critically ill patients from their protected environment in the ICU, hospital ward or the ED through the bowels of the hospital to the fixed MRI scanner," Prof Parizel said.

"Furthermore, it obviates complicated scheduling and circumvents patient backlogs."

Other benefits are evident too, including the enabling of critical decision-making across clinical settings, and the mere 30 minutes it takes to train staff to use the unit.

Image quality, however, is not as refined as a fixed MRI machine, but may be enough to diagnose a stroke, a bleed, or a mass lesion in the brain.

"And the hope is that with deep learning algorithms and AI, we can actually weed out some of the graininess in the images to improve the diagnostic quality," Prof Parizel said.

The initial phase of the research endeavour saw the Swoop being used from mid-April 2023 to scan patients who have had the fixed MRI and who then agree to having an additional mobile MRI.

L-R: Inaugural David Hartley Chair of Radiology, Professor Paul Parizel, Senior Physicist Health Technology Management Unit Chris Leatherday and Senior Medical Imaging Technologist, MRI/Imaging Services Sandy Noronha.

SJGMPH seeks to embed new model of care and service improvements

In April 2023, a new General Medicine Model of Care (GMMoC) was introduced at SJGMPH.

The new team-based model comprises several notable improvements to patient care continuity, quality of care and experience, in addition to promoting caregiver satisfaction within the workplace.

Some of the main components include:

- new weekday admission process
- more junior medical officers per General Medicine public team
- increased evening registered medical officer ward cover
- improved multidisciplinary team/medical interface
- new post discharge review clinics
- new cardiology registrar.

During the past year, SJGMPH has also actioned a range of service improvement innovations that have greatly benefitted patient outcomes and staff productivity.

A new Electronic Tasking and Flow (eTAF) system known as Kyra Flow has been implemented, which promotes the digital visibility of patients as they move through the hospital and allows for the live tracking of departmental capacity.

A core component of the system, digital journey boards have started to be introduced across the hospital wards. These enable ward staff to have live updates on patient status and assist with both care management and discharge planning.

SJGMPH is also implementing a new tasking solution for medical, housekeeping and patient care assistant teams. Expected to be complete by the end of 2023, the project includes replacement of the current paging devices with smartphones, enabling recipients to access real-time updates and reporting on task progress and completion, treatment or surveillance.

L-R: Administrative Assistant Robson Durairaj Kirubakaran, Clinical Information Nurse Lisa Burnette and Digital, Information and Technology Business Partner Colin Disley with the new Kyra Flow digital journey board.

Satellite dialysis unit a game-changer

An eight-chair ‘satellite’ Haemodialysis Unit, established in December 2022, has proved a game-changer in reducing excessive wait times for our patients at RPH.

These are patients, including from the regions, who are ready to come off acute dialysis at RPH’s in-centre unit and who would have otherwise been waiting for a spot to open up at a ‘satellite’ dialysis unit in the community, closer to home.

Nurse Unit Manager on Ward 4H where the unit is located, Melanie McNeice, said the new service ensures a more integrated and enhanced consumer journey.

“Before 4H, patient wait times were very high and we had no choice but to provide short notice of appointment changes due to an emergency coming in,” Melanie said.

“But by virtue of creating a ‘satellite’ centre on the premises of RPH, we are able to better control patient flow and run a safer, more effective and efficient service.”

The 4H satellite unit now cares for up to 32 patients, providing 96 treatments each week, from Monday to Saturday.

Its success in decompressing demand on the main Dialysis Unit on Ward 6C at RPH contributed to the decision in April 2023 to discontinue dialysis services on Sundays.

Extending dialysis treatment for patients on Sundays commenced in April 2022 to cope with the surge in demand.

While the ‘satellite’ unit has meant Sunday treatments have ceased, the remaining on-call service is ongoing to ensure that emergency dialysis is provided to those patients most in need.

L-R: RPBG Clinical Nurse Teresa Mitchell, patient Robyn Middleton and Ward 4H Nurse Unit Manager Melanie McNiece.

Passport to improve patient experience

SJGMPH's Colorectal Multidisciplinary Team treats approximately 140 patients per year with a suspected or confirmed colorectal cancer (CRC) diagnosis.

This is in addition to the patients already known to the service on active treatment or surveillance.

The CRC Patient Passport has been designed to promote patient resilience and self-care by encouraging them to take an active role in evolving information about their own condition.

It is also designed to build a support network of healthcare professionals.

Distress screening, managing surveillance schedules and minimising follow-up disruptions or missed recurrences are additional benefits.

Key features of the CRC Patient Passport include:

- contact information for the patient's healthcare team and information for spiritual, social, domestic and practical support services
- appointment tracking (past and future), hospital admissions, medications and test results
- diagnosis and treatment information, including a diagram for the surgeon to illustrate the patient's diagnosis, followed by details of 'what to expect after colorectal surgery'
- distress and symptom checker prior to an appointment to encourage communication
- space for treating clinicians to record notes directly into the passport at each appointment (Colorectal, Medical Oncology, external Radiation Oncology, and Allied Health)
- a central repository to which the patient can refer for treatment details, test results or other advice
- an individual and invaluable organiser with comprehensive records that patients can present to emergency departments or unfamiliar healthcare professionals.

Framework for the CRC Patient Passport was led by the hospital's colorectal nurse specialists. Contents were defined with the involvement of surgeons, the Oncology and Radiology departments, dietitians and stoma nurse specialists.

The CRC Patient Passport is designed to improve the patient experience and communication with the healthcare team while promoting greater understanding among patients of their diagnosis and treatment plan, enabling them to better manage the logistical and practical aspects of having cancer.

The publication demonstrates the EMHS value of excellence by identifying gaps in current service provision and making changes to continuously improve.

Feedback from patients and their families was sought during the development, pilot and review phases of the passport.

L-R: The SJGMPH Colorectal Multidisciplinary Team:, Dr Joel Stein, Melissa Webb, Dr Mary Theophilus, Dr Abdallah Elsabagh and Nicole Newell.

Ambulatory Unit lifts pressure on SJGMPH ED

As a busy public hospital, with one of the busiest emergency departments (EDs) in Perth, SJGMPH is redefining the safe and timely delivery of care to patients.

In October 2022, the hospital unveiled its innovative Ambulatory Emergency Care Unit (AECU), aimed at providing urgent assessment and treatment for patients initially presenting to the ED.

The AECU has been designed to reduce waiting times, improve patient flow, avoid unnecessary overnight admissions and to enhance the patient experience.

Eligible patients are identified in the ED and prioritised for transfer to the AECU for same-day assessment and management.

The unit has facilitated:

- diagnostic tests and treatments for patients on the same day
- avoidance of hospital admission and long wait periods
- an individualised specialist-driven medical plan for patients.

If required, patients return to the unit the following day for an outpatient follow-up appointment, allowing further investigations or a review to rule out any deterioration.

L-R: The AECU multidisciplinary team represented by Patient Care Assistant Erica Santos, RMO Dr Violet Kaoseb, Head of AECU Dr Michele Genevieve, Ward Clerk Bianca Blackbeard and Registered Nurse Josie Elliott.

Long stay strategy

Social issues such as the aged care crisis, challenges with the National Disability Insurance Scheme and public housing pressures have contributed to a group of patients for whom EMHS facilities have become 'home', long after they are medically fit to be discharged.

At any moment in time there are up to 100 long-stay patients across our services. Most are elderly, have disabilities or nowhere else to go.

In December, EMHS released a Strategy for Managing Long Stay Patients – a way forward to finding suitable accommodation and care in the community for people who are in danger of becoming institutionalised as well as freeing up critical hospital beds.

Ben Noteboom, who oversaw the strategy as Director of Allied Health, said long-stay patients have been a challenge for WA health services for over a decade. EMHS wanted to collect data on the size of the problem within its systems.

"We don't have automated ways to capture the milestones in a patient's journey and what the key barriers to them leaving hospital are," said Ben, now Acting Executive Director of Royal Perth Bentley Group (RPBG).

"So we set up manual processes to do that."

"I think we have been ahead of the game in starting to collect this data in a more systematic, standardised way."

The Strategy for Managing Long Stay Patients reveals the challenges, with data from November-December providing a snapshot of the problem.

At the time, discharge delays related to finding suitable places in aged care facilities accounted for almost half of all long stay patients, with an average length of stay of 24 days.

80-100 inpatients are identified as 'ready for discharge' at any time

78 days is the average length of stay for patients waiting for NDIS supports

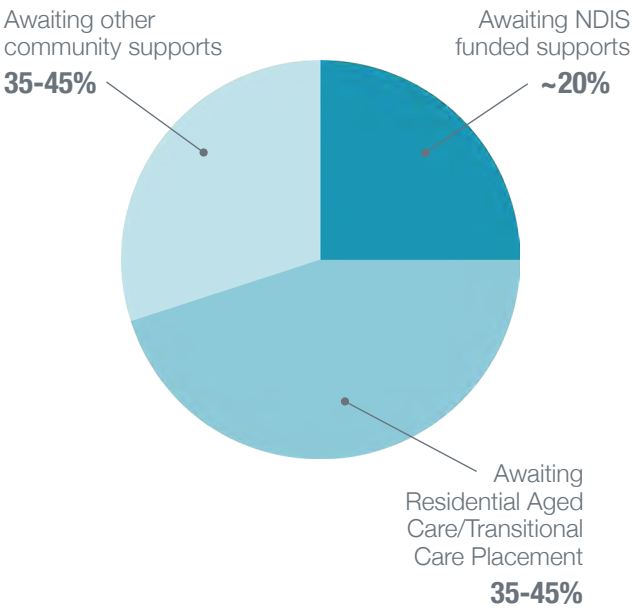
24 days is the average length of stay for patients waiting for Residential Aged Care or Transitional Care Placement

[1] Approximate figures based on long stay patient data manually captured 7 November – 7 December 2022. Strategy for Managing Long Stay Patients.

People waiting for NDIS support made up less than a quarter of long stay patients – but the average length of stay for this group was three times higher at 78 days, with an overall range from seven to 421 days.

A further 35 to 45 per cent of long-stay patients were waiting for other community support before they could be discharged.

Current impact of long stay patients at EMHS[1]



A long stay patient coordinator within EMHS now supports advanced problem solving and escalations in decision-making for complex cases, while the Social Work team support the multidisciplinary teams to identify and progress solutions for other patients.

In one case, social workers approached a number of aged care facilities to find a home for one woman with high-level care needs.

“Our staff are in there doing what they can, but it’s challenging when there aren’t options to send them to,” Ben said.

“In the past we used facilities such as psychiatric hostels and crisis accommodation. The team can still access them, but a lot of them are full.

“Sometimes it’s challenging because we need places that might be gender-specific for family and domestic violence situations and there aren’t enough of them.

“Our teams are skilled at trying to identify the solutions and tap into networks, but if everyone we call says ‘we have a waiting list’, it makes it hard.”

Ben said it is the people with more complex needs who are harder to find places for – or it can take time for EMHS staff to train community carers to support them.

“It’s a massive challenge because a lot of it bridges between the social and health domains,” he added.

“Once they are medically well enough to go home, a lot of the barriers aren’t about their ongoing access to health care. They are about their access to people who can help them and support them with their disability, their natural progression of ageing and other issues in the community.”

EMHS’ work in meeting the challenge of long stay patients will continue in the coming financial year, focusing on new models of patient care and ways to work with other organisations to find solutions.

L-R: Social Work Deputy Head of Department Alex Cann and Manager Nerine Mills.

New rehabilitation facility for Seniors

A new rehabilitation facility at Bentley Hospital (BH) opened its doors in October 2022 to senior patients like Pearl Heymans, who was badly injured in a daylight ATM mugging at the age of 86.

Pearl was initially treated at Armadale Hospital (AH) before being transferred to Royal Perth Hospital (RPH). Later, she was admitted to BHS' Ward 12 for rehabilitation for a fractured hip and became one of the first patients at the amenity.

"I had a lot of problems with my hip," Pearl said.

Ward 12 specialises in general and post-surgery rehabilitation for patients over the age of 65.

Its 30 rehabilitation beds are proving a valuable facility for older patients and also help free up tertiary beds at RPH.

A prefabricated building, it was put together off site before being installed at the Bentley campus as part of a commitment by the WA Government to increase bed capacity across the State's health system.

Pearl Heymans, one of Ward 12's first patients, with EMHS Executive Director Medical Services Professor Grant Waterer and BHS Site Director Annette Baker.

Nurse Unit Manager Wesley Leo (fourth from left) and other team members on Ward 12 at BHS.

Ward 12 patients are accommodated in 10 single and 10 double rooms – each with bathrooms — and care is delivered by a team of medical, nursing and allied health professionals.

The facility has administration, inpatient and therapy areas, including a gymnasium, dining room and group therapy space.

A functional training area lets patients practise everyday tasks such as preparing meals.

“The intention is that this ward will provide more timely access to specialised rehabilitation care and will potentially accommodate flow from other EMHS sites such as AKG and SJGMPH,” RPBG Acting Executive Director Ben Noteboom said.

Patient response to the facility has been positive.

Minister for Health and Mental Health Amber-Jade Sanderson was among the first visitors to the ward, meeting staff and patients at the October opening, including Pearl.

Minister for Health and Mental Health Amber-Jade Sanderson interacting with a patient on Ward 12 at BHS.

WA's first public sector Day Hospice opens at Kalamunda Hospital

A new Day Hospice for palliative care patients opened in July 2022 as part of a $9.5 million redevelopment of KH, the first facility of its kind in WA's public health system.

Palliative care patients who are normally looked after at home can visit the hospice for support, to relax and meet others while their regular carers have some time off.

A major refurbishment of what was once the old maternity section of KH has captured a home-away-from-home feel for the facility.

A social room with comfortable recliners to rest and relax and space for activities with volunteers opens to a native garden and the Darling Scarp.

Other features include a new entrance and waiting room, fit-for-purpose therapy rooms, an outpatient room for symptom management clinics, new toilets, a renovated courtyard pond and a café-style kitchenette with a patio.

The hospice is staffed three days a week by a team of nurses, allied health professionals and volunteers who can care for up to 10 patients a day.

A social and therapeutic program helps people address their symptoms and supports their physical, emotional and spiritual needs.

Therapy and services available include meditation and music therapy and appointments with specialist staff such as physiotherapists, occupational therapists and a nurse.

Other activities on offer include arts and crafts, horticulture, breadmaking, board games, bowls, chair aerobics and high tea.

The model of care was developed with patients, staff and carers and is based on a combination of therapeutic and social support and tailored to the individual.

Patients usually visit for part of the day, according to their needs.

Under the wider KH redevelopment, inpatient rooms and other hospital facilities are also being upgraded.

Kalamunda's new Day Hospice – a first for WA.

L-R: Armadale Kalamunda Group (AKG) Volunteer Coordinator Sarah Longman, Allied Health Assistant Sara O'Neil, Clinical Nurse Emma Harris, Nurse Manager Inese Morton and Nurse Unit Manager Judy Brand.

Day Hospice draws praise

The Kalamunda Day Hospice drew praise from the Department of Health's End-of-Life-Care (EoLC) team and the EMHS Board in its first year of operation.

Members of the EoLC team, which provides state-wide direction through the WA End-of-Life and Palliative Care Strategy 2018-28, toured the hospice in August 2022.

"It's fantastic to see the model that's been developed here at Kalamunda," EoLC Project Director Amanda Bolleter said.

"The patient and their family have really been put at the centre of all the changes. Everything's been thought of – not just on the clinical side, but also the allied health and wellness aspects."

EMHS board members were also impressed after a visit in April 2023.

L-R: EoLC Project Manager Gabriella Jerrat, AKG Director of Allied Health Danielle Kilmurray, AKG Director of Clinical Services Dr Alison Parr, AKG Nursing Coordinator Jo Harris and EoLC Project Director Amanda Bolleter.

Innovations in emergency

Emergency services across EMHS successfully secured two more rounds of funding for innovation projects through WA Health's Emergency Department Innovation Fund (EDIF) in 2022-23.

EMHS innovation projects focused on improving emergency access for older adult patients under our Comprehensive Ambulatory Older Adult Program. We're now transitioning the innovations into our business as usual.

Services for older adults were integrated into ambulatory care models, including the Geriatric Assessment Team, which has now become part of the growing RPBG Ambulatory Unit. Over at SJGMPH, a multidisciplinary Geriatric ED team, is already embedded in the hospital's Ambulatory Emergency Care Unit (AECU). See page 89.

The **Individualised Home Support Service** (IHS) has developed into a holistic multidisciplinary team made up of a clinical nurse specialist, senior social worker, senior occupational therapist and senior physiotherapist.

The **AHS Older Adult Liaison Service** is being introduced on an ongoing basis. The service improves care coordination for patients over 65 years of age who are frail and vulnerable.

Ongoing infrastructure development and capital works have also formed part of the emergency access program of works.

> **Thank you for your visit to me this morning – it was the happiest and most fulfilling and instructive of all such meetings with 'support' persons EVER!! May I request that you be my choice first and foremost for any assistance I may require in the future. Thank you for restoring my faith in the system!**
>
> Feedback from a patient on the Individualised Home Support Service.

Targeted ED care for older adult consumers

Older adult consumers presenting to the emergency departments (ED) at RPH and SJGMPH are benefitting from rapid and targeted assessment and interventions.

Both programs were recognised at the 2022 EMHS Excellence Symposium in late 2022. (See page 104)

Geriatric Assessment Team and Ambulatory Unit at RPH

Since September 2021, RPH's Geriatric Assessment Team (GAT) has expedited the assessment and discharge of appropriate, elderly patients from the ED, using an innovative assessment and referral system.

Through close collaboration with the hospital's then smaller-sized Ambulatory Unit (AU), the GAT helped to reduce ED workload by diverting geriatric issues to the care of a multidisciplinary geriatrician-led team.

The GAT service has since evolved to become RPH's newly expanded AU, complete with a geriatric frailty pathway. Since its launch on 24 April 2023, the 10-bed geriatrician-led AU has been diverting eligible patients from the ED waiting room, for a comprehensive assessment and specialist geriatric care in lieu of an admission.

With the increase in older adults presenting to hospital over the past few years, the AU has therefore been able to facilitate an increase in patients who receive same-day care instead of multi-day care.

The AU currently also treats ambulatory patients over the age of 16 years one day in the week. This is expected to extend to five days per week, with a multi-specialty team encompassing geriatricians, acute medicine and emergency clinicians.

294 patients cared for by AU

81 years old = median patient age

83% of patients discharged on the same day

(Period: 24 April 2023 – 30 June 2023)

L-R: Dr Zarrin Allam and Dr Nisha Antony are part of the RPH Ambulatory Unit.

Geriatric Emergency Department Team (GEDT) at SJGMPH

The Geriatric Emergency Department Team (GEDT) at SJGMPH aims to improve the care of frail older adults in its ED by helping them avoid hospital admissions and readmissions.

Operating weekdays between 8am and 5pm, the GEDT actively screens and accepts referrals for patients who meet its eligibility criteria. It then provides referred patients with early, comprehensive, multidisciplinary assessment and management.

The GEDT has received positive feedback from patients and caregivers.

96% of patients provided positive responses about the GEDT in a satisfaction survey.

64% of ED staff thought the GEDT provided an extra level of care to the patient cohort that was not part of usual care.

83% agreed the GEDT assessment and/or handover assisted with earlier disposition decisions.

L-R: Members of the GEDT at SJGMPH, Consultant Geriatrician Dr Jeffrey Chong, Physiotherapist Kathryn Scoble, Senior Occupational Therapist Jessinta Benton, Consultant Aged Care and Rehabilitation Dr Chok Lui and Clinical Nurse Consultant Aged Care Lyn Fell.

Emergency access a key priority

Emergency access and improving patient flow remained priorities for EMHS in 2022-23, both within our own service and as part of the broader WA Health system through collaboration across networks.

Consequently, this year saw several major changes to operations.

Measuring patient flow and emergency access

The way patient flow is measured within the Department of Health changed during 2022-23 on the advice of the Australasian College of Emergency Medicine (ACEM)s.

In April 2023, a more nuanced way to measure the WA Emergency Access Target (WEAT) was introduced.

The new performance targets recognise different groups of patients as those who are:

- eventually discharged directly from the ED
- admitted to a Short Stay Unit (SSU)
- admitted to the main hospital or transferred to another hospital.

The new targets also consider system and context metrics (such as how many ambulances arrive at our hospitals) to provide a broad view of patient flow outcomes across the system.

We also kept some of our existing performance measures, such as:

- Transfer of Care (TOC) – how long it takes for a patient who arrives by ambulance to be transferred from the care of paramedics to the care of hospital staff
- Extended Transfer of Care (ETOC) – how many hours are spent by paramedics and ambulance crews waiting for their patients to be accepted into the ED.

Emergency Access Program

Our Emergency Access Program (EAP) team continued to coordinate projects across EMHS aimed at improving patient flow outcomes.

The EAP has more than 60 projects in its portfolio, including these major projects in 2022-23.

Community Health in a Virtual Environment

Known as Co-HIVE, this project harnesses the capabilities of the Health in a Virtual Environment (HIVE) resource, working with residential aged care facilities and preventing avoidable ED presentations. Page 94 explains the concept in greater detail.

Ambulatory Emergency Care Unit

The first AECU opened at SJGMPH in October and has been striving to divert patients away from ED. It has become an embedded service within Midland's emergency care landscape. Page 81 explains the concept in greater detail.

Inter-hospital transfer processes

These have been streamlined in collaboration with ambulance services and secondary hospital sites to divert patients who would usually require treatment at RPH directly to the tertiary hospital.

The Medical Admissions Unit at AHS

The service has been re-established as a single ward of admission for General Medicine, streamlining patient flow to reduce length of stay and improve patient satisfaction.

These workstreams have a cumulative effect on improving the way patients move through the health system.

EMHS' overall 'Seen on Time' performance for all ED attendances (Triage Categories 1-5) for 2022-23 shows a slight performance degradation compared to 2021-22.

However, many of the performance-related issues were in the first half of 2022-23, as COVID-19-related processes and staff absences affected patient flow overall.

Percentage of ED patients seen within recommended times

The Australasian College for Emergency Medicine (ACEM) developed the Australasian Triage Scale (ATS) to ensure patients presenting to emergency departments (ED) are medically assessed, prioritised according to their clinical urgency and treated in a timely manner.

This performance indicator measures the percentage of patients being assessed and treated within the required ATS timeframes. This provides an overall indication of the effectiveness of WA's EDs, which can assist in driving improvements in patient access to emergency care.

ATS category targets are outlined below:

Triage category	Treatment acuity (maximum waiting time for medical assessment and treatment)	Target (threshold)
1	Immediate (≤ 2 minutes)	100%
2	≤ 10 minutes	80%
3	≤ 30 minutes	75%
4	≤ 60 minutes	70%
5	≤ 120 minutes	70%

These recommended times and categories are used both locally by the WA Department of Health and nationally by the Department of Health and Ageing, and the Australian Institute of Health and Welfare.

Results

Triage category 1:

YEAR	TARGET	ACTUAL
2022-23	100%	99.0%
2021-22	100%	99.6%
2020-21	100%	100%

Triage category 2:

YEAR	TARGET	ACTUAL
2022-23	80.0%	69.0%
2021-22	80.0%	68.0%
2020-21	80.0%	79.2%

Triage category 3:

YEAR	TARGET	ACTUAL
2022-23	75.0%	17.1%
2021-22	75.0%	18.8%
2020-21	75.0%	31.0%

Triage category 4:

YEAR	TARGET	ACTUAL
2022-23	70.0%	38.7%
2021-22	70.0%	41.5%
2020-21	70.0%	51.5%

Triage category 5:

YEAR	TARGET	ACTUAL
2022-23	70.0%	73.3%
2021-22	70.0%	78.1%
2020-21	70.0%	83.8%

Desired result | Undesired result | Target

Period: 2020-21 to 2022-23 financial year

Contributing sites: Armadale Health Service, Royal Perth Hospital, St John of God Midland Public Hospital

Data source: Emergency Department Data Collection

Commentary

EMHS' performance against the ATS has declined in 2022-23 for four of the five triage categories (with most notable decline in triage categories four and five). This has been significantly impacted by a 2.2 per cent increase in demand, with 209,717[1] ED presentations (compared to 205,179[1] in 2021-22) and increased complexity and acuity of patients attending, with a 1.4 per cent increase in overall ATS category one and two patients.

EMHS has an Emergency Access Program (EAP) in place, with a clear focus on initiatives that can be measured for its impact on Emergency Access Targets, patient flow and patient safety across all our sites.

The focus of the EAP can be summarised into four key areas of work:

- pre-hospital care (including virtual modalities)
- ED flows and interface with ambulance services
- inpatient flow efficiencies
- discharge flow mechanisms.

For 2022-23, a strong focus on Transfer of Care (ToC) and Extended Transfer of Care (eToC) processes – which resulted in standardised practice across EMHS EDs – saw a 15 per cent improvement change in median ToC times.

Site strategies to improve emergency access include:

- establishing ambulatory services
- access tools and escalation pathways to aid patient flow
- expedited discharge activity on inpatient wards
- renewed focus on length of stay (LOS) as an area-level priority
- improving EMHS access and usage of pathways for older adults.

At RPH and SJGMPH, ambulatory units have been established with collaborative pathways from EDs and the EMHS Co-HIVE team. The units presently see between 5-10 per cent of daily ED presentations, with 80-85 per cent of patients seen discharged on the same day, which in turn, improves access block from ED.

AHS has established a short-stay unit (SSU) and ward-based discharge lounges to aid patient transition from ED and discharge flow from wards.

A key achievement has been the use of data and visualisation tools to enable expedient recognition of where potential patient flow issues are located and improved escalation processes.

Another notable achievement has been the collaborative work across EMHS sites in partnership with St John's Ambulance WA (SJWA) to improve the patient experience of those with fractured neck of femurs. Suspected hip fracture patients are now fast-tracked to RPH with improvements in LOS and post-operative recovery.

The EAP cross-site collaboration has been another key success, leading to scaling of the Comprehensive Ambulatory Older Adult Program (CAOAP) which has:

- reduced unnecessary admissions to hospital
- reduced readmissions to hospital
- increased capacity by reducing bed days.

Overall, this part of the EAP has demonstrated improved patient safety, as avoiding inpatient stays lowers the risk of hospital-acquired complications and deconditioning in this vulnerable patient group.

[1] Denominator data used to calculate Triage results, based on performance indicator elements.

Virtual care and technology

SHR

HIVE - success continues in 2022-23

Remote monitoring, artificial intelligence and virtual assessments are ushering in a new age of care across our health services.

The capabilities of our multi-award winning EMHS Health in a Virtual Environment (HIVE) remote monitoring service continued to expand and open the door to new applications and possibilities in 2022-23.

As WA's first inpatient remote monitoring service, HIVE has transformed how we care for patients since its launch in December 2020.

Clinical experts at a command centre based at RPH provide around-the-clock remote monitoring for our most vulnerable patients via an artificial intelligence platform and devices at patient bedsides.

The innovative technology system reached new levels this year – benefitting both patients and staff.

In addition to the 36 HIVE beds at RPH and 14 at AHS, the innovative model of care made its mark in the area of residential aged homes.

HIVE in the Community, known as Co-HIVE, is led by a geriatrician and aims to empower residential aged care facilities to look after their clients on their own premises.

For patients at risk of transfer to the emergency department (ED), aged care staff can call Co-HIVE and discuss their resident's health concerns and make a joint decision on the best pathway of care.

Co-HIVE also provides virtual follow-up appointments for people discharged from hospital.

Minister for Health and Mental Health, Amber-Jade Sanderson, was given a demonstration of Co-HIVE in April when she chose the EMHS HIVE Command Centre as the location to announce funding for a raft of new health initiatives by the State Government – all designed to alleviate pressure on hospital EDs across metropolitan Perth.

Initiatives included WA Virtual Emergency Department (WAVED) – a trial of virtual and community-based hospital services for residential aged care facilities.

To realise the initiative, a strategic partnership has been established between WA Health, Health Service Providers (HSPs) and St John WA to provide patients with clinically appropriate alternative care options and help reduce unnecessary visits to the ED.

"Co-HIVE is an innovative model of care that is already delivering on that objective, and has proven to be very popular with consumers of the service," EMHS Area Director HIVE, Adam Lloyd said.

"And as WAVED is rolled out during the 2023-24 financial year, I have no doubt that HIVE will continue to play an important role in providing alternative care pathways to in-hospital care."

Minister for Health and Mental Health Amber-Jade Sanderson (right) is given a demonstration of the many applications of HIVE both within a hospital and community environment.

Our virtual care

Demand for telehealth consultations – where patients and health professionals connect remotely via video or telephone – stabilised in 2022-2023 after peaking during the COVID-19 pandemic.

From July 2022 to June 2023, an average of 43 per cent of outpatient appointments were attended by phone or video, in line with a 42 per cent average for the 2021-22 financial year. The activity peaked in March 2022 at 60 per cent, following opening of the WA border.

Other points worthy of note in 2022-23 include:

- 50 per cent of Aboriginal patients received their outpatient care virtually
- patients saved $33.7 million in travel costs through virtual consultations
- EMHS reduced its carbon footprint, with 46,761,212km of travel avoided and the environment spared 8511 tonnes of CO_2.

In February 2023, we evaluated our progress under the EMHS Telehealth Plan 2020-2022, the three-year blueprint for how we built and embedded telehealth care in our service delivery. The program of work within the plan was critical to the ongoing provision of care and building digital capability at EMHS during and beyond the pandemic.

The evaluation revealed the following gains:

- video consult services have been established across all EMHS sites, including policy, processes, training and technology to support health care delivery
- over the course of 2020-2022, EMHS met or exceeded the targets set for the three focus areas – metropolitan patients, country patients and follow-up appointments
- the EMHS Outpatient Leaders Working Group, formed in 2020, was critical to the successful delivery of the EMHS Telehealth Plan and sustaining services during the pandemic
- EMHS has developed a Virtual Care toolkit to support clinical/professional knowledge and training across sites.

EMHS is now transitioning from digital readiness to building on its digital capabilities. The EMHS Outpatient Reform Program aims to transition outpatient services to holistic virtual care by 2030.

Reaching our regions

RPH Medical and health specialists continued to reach Aboriginal patients in remote regions through video consultations with the help of local Aboriginal Community Controlled Health Services (ACCHS) in the Pilbara and Kimberley.

Our Regional and Tertiary Collaborative (RTC) was set up in 2020 and is a major driver for improving coordination and access to culturally appropriate specialist outpatient care in the Kimberley and Pilbara.

Since the start of the project, more than 1700 video appointments have been delivered to Aboriginal patients at their local ACCHS as a result of care coordination.

In October last year, we held a live virtual forum to raise awareness among health and medical staff about providing culturally safe, virtual outpatient care to regional Aboriginal patients.

The forum was attended by 230 health professionals and a recording of the event has been viewed 160 times.

Harnessing technology at EMHS

In 2022-23 major advances were made in harnessing virtual health and new technology to deliver more efficient services capable of reaching people not only in our catchment area, but in remote and rural areas of WA.

These developments have also modernised the ways our staff work, and the way medicines are stored and dispensed.

They include the introduction of electronic prescriptions, hi-tech automated dispensing cabinets and digital medical records and further work on refining virtual patient consultations.

As population growth and expanding rates of chronic and complex health conditions lead to increased demand on health services, it remains critical we continue to explore and expand the use of digital technology in healthcare.

The EMHS Outpatient Leaders and Telehealth Working Group.

Innovation landmarks

JULY 2022

- RPH's electronic prescribing project began.
- Wearable devices pilot launched in the AHS Emergency Department (ED).
- EMHS Data and Digital Innovation (DDI) Team launched Vital — an electronic whiteboard, organising patient information across multiple systems in the RPH ED.

AUGUST 2022

- DDI launched the Trauma system and Mechanism Injury Signs and Symptoms Treatment (MIST) screen in the RPH ED, replacing paper forms and displaying key patient information for clinicians.
- TelConsult Notes, which allows clinicians to record interactions and consultation requests from community clinical teams and hospitals outside EMHS electronically on a mobile or desktop, was launched.
- The Community Rehab team at AHS showcased its virtual appointments option. The team has a wide range of virtual groups and classes, including mindfulness, pulmonary exercise and voice therapy.
- The Electronic Medical Record project began at Armadale Kalamunda Group (AKG).
- EMHS, AKG and WA Primary Health Alliance launched the hospital-to-primary care Multimorbidity Management Framework for patients with complex chronic medical needs.

SEPTEMBER 2022

- EMHS Electronic Medication Management Solutions project introduced. (See page 113)
- Language Legends project launched in the RPH ED.

RPH nurse develops system to help hearing impaired

RPH nurse Sarah Halligan drew on her own experiences when she developed a new system to connect hearing impaired patients in the ED with AusLan interpreters — all with a few swipes of an iPad.

Sarah, a registered nurse in the RPH ED, is hearing impaired and in 2021 decided to study for a Certificate II in Auslan at TAFE.

It was a decision that set her on a course to develop what is now known as the Language Legends interpreter system with the help of colleagues.

“Throughout my studies I learnt about the difficulties that hearing-impaired people go through to get access to interpreters and I know from working on the floor how difficult – almost impossible – it is to get interpreters at short notice,” Sarah says.

“I felt there was a gap in the system and with COVID-19 restrictions it seemed like Telehealth interpreting via an iPad was a perfect solution.”

Language Legends, which uses existing ED iPads, had a trial run before being formally launched in November 2022.

It can be used when patients need an interpreter via video. Staff can also organise face to face and telephone interpreter services.

As well as AusLan, Language Legends is also being used for interpreting in other languages.

RPH ED nurse Sarah Halligan with her Language Legends interpreter system.

Future Focus

Digital advances are continuing with new projects in 2022-23 including:

- electronic medication safes for pharmacies
- automated dispensing cabinets for high-risk/high-volume ward areas
- an electronic controlled substance register to replace the existing paper-based drug registers
- the roll-out the of Digital Medical Record at Armadale and Kalamunda hospitals.

Caring for our mental health consumers

Breaking new ground in mental health care

EMHS officially opened WA's first mental health transitional care unit Bidi Wungen Kaat in August, 2022.

Meaning *'Journey to a healthy mind'* in Noongar, the St James facility can accommodate and support up to 40 people experiencing mental health issues and help them transition back into the community after hospital care or avoid hospitalisation altogether.

The unit was three years in the planning and is seen as the way of the future.

With figures showing almost half of our population will experience a mental health issue at some time in their life, it is becoming increasingly important to find and adopt new models of mental health care.

Bidi Wungen Kaat is our answer to a past shortage of transitional care – and a way back to everyday life for our patients.

Half of the beds at the facility, a former aged care home, fall within a Prevention and Recovery Unit (PRU) and are for people with severe mental health issues, there for shorter stays such as two to four weeks.

The PRU opened to residents first and provides clinical care and intensive individual therapy round-the-clock.

The other half of the beds are in a Rehabilitation and Recovery Unit (RRU) for longer-stay residents with chronic mental illness and psychosocial disability, who may stay for up to a year.

The RRU began accepting residents from November 2022 and provides 24-7 clinical care, psychiatric rehabilitation and mental health recovery.

Accommodation in both the PRU and RRU is for adults aged 18 to 64 years.

The staged recovery services support residents as they return to community life and work on individual goals for independent living, employment or study — a shift from treating symptoms to coaching people to live their best lives with or without mental health issues.

The facility is staffed by medical, nursing and allied health workers who work with community mental health teams and peer and carer consultants.

Bidi Wungen Kaat in St James is a place where consumers can realise their own abilities to cope with life's stresses.

SHR

It is expected to improve the capacity of the mental health system by reducing admissions to acute inpatient wards, the length of time patients stay in hospital, avoidable hospital readmissions and presentations to emergency departments.

The care model was developed with clinicians, lived experience consumer and carer advocates, the Office of the Chief Psychiatrist and the Mental Health Commission, and based on best-practice facilities around the world.

> I wish that a service like St James was around when I started my recovery journey.

ROBERT

> St James Transitional Care Unit offers real options to ignite the fire of self-empowered recovery within each consumer resident.

TIM

Lived experience consumer and carer representatives have assisted in the co-design of this service. They are extremely supportive of this much-needed mental health recovery accommodation.

Crisis care in the home

The launch of our Crisis Resolution Home Treatment Team (CRHTT) in May 2023 was another revolutionary milestone in our mental health care.

Named Kadadjiny Marr Koodjal Mia, or *'thinking, listening and learning with both hands at home'* in the Noongar language, CRHTT provides intensive mental health care in the home for people who would otherwise need a voluntary stay in hospital.

The important new service gives people an alternative to hospitalisation and is another way of easing pressure on our mental health inpatient services and EDs.

The CRHTT team includes doctors, nurses, pharmacists, social workers, occupational therapists, psychologists, peer support workers and Aboriginal health liaison officers.

CRHTT members visit people in their homes at least once a day and work with them, their family, carers and other support systems for about 14 days to aid recovery, tailoring care to a person's preferences and needs.

The seven-day a week care is like that in a hospital ward, but with the flexibility of being in the community.

Staff also work closely with community mental health services and have regular contact with general practitioners and other services involved in a person's care.

The intensive at-home support, treatment and recovery planning lets people keep their normal routines, relationships and activities while receiving the care and support they need.

Community mental health clinics, EDs or public hospitals can refer people aged 18 to 64 years to the service if the person lives within the EMHS catchment area, is clinically eligible, would usually need a voluntary hospital stay and can be supported at home.

Some of the members of the Crisis Resolution Home Treatment Team (CRHTT) based at AHS.

Therapy garden to nurture recovery and healing

What was once an unused courtyard is now playing a key role in supporting the mental health recovery journey of inpatients at the East Metropolitan Youth Unit (EMyU).

Inaugurated in October 2022 by EMHS Chief Executive Liz MacLeod, the beautiful new therapy garden has been designed to ease the young consumer's experience by providing a safe, welcoming space to participate in meaningful activities, sensory modulation, mindfulness, social interaction, as well as enabling them to connect with nature.

Various elements in the garden serve a specific purpose. For example, the EMHS Aboriginal artwork by artists Lorraine Woods and Peter Ugle is reflective of a journey of partnerships, connections, collaboration and health recovery. It is hoped the artwork will generate curiosity about the story behind our health service, and perhaps inspire inpatients to yarn about their own.

According to a cohort of consumers surveyed about the garden:

- **93%** reported a reduction in anxiety
- **89%** reported a reduction in low mood
- **87%** reported a reduction in stress or worry
- **85%** reported a reduction in distress.

Note: Data was collected before and after the consumers' experiences in the garden over a six-month period.

The vegetable and herb gardens are more than touchpoints with the natural world – they provide meaningful connections with health and nutrition, as young consumers use the vegetables and herbs during cooking activities and sensory exploration.

As Liz said at the launch: "Every care has been taken to create an inviting space that provides a sense of safety, tranquillity and inclusion – all things essential to the process of recovery and healing."

EMyU Clinical Lead, Psychiatrist Dr Divya Ganapathy Rao confirmed the garden was helping to facilitate inpatients' psychosocial and emotional wellbeing.

"The space is being effectively used for group therapy and activities, individual sessions and even family meetings," Divya said.

"Being outside minus the restriction of walls, we find that our young people and their families feel more included and that it helps to reduce a lot of the common barriers we face as healthcare providers trying to care for our patients," she added.

According to Louise Splatt, Team Leader – Occupational Therapy, Mental Health, the garden is used daily and youth artwork continues to be added.

New home for Armadale Community Mental Health Service

EMHS has taken mental health services to the heart of its communities.

In 2022-23 the Armadale Community Mental Health Service (ACMHS) began preparing to move into new offices at the Armadale Central Shopping Centre, a modern and convenient location close to the Armadale city centre, transport and shopping precinct.

The new location will house existing services currently divided between two locations at 88 Eudoria Street in Gosnells and the Mead Centre at AHS. The services are expected to be combined under the one, new roof and open early in 2024.

> **The move is part of Armadale Kalamunda Group's strategy to make it easy for people within its catchment areas to access care and services.**

The new site will offer triage, assessment and medium to long-term recovery-focused treatment and support for adults and older people in the AKG catchment area within the Care Coordination Framework.

It will house the Assessment Treatment Team and Older Adult Community Mental Health Service currently located at the Mead Centre and the Clinical Treatment Team and Early Episode Psychosis Team, currently housed at Eudoria Street.

The new offices will also offer virtual options for people who cannot attend the site in person.

The facility is an important part of planning for an expected increase in demand for community mental health services in the area in the next 15 years.

Key stakeholders will be asked to help find a suitable and culturally appropriate name for the new centre.

ACMHS staff visiting the office space, which will be refurbished prior to the service's relocation by the end of 2023.

Care in our community

SHR

Caring for patients with complex needs

A range of initiatives aimed at supporting patients with complex care needs and efficiently managing outpatient services was introduced and trialled in 2022-23.

The initiatives focused on identifying patients with complex needs early in their medical journeys and working with community-based healthcare providers to best care for them.

This approach is in line with key strategies from the Sustainable Health Review.

In November, a key initiative, the Multimorbidity Management Project was piloted at AHS by the HealthCare to Community Team (HC2C), supported by the WA Primary Health Alliance.

The project aimed to improve the management of patients with complex chronic medical conditions as they transitioned from hospital to primary or community care.

As part of the pilot, EMHS drove engagement with consumers, GPs and health service providers to develop management strategies for these patients.

Initial feedback has been positive.

In May, we hosted a forum for GPs on the management of patients with multimorbidity and chronic heart failure across health services.

The moves followed analyses in 2021 which identified nearly 2000 people in the EMHS catchment area as high frequency users of our health services. Each of these complex care patients averaged six emergency department (ED) presentations, five hospital admissions and seven bed days, and engaged ambulance services in 39 per cent of ED presentations that year.

The success and impacts of our new initiatives are being assessed as we move into 2023-24.

Off-site clinic to help during wait times

RPH's Respiratory Department has taken an innovative approach to safeguarding the health and wellbeing of non-urgent patients waiting to see a respiratory physician.

It has worked with Mt Lawley TAFE to set up a Respiratory Symptomatic Clinic providing checks and care for 'Category 3' respiratory patients while they wait for outpatient appointments.

Physiotherapy and nursing staff and TAFE nursing students help patients manage their symptoms at fortnightly clinics at Mt Lawley TAFE.

The clinic can escalate medical care for patients who need to be seen more urgently.

Respiratory Nurse Practitioner Renate Jolly shows patient Karen Edwards the correct way to use a puffer at the Reach Clinic, while nursing students Nina and Rebecca look on.

SHR

Transforming our outpatient services

Important progress was made in reforming outpatient services during 2022-23 to improve access for patients in need.

The reforms were in line with Recommendation 11 of the WA Health Department's Sustainable Health Review.

During 2022-23, EMHS facilitated 507,286 outpatient appointments – about a 20 per cent decrease from 2021-22, when the number was 636,269.

The decrease has been attributed to COVID-19, with many people cancelling or delaying their appointment during the pandemic.

Our key areas of focus included:

- progressing the roll-out of the Referral Access Criteria with the release of neurology; ear, nose and throat (adult and paediatric); direct access endoscopy; and ophthalmology. The criteria standardise the referral process for public outpatient services across WA
- outpatient auditing initiatives at our sites to improve the quality of data and ensure waiting lists are accurate
- setting up alternative models of care, including advanced practice roles
- promoting shared care through programs and projects including the At Risk Aboriginal Consumers program, Regional Tertiary Collaborative and AHS HealthCare to Community project
- upskilling clerical staff through a new e-learning and development package
- implementing and expanding digital and information and communications technology systems including Digital Medical Records; the Manage My Care patient app and National Transcription Service at Armadale Kalamunda Group (AKG); and the roll-out of e-prescriptions at Royal Perth Bentley Group (RPBG).

Demand for telehealth consultations – where patients consult with health professionals remotely by video or telephone – was stable after peaking during the COVID-19 pandemic. (Please also see page 95)

Future Focus

Hospitals without walls

There has been a growing need for health care beyond the traditional bricks and mortar of hospital walls.

A wave of digital technology, the global pandemic and new collaborations have provided momentum for new healthcare models.

In 2022-23 EMHS began work on a new model and roadmap to guide its future services.

Early staff engagement has highlighted exciting opportunities and possibilities.

Integrated care with streamlined referral pathways, partnerships with external service providers and technology will also help this work.

L-R: EMHS' Planning, Innovation and Commissioning Acting Director Jillian Abraham with Project Support Officer Stephanie Melanko.

EMHS' Excellence Symposium 2022 – brilliance on repeat

The annual Excellence Symposium held in November 2022 proved once and for all that EMHS is made up of professionals who are leaders in their fields – seeking to enhance the patient journey through creative thinking and collaboration.

It is also a fitting reminder of our organisation's ongoing commitment to excellence, in line with our values.

In opening the symposium, EMHS Chief Executive Liz MacLeod said it was an event she looked forward to each year, as it provided an ideal opportunity to see and hear about the wonderful work underway across our health service.

"As the Board, Executive and I read the 28 expressions of interest submissions for today – there was no hiding the fact that we all felt very privileged to be part of EMHS and the great work being done," Liz said.

Five projects were showcased at the event for their inspiring work.

The EMHS Voluntary Assisted Dying (VAD) Service has set the standard for the provision of VAD in a tertiary healthcare setting in WA. In its first 12 months of operation the VAD team directly supported 76 patients through some part of their VAD journey. The team achieved this with minimal funding and resourcing, and with compassion, conviction and a tireless dedication to the patients who have chosen this path.

EMHS VAD Clinical Lead Dr Clare Fellingham and Program Manager Jo Whitley.

With its **Animal Assisted Therapy (AAT) Service**, Royal Perth Bentley Group (RPBG) has become the first adult tertiary health service in WA to explore the benefits of using therapy dogs to improve the patient experience. Informal feedback from patients, family and staff since the program's inception in 2021 has been mostly positive, with staff noting positive behavioural changes in some patients and increased engagement with activities on the ward.

RPBG's Animal Assisted Therapy (AAT) Service is an Occupational Therapy-led initiative.

The **Sonographer-led Valvular Heart Disease (VHD) Clinic at RPH** has a senior sonographer who – having undergone advanced training – monitors patients with non-severe valvular heart disease (VHD). The first-in-Australia initiative enabled 90 per cent of consultations to be efficiently retained in the devolved clinic, releasing more than 220 consultant clinic appointments in the first two-year trial, with cost-savings of nearly $100,000. The clinic simultaneously ensured high-quality adherence to international guidelines on surveillance, with zero adverse events.

Senior Sonographer with RPBG Cardiology, Gillian Green.

The **Armadale ICU Follow-Up Clinic** provides a comprehensive health assessment for discharged ICU patients, many of whom experience reduced quality of life, anxiety, depression, and post-traumatic stress arising from their critical illness and ICU admission. The clinic, which began in October 2018, is staffed by a multidisciplinary team. It runs fortnightly, offering appointments to patients over the age of 18 whose admission was not for a mental health concern and whose ICU stay was for more than 48 hours.

L-R: Denver Prince, Suny Biju, Dr David Blythe, Danielle Moyses-Elliot and Mark Palermo.

RPH's Geriatric Assessment Team and the **SJGMPH Geriatric Emergency Department Team** were also showcased at the symposium. You can read more about these amazing projects on page 88 and 89.

Setting the agenda

Guest speaker at the 2022 EMHS Excellence Symposium Dr Craig Challen SC OAM left the audience in awe as he relayed his role in the diving rescue team, which saved 13 people from the flooded Tham Luang cave in Thailand in 2018.

The 2019 Australian of the Year firmly set the theme for the day, as he recounted how he and dive partner, Adelaide anaesthetist Dr Richard Harris, worked with locals to rescue 12 young soccer players and their coach from the flooded Thai cave.

It was a race against time before more rainwater flooded the caves, which would have made it impossible to reach the team for at least five months, at which point they'd certainly perish.

Craig explained how he initially thought the rescue was too difficult, but changed his thinking and played a leading role in the successful mission.

Craig, Richard and a small group of experienced divers worked 10 to 12 hours a day in dangerous conditions, repeatedly risking their lives as the children were swum, one by one, through the dark and narrow flooded caves, after they were administered anaesthesia to help sedate them through the underwater journey.

In alignment with the EMHS Excellence value, Craig stressed how teamwork was a key factor to the successful mission.

L-R: Former EMHS Board Chair Ian Smith and EMHS CE Liz MacLeod with Dr Craig Challen.

COVID-19

EMHS staff demonstrate agility and resilience to pandemic-related changes in healthcare delivery and workforce management

Over the past year, EMHS has successfully managed and withstood several changes in the COVID-19 space, including the ceasing of the System Alert and Response (SAR) Blue framework in early November 2022 and moving to 'Living with COVID'.

EMHS staff across all levels are to be commended for their agility, resilience and ongoing support in our efforts to respond to variations and anticipate further issues.

From Patient Support Services staff implementing more rigorous cleaning processes to the Contracting team ensuring adequate personal protective equipment supplies for staff, and the Data and Digital Innovation team undertaking the mammoth task of collating valuable data for the whole State – most groups across EMHS played a valuable role in the COVID-19 response.

Our pharmacy staff comprised one such cohort. Working punishing hours behind the scenes, they were the cornerstone of EMHS' – and the State's – vaccination program, helping to protect staff, patients and members of the public through the delivery of more than 287,000 COVID-19 jabs since the vaccine roll-out commenced.

Likewise, the COVID Clinics at RPH, AHS and SJGMPH were also staffed by exceptional teams, who truly lived the "patient first" motto.

During the financial year 2022-23, **25,943** PCR tests were performed across EMHS to keep the wider community and staff and their families as safe as possible.

L-R: Helen Nguyen, Sean Lewis, Madeleine Steinberg, Huey Lim and Natasha Brooks are part of the RPH Pharmacy Team.

Following almost eight months of operation, during which more than 5,000 patients were screened, the COVID-19 tent outside RPH was dismantled.

A "Go team" motto united the staff working in the COVID Clinic, and helped them get through each day together.

Staff at the AHS COVID Clinic.

Recognising the significance of helping post-COVID-19 patients experiencing persistent symptoms of the virus, EMHS opened a dedicated clinic at BHS in November 2022.

Led by Allied Health staff, the Post-COVID-19 Clinic was piloted for six months but still runs two days per week due to ongoing demand.

FAST FACTS

- In July 2022, the RPH inpatient COVID-19 vaccination team reached the impressive milestone of 1000 jabs administered.
- A total of 11,013 COVID-19 jabs were delivered by EMHS (including SJGMPH) during 2022-23.
- Satellite vaccination clinics at Armadale, Maddington and Victoria Park, ceased services in July, September and October 2022 respectively.
- The RPH COVID marquee was dismantled in October 2022.
- The AHS COVID Clinic ceased operations in July 2022.
- The COVID Clinic at SJGMPH closed in July 2022.
- Since opening in November 2022, the Post-COVID-19 Clinic at BHS has consulted with 95 patients up until 30 June 2023.
- Chief Executive Liz MacLeod was recognised in the King's Birthday Honours List for outstanding public service in the management of the health response during the COVID-19 pandemic.
- The RPH COVID-19 Hotel Quarantine Team was recognised for Excellence in Person-Centred Care at the 2022 WA Nursing and Midwifery Excellence Awards.

Working towards a brighter, more sustainable tomorrow: AKG Director of Allied Health Danielle Kilmurray with workers at KH.

Protecting our future

Towards net zero emissions

Within Australia, estimates have indicated the health sector is responsible for seven per cent of the nation's total carbon emissions.

EMHS is committed to doing its bit to reduce any impact of its services on the environment.

Our **EMHS Environmental Sustainability Framework 2022-2026** sets a course for our target of net zero emissions by 2050.

Across our health sites we made significant inroads to greener activities in 2022-23, from solar panels to biodegradable clinical gloves.

Green energy at Kalamunda

KH led the way in harnessing green energy with 227 new solar panels expected to offset 32 per cent of electricity utilisation at the hospital.

The panels, left, were installed in March and are set to save up to $20,000 in electricity costs in the 2023-24 financial year alone – a move applauded by AKG Executive Director Neil Cowan.

"Not only will this reduce costs and energy consumption, but it will help AKG support and align with the EMHS Environmental Sustainability Framework that we have committed to," Neil said.

Eco-friendly bed protection sheets

Environment-friendly bed protection sheets came into use at Armadale, Kalamunda, Bentley and Royal Perth hospitals.

So-called 'Greeny' sheets take an estimated 180 days to break down in landfill compared to an estimated 100 years for the traditional 'Bluey' sheets.

With the hospitals using nearly a combined half a million sheets each year, it's a significant switch.

KH Nurse Unit Manager Judy Brand said the 'Greeny' was a win for healthcare and the environment.

"Not only is it an environmentally friendly alternative, but the product performs better as it is more absorbent than the previously used Bluey," she said.

Biodegradable gloves

Biodegradable examination gloves began rolling out across EMHS during the year.

EMHS Executive Director for Corporate Services and Contract Management Philip Aylward said they signified a commitment to sustainable practices.

"As a health service, it's our responsibility to play a part in making a positive impact – even if it's through small steps – in reducing landfill waste and striving for a sustainable earth," Philip said.

Coffee cup milestone

Meanwhile, Victoria's Café at RPH reached a milestone – the popular coffee shop uses paperboard cups and is now 100 per cent plastic free.

RPH A/Product Liaison Nurse Manager Nestor Pagkalinawan and Acute Medical Unit Registered Nurse Krista Carino display a shipment of biodegradable gloves.

Focus on our future

As part of our Strategic Plan 2021-25, the EMHS Board recently endorsed an Environmental, Social and Governance Statement (ESG).

It aligns with Goal 4 of the plan: 'A better tomorrow, and our commitment to creating a Sustainable Future'.

Broken into three key areas of focus — Environmental, Social and Governance — the statement reinforces EMHS' commitment to minimising our environmental impact, focusing on supporting healthy people, providing care to the communities we operate in and being accountable to the stakeholders we serve.

"As part of the public health system, we will play a key role in supporting measures to build a more adaptive, resilient, and environmentally friendly future," it states.

"Through every aspect of our care business, sustainability is a value that guides our operations across three pillars of Environmental, Social and Governance".

Strong communities, safe communities and supported families

Our vision *Healthy people, amazing care. Koorda moort, moorditj kwabadak.*

Our values Kindness, excellence, respect, integrity, collaboration, accountability.

Environment

Striving to reduce environmental impact and provide sustainable health care.

Environmental focus areas:

Climate change

Waste reduction

Sustainable infrastructure

- Energy efficiency
- Water efficiency

Social

Focus on supporting healthy people and providing amazing care to our staff, patients, consumers and community.

Social focus areas are:

Supporting our people and the community

- Diversity, inclusion and equity
- Multiculturalism
- Indigenous support
- Our partnerships

Health and safety

- Healthy and safe workplace
- Mental health and wellbeing

Governance

We do the right thing and are accountable to the stakeholders we serve.

Governance focus areas are:

Accountability

- Board effectiveness
- Financial management
- Risk management
- Emergency preparedness
- Supply chain and procurement

Preparedness in a digital world

- Cybersecurity and data privacy
- Digital transformation

Future focus

- Research and innovation

Advancing technology for a better tomorrow

Information privacy and protection

Important action was taken in 2022-23 to ensure the information we keep and use continues to be safe and secured.

An **EMHS Information Management Governance Advisory Group** oversees information management policies and best practice activities.

The group was established in line with the WA Health Information Management Policy Framework and related policies.

In June 2023, EMHS assessed its information management governance to identify strengths and weaknesses, highlight priority areas, help set goals and support improvement.

The information management maturity assessment is done every two years as part of the compliance component of the WA Health Information Management Governance Policy, which sets standards for WA health system entities.

In December 2022, the **WA Government announced it was drafting new Privacy and Responsible Information Sharing legislation**.

In May 2023, EMHS completed an assessment of its readiness for reforms to WA laws governing personal privacy and the accountability of information sharing within government. The assessment identified areas for further action.

Integrity and ethics

EMHS remained vigilant to risks of fraud or corruption in 2022-23.

We initiated a review of our Integrity Framework and Fraud and Corruption Control Plan in response to system-wide policy updates.

An **Expenditure Analysis Committee** has also been formed to help address fraud risks.

The committee meets regularly to review categories of expenditure through a series of Power BI dashboards from Health Support Services.

The dashboards highlight transactions and categories where a potential for non-compliance with processes and procedures may have occurred.

Members also discuss any reports from regulatory agencies that have investigated instances of fraud in other public sector agencies. Outcomes or recommendations with relevance to EMHS are brought to the attention of senior management and internal audit.

EMHS appoints inaugural Cyber Chief

For the EMHS Board and Executive, a key priority for this reporting period was an increased cyber capability, to navigate the ever-growing digital landscape and its accompanying challenges.

As EMHS' first Chief Cyber Security Officer, Helen McLeish is responsible for establishing this important function across the organisation, ensuring we meet our obligations and compliance to the WA Government's Cyber Security Policy, the Federal Government's Security of Critical Infrastructure requirements, and ongoing Office of the Auditor General checks.

Helen said EMHS faced similar challenges to many organisations in regard to an increased focus on cyber security.

EMHS Chief Cyber Security Officer Helen McLeish.

SHR

Electronic Medical Record – delivering transformational change

The WA Department of Health Electronic Medical Record (EMR) Program was established to transform our clinical information management system.

It is a priority under Recommendation 22 of the Sustainable Health Review (SHR) and is identified in the WA Health Digital Strategy 2020-2030 as the digital keystone to modernising and improving healthcare in WA.

An EMR is a safe, intuitive, consumer-focused system that clinicians use to fulfil their consumer care duties, without reliance on paper. It is both a medical record and a suite of capabilities that support clinical decisions and workflows. It also provides clinicians easy access to up-to-date patient information at every encounter along the patient's health journey.

The program will take advantage of innovations in digital health care to improve patient safety and quality of care for Western Australians regardless of their location.

As part of stage one of the statewide EMR project, planning for the implementation of a Digital Medical Record (DMR) at Armadale and Kalamunda hospitals has commenced.

AKG DMR Business Change Manager Margaret Muldoon said the implementation of the DMR is an important first step towards the longer term EMR vision, and the DMR will bring AKG immediate benefits.

"The DMR will enable clinical and non-clinical staff, where relevant, at AKG to have immediate access, via their computer, to consumers' medical records," Margaret said.

"It will allow us to work more efficiently and effectively, without the delays and risks associated with copying, storing, and retrieving paper medical records."

The AKG DMR team will be seen across Armadale and Kalamunda hospitals.

The EMR Program:

- is a person-centred, clinically owned and led transformation
- will be a journey, rolled out over time, not a single event
- is underpinned by a statewide, collaborative approach
- standardises clinical workflows, resulting in a higher quality of care
- leverages existing systems in the early phases
- addresses gaps in digital equity
- delivers critical functionality as early as possible
- steps from paper systems to digital and then to electronic medical records.

EMHS embraces modern medication management

It has been an eventful year for the Electronic Medication Management solutions (EMMs) Project, with the Omnicell Automated Dispensing Cabinets (ADCs) and Controlled Substance Manager (CSM) being successfully deployed across EMHS.

Following months of intense planning and preparation, a phased roll-out saw the hi-tech dispensers go live in February 2023 at BHS first. KH and AHS were next on the agenda, with RPH going live on 25 June.

Some members of the EMMs team at RPH: (L-R) Natasa Trajanoski, Darcy Connolly, Sheryl Jonescu, Bronagh Rice, Sandra Miller and Simon Scholes.

EMMs Executive Sponsor and EMHS Executive Director of Safety, Quality and Consumer Engagement, Sandra Miller, said it was rewarding to see the ADC deployment hitting all its planned targets.

“The ADCs are part of the EMMs system that enables improved medication safety and optimal inventory management,” Sandra said.

“It is exciting to play a part in our health service’s digital transformation, as we move from paper records and requisitions to automated processes, secure storage of medication and electronic data on medication transactions.”

- ADCs in high-risk clinical areas eliminate the need for keys to medication safes and cupboards.
- The new system is faster and more efficient for pharmacy and clinical staff.
- Greater tracking, security and oversight, particularly for S8 and S4R drugs.
- No more paper-based record-keeping.

Pyxis keeps Midland on track

SJGMPH has also been embracing hi-tech medication dispensing with the implementation of the BD Pyxis MedStation (Pyxis) in April 2023.

Designed to improve medication management, Pyxis acts as a central hub for storing, dispensing and recording the use of medications in operating theatres.

The hospital has deployed 12 Pyxis anaesthetic stations – one per theatre – and two Pyxis medication stations to further enhance clinical processes and enhance patient care.

SJGMPH Registered Nurse Lauren Mengler with a BD Pyxis MedStation.

Leading the way on e-scripts

RPH became the first public hospital in Australia to offer patients electronic prescriptions when they became available through its outpatient clinics in July 2022.

Electronic prescriptions are digital versions of the traditional paper prescriptions and are widely used in the community.

They have the same information as the traditional paper script but are provided to patients via a QR code token sent by SMS or email.

They can also be accessed through the Active Script List (ASL) held by a patient's pharmacy. The ASL is a digital list of a person's electronic prescriptions and, once registered, a person no longer needs to keep track of each prescription.

An initial three-month trial of the electronic scripts met with positive feedback from patients and staff, and was expanded to BHS.

Those not wanting an electronic prescription can still get their scripts on paper.

During the 2022-23 financial year, 18,776 electronic scripts were issued by RPH and BHS.

Benefits of electronic prescriptions include:

- providing patients with better and quicker access to their prescriptions
- greater prescription safety and security
- it's easier to keep track of script history
- they are difficult for patients to forge or alter
- it's possible to maintain a medication list with pharmacy support
- they are a good option for country patients or travellers
- they save paper and are good for the environment.

Patients wanting to use them are supported with information and resources, including step-by-step instructions.

L-R: RPH A/Deputy Chief Pharmacist Marvin Ong Sotto, RPH Consultant Anaesthetist Dr Don Johnson and RPBG Outpatient Project Lead Ros Jones.

Innovation and research

2022-23 innovation snapshot

15 innovation events and hackathons with **258** attendees

60 idea submissions for the **'Getting Rid of Stupid Stuff'** ideas challenge

5 submissions for innovation grants

26 Innovation Champions alumni. Innovation Champions programs aim to encourage problem re-framing, human-centred design thinking and behavioural insights

136 students engaged in youth health innovation consultation via the **Youth Innovation Think Tank** event, to co-design innovative solutions to real-world health challenges being addressed by EMHS. For example:

How might we improve safety on e-scooters to reduce traumatic brain injury?

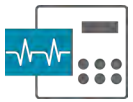
How might we reduce our environmental footprint when managing medication at the hospital?

5 EMHS clinicians accepted into the Australian Clinical Entrepreneur Program

Innovation projects

2 commenced: **QRious** and **VR Artificial Reality Training Suite** (see page 123)

60 successfully completed, including: **East Metropolitan Youth Unit (EMyU) Therapy Garden** (see page 100), **RPH Family Meeting Room** and **FirstHand - Therapist Led Plastics Clinic**



1 expanded: **Home Video and Ambulatory Electroencephalographic Monitoring** via the WA Future Health Research and Innovation Fund Innovation Fellowships 2022 program

2022-23 research snapshot

93 new research projects

27 investigator-initiated projects conducted by local staff and sites within WA Health

23 projects conducted in collaboration with not-for-profit organisations and institutions

32 clinical trials commenced

11 projects conducted in collaboration with WA universities

Board invests in a better tomorrow – a special message from our Chair

The EMHS Board has invested $1 million in five mental health-related research projects – and the results are exciting.

As a Board, we are aware of the vital role innovation and research plays in delivering the best possible care for our patients.

Consequently, we previously invested $1 million in five mental health-related research projects, which are generating results for the care we provide our patients and the wellbeing of our staff.

In a collaboration between AHS and the University of WA, clinicians and researchers have developed a machine learning derived algorithm that on initial testing displays 95 per cent accuracy in identifying patients at risk of suicide.

The project will be completed after further development of the algorithm, including incorporating visual emotion detection to further enhance accuracy and implementing it as a tool in routine care to help our clinicians identify and respond to suicide risk.

A second project is exploring the wellbeing of our mental health nursing workforce at BHS.

Volunteers attended peer support groups, completed questionnaires and wore sleep monitors to track their experiences and monitor their health over a six-month period.

> **Clinicians and researchers have developed a machine learning derived algorithm that on initial testing displays 95 per cent accuracy in identifying patients at risk of suicide.**

Data is being collated to document the experiences of these vital frontline healthcare workers to determine the benefits of peer support to help them manage the stresses of their challenging jobs and minimise burnout.

Other projects included investigating the relationship between functional impairment and cognitive symptoms among patients with treatment-resistant schizophrenia being managed on clozapine, the incorporation of mental health symptoms into the established Emerging Drug Network of Australia and the evaluation of a training model to upskill Emergency Department nurses to identify and work with patients who self-harm.

While results from research can take many years to translate into practical application, we strongly believe in the value of investing for a better tomorrow. These perspectives are vital to our ability to stay true to our patient-centred approach to delivering care.

Pia Turcinov AM
EMHS Board Chair

Breaking new ground in research

There were many research highlights in 2022-23.

The annual RPH Research Foundation's (RPHRF) Symposium and Awards Day, held in October 2022, recognised innovative work before a crowd which included WA Minister for Medical Research Stephen Dawson.

Minister Dawson said medical and health research was a crucial investment in our future.

"In the long run, a key benefit of translating health and medical research discoveries into tangible benefits for patients, is not only the reduction in overall healthcare costs but also supporting people to live long and healthier lives," he said.

Dr Lakshini Herat was recognised for **RPHRF's Best Early Career Research Presentation** for 'Determining the role of SGLT2 inhibition with Empagliflozin in the development of diabetic retinopathy'.

Best Mid-Career Research Presentation went to **Dr Adil Rajwani** for 'Bacterial pneumonia is associated with myocardial fibrosis and new-onset impairment'.

Dr Ashish Yadav won **Best Postgraduate Research Presentation** for 'Relationship between fetal growth trajectories and measures of insulin resistance and adiposity in young adults'.

The first **Early Career Publication Award** went to **Dr Marc Sim** for 'Abdominal aortic calcification on lateral spine images captured during bone density and late-life dementia risk in older women: A prospective cohort study'.

Associate Professor Donna Taylor and **Professor Gerald F Watts** shared the **Mentorship Award.**

Other highlights included:

- An important paper on low back pain was published in *The Lancet* in June, reporting the results of a Cognitive Functional Therapy trial. RPH is fortunate to draw on the talents of two people involved in the study, Clinical Psychologist Rob Schutze and Advanced Scope Physiotherapist Carly Fitzgerald.

- The State Major Trauma Unit at RPH took the lead in preventing e-scooter accidents.

- World-first research that could improve outcomes for patients with traumatic brain injury was led by RPH Director of Intensive Care Research Dr Robert McNamara.

Dementia Action Plan update reflects innovation and compassion

In September 2022, EMHS released the **EMHS Dementia Strategy 2022–2027: Towards a Better Way to Care for People Living with Dementia** to ensure our health service is prepared to meet the growing need for dementia services and support.

Volunteers in our Forget Me Not program visit patients with dementia. L-R: Forget Me Not Coordinator Fiona Hornung and Consultant Geriatrician Prof Christopher Etherton-Beer with a patient at RPH.

Two months later, the EMHS Dementia-Friendly Health Service Biennial Action Plan 2021-2023 was updated to provide further guidance and direction. The objective was to develop robust, scalable and high-quality dementia services while embedding key 'dementia-friendly' principles into our business-as-usual practice.

The updated plan lists three new actions:

1. Partnering with patients, families and carers by encouraging a collaborative approach to assessment, care planning and decision-making (including advance care planning).

2. Hospital avoidance and providing care in the community, centred on the rapid assessment and care of patients with dementia that facilitates their timely, safe and supported discharge home, with appropriate support in the community. Further in-reach and specialised support in partnership with primary care to be provided to reduce hospital presentations by residents in aged care facilities.

3. Education across the EMHS workforce that will begin with the establishment of a training and knowledge framework, with a particular focus on early cognitive screening and assessments.

Videos a fitting showcase of services, spaces and staff

EMHS proudly collaborated with Dementia Australia to develop two videos that capture how we serve consumers who live with dementia.

Launched nationally in September 2022 and headlined by EMHS CE Liz MacLeod and Professor Christopher Etherton-Beer, the videos made for a fitting acknowledgement of Dementia Action Week (19 to 25 September) and appeared on pharmacy and GP screens across the country.

EMHS CE Liz MacLeod
for Dementia Australia

Prof Christopher Etherton-Beer
for Dementia Australia

Crucial first steps taken towards improving autism care

In March 2023 – during Autism Acceptance Week – EMHS released a formative document aimed at enhancing care for people on the autism spectrum accessing services across our sites.

Titled **Improving care for patients on the autism spectrum: First Steps**, the document was developed to deliver the 'quick wins' identified in a multi-disciplinary hackathon in collaboration with key internal and external stakeholders, including Dr Sarah Bernard, a proudly neurodivergent, autistic, ADHDer, disabled geriatrician working at North Metropolitan Health Service (NMHS).

For the first time in our service's history, EMHS staff have a neurodiversity-affirming blueprint to help them refine their care of autistic patients.

The breadth of issues covered by the First Steps document is significant. They include guidance in the use of safe, affirmative language and the development of effective communication with autistic patients and their families through helpful resources.

There is also information which helps us understand the impact our care environments can have on autistic people.

While the number of patients known to be autistic and cared for by EMHS is relatively small, such consumers often engage with adult services at a point of crisis, and often present with high complexity.

The First Steps plan as well as other resources developed by the team, including a Patient Passport, Quick Reference Card and a 'Take 5' learning resource are all geared towards the same objective – to offer a cohesive and consistent approach to improving care for autistic people across EMHS.

Significantly, the First Steps document also discusses the importance of attracting and retaining neurodivergent staff, which aligns with EMHS' support for greater diversity in its workforce.

EMHS registered nurses Kathryn Carver and Mikey Hird with NMHS Geriatrician Dr Sarah Bernard (seated) contributed to the development of the First Steps document, leaning on their lived experience in the neurodivergent space.

Future Focus

Work on improving care for patients with autism is continuing, with the EMHS Innovation Team likely to progress an Autism Data Capture project in 2023-24.

Next steps will include the work required to plan and commission new specialised services for autistic patients.

Study finds gene role in implant success

Millions of joint replacement surgeries are performed across the world each year — and an EMHS biomedical engineer has played a crucial role in game-changing research.

Dr Moreica Pabbruwe helped unlock the mystery of why some patients who have joint replacement surgery develop an allergic response to their artificial implant, increasing their likelihood of repeat surgery and further complications.

Moreica, a researcher with the EMHS Centre for Implant Technology and Retrieval Analysis, was part of an international study which identified a genetic marker that predisposes some patients to react badly to cobalt chrome, a material used in most joint implants.

As a result of the study, a simple saliva test to determine if a patient falls into this at-risk group is now available in the UK. It is not yet available here in Australia.

Moreica said patients who experienced a reaction to their implant typically underwent a second procedure – using an implant made of a different material – within months of their original surgery.

If a surgeon knew in advance a patient had a high probability of reacting badly to cobalt chrome, they could choose to use an implant made of a different material and ensure the patient was monitored closely after surgery.

Dr Moreica Pabbruwe's work will result in better patient outcomes and a reduced cost to the health service.

RPH role in drink spiking initiative

RPH's Emergency Department (ED) is playing a role in a WA initiative to combat drink spiking which was launched by WA Police in October 2022.

Under the initiative, hospital staff can now direct people who present to ED, unharmed but suspecting their drinks have been spiked, to the nearest 24-hour police station for a non-invasive test kit.

Before the initiative, there was no pathway for someone who suspected their drink had been tampered with to have their urine analysed unless they were unwell.

RPH ED Physician and Toxicologist Dr Jessamine Soderstrom with the non-invasive drink-spiking test kit.

Blood test could spare bone marrow biopsies

A blood test that could spare patients with an aggressive form of leukaemia from having to undergo painful bone marrow biopsies has been developed by a RPH haematologist.

Research by Dr Hun Chuah resulted in a blood test for patients diagnosed with Acute Myeloid Leukaemia (AML) that can detect fragments of the cancer's DNA shed into the bloodstream.

The test has been shown to be safer and cheaper than a bone marrow biopsy yet just as sensitive at detecting traces of cancer.

AML is one of the deadliest cancers due to its aggressiveness and high risk of relapse. It affects about four in 100,000 people.

The research is continuing with the help of an international research grant. A manuscript on the work is being prepared for publication.

Consultant Haematologist Dr Hun Chuah (centre), whose research is being conducted under the guidance of RPH colleagues Prof Michael Leahy and Prof Wendy Erber.

New nursing research role

A new nursing research role has been created to develop Royal Perth Bentley Group's (RPBG) nursing research capacity.

In December, Dr Vicki Patton, who has a background in nursing and clinical research, became RPBG's first Associate Professor of Acute Care Nursing Research, in a joint appointment with Curtin University.

She has been joined by two nurse researchers to create an active research team with a range of projects which include:

- the implementation of a new device for the prevention of pressure injuries in patients at BHS' rehabilitation Ward 12, with an innovation grant of $60,000
- the examination of why nurses have left employment at RPBG, with a grant from Curtin University
- work on urinary catheters and urinary tract infections
- the extension of a palliative care study to improve access to end-of-life care for patients.

RPBG Associate Professor of Acute Care Nursing Research Vicki Patton plans to help nurses realise their research ideas and guide them in the process.

Something to BRAG about

Digital advances have changed the face of our emergency responses.

In 2022-23 a new automated tool that directs an organisation-wide response to escalating RPH Emergency Department (ED) demand became part of our everyday operations.

Called BRAG Live, the tool uses a colour-coded 'traffic light' system to reflect real time capacity and pressure within the ED.

BRAG Live was custom designed and developed by staff in the Royal Perth Bentley Group's (RPBG) Operations Hub, RPH ED, RPBG Strategic Projects and the EMHS Data and Digital Innovation Team.

The project was a response to escalating ED demand.

BRAG Live was successfully piloted in the RPH ED and Operations Hub in September and October 2022 before coming into permanent use.

RPBG Senior Project Officer Melissa Benedict said the successful collaboration had produced a unique, state-of-the-art product.

"We believe this is the first time a Perth metropolitan hospital has fully automated and digitalised their ED capacity BRAG and escalation plan," Melissa said.

RPBG Operations Hub Manager when the program was initiated, Chris McCavana, said it was developed to help staff make informed and earlier decisions on patient access to the hospital from ED.

"BRAG status is calculated using triggers for occupancy, acuity and exit block, and draws on data within systems such as the Enterprise Bed Management and Emergency Department Information System," Chris said.

"The tool deploys standardised actions to key staff within ED and the Operations Hub, depending on the BRAG status.

"These actions then escalate as the BRAG status changes from green to amber to red to black, reflecting an increase in ED capacity and demand pressure."

L-R: Bed Management Systems Operator Fiona Vogel, ED Clinical Nurse Specialist Meggie Gachokah and Operations Hub Coordinator Rebecca McKenzie with the BRAG tool.

VR embraced in Artificial Reality Training Suite

Up to 100 junior medical officers (JMOs) had the opportunity to participate in the Artificial Reality Training Suite (ARTS) Project, which began its initial 12-month pilot at RPH on 1 August 2022.

Led by the EMHS Innovation Team and hosted by the Postgraduate Medical Education (PGME) Department at Royal Perth Bentley Group, the project aims to provide JMOs with the next generation of realistic simulation training, without the real-world risks.

Simon Cavoli, Nurse Unit Manager at the RPH Emergency Department (ED), first raised the idea of virtual reality (VR) use in clinical training environments to the Innovation Team in 2021.

“I have been a user of VR for many years now,” Simon said.

“There has been rapid VR development from enthusiasts and gaming technology experts into fitness, art and visualisation applications, as well as mining and defence workplace training.

“I saw a clear opportunity to utilise the same technology for healthcare training and teaching.

“The opportunity now exists for EMHS to be early adopters of the new technology and help shape the future of virtual reality health training.”

Simon worked with the EMHS Innovation Team and EMHS Sepsis Operational Lead, Tom Deacon, to develop the pilot model, looking at many different kinds of VR technology before landing on a clinical training program with immersive scenario-based training.

Initially, six different scenarios were available in the ARTS – intravenous cannulation, arterial blood gas insertion, central venous catheterisation, chest drain insertion (traumatic), chest drain insertion (Seldinger) and right heart catheterisation.

RPH ED Nurse Unit Manager Simon Cavoli and EMHS Research and Innovation Director Sharon Humphris.

Key performance indicators

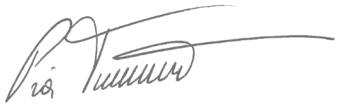
Collaboration is a key value at EMHS and integral to exceptional team work across the organisation.

Certification of Key Performance Indicators

East Metropolitan Health Service

Certification of Key Performance Indicators for the year ended 30 June 2023

We hereby certify the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the East Metropolitan Health Service's performance, and fairly represent the performance of the East Metropolitan Health Service for the financial year ended 30 June 2023.



Pia Turcinov
Board Chair
East Metropolitan Health Service
15 September 2023

Peter Forbes
Chair, EMHS Board Finance Committee
East Metropolitan Health Service
15 September 2023

KPIs

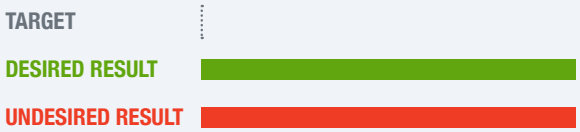
Outcomes

Key Performance Indicators (KPIs) assist East Metropolitan Health Service (EMHS) to assess and monitor achievement of the following Department of Health (DoH) outcomes.

1 **Outcome one:** Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.

2 **Outcome two:** Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

KPI data legend



Example KPI data

YEAR	TARGET	ACTUAL
2022-23	xxx	xxx
2021-22	xxx	xxx
2020-21	xxx	xxx

The latest available data has been used to report performance, which for some KPIs means the results are for the 2022 calendar year

Introduction

EMHS expenditure and activity continued to be impacted by COVID-19 during the 2022-23 financial year, impacting the results related to efficiency KPIs in particular.

Maintaining clinical safety and protocols continues to impact expenditure related to personal protective equipment (PPE) and increased costs in supply chains has flowed to increased expenditure for hospital supplies. Expenditure on staffing has increased, as EMHS addressed staff furlough and absences through agency, casual and backfill arrangements to maintain safe levels of staffing for clinical services and patient care.

Additional cost pressures in 2022-23 from the WA Government Wages Policy, cost of living pressures and the introduction of safer services initiatives for patients, has also resulted in increased expenditure levels for EMHS.

Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1000 separations)

Rationale

Unplanned hospital readmissions may reflect less than optimal patient management and ineffective care pre-discharge, post-discharge and/or during the transition between acute and community-based care. These readmissions necessitate patients spending additional periods of time in hospital as well as utilising additional hospital resources.

Readmission reduction is a common focus of health systems worldwide as they seek to improve the quality and efficiency of healthcare delivery, in the face of rising healthcare costs and increasing prevalence of chronic disease.

Readmission rate is considered a global performance measure, as it potentially points to deficiencies in the functioning of the overall healthcare system. Along with providing appropriate interventions, good discharge planning can help decrease the likelihood of unplanned hospital readmissions by providing patients with the care instructions they need after a hospital stay and helping patients recognise symptoms that may require medical attention.

The seven surgeries selected for this indicator are based on those in the current National Healthcare Agreement Unplanned Readmission performance indicator (NHA PI 23).

Target

The 2022 targets for unplanned readmissions for each procedure (per 1000 separations) are outlined below. Improved or maintained performance is demonstrated by a result below or equal to target:

(a) knee replacement	≤ 19.6
(b) hip replacement	≤ 17.1
(c) tonsillectomy & adenoidectomy	≤ 85.0
(d) hysterectomy	≤ 42.3
(e) prostatectomy	≤ 36.1
(f) cataract surgery	≤ 1.5
(g) appendicectomy	≤ 25.7

Results

(a) Knee replacement:

YEAR	TARGET	ACTUAL
2022	19.6	10.4
2021	23.0	15.4
2020	23.0	26.1

(b) Hip replacement:

YEAR	TARGET	ACTUAL
2022	17.1	11.1
2021	17.1	20.4
2020	17.1	18.1

(c) Tonsillectomy & adenoidectomy:

YEAR	TARGET	ACTUAL
2022	85.0	84.7
2021	81.8	138.7
2020	81.8	106.4

(d) Hysterectomy:

YEAR	TARGET	ACTUAL
2022	**42.3**	**25.9**
2021	42.3	73.2
2020	42.3	67.8

(e) Prostatectomy:

YEAR	TARGET	ACTUAL
2022	**36.1**	**54.5**
2021	36.1	49.3
2020	36.1	59.1

(f) Cataract surgery:

YEAR	TARGET	ACTUAL
2022	**1.5**	**2.3**
2021	1.1	2.4
2020	1.1	1.5

(g) Appendicectomy:

YEAR	TARGET	ACTUAL
2022	**25.7**	**25.8**
2021	25.7	30.1
2020	25.7	21.4

Commentary

East Metropolitan Health Service (EMHS) strives to provide safe, high-quality care to its patients at all times. Improved performance in 2022 for unplanned hospital readmissions for selected surgical procedures can be attributed to the established processes of individual clinical case review and learnings derived from these. EMHS has maintained a strong focus during 2022 on improving practices relating to the prevention of infection, which will attribute to a reduction in infection seen post-surgery. The clinical case reviews may identify other variation in care and outcomes and inform changes to future practice.

Performance for prostatectomy, appendicectomy and cataract surgery, while over target, remain associated with small numbers of cases, across multiple health sites. Case review has not identified any trends of significant clinical concern. Rather, review has identified readmission often in patients of high complexity and acuity with existing co-morbid condition or disease. EMHS will continue to monitor performance of these indicators closely.

Period:	2020 - 2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	Hospital Morbidity Data Collection (HMDC); WA Data Linkage System

Percentage of elective wait list patients waiting over boundary for reportable procedures

Rationale

Elective surgery refers to planned surgery that can be booked in advance following specialist assessment that results in placement on an elective surgery waiting list.

Elective surgical services delivered in the WA health system are those deemed to be clinically necessary. Excessive waiting times for these services can lead to deterioration of the patient's condition and/or quality of life, or even death. Waiting lists must be actively managed by hospitals to ensure fair and equitable access to limited services, and that all patients are treated within clinically appropriate timeframes.

Patients are prioritised based on their assigned clinical urgency category:

- Category 1 — procedures that are clinically indicated within 30 days
- Category 2 — procedures that are clinically indicated within 90 days
- Category 3 — procedures that are clinically indicated within 365 days.

On 1 April 2016, the WA health system introduced a new statewide performance target for the provision of elective services. For reportable procedures, the target requires that no patients (0%) on the elective waiting lists wait longer than the clinically recommended time for their procedure, according to their urgency category.

Target

The 2022-23 target for patients waiting over boundary for all urgency categories is 0%. A result equal to target is desired.

Results

Category 1:

YEAR	TARGET	ACTUAL
2022-23	**0%**	**11.9%**
2021-22	0%	6.5%
2020-21	0%	19.6%

Category 2:

YEAR	TARGET	ACTUAL
2022-23	**0%**	**38.5%**
2021-22	0%	28.3%
2020-21	0%	27.7%

Category 3:

YEAR	TARGET	ACTUAL
2022-23	**0%**	**15.8%**
2021-22	0%	9.3%
2020-21	0%	8.6%

Commentary

In 2022-23, EMHS endeavoured to meet the waiting times recommended for clinical urgency categories.

Emergency surgery demand continued to impact elective surgery waitlist over-boundary initiatives. While there has been an increase in over boundary across all three categories, some improvements in specific specialties were noted. Overall, EMHS has reduced the total number of on lists (ready for care) and the total over boundary at the end of 2022-23.

Several actions were progressed to improve the elective surgery waitlist:

- additional surgical lists undertaken across multiple specialties
- dedicated projects implemented to improve theatre on time starts
- opportunities identified to increase same-day surgery productivity and reduce multi-day admissions to zero-night stays
- Armadale Kalamunda Group (AKG) supported EMHS and the broader Health Service Provider (HSP) network to address over boundary patients with general surgical and endoscopy activity diversions.

For some specialties, workforce shortages remain a challenge in providing both emergency and elective surgery. Strategies to increase the surgical workforce continue to be explored and progressed.

To maintain a sustainable elective surgery waitlist, EMHS is also progressing several related and longer-term strategies, including:

- development of a process to identify and manage outlier patients (at risk of becoming extreme/longest waits) earlier in their journey
- growth of surgical optimisation/pre-rehabilitation initiatives to support more patients to be ready for surgery and reduce cancellations
- investigation of opportunities in new technology to improve workforce retention, scope of surgical capability and length of stay.

Period:	2020-21 – 2022-23 financial years (average of weekly census data)
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	Elective Services Wait List Data Collection

Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days

Rationale

Staphylococcus aureus bloodstream infection is a serious infection that may be associated with the provision of health care. Staphylococcus aureus is a highly pathogenic organism and even with advanced medical care, infection is associated with prolonged hospital stays, increased healthcare costs and a marked increase in morbidity and mortality (SABSI mortality rates are estimated at 20-25%).

HA-SABSI is generally considered to be a preventable adverse event associated with the provision of health care. Therefore, this KPI is a robust measure of the safety and quality of care provided by WA public hospitals.

A low or decreasing HA-SABSI rate is desirable and the WA target reflects the nationally agreed benchmark.

Target

The 2022 target for HA-SABSI is ≤1.0 per 10,000 occupied bed-days. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022	**1.00**	**0.69**
2021	1.00	1.09
2020	1.00	0.84

Commentary

During 2022, EMHS achieved the target for HA-SABSI, with a result equating to 24 infections from 350,188 bed-days.

EMHS participates in a state-wide surveillance program and has robust processes in place that involves the review of all cases of HA-SABSI by infection control specialists and treating clinicians. These processes are designed to identify the factors that may have contributed to the individual cases and closely monitor new infection rates.

Improved performance in 2022 is reflective of the ongoing commitment by EMHS to addressing recommendations from a review of infection control policy and practice by an independent expert in 2021. Core changes have occurred as follows:

- Introducing a Vascular Access Service at Royal Perth Bentley Group (RPBG) to provide expert and specialist care in the insertion and management of invasive devices.
- Developing the Invasive Devices Learning Management Framework, which sets the standard for the minimum knowledge and training requirements relating to the safe insertion and management of invasive devices.
- Integrating the principles of the Management of Peripheral Intravenous Catheters Clinical Care Standard into existing practices, with continued assessment and auditing as part of business as usual process.
- Use of Comprehensive Care Invasive Device Records to ensure regular monitoring and care of invasive devices.

Period:	2020-2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital
Data source:	Healthcare Infection Surveillance Western Australia (HISWA) Data Collection

Survival rates for sentinel conditions

Rationale

This indicator measures performance in relation to the survival of people who have suffered a sentinel condition - specifically a stroke, acute myocardial infarction (AMI), or fractured neck of femur (FNOF).

These three conditions have been chosen as they are leading causes of hospitalisation and death in Australia for which there are accepted clinical management practices and guidelines. Patient survival after being admitted for one of these sentinel conditions can be affected by many factors including the diagnosis, the treatment given, or procedure performed, age, co-morbidities at the time of the admission, and complications which may have developed while in hospital. However, survival is more likely when there is early intervention and appropriate care on presentation to an emergency department (ED) and on admission to hospital.

By reviewing survival rates and conducting case-level analysis, targeted strategies can be developed that aim to increase patient survival after being admitted for a sentinel condition.

Target

Please see the target for each condition noted in the results per age group. Improved or maintained performance is demonstrated by a result equal to or exceeding target.

Stroke

Results

0 – 49 years:

YEAR	TARGET	ACTUAL
2022	95.2%	94.7%
2021	95.2%	96.3%
2020	95.2%	94.7%

50 – 59 years:

YEAR	TARGET	ACTUAL
2022	95.3%	99.0%
2021	94.9%	96.2%
2020	94.9%	96.2%

60 – 69 years:

YEAR	TARGET	ACTUAL
2022	94.4%	97.2%
2021	94.1%	95.9%
2020	94.1%	99.5%

70 - 79 years:

YEAR	TARGET	ACTUAL
2022	92.5%	94.4%
2021	92.3%	95.1%
2020	92.3%	96.3%

80+ years:

YEAR	TARGET	ACTUAL
2022	87.1%	89.8%
2021	86.0%	94.4%
2020	86.0%	90.4%

Acute myocardial infarction (AMI)

Commentary

Effective clinical engagement and coordination of care between the neurology, emergency and acute medical teams continues to result in excellent survival rates for patients experiencing a stroke.

EMHS' performance in the survival rate for stroke exceeded target in most age ranges, and while the 0-49 years age group was slightly below target, this represents a small number of complex cases. All deaths are the subject of a peer review as part of a morbidity and mortality review process to identify opportunities for quality improvement and organisational learning and findings are shared with clinical teams.

Results

0 – 49 years:

YEAR	TARGET	ACTUAL
2022	99.0%	99.4%
2021	99.1%	97.7%
2020	99.1%	98.9%

50 – 59 years:

YEAR	TARGET	ACTUAL
2022	98.9%	99.0%
2021	98.8%	100%
2020	98.8%	98.9%

60 – 69 years:

YEAR	TARGET	ACTUAL
2022	98.1%	99.4%
2021	98.1%	98.9%
2020	98.1%	98.1%

70 - 79 years:

YEAR	TARGET	ACTUAL
2022	97.0%	96.7%
2021	96.8%	97.0%
2020	96.8%	98.2%

80+ years:

YEAR	TARGET	ACTUAL
2022	92.2%	96.0%
2021	92.1%	94.6%
2020	92.1%	94.4%

Commentary

EMHS' performance in the survival rate for acute myocardial infarction remained within the acceptable target range or exceeded target for most groups. This result can be largely attributed to patients sustaining timely access to invasive coronary diagnostic and interventional procedures, as well as effective inter-hospital transfer arrangements of patients from Armadale Health Service (AHS) and St John of God Midland Public Hospital (SJGMPH) to Royal Perth Hospital (RPH).

The 70-79 years age group was only slightly below target, with most patients in this age range having comorbidities complicating outcomes. Monitoring will continue throughout 2023, with all deaths subject to a peer review as part of a morbidity and mortality review process. Actions will be taken to address issues and lessons learnt are shared with clinical teams.

Fractured neck of femur (FNoF)

Results

70 - 79 years:

YEAR	TARGET	ACTUAL
2022	99.0%	99.3%
2021	98.9%	97.6%
2020	98.9%	99.2%

80+ years:

YEAR	TARGET	ACTUAL
2022	97.4%	97.6%
2021	96.9%	98.3%
2020	96.9%	98.2%

Commentary

EMHS' performance in the survival rate for fractured neck of femur patients exceeded target in all age ranges. Monitoring of the fractured neck of femur pathway will continue throughout 2023 to actively identify any opportunities for improvement and all deaths are further subject to a peer review as part of a morbidity and mortality review process. Actions taken to address issues and lessons learnt are shared with clinical teams.

Period:	2020-2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	HMDC

Percentage of admitted patients who discharged against medical advice

Rationale

Discharge against medical advice (DAMA) refers to patients leaving hospital against the advice of their treating medical team or without advising hospital staff (e.g. left without notice or missing and not found). Patients who do so have a higher risk of readmission and mortality and have been found to cost the health system 50% more than patients who are discharged by their physician.

Between July 2015 and June 2017 Aboriginal patients (3.4%) in WA were over 11 times more likely than non-Aboriginal patients (0.3%) to discharge against medical advice, compared with 6.2 times nationally (3.1% and 0.5% respectively). This statistic indicates a need for improved responses by the health system to the needs of Aboriginal patients.

This indicator provides a measure of the safety and quality of inpatient care. Reporting the results by Aboriginal status measures the effectiveness of initiatives within the WA health system to deliver culturally secure services to Aboriginal people. While the aim is to achieve equitable treatment outcomes, the targets reflect the need for a long-term approach to progressively closing the gap between Aboriginal and non-Aboriginal patient cohorts.

DAMA performance measure is also one of the key contextual indicators of Outcome 1 “Aboriginal and Torres Strait Islander people enjoy long and healthy lives” under the new National Agreement on Closing the Gap, which was agreed to by the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments in July 2020.

Target

The 2022 targets for admitted patients who discharged against medical advice are:

a) Aboriginal patients	**≤ 2.78%**
b) Non-Aboriginal patients	**≤ 0.99%**

Improved or maintained performance is demonstrated by a result below or equal to target.

Results

Aboriginal patients:

YEAR	TARGET	ACTUAL
2022	**2.78%**	**5.98%**
2021	2.78%	5.87%
2020	2.78%	7.51%

Non-Aboriginal patients:

YEAR	TARGET	ACTUAL
2022	**0.99%**	**1.09%**
2021	0.99%	1.16%
2020	0.99%	1.44%

Commentary

During 2022, key strategies to address DAMA were implemented.

EMHS continued to work to improve the DAMA KPI. Key strategies supporting DAMA performance across EMHS included:

- Launching Welcome to Country and DAMA videos to convey a message to patients that if they need to go home sooner than their treating team have advised, they should speak to someone to ensure that it is safe for them to leave and they receive the care they need.
- Medical education focussing on safe discharge language and avoidance of the term DAMA in medical records unless the patient meets DAMA criteria (i.e. before the completion of treatment and against medical advice or no advice).
- Implementation across sites of a process for safely discharging the cohort of known and frequent DAMA patients admitted with alcohol intoxication.

EMHS is continuing to implement other targeted measures including:

- Identifying and implementing opportunities across sites to improve the comfort of the environment and alleviate boredom for Aboriginal patients, that could reduce the risk of DAMA.
- Implementation of a process at RPH to safely discharge surgical patients whose surgery has been delayed or cancelled in target areas.
- Refocussing medical education to guide clinicians to consider options for the patient to be discharged safely.
- Increasing Aboriginal Health Liaison Officers and volunteers in wards/departments that have higher risk of patients who DAMA.

Period:	2020-2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	HMDC

Percentage of live-born term infants with an Apgar score of less than seven at five minutes post delivery

Rationale

This indicator of the condition of newborn infants immediately after birth provides an outcome measure of intrapartum care and newborn resuscitation.

The Apgar score is an assessment of an infant's health at birth based on breathing, heart rate, colour, muscle tone and reflex irritability. An Apgar score is applied at one, five and (if required by the protocol) ten minutes after birth to determine how well the infant is adapting outside the mother's womb. Apgar scores range from zero to two for each condition with a maximum final total score of ten. The higher the Apgar score the better the health of the newborn infant.

This outcome measure can lead to the development and delivery of improved care pathways and interventions to improve the health outcomes of Western Australian infants and aligns to the National Core Maternity Indicators (2021) Health, Standard 17/12/2021.

Target

The 2022 target for the percentage of live-born term infants with an Apgar score of less than seven at five minutes post delivery is ≤1.90%. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022	**1.90%**	**1.05%**
2021	1.80%	1.37%
2020	1.80%	1.54%

Commentary

Across 2022 EMHS' performance has remained below target, which is indicative of the quality of care and skilled workforce providing maternity and neonatal services in EMHS hospitals. EMHS closely monitors performance against this and many other maternity performance and outcome measures to ensure EMHS maternity services maintain a high standard of care.

Period:	2020-2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service (prior to 28 March 2020), St John of God Midland Public Hospital
Data source:	Midwives Notification System

Readmissions to acute specialised mental health inpatient services within 28 days of discharge

Rationale

Readmission rate is considered to be a global performance measure as it potentially points to deficiencies in the functioning of the overall mental healthcare system.

While multiple hospital admissions over a lifetime may be necessary for someone with ongoing illness, a high proportion of readmissions shortly after discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was not adequate to maintain the patient's recovery out of hospital.

These readmissions mean that patients spend additional time in hospital and utilise additional resources. A low readmission rate suggests that good clinical practice is in operation. Readmissions are attributed to the facility at which the initial separation (discharge) occurred rather than the facility to which the patient was readmitted.

By monitoring this indicator, key areas for improvement can be identified. This can facilitate the development and delivery of targeted care pathways and interventions aimed at improving the mental health and quality of life of Western Australians.

Target

The 2022 target for readmissions to acute specialised mental health inpatient services within 28 days of discharge is ≤12.0%. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022	**12.0%**	**14.4%**
2021	12.0%	14.9%
2020	12.0%	16.1%

Commentary

With demand for mental health services and patient complexity remaining high, readmission rates remain relatively steady when compared year on year. The improved result again this year is a positive reflection of the impact of support and wrap around type services that have been implemented to minimise the need for patients to be readmitted to a hospital setting.

These strategies included:

- Commissioning of the EMHS Crisis Resolution Home Treatment Team (Kadadkiny Marr Koodjal Mia) which provides an innovative, evidence based response to acute mental health care by providing consumers with safe and high quality hospital level care in their own home. A multi-disciplinary team provides intensive support for consumers during the crisis phase and where hospitalisation or presentation to an ED could be avoided.

- Improved utilisation of the Bidi Wungen Kaat Centre (Transitional Care Unit). This centre provides two types of services, namely:
  - » The Prevention and Recovery Unit: This unit provides a short term sub-acute service for 18-64 years with severe high prevalence mental health issues who require additional clinical support and life skills to successfully transition from an acute inpatient unit, or who require additional support in the community to avoid an ED or acute inpatient admission.
  - » The Rehabilitation and Recovery Unit: provides a medium to long stay sub-acute inpatient service for consumers with chronic and enduring severe mental illness and psychological disability, who no longer require an acute hospital admission but do require additional support and life skills to successfully transition from hospital into the community independently.
- Continuation of the Hostel Inreach Initiative. This service aims to increase mental health and physical health treatments and supports provided to an at-risk/vulnerable cohort to reduce ED presentations and hospital admissions.
- Midland Head to Health service offers assessment and short to medium term treatment to adults experiencing mild to moderate mental health concerns, and immediate care to access information and assistance navigating to other appropriate services.

In addition, EMHS is planning additional new services that will offer alternative treatment and support pathways for mental health clients which may further improve performance in this area, as follows:

- Commissioning is underway for the EMHS Eating Disorders Specialist Service which will provide a multidisciplinary transition service to help support early discharge, prevent future readmission and prevent admission altogether for consumers stepping up from the community.
- Planning for the commencement of the Project Air / Dialectical Behaviour Therapy Program for Adult Community (RPBG). Project Air is a Personality Disorders Strategy that aims to enhance treatment options for people with personality disorders and their families and carers. A key component of Project Air is the Gold Card Clinics, which provide brief psychological interventions to frequent presenters to EDs in the context of psychosocial crisis with emotion dysregulation, suicidal ideation or self-harming behaviour, supporting admission diversion / readmission and treatment.

Period:	2020-2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service, Royal Perth Hospital, St John of God Midland Public Hospital, Transitional Care Unit
Data source:	HMDC (inpatient separations)

Percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services

Rationale

In 2017-18, one in five (4.8 million) Australians reported having a mental or behavioural condition. Therefore, it is crucial to ensure effective and appropriate care is provided not only in a hospital setting but also in the community.

Discharge from hospital is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have increased vulnerability and, without adequate follow up, may relapse or be readmitted.

The standard underlying this measure is that continuity of care requires prompt community follow-up in the period following discharge from hospital. A responsive community support system for persons who have experienced a psychiatric episode requiring hospitalisation is essential to maintain their clinical and functional stability and to minimise the need for hospital readmissions. Patients leaving hospital after a psychiatric admission with a formal discharge plan that includes links with public community based services and support are less likely to need avoidable hospital readmissions.

Target

The 2022 target percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services is ≥75.0%. Improved or maintained performance is demonstrated by a result equal to or above target.

Results

YEAR	TARGET	ACTUAL
2022	**75.0%**	**86.8%**
2021	75.0%	87.8%
2020	75.0%	87.1%

Commentary

Over the past three years EMHS has consistently exceeded the 75% target. This result demonstrates our commitment to connecting with our mental health consumers within a week of being discharged from hospital, to assist them through a key period of transition of care.

Period:	2020-2022 calendar years
Contributing sites:	Armadale Health Service, Bentley Health Service, Royal Perth Hospital, St John of God Midland Public Hospital, Transitional Care Unit
Data source:	Mental Health Information Data Collection (MIND) (ambulatory mental health service contacts); HMDC (inpatient separations)

Average admitted cost per weighted activity unit

Rationale

This indicator is a measure of the cost per weighted activity unit (WAU) compared with the State target, as approved by the Department of Treasury and published in the 2022-23 Budget Paper No. 2, Volume 1.

The measure ensures a consistent methodology is applied to calculating and reporting the cost of delivering inpatient activity against the state's funding allocation. As admitted services received nearly half of the overall 2022-23 budget allocation, it is important that efficiency of service delivery is accurately monitored and reported.

Target

The 2022-23 target for average admitted cost per WAU is $7314. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022-23	$7314	$7524
2021-22	$6907	$7197
2020-21	$7073	$6733

Please note: 2020-21 actuals were restated in 2021-22 in accordance with the 2021-22 Outcome Based Management Key Performance Indicator Data Definition Manual.

Commentary

The target for 2022-23 was developed by WA Health for all HSPs. The EMHS has performed unfavourably against the 2022-23 target with an average admitted cost per WAU of $7524, which is $210 above the target of $7314. The 2022-23 result is also $327 above the actual average admitted cost per unit in 2021-22.

Performance in 2022-23 continued to be impacted by the residual effects of changes in elective surgery schedules which resulted in lower than anticipated inpatient activity. The performance in this financial year was also impacted by increased staffing costs associated with the requirement to prepare for a 'surge' in expected COVID patients attending hospitals and other cost pressures such as Government wages policy, cost of living pressures and the need to introduce safer services for patient care.

Period:	2020-21 – 2022-23 financial years
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital, St John of God Mount Lawley (contracted services)
Data source:	OBM allocation application; Oracle 11i financial system; HMDC extracts; TOPAS; webPAS; Contracted Health Entity's (CHE) discharge extracts

Average Emergency Department cost per weighted activity unit

Rationale

This indicator is a measure of the cost per WAU compared with the State target as approved by the Department of Treasury, which is published in the 2022-23 Budget Paper No. 2, Volume 1.

The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering ED activity against the state's funding allocation. With the increasing demand on EDs and health services, it is important that ED service provision is monitored to ensure the efficient delivery of safe and high-quality care.

Target

The 2022-23 target for average ED cost per WAU is $7074. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022-23	**$7074**	**$7630**
2021-22	$6847	$7353
2020-21	$6853	$7098

Please note: 2020-21 actuals were restated in 2021-22 in accordance with the 2021-22 Outcome Based Management Key Performance Indicator Data Definition Manual.

Commentary

The target for 2022-23 was developed by WA Health for all HSPs. Actual average ED cost per activity unit is $556 above the 2022-23 target of $7074. It is also $277 higher than the actual average cost of $7353 in 2021-22, when compared to the performance in that year.

EMHS EDs remain open and fully prepared for all emergencies on a 24/7 x 365 basis to ensure staff and patients always remain safe and protected. In 2022-23, ED costs have increased, primarily because of the additional safeguards implemented to address recommendations from health reports into ED waiting room practices and processes for maintaining patient safety.

In addition, there have been less presentations to the EDs, however presentations have been increasing back to normal levels towards the end of the year.

Period:	2020-21 – 2022-23 financial years
Contributing sites:	Armadale Health Service, Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	OBM allocation application; Oracle 11i financial system; Emergency Department Data Collection (EDDC)

Average non-admitted cost per weighted activity unit

Rationale

This indicator is a measure of the cost per WAU compared with the State (aggregated) target, as approved by the Department of Treasury, which is published in the 2022-23 Budget Paper No. 2, Volume 1.

The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering non-admitted activity against the state's funding allocation. Non-admitted services play a pivotal role within the spectrum of care provided to the WA public. Therefore, it is important that non-admitted service provision is monitored to ensure the efficient delivery of safe and high-quality care.

Target

The 2022-23 target for average non-admitted cost per WAU is $6982. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022-23	$6982	$7788
2021-22	$6864	$6093
2020-21	$7025	$6004

Please note: 2020-21 actuals were restated in 2021-22 in accordance with the 2021-22 Outcome Based Management Key Performance Indicator Data Definition Manual.

Commentary

The target for 2022-23 was developed by WA Health for all HSPs. The EMHS has not performed favourable against the 2022-23 target with an average non-admitted cost per WAU of $7788 which is $806 above the target of $6982.

Non-admitted activity (also known as 'outpatient' activity) is related to inpatient activity, as patients who are discharged from hospital are generally referred into outpatient clinics for follow-up consultations and medication.

Performance in 2022-23 has been impacted by the reduction in regular outpatient clinics due to the prevalence of COVID in the community and the reticence of patients to attend on-site clinics.

The performance in this financial year was also impacted by higher employee costs in relation to Government wages policy and cost of living payments, and other goods and services costs associated with Consumer Price Index (CPI) increases.

Period:	2020-21 – 2022-23 financial years
Contributing sites:	Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital, St John of God Mount Lawley (contracted services)
Data source:	OBM allocation application; Oracle 11i financial system; Non Admitted Patient Data Collection (NAP DC)

Average cost per bed-day in specialised mental health inpatient services

Rationale

Specialised mental health inpatient services provide patient care in authorised hospitals. To ensure quality of care and cost-effectiveness, it is important to monitor the unit cost of admitted patient care in specialised mental health inpatient services. The efficient use of hospital resources can help minimise the overall costs of providing mental health care and enable the reallocation of funds to appropriate alternative non-admitted care.

Target

The 2022-23 target for average cost per bed-day in specialised mental health inpatient services is $1755. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022-23	**$1755**	**$2156**
2021-22	$1533	$1783
2020-21	$1622	$1724

Please note: 2020-21 actuals were restated in 2021-22 in accordance with the 2021-22 Outcome Based Management Key Performance Indicator Data Definition Manual.

Commentary

EMHS' actual average cost of $2156 is $401 above the 2022-23 target of $1755, and it is also $373 above the actual performance of $1783 in 2021-22.

Mental health activity performance is below target due to the closure of a mental health ward at RPH. It has also been challenging to recruit mental health practitioners to the wards due to the ongoing tight employment market. The costs associated with treatment of complex mental health cases has continued to increase and is reflective of the increasing complexities associated with supporting and treating mental health in the community.

In addition, there have been other cost pressures due to the Government wages policy, cost of living increases and the introduction of safer services for patients, especially the increased use of companions and bed-sit security services.

Period:	2020-21 – 2022-23 financial years
Contributing sites:	Armadale Health Service, Bentley Health Service, Royal Perth Hospital, St John of God Midland Public Hospital, Transitional Care Unit
Data source:	OBM allocation application; Oracle 11i financial system; BedState

Average cost per treatment day of non-admitted care provided by mental health services

Rationale

Public community mental health services consist of a range of community-based services such as emergency assessment and treatment, case management, day programs, rehabilitation, psychosocial, residential services and continuing care. The aim of these services is to provide the best health outcomes for the individual through the provision of accessible and appropriate community mental health care. Efficient functioning of public community mental health services is essential to ensure that finite funds are used effectively to deliver maximum community benefit.

Public community-based mental health services are generally targeted towards people in the acute phase of a mental illness who are receiving post-acute care. This indicator provides a measure of the cost-effectiveness of treatment for public psychiatric patients under public community mental health care (non-admitted/ambulatory patients).

Target

The 2022-23 target for average cost per treatment day of non-admitted care provided by mental health services is $490. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022-23	**$490**	**$451**
2021-22	$445	$400
2020-21	$415	$346

Please note: 2020-21 actuals were restated in 2021-22 in accordance with the 2021-22 Outcome Based Management Key Performance Indicator Data Definition Manual.

Commentary

EMHS has performed marginally better (by $39) against the 2022-23 target of $490 for the average cost per treatment day of non-admitted care provided by mental health services.

The increase in costs in 2022-23 relates primarily to the increased level of care services provided within a community setting. Providing increased care and care-based community services can impact a health service's ability to perform efficiently, particularly if cost increases associated with higher levels of community care are related to general environmental cost pressures outside the health service's immediate control.

Period:	2020-21 – 2022-23 financial years
Contributing sites:	Armadale Mental Health Service, Bentley Mental Health Service, Royal Perth Hospital (psychiatry), Specialised Aboriginal Mental Health Service, Midland Mental Health Service
Data source:	OBM allocation application; Oracle 11i financial system; Mental Health Information Data Collection

Average cost per person of delivering population health programs by population health units

Rationale

Population health units support individuals, families and communities to increase control over and improve their health.

Population health aims to improve health by integrating all activities of the health sector and linking them with broader social and economic services and resources as described in the WA Health Promotion Strategic Framework 2017–2021. This is based on the growing understanding of the social, cultural and economic factors that contribute to a person's health status.

Target

The 2022-23 target for average cost per person of delivering population health programs by population health units is $18. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2022-23	**$18**	**$55**
2021-22	$32	$113
2020-21	$19	$66

Please note:

- 2020-21 was based on 2015-19 estimates
- 2021-22 is based on the 2016-20 estimates
- 2022-23 is based on the 2017-21 estimates
- 2020-21 actuals were restated in 2021-22 in accordance with the 2021-22 Outcome Based Management Key Performance Indicator Data Definition Manual

Commentary

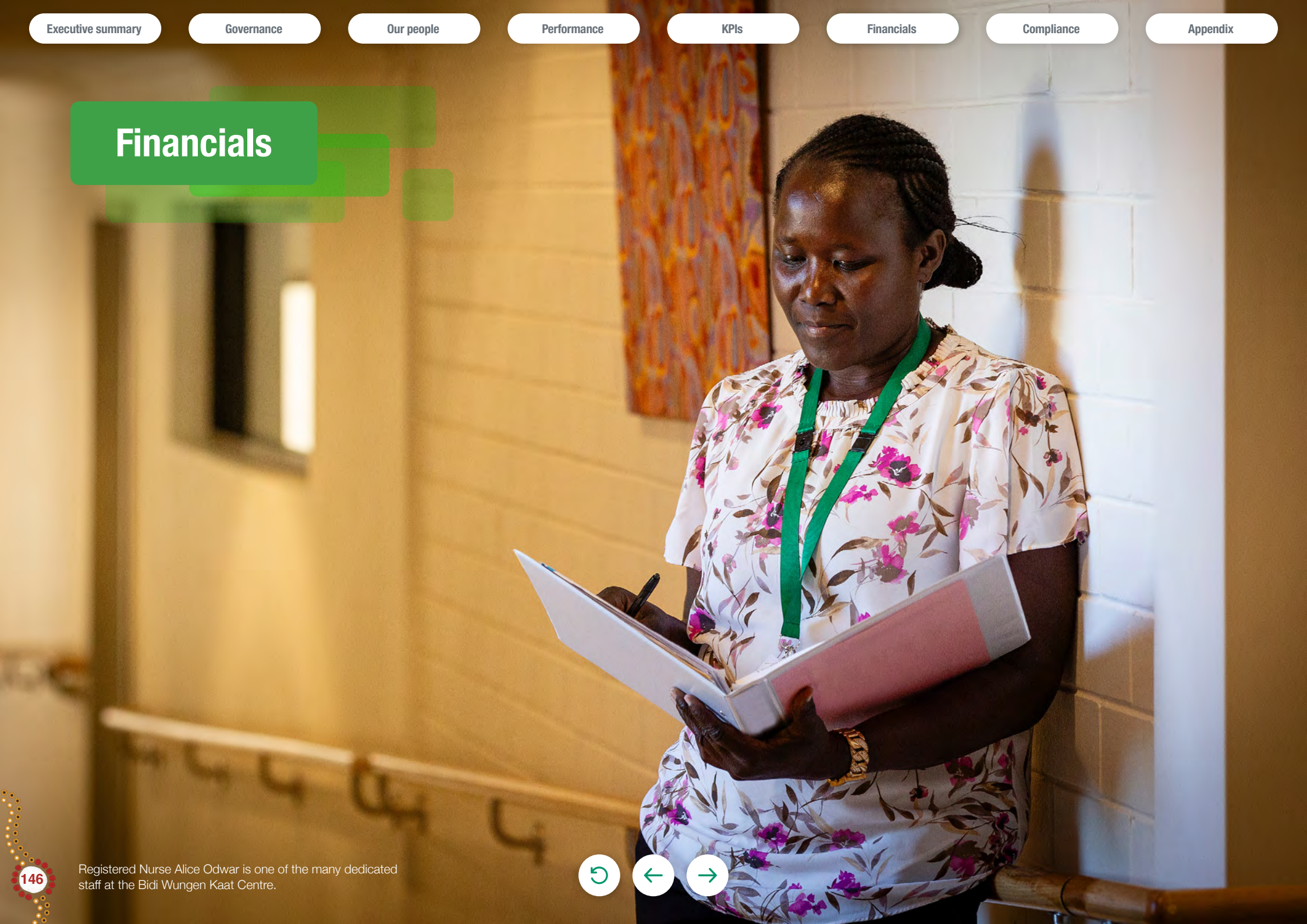
The target for 2022-23 was developed at a WA Health level for all HSPs. EMHS' average cost per person of delivering population health programs was $55, which is $37 above the target of $18. However, EMHS performed marginally better ($58 less) compared to the actual result of $113 in 2021-22.

The 2022-23 target decreased by $14 when compared to the 2021-22 target, however both targets were not adjusted for COVID-19 expenditure pressures that related to the preparation for, and response to, the pandemic.

If COVID-19 related expenditure was excluded from the calculation of the indicator, the EMHS performance results in 2022-23 are favourable against the 2022-23 target and comparable in dollar value to pre-COVID average cost for delivering population health programs within EMHS' catchment area.

Period:	2020-21 – 2022-23 financial years
Contributing sites:	East Metropolitan Health Service health region
Data source:	OBM allocation application; Oracle 11i financial system; Estimated Resident Populations for 2017-2021 and projection of 2023 population provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health

Financials



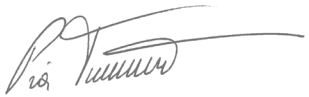
Registered Nurse Alice Odwar is one of the many dedicated staff at the Bidi Wungen Kaat Centre.

Certification of financial statements

For the reporting period ended 30 June 2023

The accompanying financial statements of the East Metropolitan Health Service have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper accounts and records to present fairly the financial transactions for the reporting period ended 30 June 2023 and the financial position as at 30 June 2023.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.



Pia Turcinov AM
Chair, EMHS Board
East Metropolitan Health Service
15 September 2023

Graeme Jones
Chief Finance Officer
East Metropolitan Health Service
15 September 2023

Peter Forbes
Chair, EMHS Board Finance Committee
East Metropolitan Health Service
15 September 2023

Auditor General

INDEPENDENT AUDITOR'S REPORT

2023

East Metropolitan Health Service

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the East Metropolitan Health Service (Health Service) which comprise:

- the Statement of Financial Position at 30 June 2023, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the East Metropolitan Health Service for the year ended 30 June 2023 and the financial position at the end of that period
- in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Board for the financial statements

The Board is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for:

- assessing the entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Health Service.

Auditor's responsibilities for the audit of the financial statements

As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf.

Report on the audit of controls

Basis for Qualified Opinion

I identified significant weaknesses in network security controls and controls over unauthorised connection of devices at the East Metropolitan Health Service. These weaknesses could compromise the confidentiality, integrity and availability of key systems and information. These weaknesses also exposed the WA Health network to increased vulnerabilities which could undermine the integrity of data across all systems, including the financial system.

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the East Metropolitan Health Service. The controls exercised by the Board are those policies and procedures established to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with the State's financial reporting framework (the overall control objectives).

In my opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, in all material respects, the controls exercised by the East Metropolitan Health Service are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with the State's financial reporting framework during the year ended 30 June 2023.

The Board's responsibilities

The Board is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.

Auditor General's responsibilities

As required by the *Auditor General Act 2006,* my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagement ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Limitations of controls

Because of the inherent limitations of any internal control structure, it is possible that, even if the controls are suitably designed and implemented as designed, once in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the East Metropolitan Health Service for the year ended 30 June 2023. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of the East Metropolitan Health Service are relevant and appropriate to assist users to assess the Health Service's performance and fairly represent indicated performance for the year ended 30 June 2023.

The Board's responsibilities for the key performance indicators

The Board is responsible for the preparation and fair presentation of the key performance indicators in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions, and for such internal controls as the Board determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Board is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators.*

Auditor General's responsibilities

As required by the *Auditor General Act 2006,* my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments, I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

My independence and quality management relating to the report on financial statements, controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*, the Office of the Auditor General maintains a comprehensive system of quality management including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

Those charged with governance are responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2023, but not the financial statements, key performance indicators and my auditor's report.

My opinions on the financial statements, controls and key performance indicators do not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, controls and key performance indicators my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and key performance indicators or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I did not receive the other information prior to the date of this auditor's report. When I do receive it, I will read it and if I conclude that there is a material misstatement in this information, I am required to communicate the matter to those charged with governance and request them to correct the misstated information. If the misstated information is not corrected, I may need to retract this auditor's report and re-issue an amended report.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

The auditor's report relates to the financial statements and key performance indicators of the East Metropolitan Health Service for the year ended 30 June 2023 included in the annual report on the Health Service's website. The Health Service's management is responsible for the integrity of the Health Service's website. This audit does not provide assurance on the integrity of the Health Service's website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version.

Sandra Labuschagne

Sandra Labuschagne
Deputy Auditor General
Delegate of the Auditor General for Western Australia
Perth, Western Australia
15 September 2023

East Metropolitan Health Service
Statement of comprehensive income
For the year ended 30 June 2023

	Note	2023 $000	2022 $000
Cost of services			
Expenses			
Employee benefits expense	3.1.1	1,160,532	1,027,528
Contracts for services	3.2	342,752	341,212
Patient support costs	3.3	272,040	259,016
Fees for contracted medical practitioners	3.4	30,083	25,971
Finance costs	7.2	267	52
Depreciation and amortisation expense	5.5	51,362	44,471
Repairs, maintenance and consumable equipment	3.5	34,174	36,445
Other supplies and services	3.6	12,884	10,472
Cost of sales	4.7	3,998	3,496
Other expenses	3.7	122,578	116,896
Total cost of services		2,030,670	1,865,559
Income			
Patient charges	4.4	50,580	45,943
Other fees for services	4.5	531	490
Commonwealth grants and contributions	4.2	-	240
Other grants and contributions	4.3	1,804	1,087
Donation income	4.6	149	98
Sale of goods	4.7	3,731	3,402
Other income and recoveries	4.8	53,141	46,682
Total income other than income from State Government		109,936	97,942
Net cost of services		1,920,734	1,767,617
Income from State Government			
Department of Health - Service Agreement:			
- State component	4.1	989,837	880,558
- Commonwealth component	4.1	522,232	526,449
Mental Health Commission - Service Agreement	4.1	250,060	210,998
Income from other state government agencies	4.1	46,503	44,633
Resources received	4.1	86,153	89,904
Total income from State Government		1,894,785	1,752,542
Deficit for the period		(25,949)	(15,075)
Other comprehensive income			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	9.9	96,764	53,902
Total other comprehensive income		96,764	53,902
Total comprehensive income for the period		70,815	38,827

The statement of comprehensive income should be read in conjunction with the accompanying notes.

See also note 2.2 'Schedule of income and expenses by service'.

East Metropolitan Health Service
Statement of financial position
As at 30 June 2023

	Note	2023 $000	2022 $000
Assets			
Current assets			
Cash and cash equivalents	7.3.1	106,355	112,886
Restricted cash and cash equivalents	7.3.1	41,385	41,892
Receivables	6.1	34,590	26,819
Inventories	6.3	5,873	5,374
Other current assets	6.4	1,065	29,784
Total current assets		189,268	216,755
Non-current assets			
Restricted cash and cash equivalents	7.3.1	26,745	20,889
Amounts receivable for services	6.2	667,817	613,846
Property, plant and equipment	5.1	705,795	625,896
Intangible assets	5.2	109	139
Right-of-use assets	5.3	17,607	1,795
Service concession assets	5.4	340,076	309,562
Total non-current assets		1,758,149	1,572,127
Total assets		1,947,417	1,788,882
Liabilities			
Current liabilities			
Payables	6.5	111,968	97,351
Grant liabilities	6.6	955	955
Lease liabilities	7.1	3,388	609
Employee benefits provisions	3.1.2	228,288	212,860
Other current liabilities	6.7	1,186	1,090
Total current liabilities		345,785	312,865
Non-current liabilities			
Employee benefits provisions	3.1.2	44,961	46,073
Lease liabilities	7.1	14,755	1,229
Total non-current liabilities		59,716	47,302
Total liabilities		405,501	360,167
Net assets		1,541,916	1,428,715
Equity			
Contributed equity	9.9	1,276,487	1,234,101
Reserves	9.9	244,829	148,065
Accumulated surplus		20,600	46,549
Total equity		1,541,916	1,428,715

The statement of financial position should be read in conjunction with the accompanying notes.

East Metropolitan Health Service
Statement of changes in equity
For the year ended 30 June 2023

	Note	2023 $000	2022 $000
Contributed equity	9.9		
Balance at start of period		1,234,101	1,181,347
Transactions with owners in their capacity as owners:			
Contribution by Owners – Capital appropriations administered by Department of Health		12,541	52,754
Other contributions by owners		29,845	-
Balance at end of period		1,276,487	1,234,101
Reserves	9.9		
Asset revaluation reserve			
Balance at start of period		148,065	94,163
Other comprehensive income for the period		96,764	53,902
Balance at end of period		244,829	148,065
Accumulated surplus			
Balance at start of period		46,549	61,624
Deficit for the period		(25,949)	(15,075)
Balance at end of period		20,600	46,549
Total equity			
Balance at start of period		1,428,715	1,337,134
Total comprehensive income for the period		70,815	38,827
Transactions with owners in their capacity as owners		42,386	52,754
Balance at end of period		1,541,916	1,428,715

The statement of changes in equity should be read in conjunction with the accompanying notes.

East Metropolitan Health Service
Statement of cash flows
For the year ended 30 June 2023

	Note	2023 $000 Inflows/(Outflows)	2022 $000 Inflows/(Outflows)
Cash flows from State Government			
Contribution by Owners – Capital Appropriations administered by Department of Health		12,540	52,753
Service agreement - Department of Health		1,458,098	1,363,206
Service agreement - Mental Health Commission		250,060	210,998
Funds received from other state government agencies		46,502	44,633
Net cash provided by State Government		1,767,200	1,671,590
Utilised as follows:			
Cash flows from operating activities			
Payments			
Employee benefits		(1,138,776)	(1,010,483)
Supplies and services		(693,796)	(712,421)
Finance costs		(267)	(52)
Receipts			
Receipts from customers		41,558	45,661
Commonwealth grants and contributions		254	240
Other grants and contributions		1,550	1,087
Donations received		133	53
Other receipts		50,253	51,106
Net cash used in operating activities	7.3.2	(1,739,091)	(1,624,809)
Cash flows from investing activities			
Payments			
Purchase of non-current assets		(27,057)	(52,542)
Receipts			
Proceeds from sale of non-current assets		-	250
Net cash used in investing activities		(27,057)	(52,292)
Cash flows from financing activities			
Payments			
Principal elements of lease payments		(2,234)	(688)
Receipts			
Net cash used in financing activities		(2,234)	(688)
Net decrease in cash and cash equivalents		(1,182)	(6,199)
Cash and cash equivalents at the beginning of the period		175,667	181,866
Total cash and cash equivalents at the end of the period	7.3.1	174,485	175,667

The statement of cash flows should be read in conjunction with the accompanying notes.

East Metropolitan Health Service
Notes to the financial statements
As at 30 June 2023

Note 1 Basis of preparation

East Metropolitan Health Service (the Health Service) is a Western Australian Government entity, controlled by the State of Western Australia which is the ultimate parent. The Health Service is a not-for-profit entity (as profit is not its principal objective).

A description of the nature of its operations and its principal activities have been included in the 'Governance/Overview' which does not form part of these financial statements.

These annual financial statements were authorised for issue by the Accountable Authority of the Health Service on 15 September 2023.

Statement of compliance

These general purpose financial statements are prepared in accordance with:

1) The Financial Management Act 2006 (FMA)
2) The Treasurer's Instructions (TIs)
3) Australian Accounting Standards (AASs) including applicable interpretations
4) Where appropriate, those AAS paragraphs applicable for not-for-profit entities have been modified.

The FMA and TIs take precedence over AASs. Several AASs are modified by the TIs to vary application, disclosure format and wording. Where modification is required and has a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case the different measurement basis is disclosed in the associated note. All values are rounded to the nearest thousand dollars ($'000).

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements and/or estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

East Metropolitan Health Service
Notes to the financial statements
As at 30 June 2023

Note 1 Basis of preparation (continued)

Contributed equity

AASB Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated as contributions by owners (at the time of, or prior to, transfer) before such transfers can be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by *TI 955 Contributions by Owners made to Wholly Owned Public Sector Entities* and will be credited directly to Contributed Equity.

Note 2 Health Service outputs

How the Health Service operates

This section includes information regarding the nature of funding the Health Service receives and how this funding is utilised to achieve the Health Service's objectives.

	Note
Health Service objectives	2.1
Schedule of income and expenses by service	2.2

2.1 Health Service objectives

Services

To comply with its legislative obligation as a WA Government agency, the Health Service operates under an Outcome Based Management framework (OBM). The OBM framework is determined by WA Health and replaces the former activity based costing framework for annual reporting from 2017-18 and beyond. This framework describes how outcomes, activities, services and key performance indicators (KPIs) are used to measure agency performance towards achieving the relevant overarching whole of government goal of strong communities, safe communities and supported families and the WA health system agency goal of delivery of safe, quality, financially sustainable and accountable healthcare for all Western Australians. The Health Service is predominantly funded by Parliamentary appropriations.

The Health Service provides the following services:

Public hospital admitted services

The provision of healthcare services to patients in metropolitan hospitals that meet the criteria for admission and receive treatment and/or care for a period of time, including public patients treated in private facilities under contract to WA Health. Admission to hospital and the treatment provided may include access to acute and/or sub-acute inpatient services, as well as hospital in the home services. Public hospital admitted services include teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to admitted services. This service does not include any component of the mental health services reported under 'Mental health services'.

East Metropolitan Health Service
Notes to the financial statements
As at 30 June 2023

2.1 Health Service objectives (continued)

Public hospital emergency services

The provision of services for the treatment of patients in emergency departments of metropolitan hospitals, inclusive of public patients treated in private facilities under contract to WA Health. The services provided to patients are specifically designed to provide emergency care, including a range of pre-admission, post-acute and other specialist medical, allied health, nursing and ancillary services. Public hospital emergency services include teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to emergency services. This service does not include any component of the mental health services reported under 'Mental health services'.

Public hospital non-admitted services

The provision of metropolitan hospital services to patients who do not undergo a formal admission process, inclusive of public patients treated by private facilities under contract to WA Health. This service includes services provided to patients in outpatient clinics, community based clinics or in the home, procedures, medical consultation, allied health or treatment provided by clinical nurse specialists. Public hospital non-admitted services include teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to non-admitted services. This service does not include any component of the mental health services reported under 'Mental health services'.

Mental health services

The provision of inpatient services where an admitted patient occupies a bed in a designated mental health facility or a designated mental health unit in a hospital setting; and the provision of non-admitted services inclusive of community and ambulatory specialised mental health programs such as prevention and promotion, community support services, community treatment services and community bed based services. This service includes the provision of state-wide mental health services such as the provision of assessment, treatment, management, care or rehabilitation of persons experiencing alcohol or other drug use problems or co-occurring health issues. Mental health services include teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to mental health or alcohol and drug services. This service includes public patients treated in private facilities under contract to WA Health.

Aged and continuing care services

The provision of aged and continuing care services. Aged and continuing care services include programs that assess the care needs of older people, provide functional interim care or support for older, frail, aged and younger people with disabilities to continue living independently in the community and maintain independence.

Public and community health services

The provision of healthcare services and programs delivered to increase optimal health and wellbeing, encourage healthy lifestyles, reduce the onset of disease and disability, reduce the risk of long-term illness as well as detect, protect and monitor the incidence of disease in the population. Public and community health services include public health programs, Aboriginal health programs, disaster management, environmental health, the provision of grants to non-government organisations for public and community health purposes, emergency road and air ambulance services and services to assist rural based patients travel to receive care.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

2.2 Schedule of income and expenses by service

	Public hospital admitted	Public hospital emergency	Public hospital non-admitted	Mental health	Aged and continuing care	Public and community health	Total
	2023 $000	2023 $000	2023 $000	2023 $000	2023 $000	2023 $000	2023 $000
Cost of services							
Expenses							
Employee benefits expense	676,907	131,168	127,216	179,639	9,812	35,790	1,160,532
Contracts for services	194,800	63,319	26,483	29,264	507	28,379	342,752
Patient support costs	185,458	25,332	36,246	12,322	2,379	10,303	272,040
Fees for contracted medical practitioners	24,116	1,007	4,843	117	0	0	30,083
Finance costs	2	0	1	246	1	17	267
Depreciation and amortisation expense	30,454	5,631	6,014	8,095	388	780	51,362
Repairs, maintenance and consumable equipment	21,829	2,666	4,646	4,078	250	705	34,174
Other supplies and services	4,180	1,036	1,562	4,640	21	1,445	12,884
Cost of sales	-	-	2,781	1,217	-	-	3,998
Other expenses	76,390	15,315	15,165	12,314	814	2,584	122,578
Total cost of services	1,214,136	245,474	224,957	251,932	14,172	80,003	2,030,670
Income							
Patient charges	41,361	2,920	5,486	813	0	0	50,580
Other fees for services	0	0	16	145	0	370	531
Commonwealth grants and contributions	0	0	0	0	0	0	0
Other grants and contributions	29	76	5	0	0	1,694	1,804
Donation income	24	4	4	6	0	111	149
Sale of goods	0	0	2,595	1,136	0	0	3,731
Other income and recoveries	30,566	890	14,619	875	10	6,181	53,141
Total income other than income from State Government	71,980	3,890	22,725	2,975	10	8,356	109,936
Net cost of services	**1,142,156**	**241,584**	**202,232**	**248,957**	**14,162**	**71,647**	**1,920,734**
Income from State Government							
Department of Health - Service Agreement:							
- State component	670,552	141,833	118,731	8,342	8,315	42,064	989,837
- Commonwealth component	356,787	75,466	63,173	0	4,424	22,382	522,232
Mental Health Commission - Service Agreement	0	0	0	250,060	0	0	250,060
Income from other state government agencies	42,031	1,506	1,623	0	712	630	46,503
Resources received	61,016	10,702	11,071	2,040	10	1,314	86,153
Total income from State Government	1,130,386	229,507	194,598	260,442	13,461	66,390	1,894,785
Surplus/(deficit) for the period	**(11,770)**	**(12,077)**	**(7,634)**	**11,485**	**(701)**	**(5,257)**	**(25,949)**

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

2.2 Schedule of income and expenses by service (continued)

	Public hospital admitted	Public hospital emergency	Public hospital non-admitted	Mental health	Aged and continuing care	Public and community health	Total
	2022 $000	2022 $000	2022 $000	2022 $000	2022 $000	2022 $000	2022 $000
Cost of services							
Expenses							
Employee benefits expense	589,173	115,402	118,703	152,929	8,594	42,727	1,027,528
Contracts for services	188,648	62,164	28,328	34,746	466	26,860	341,212
Patient support costs	168,819	22,652	37,537	10,738	2,020	17,250	259,016
Fees for contracted medical practitioners	23,497	955	1,408	111	-	-	25,971
Finance costs	6	1	2	28	5	10	52
Depreciation and amortisation expense	27,299	5,170	5,482	5,520	369	631	44,471
Repairs, maintenance and consumable equipment	22,194	2,850	4,470	3,898	201	2,832	36,445
Other supplies and services	3,047	1,418	1,591	2,343	23	2,050	10,472
Cost of sales	-	-	2,432	1,064	-	-	3,496
Other expenses	69,405	11,793	12,716	6,318	564	16,100	116,896
Total cost of services	1,092,088	222,405	212,669	217,695	12,242	108,460	1,865,559
Income							
Patient charges	37,860	1,976	5,017	1,090	-	-	45,943
Other fees for services	-	-	-	321	-	169	490
Commonwealth grants and contributions	-	240	-	-	-	-	240
Other grants and contributions	126	21	22	2	-	916	1,087
Donation income	31	5	8	7	-	47	98
Sale of goods	-	-	2,366	1,036	-	-	3,402
Other income and recoveries	25,446	672	13,478	355	11	6,720	46,682
Total income other than income from State Government	63,463	2,914	20,891	2,811	11	7,852	97,942
Net cost of services	**1,028,625**	**219,491**	**191,778**	**214,884**	**12,231**	**100,608**	**1,767,617**
Income from State Government							
Department of Health - Service Agreement:							
- State component	579,658	126,541	110,167	5,548	6,893	51,751	880,558
- Commonwealth component	348,751	74,418	65,021	-	4,147	34,112	526,449
Mental Health Commission - Service Agreement	-	-	-	210,998	-	-	210,998
Income from other state government agencies	40,130	1,762	1,539	-	470	732	44,633
Resources received	54,991	9,085	9,400	1,729	10	14,689	89,904
Total income from State Government	1,023,530	211,806	186,127	218,275	11,520	101,284	1,752,542
Surplus/(deficit) for the period	**(5,095)**	**(7,685)**	**(5,651)**	**3,391**	**(711)**	**676**	**(15,075)**

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

Note 3 Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how the Health Service's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the Health Service in achieving its objectives and the relevant notes are:

	Note
Employee benefits expense	3.1.1
Employee benefits provisions	3.1.2
Contracts for services	3.2
Patient support costs	3.3
Fees for contracted medical practitioners (CMP)	3.4
Repairs, maintenance and consumable equipment	3.5
Other supplies and services	3.6
Other expenses	3.7

3.1.1 Employee benefits expense

Employee benefits	1,055,122	937,490
Termination benefits	240	192
Superannuation - defined contribution plans (a)	105,145	89,817
Total employee benefits expense	1,160,507	1,027,499
Add: AASB 16 Non-monetary benefits (b)	25	29
Net employee benefits	1,160,532	1,027,528

(a) Defined contribution plans include West State Superannuation Scheme (WSS), Gold State Superannuation Scheme (GSS), the Government Employees Superannuation Board Schemes (GESBs) and other eligible funds.

(b) Non-monetary employee benefits that are predominantly relating to the provision of vehicle benefits recognised under AASB 16.

Employee benefits include salaries and wages, fringe benefits plus the fringe benefits tax component and leave entitlements including superannuation contribution components.

Workers' compensation insurance expense is excluded here but included in note 3.7 'Other expenses'.

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the Health Service is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

3.1.1 Employee benefits expense (continued)

Superannuation is the amount recognised in profit or loss of the statement of comprehensive income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, other GESB schemes or other superannuation funds. The employer contribution paid to the Government Employees Superannuation Board (GESB) in respect of the GSS is paid back into the Consolidated Account by the GESB.

GSS (concurrent contributions) is a defined benefit scheme for the purposes of employees and whole of government reporting. It is however a defined contribution plan for Health Service purposes because the concurrent contributions (defined contributions) made by the Health Service to the GESB extinguishes the Health Service's obligations to the related superannuation liability.

The Health Service does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributable to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Health Service to the GESB.

The GESB and other fund providers administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligibility criteria for membership in particular schemes for public sector employees vary according to commencement and implementation dates.

3.1.2 Employee benefits provisions

Provision is made for benefits accruing to employees in respect of salaries and wages, annual leave, time off in lieu and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.

Current		
Annual leave (a)	114,730	108,706
Time off in lieu leave (a)	33,966	30,449
Long service leave (b)	78,973	73,086
Deferred salary scheme (c)	619	619
	228,288	212,860
Non-current		
Long service leave (b)	44,961	46,073
Total employee benefits provisions	273,249	258,933

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

3.1.2 Employee benefits provisions (continued)

(a) Annual leave and time off in lieu leave liabilities are classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	86,392	79,725
More than 12 months after the end of the reporting period	62,304	59,430
	148,696	139,155

Annual leave and time off in lieu leave are not expected to be settled wholly within 12 months after the end of the reporting period and therefore considered to be 'other long-term employee benefits'. The leave liability is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

(b) Long service leave liabilities are classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Health Service has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	31,196	27,609
More than 12 months after the end of the reporting period	92,738	91,550
	123,934	119,159

The provision for long service leave is calculated at present value as the Health Service does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. When assessing expected future payments, consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields on national government bonds at the end of the reporting period with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Under the advice of Government Sector Labour Relations (GSLR), casual employees of the Health Service are entitled to long service leave even if the applicable awards provide casual loading in lieu of long service leave. The provision for casual employees who are currently employed by the Health Service has been included in the long service leave balance: $10.6 million. The amount of obligation for the casual employees who are no longer employed by the Health Service has been included in the Payables (note 6.5): $1.4 million.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

3.1.2 Employee benefits provisions (continued)

(c) The deferred salary scheme liabilities relate to Health Service employees who have entered into an agreement to self-fund an additional twelve months leave in the fifth year of the agreement. The provision recognises the value of salary set aside for employees to be used in the fifth year. The liability is measured on the same basis as annual leave. It is classified as a current provision as employees can leave the scheme at their discretion at any time.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	492	408
More than 12 months after the end of the reporting period	127	211
	619	619

Key sources of estimation uncertainty - long service leave
Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year. Several estimates and assumptions are used in calculating the Health Service's long service leave provision. These include expected future salary rates, discount rates, employee turnover rates and usage rates of leave in service or at termination. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

Sick Leave
Liabilities for sick leave are recognised when it is probable that sick leave paid in the future will be greater than the entitlement that will accrue in the future. Past history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised in the statement of comprehensive income for this leave as it is taken.

3.2 Contracts for services

Public patient services (a)	309,269	307,321
Mental health services (a)	31,670	31,747
Home and community care (a)	514	468
Other contracts	1,299	1,676
Total contracts for services	342,752	341,212

(a) Private hospitals and non-government organisations are contracted to provide various services to public patients and the community.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
3.3 Patient support costs		
Drug supplies	66,141	61,318
Pathology	51,836	52,191
Prosthesis	29,839	26,168
Other medical supplies and services	80,594	77,922
Domestic charges	20,344	21,917
Fuel, light and power	8,508	7,735
Food supplies	8,957	7,553
Patient transport costs	4,954	3,512
Research, development and other grants	867	700
Total patient support costs	272,040	259,016
3.4 Fees for contracted medical practitioners (CMP)		
Fees for contracted medical practitioners (CMP)		
Clinical	23,013	19,251
Radiology	7,070	6,720
Total fees for contracted medical practitioners	30,083	25,971

CMP, both general practitioners and specialists, are contracted to provide medical services to a hospital via a Medical Services Agreement. CMPs are independent contractors operating medical businesses and are not Health Service employees. CMPs were previously called visiting medical practitioners (VMP).

3.5 Repairs, maintenance and consumable equipment		
Repairs, maintenance and consumable equipment		
Repairs and maintenance	25,171	23,461
Consumable equipment	9,003	12,984
Total repairs, maintenance and consumable equipment	34,174	36,445

Repairs and maintenance costs are recognised as expenses as incurred, except where they relate to the replacement of a significant component of an asset. In that case the costs are capitalised and depreciated. Consumable equipment costing less than $5,000 is recognised as an expense (see note 5.1 'Property, plant and equipment').

3.6 Other supplies and services		
Other supplies and services (recognised as an expense as incurred)		
Sanitisation and waste removal services	1,725	1,796
Administration and management services	2,838	3,058
Interpreter services	1,550	1,509
Security services	6,052	3,433
Contract management	139	147
Outsourced health promotion	26	140
Outsourced engineering	69	130
Employee assistance	135	86
Other	350	173
Total other supplies and services	12,884	10,472

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

3.7 Other expenses

	2023 $000	2022 $000
Other expenses		
Services provided by Health Support Services: (a)		
ICT services	43,513	41,925
Supply chain services	8,253	11,495
Financial services	2,569	2,016
Human resources services	9,260	8,069
Workers compensation insurance	20,477	20,373
Lease expenses (b)	567	128
Other insurances	10,599	8,311
Legal services	2,022	1,259
Audit fees	1,207	959
Consultancy fees	4,458	3,438
Printing and stationery	3,539	3,139
Library subscription	1,511	1,495
Expected credit losses expense (c)	3,450	514
Communications	2,049	2,412
Freight, cartage and manual handling fees	685	593
Other employee related expenses	2,227	2,292
Loss on disposal of non-current assets	511	26
Asset revaluation decrement	-	1,764
Motor vehicle expenses	598	507
Computer services	2,069	2,694
Accommodation (d)	508	438
Other	2,506	3,049
Total other expenses	122,578	116,896

(a) Services received free of charge. (See note 4.1 'Income from State Government').
(b) See note 5.3 'Right-of-use assets' and 7.1 'Lease liabilities'. Included within lease expenses are short-term leases with lease terms of up to 12 months and low-value leases with identified assets of up to $5,000. The lease expenses also include variable lease payments and maintenance expenses related to the leased assets.
(c) Expected credit losses expense is recognised as the movement in the allowance for expected credit losses. The allowance for expected credit losses of trade receivables is measured at the lifetime expected credit losses at each reporting date. The Health Service has established a provision matrix that is based on its historical credit loss experience. (See note 6.1.1 'Movement of the allowance for impairment of receivables').
(d) Lease payments to the Department of Finance for the Government Office Accommodation.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

Note 4 Our funding sources

How we obtain our funding

This section provides additional information about how the Health Service obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the Health Service and the relevant notes are:

	Note
Income from State Government	4.1
Commonwealth grants and contributions	4.2
Other grants and contributions	4.3
Patient charges	4.4
Other fees for services	4.5
Donation income	4.6
Commercial activities	4.7
Other income and recoveries	4.8

4.1 Income from State Government

	2023 $000	2022 $000
Service Agreement received (a):		
Department of Health - Service Agreement - State component (b)	989,837	880,558
Department of Health - Service Agreement - Commonwealth component	522,232	526,449
Total service agreement received from Department of Health	1,512,069	1,407,007
Mental Health Commission - Service Agreement	250,060	210,998
Income from other state government agencies (c):		
Disability Services Commission - community aids and equipment program	801	339
Insurance Commission of Western Australia - patient fees (motor vehicle injuries)	34,478	33,205
Insurance Commission of Western Australia - RiskCover insurance rebate	-	14
Road Safety Commission - Road Trauma Program (Injury Prevention)	608	605
South Metropolitan Health Service - Health Technology Management Services	6,097	5,645
South Metropolitan Health Service - Business Intelligence Services	3,360	3,593
Child and Adolescent Health Service - Data Services	382	312
North Metropolitan Health Service - Data Services	246	378
Other Health Service Providers	531	541
Total income from other state government agencies	46,503	44,633

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
4.1 Income from State Government (continued)		
Resources received from other state government agencies during the year (d):		
Services received free of charge:		
Health Support Services - shared services		
ICT services	43,513	41,925
Supply chain services	8,253	11,495
Financial services	2,569	2,016
Human resources services	9,260	8,069
Rapid Antigen Test Kits	1,313	3,299
PathWest - indirect costs	18,873	17,917
Department of Justice - legal services	487	388
Department of Finance - rental lease management	13	12
Assets transferred in (out):	1,872	4,783
Total resources received	86,153	89,904
Total income from State Government	1,894,785	1,752,542

(a) Service agreement income is recognised at fair value in the period in which the Health Service gains control of the funds. The Health Service gains control of the funds at the time those funds are deposited in the bank account. If the service agreement specifies specific performance obligation(s), the income is recognised when the Health Service has satisfied its performance obligation(s).

(b) Service agreement from Department of Health comprises a cash component and a receivable (asset) component. The receivable which is the Holding Account (see note 6.2 'Amounts receivable for services (Holding Account)') comprises the budgeted depreciation expense for the year and any agreed increase in leave liabilities.

(c) Income from other state government agencies include amounts paid by other government agencies on a charge out basis (fee for service model).

(d) Resources received from other state government agencies are recognised as income (and assets or expenses) equivalent to the fair value of the assets, or the fair value of those services that can be reliably determined and which would have been purchased if not donated.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
4.2 Commonwealth grants and contributions		
Recurrent grants	-	240
Total Commonwealth grants and contributions	-	240

Following update in the Treasury Instruction 1102, income is recognised based on the immediate funding source. Where the Commonwealth funding is received via a Service Agreement with Department of Health who has control of the funding, this is recognised as Income from State Government. Refer to Note 4.1 Income from State Government.

4.3 Other grants and contributions		
Research and other grants	1,804	1,087
Total other grants and contributions	1,804	1,087
4.4 Patient charges		
Inpatient bed charges	37,246	34,453
Inpatient other charges	4,928	4,497
Outpatient charges	8,406	6,993
Total patient charges	50,580	45,943
4.5 Other fees for services		
Non-clinical services to other health organisations	531	490
Total other fees for services	531	490
4.6 Donation income		
General public donations	149	98
Total donations	149	98
4.7 Commercial Activities - Sale of Goods		
Sales:		
Cafeteria sales income	3,731	3,402
Cost of sales	(3,998)	(3,496)
Gross loss	(267)	(94)

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

4.8 Other income and recoveries

	2023 $000	2022 $000
Abatements	17	391
Royalty income	1,304	1,277
Rent from commercial properties	866	888
Parking	344	568
Commissions	94	168
Sponsorship	661	494
Training and education	62	32
Clinical trial income	3,188	2,675
Medical reports and certificates	92	109
Pharmaceutical Benefits Scheme (PBS)	42,789	39,500
Reversal asset revaluation decrement - land	3,139	-
Other	585	580
Total other income and recoveries	53,141	46,682

Income recognition
Income is recognised at the transaction price when the Health Service transfers control of the services to customers. Income is recognised for the major activities as follows:

Sale of goods
Income is recognised at the transaction price when the Health Service transfers control of the goods to customers.

Provision of services
Income is recognised on delivery of the service to the customer.

Grants, donations, gifts and other non-reciprocal contributions
Income is recognised at fair value when the Health Service obtains control over the assets comprising the contributions, usually when cash is received. Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

Note 5 Key assets

Assets the Health Service utilises for economic benefit or service potential.

This section includes information regarding the key assets the Health Service utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets.

	Note
Property, plant and equipment	5.1
Intangible assets	5.2
Right-of-use assets	5.3
Service concession assets (SCA)	5.4
Depreciation and amortisation expense	5.5

5.1 Property, plant and equipment

Land		
Carrying amount	80,142	77,004
Reconciliation:		
Carrying amount at start of period	77,003	78,868
Revaluation increments/(decrements)	3,139	(1,864)
Carrying amount at end of period	80,142	77,004
Buildings		
Carrying amount	525,565	445,864
Reconciliation:		
Carrying amount at start of period	445,865	399,875
Additions	7,857	30,623
Transfers from/(to) other reporting entities	28,598	-
Transfers from works in progress	12,430	7,975
Revaluation increments/(decrements)	58,658	30,287
Transfers between asset classes	(1,375)	-
Depreciation	(26,468)	(22,896)
Carrying amount at end of period	525,565	445,864

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.1 Property, plant and equipment (continued)		
Site infrastructure		
Gross carrying amount	27,459	27,459
Accumulated depreciation	(10,753)	(9,217)
Carrying amount	16,706	18,242
Reconciliation:		
Gross carrying amount at start of period	27,459	27,459
Accumulated depreciation	(9,217)	(7,680)
Carrying amount at start of period	18,242	19,779
Depreciation	(1,536)	(1,537)
Carrying amount at end of period	16,706	18,242
Leasehold improvements		
Gross carrying amount	3,227	3,227
Accumulated depreciation	(2,196)	(1,854)
Carrying amount	1,031	1,373
Reconciliation:		
Gross carrying amount at start of period	3,227	3,221
Accumulated depreciation	(1,854)	(1,512)
Carrying amount at start of period	1,373	1,709
Additions	-	6
Depreciation	(342)	(342)
Carrying amount at end of period	1,031	1,373
Computer equipment		
Gross carrying amount	6,748	6,464
Accumulated depreciation	(2,675)	(1,541)
Carrying amount	4,073	4,923
Reconciliation:		
Gross carrying amount at start of period	6,464	5,087
Accumulated depreciation	(1,541)	(550)
Carrying amount at start of period	4,923	4,537
Additions	199	1,500
Transfers from works in progress	79	5
Transfers between asset classes	6	(11)
Depreciation	(1,134)	(1,108)
Carrying amount at end of period	4,073	4,923

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.1 Property, plant and equipment (continued)		
Furniture and fittings		
Gross carrying amount	2,089	2,404
Accumulated depreciation	(1,386)	(1,522)
Carrying amount	703	882
Reconciliation:		
Gross carrying amount at start of period	2,404	2,325
Accumulated depreciation	(1,522)	(1,375)
Carrying amount at start of period	882	950
Additions	197	113
Transfers from/(to) other reporting entities	439	-
Transfers from works in progress	114	-
Disposals	(40)	(5)
Transfers between asset classes	(746)	(6)
Depreciation	(143)	(170)
Carrying amount at end of period	703	882
Motor vehicles		
Gross carrying amount	375	75
Accumulated depreciation	(75)	(38)
Carrying amount	300	37
Reconciliation:		
Gross carrying amount at start of period	75	75
Accumulated depreciation	(38)	(32)
Carrying amount at start of period	37	43
Additions	144	-
Transfers from works in progress	156	-
Depreciation	(37)	(6)
Carrying amount at end of period	300	37

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.1 Property, plant and equipment (continued)		
Medical equipment		
Gross carrying amount	84,719	77,228
Accumulated depreciation	(45,495)	(40,441)
Carrying amount	39,224	36,787
Reconciliation:		
Gross carrying amount at start of period	77,228	65,107
Accumulated depreciation	(40,441)	(33,258)
Carrying amount at start of period	36,787	31,849
Additions	6,574	8,616
Transfers from/(to) other reporting entities	2,290	4,040
Transfers from works in progress	457	43
Disposals	(378)	(39)
Transfers between asset classes	2,076	6
Write-down of assets (a)	(133)	-
Depreciation	(8,449)	(7,728)
Carrying amount at end of period	39,224	36,787
Other plant and equipment		
Gross carrying amount	19,846	14,465
Accumulated depreciation	(6,727)	(5,140)
Carrying amount	13,119	9,325
Reconciliation:		
Gross carrying amount at start of period	14,465	13,062
Accumulated depreciation	(5,140)	(4,080)
Carrying amount at start of period	9,325	8,982
Additions	2,859	1,303
Transfers from works in progress	3,938	559
Disposals	(24)	(232)
Transfers between asset classes	(1,324)	11
Depreciation	(1,655)	(1,298)
Carrying amount at end of period	13,119	9,325
Artworks		
Carrying amount	1,080	1,062
Reconciliation:		
Carrying amount at start of period	1,062	1,062
Additions	12	-
Transfers between asset classes	6	-
Carrying amount at end of period	1,080	1,062

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.1 Property, plant and equipment (continued)		
Works in progress		
Carrying amount	23,852	30,397
Reconciliation:		
Carrying amount at start of period	30,397	30,436
Additions	11,447	8,564
Capitalised to asset classes	(17,174)	(8,582)
Write-down of assets (a)	(818)	(21)
Carrying amount at end of period	23,852	30,397
Total property, plant and equipment		
Gross carrying amount	775,102	685,649
Accumulated depreciation	(69,307)	(59,753)
Carrying amount	705,795	625,896
Reconciliation:		
Gross carrying amount at start of period	685,649	626,575
Accumulated depreciation	(59,753)	(48,487)
Carrying amount at start of period	625,896	578,088
Additions	29,289	50,726
Transfers from/(to) other reporting entities	31,327	4,040
Disposals	(442)	(276)
Revaluation increments/(decrements)	61,797	28,423
Transfers between asset classes	(1,357)	-
Write-down of assets (a)	(951)	(21)
Depreciation	(39,764)	(35,085)
Carrying amount at end of period	705,795	625,896

(a) Expenses capitalised in the previous financial year, expensed in the current financial year. See note 3.7 'Other expenses'.

Initial recognition
Items of property, plant and equipment and infrastructure, costing $5,000 or more are measured initially at cost. Where an asset is acquired for no cost or significantly less than fair value, the cost is valued at its fair value at the date of acquisition. Items of property, plant and equipment and infrastructure costing less than $5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

The cost of a leasehold improvement is capitalised and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the leasehold improvement.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

5.1 Property, plant and equipment (continued)

Subsequent measurement
Subsequent to initial recognition as an asset, the revaluation model is used for the measurement of land and buildings and historical cost for all other property, plant and equipment. Land and buildings are carried at fair value less accumulated depreciation (buildings) and accumulated impairment losses. All other items of property, plant and equipment are carried at historical cost less accumulated depreciation and accumulated impairment losses.

Where market-based evidence is available, the fair value of land and buildings (non-clinical sites) is determined on the basis of current market values by reference to recent market transactions.

In the absence of market-based evidence, fair value of land and buildings (clinical sites) is determined on the basis of existing use. This normally applies where buildings are specialised or where land use is restricted. Fair value for existing use buildings is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. Fair value for restricted use land is determined by comparison with market evidence for land with similar approximate utility (high restricted use land) or market value of comparable unrestricted land (low restricted use land).

When buildings are revalued, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

Land and buildings are independently valued annually by the Western Australian Land Information Authority (Valuation Services) and recognised annually to ensure that the carrying amount does not differ materially from the asset's fair value at the end of the reporting period.

Land and buildings were revalued as at 1 July 2022 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2023 and recognised at 30 June 2023. In undertaking the revaluation, fair value was determined by reference to market values for land: $22.2 million (2022: $20.5 million) and buildings: $2.1 million (2022: $2.0 million). For the remaining balance, fair value of buildings was determined on the basis of current replacement cost and fair value of land was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land).

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

5.1 Property, plant and equipment (continued)

Revaluation model
Where market-based evidence is available, the fair value of land and buildings (non-clinical sites) is determined on the basis of current market values by reference to recent market transactions.

In the absence of market-based evidence, fair value of land and buildings (clinical sites) is determined on the basis of existing use. This normally applies where buildings are specialised or where land use is restricted. Fair value for existing use buildings is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. Fair value for restricted use land is determined by comparison with market evidence for land with similar approximate utility (high restricted use land) or market value of comparable unrestricted land (low restricted use land).

When buildings are revalued, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

Significant assumptions and judgements
The most significant assumptions and judgements in estimating fair value are made in assessing whether to apply the existing use basis to assets and in determining estimated economic life. Professional judgement by the valuer is required where the evidence does not provide a clear distinction between market type assets and existing use assets. In order to estimate fair value on the basis of existing use, the current replacement costs are determined on the assumption that the buildings will be used for the same functions in the future. A major change in utilisation of the buildings may result in material adjustment to the carrying amounts.

Derecognition
Upon disposal or derecognition of an item of property, plant and equipment, any revaluation surplus relating to that asset is retained in the asset revaluation reserve.

Impairment of assets
Property, plant and equipment and intangible assets are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income. As the Health Service is a not-for-profit entity, unless a specialised asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However, this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

5.1 Property, plant and equipment (continued)

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured. Surplus assets at cost are tested for indications of impairment at the end of each reporting period.

As at 30 June 2023 there were no indications of impairment to property, plant and equipment and intangible assets.

5.2 Intangible assets

Computer software		
Gross carrying amount	443	481
Accumulated amortisation	(334)	(342)
Carrying amount	109	139
Reconciliation:		
Gross carrying amount at start of the period	481	345
Accumulated amortisation	(342)	(310)
Carrying amount at start of the period	139	35
Additions	-	136
Amortisation	(30)	(32)
Carrying amount at end of the period	109	139

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.2 Intangible assets (continued)		
Total intangible assets		
Gross carrying amount	443	481
Accumulated amortisation	(334)	(342)
Carrying amount	109	139
Reconciliation:		
Gross carrying amount at start of period	481	345
Accumulated amortisation	(342)	(310)
Carrying amount at start of period	139	35
Additions	-	136
Amortisation	(30)	(32)
Carrying amount at end of period	109	139

Computer software
Software that is an integral part of the related hardware is recognised as property, plant and equipment. Software that is not an integral part of the related hardware is recognised as an intangible asset. Software costing less than $5,000 is expensed in the year of acquisition.

Initial recognition
Intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

Acquisitions of intangible assets costing $5,000 or more and internally generated intangible assets costing $50,000 or more are capitalised and measured at cost. Costs incurred below these thresholds are immediately expensed directly to the statement of comprehensive income.

Costs incurred in the research phase of a project are immediately expensed.

Subsequent measurement
The cost model is applied for subsequent measurement of intangible assets, requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

See note 5.1 'Property, plant and equipment' for testing assets for impairment.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.3 Right-of-use assets		
Buildings		
Gross carrying amount	18,334	994
Accumulated depreciation	(1,652)	(289)
Carrying amount	16,682	705
Reconciliation:		
Opening net carrying amount	705	162
Additions	18,223	769
Depreciation	(2,246)	(226)
Carrying amount at end of the period	16,682	705
Vehicles		
Gross carrying amount	1,620	2,293
Accumulated depreciation	(695)	(1,203)
Carrying amount	925	1,090
Reconciliation:		
Opening net carrying amount	1,090	1,478
Additions	354	69
Disposals (leases expired)	(48)	(1)
Depreciation	(471)	(456)
Carrying amount at end of the period	925	1,090
Total Right-of-use assets		
Gross carrying amount	19,954	3,287
Accumulated depreciation	(2,347)	(1,492)
Carrying amount	17,607	1,795
Reconciliation:		
Opening carrying amount	1,795	1,640
Additions	18,577	838
Disposals (leases expired)	(48)	(1)
Depreciation	(2,717)	(682)
Carrying amount at end of the period	17,607	1,795

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

5.3 Right-of-use assets (continued)

Initial Recognition
Right-of-use assets are measured at cost which include the following:

- the net present value of the future minimum payments
- any lease payments made at or before the commencement date less any lease incentives received
- any initial direct costs, and
- restoration costs, including dismantling and removing the underlying asset (make good provision)

The Health Service has elected not to recognise right-of-use assets and lease liabilities for short-term leases (with a lease term of 12 months or less) and low value leases (with an underlying value of $5,000 or less). Lease payments associated with these leases are expensed as incurred.

Subsequent Measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

Depreciation and impairment of right-of-use assets
Right-of-use assets are depreciated on a straight-line basis over the lease term as the Health Service generally expect to fully consume the useful life of the assets over the lease term. The lease term includes option to extend the lease if it is stated in the contract and the Health Service is reasonably certain to exercise the option.

Right-of-use assets are tested for impairment when an indication of impairment is identified.

The following amounts relating to leases have been recognised in the statement of comprehensive income.

Depreciation expense of right-of-use assets		
Buildings	2,246	226
Vehicles	471	456
Total right-of-use asset depreciation	2,717	682
Lease interest expense (included in Finance cost)	267	10
Short-term leases (included in Other Expenses)	26	18

The statement of cash flows shows the following amounts relating to leases:

Finance costs	267	52
Principal elements of lease payments	2,234	688

The Health Service has leases for vehicles and office accommodation (buildings).

The Health Service has secured the right-of-use assets against the related lease liabilities for the vehicles. In the event of default, the rights to the leased motor vehicles will revert to the lessor.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

5.3 Right-of-use assets (continued)

The Health Service has also entered into a Memorandum of Understanding Agreements (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.

The Health Service recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed at note 7.1 Lease liabilities.

Key judgements have been made in determining whether there is reasonable certainty around exercising contract extension and termination options, identifying whether payments are variable or fixed in substance and determining the stand-alone selling prices for lease and non-lease components. In addition, uncertainty may arise from the estimation of the lease term, determination of the appropriate discount rate to discount the lease payments and assessing whether right-of-use assets may require impairment.

5.4 Service concession assets (SCA)

	2023 $000	2022 $000
Land SCA		
Carrying amount	11,100	11,100
Reconciliation:		
Carrying amount at start of period	11,100	11,000
Revaluation increments/(decrements)	-	100
Carrying amount at end of period	11,100	11,100
Buildings SCA		
Carrying amount	302,385	269,192
Reconciliation:		
Carrying amount at start of period	269,192	251,286
Revaluation increments/(decrements)	38,106	23,617
Transfers between asset classes	1,355	-
Depreciation	(6,268)	(5,711)
Carrying amount at end of period	302,385	269,192

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.4 Service concession assets (SCA) (continued)		
Site infrastructure SCA		
Gross carrying amount	16,831	16,831
Accumulated depreciation	(1,464)	(1,098)
Carrying amount	15,367	15,733
Reconciliation:		
Gross carrying amount at start of period	16,831	16,831
Accumulated depreciation	(1,098)	(732)
Carrying amount at start of period	15,733	16,099
Depreciation	(366)	(366)
Carrying amount at end of period	15,367	15,733
Computer equipment SCA		
Gross carrying amount	211	215
Accumulated depreciation	(211)	(215)
Carrying amount	-	-
Reconciliation:		
Gross carrying amount at start of period	215	215
Accumulated depreciation	(215)	(215)
Carrying amount at start of period	-	-
Carrying amount at end of period	-	-
Furniture and fittings SCA		
Gross carrying amount	776	776
Accumulated depreciation	(628)	(534)
Carrying amount	148	242
Reconciliation:		
Gross carrying amount at start of period	776	776
Accumulated depreciation	(534)	(356)
Carrying amount at start of period	242	420
Depreciation	(94)	(178)
Carrying amount at end of period	148	242

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.4 Service concession assets (SCA) (continued)		
Medical equipment SCA		
Gross carrying amount	7,288	7,443
Accumulated depreciation	(5,016)	(4,203)
Carrying amount	2,272	3,240
Reconciliation:		
Gross carrying amount at start of period	7,443	7,443
Accumulated depreciation	(4,203)	(2,856)
Carrying amount at start of period	3,240	4,587
Disposals	(68)	-
Depreciation	(900)	(1,347)
Carrying amount at end of period	2,272	3,240
Other plant and equipment SCA		
Gross carrying amount	12,904	12,909
Accumulated depreciation	(5,100)	(3,854)
Carrying amount	7,804	9,055
Reconciliation:		
Gross carrying amount at start of period	12,909	12,909
Accumulated depreciation	(3,854)	(2,755)
Carrying amount at start of period	9,055	10,154
Disposals	(3)	-
Depreciation	(1,248)	(1,099)
Carrying amount at end of period	7,804	9,055
Artworks SCA		
Carrying amount	1,000	1,000
Reconciliation:		
Carrying amount at start of period	1,000	1,000
Carrying amount at end of period	1,000	1,000
Computer software SCA		
Gross carrying amount	1,068	1,068
Accumulated amortisation	(1,068)	(1,068)
Carrying amount	-	-
Reconciliation:		
Gross carrying amount at start of the period	1,068	1,068
Accumulated amortisation	(1,068)	(1,068)
Carrying amount at start of the period	-	-
Carrying amount at end of the period	-	-

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
5.4 Service concession assets (SCA) (continued)		
Total service concession assets		
Gross carrying amount	353,563	320,534
Accumulated depreciation	(13,487)	(10,972)
Carrying amount	340,076	309,562
Reconciliation:		
Gross carrying amount at start of period	320,534	302,528
Accumulated depreciation	(10,972)	(7,982)
Carrying amount at start of period	309,562	294,546
Disposals	(71)	
Revaluation increments/(decrements)	38,106	23,717
Transfers between asset classes	1,355	-
Depreciation	(8,876)	(8,701)
Carrying amount at end of period	340,076	309,562

AASB 1059 'Service Concession Arrangements: Grantor' defines a service concession arrangement as an arrangement which involves an operator:

- that is contractually obliged to provide public services related to a service concession asset on behalf of the grantor and
- managing at least some of those services at its own discretion rather than at the direction of the grantor.

The Health Service manages a contract in relation to a 20-year public-private partnership agreement between St John of God Health Care and the State of Western Australia that was signed in 2012, to operate a hospital for public patients in Midland - St John of God Midland Public Hospital (SJOGMPH).

Where the Health Service identified existing assets which meet the conditions as set under AASB 1059, these assets have been reclassified as service concession assets and measured initially at current replacement cost in accordance with the cost approach to fair value in AASB 13 Fair Value Measurement.

Subsequent to initial recognition or reclassification, a service concession asset is depreciated or amortised in accordance with AASB 116 Property, Plant and Equipment with any impairment recognised in accordance with AASB 136.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

5.5 Depreciation and amortisation expense

	2023 $000	2022 $000
Depreciation and amortisation charge for the period:		
Buildings	26,468	22,896
Medical equipment	8,449	7,728
Site infrastructure	1,536	1,537
Leasehold improvements	342	342
Computer equipment	1,134	1,108
Furniture and fittings	143	170
Motor vehicles	37	6
Other plant and equipment	1,655	1,298
Right-of-use asset	2,692	653
Service concession asset	8,876	8,701
Total depreciation for the period	51,332	44,439
Total amortisation for the period - Computer software	30	32
Total depreciation and amortisation for the period	51,362	44,471

Useful lives
All property, plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits. The exceptions to this rule include assets held for sale, land and works of art. Amortisation of finite life intangible assets is calculated on a straight-line basis at rates that allocate the asset's value over its estimated useful life. All intangible assets controlled by the Health Service have a finite useful life and zero residual value.

Estimated useful lives for each class of depreciable asset (including intangibles) are:

Buildings	50 years
Site infrastructure	50 years
Leasehold improvements	Term of the lease
Computer equipment	3 to 10 years
Furniture and fittings	2 to 20 years
Motor vehicles	3 to 10 years
Medical equipment	2 to 25 years
Other plant and equipment	3 to 50 years
Computer software	5 to15 years

The estimated useful lives, residual values and depreciation or amortisation method are reviewed at the end of each annual reporting period, and adjustments should be made where appropriate.

Leasehold improvements are depreciated over the shorter of the lease term and their useful lives.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

5.5 Depreciation and amortisation expense (continued)

The Health Service's policy is to depreciate all items of property, plant and equipment on a straight-line basis. The exception to this are land and works of art, which are considered to have an indefinite life. Depreciation is not recognised in respect of these assets because their service potential has not, in any material sense, been consumed during the reporting period.

The Health Service held no goodwill or intangible assets with an indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.

Note 6 Other assets and liabilities

This section sets out the Health Service's other assets utilised for economic benefits and liabilities incurred during normal operations.

Assets	Note
Receivables	6.1
Amounts receivable for services (Holding Account)	6.2
Inventories	6.3
Other current assets	6.4
Liabilities	
Payables	6.5
Grant liabilities	6.6
Other current liabilities	6.7

6.1 Receivables

Current		
Patient fee debtors (a)	27,744	25,316
Other receivables	5,963	2,597
Less: Allowance for impairment of receivables	(14,095)	(14,506)
Accrued income	10,254	9,228
GST receivable	4,724	4,184
Total current	34,590	26,819

The Health Service does not hold any collateral or other credit enhancements as security for receivables.

(a) Under the Private Patient Scheme approved by the State Government, the Department of Health provides ex-gratia payments towards private patient fees not paid in full by health insurance funds. The Health Service has received $0.7 million in ex-gratia payments for the 2022-23 period (2021-22: $0.8 million). Receipt of ex-gratia payments from the Department have been applied by the Health Service against the patient fee invoices reducing the debtors balance.

Receivables are recognised at original invoice amount less any allowances for uncollectible amounts (i.e. impairment). The carrying amount is equivalent to fair value as it is due for settlement within 30 days.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

6.1 Receivables (continued)

Accounting procedure for Goods and Services Tax
Rights to collect amounts receivable from the Australian Taxation Office (ATO) and responsibilities to make payments for Goods and Services Tax (GST) have been assigned to the Department of Health. This accounting procedure was a result of application of the grouping provisions of *A New Tax System (Goods and Services Tax) Act 1999* whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The entities in the GST group include the Department of Health, Mental Health Commission, South Metropolitan Health Service, North Metropolitan Health Service, East Metropolitan Health Service, Child and Adolescent Health Service, Health Support Services, WA Country Health Service, PathWest Laboratory Medicine WA, QE II Medical Centre Trust, and Health and Disability Services Complaints Office.

GST receivables on accrued expenses are recognised by the Health Service. Upon the receipt of tax invoices, GST receivables for the GST group are recorded in the accounts of the Department of Health.

6.1.1 Movement of the allowance for impairment of receivables

Balance at start of period	14,506	15,164
Expected credit losses (note 3.7 'Other expenses')	3,450	514
Amounts written off during the period	(3,048)	(728)
Amount recovered during the period	27	27
Debt waivers during the period (a)	(840)	(471)
Balance at end of period	14,095	14,506

(a) Debt waivers are discretionary in nature and under justifiable and reasonable circumstances, can be used by the Accountable Authority to permanently forgive a debt.

The maximum exposure to credit risk at the end of the reporting period for receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table at note 8.1 c) Credit risk exposure.

Key sources of estimation uncertainty - Provision for doubtful debt
Historical debt collection trends are used to estimate impairment of receivables. Changes in the economic, political and legislative environment can affect debt collection rates. These changes may impact the carrying amount of receivables.

6.2 Amounts receivable for services (Holding Account)

Non-current	667,817	613,846
Total amounts receivable for services	667,817	613,846

Amounts receivable for services represent the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability.
Amounts receivable for services are considered not impaired (i.e. there is no expected credit loss of the holding accounts).

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
6.3 Inventories		
Current		
Pharmaceutical stores - at cost	5,107	4,615
Engineering stores - at cost	766	759
Total inventories	5,873	5,374

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a weighted average cost basis. Inventories not held for resale are measured at cost unless they are no longer required, in which case they are measured at net realisable value.

6.4 Other current assets		
Current		
Prepayments	1,065	29,784
Total other assets	1,065	29,784

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.5 Payables		
Current		
Accrued expenses	65,821	61,796
Trade creditors	9,107	5,428
Accrued salaries	33,522	30,105
Other creditors	3,518	22
Total current	111,968	97,351

Payables are recognised at the amounts payable when the Health Service becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value, as settlement is generally within 7-30 days.

TI 323 Timely Payment of Accounts require payments for goods, services and constructions of less than $1 million and not subject to an exemption, to be paid within 20 calendar days. Payments over $1 million are required to be settled within 30 calendar days of the receipt of a correctly rendered invoice, or provision of goods or services.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight of the reporting period end. The Health Service considers the carrying amount of accrued salaries to be equivalent to its fair value.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
6.6 Grant liabilities		
Current	955	955
	955	955
Reconciliation of changes in grant liabilities		
Balance at start of period	955	1,255
Additions	-	-
Income recognised in the reporting period	-	(300)
Balance at end of period	955	955
Expected satisfaction of grant liabilities		
Within 1 year	-	500
Later than 1 year, and not later than 5 years	955	455
Later than 5 years	-	-
Balance at end of period	955	955

The Health Service received funding from the Community Health and Hospital Program for the construction of Mental Health Emergency Centre at the St John of God Midland Public Hospital. The grant liabilities represent the amount unspent at the reporting date.

	2023 $000	2022 $000
6.7 Other current liabilities		
Current		
Refundable deposits	245	225
Paid parental leave scheme	120	94
Unearned income	656	635
Other	165	136
Total current	1,186	1,090

Note 7 Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of the Health Service.

	Note
Lease liabilities	7.1
Finance costs	7.2
Cash and cash equivalents	7.3
Reconciliation of cash	7.3.1
Reconciliation of net cost of services to net cash flows used in operating activities	7.3.2
Commitments	7.4

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
7.1 Lease liabilities		
Current	3,388	609
Non-current	14,755	1,229
	18,143	1,838

Initial measurement
At the commencement date of the lease, the Health Service recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the Health Service uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the Health Service as part of the present value calculation of lease liability include:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options (where these are reasonably certain to be exercised);
- payments for penalties for terminating a lease, where the lease term reflects the Health Service exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the Health Service if the lease is reasonably certain to be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependant on sales are recognised by the Health Service in profit or loss in the period in which the condition that triggers those payment occurs.

This section should be read in conjunction with note 5.3 Right-of-use assets.

Subsequent measurement
Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
7.2 Finance costs		
Finance costs		
Finance lease charges	267	52
Total finance costs	267	52

Finance costs include the interest component of lease liability repayments.

7.3 Cash and cash equivalents

7.3.1 Reconciliation of cash

Current		
Cash and cash equivalents	106,355	112,886
Restricted cash and cash equivalents (a)	41,385	41,892
	147,740	154,778
Non-current		
Accrued salaries suspense account (b)	26,745	20,889
Total cash and cash equivalents at end of period	174,485	175,667

(a) Restricted cash and cash equivalents are assets, the uses of which are restricted by specific legal or other externally imposed requirements. These include medical research grants, donations for the benefits of patients, medical education, scholarships, capital projects, employee contributions and staff benevolent funds.

(b) Funds held in the suspense account for the purpose of meeting the 27th pay in a reporting period that occurs every 11th year. This account is classified as non-current for 10 out of the 11 years.

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise of cash on hand and cash at bank.

The accrued salaries suspense account consists of amounts paid annually into a Treasurer's special purpose account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

		2023 $000	2022 $000
7.3.2 Reconciliation of net cost of services to net cash flows used in operating activities			
Net cost of services (statement of comprehensive income)		(1,920,734)	(1,767,617)
Non-cash items	Note		
Depreciation and amortisation expense	5.5	51,362	44,471
Expected credit loss expense	3.7	3,450	514
Services received free of charge	4.1	84,281	85,120
Net (gain)/loss on disposal of non-current assets	3.7	511	26
Donation of non-current assets		(16)	(45)
Write down of property, plant and equipment	3.7	-	-
Asset revaluation decrement	3.7	-	1,764
Reversal asset revaluation decrement - land	4.8	(3,139)	-
Write-off of receivables	6.1.1	(3,888)	(1,199)
Adjustment for other non-cash items		22	(276)
(Increase)/decrease in assets			
GST receivable	6.1	(540)	65
Other current receivables	6.1	(6,820)	1,383
Inventories	6.3	(499)	(702)
Prepayments and other current assets	6.4	28,719	(3,168)
Increase/(decrease) in liabilities			
Current payables	6.5	13,788	(1,424)
Current employee benefits provisions	3.1.2	15,428	16,156
Other current liabilities	6.7	96	346
Non-current employee benefits provisions	3.1.2	(1,112)	(223)
Net cash used in operating activities (statement of cash flows)		(1,739,091)	(1,624,809)

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

		2023 $000	2022 $000
7.4	Commitments		
7.4.1	Capital commitments		

Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

Within 1 year	29,893	18,690
Balance at end of period	29,893	18,690

The totals presented for capital commitments are inclusive of GST.

7.4.2	Private sector contracts for the provision of health services commitments	

Expenditure commitments in relation to private sector organisations contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year	419,269	395,728
Later than 1 year, and not later than 5 years	1,619,851	1,916,197
Later than 5 years, and not later than 10 years	2,135,466	2,043,157
Later than 10 years	905,031	863,404
Balance at end of period	5,079,617	5,218,486

The totals presented for private sector contracts for the provision of health services commitments are inclusive of GST.

7.4.3	Other commitments	

Other expenditure commitments contracted for at the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year	62,065	93,316
Later than 1 year, and not later than 5 years	20,102	4,781
Later than 5 years	354	-
Balance at end of period	82,521	98,097

The totals presented for other commitments are inclusive of GST.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 8 Risks and contingencies

This note sets out the key risk management policies and measurement techniques of the Health Service.

	Note
Financial risk management	8.1
Contingent assets and liabilities	8.2
Fair value measurements	8.3

8.1 Financial risk management

Financial instruments held by the Health Service are cash and cash equivalents, restricted cash and cash equivalents, borrowings, finance leases, receivables and payables. The Health Service has limited exposure to financial risks. The Health Service's overall risk management program focuses on managing the risks identified below.

All financial assets and liabilities recognised in the statement of financial position, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

a) Summary of risks and risk management

Credit risk
Credit risk arises when there is the possibility of the Health Service's receivables defaulting on their contractual obligations resulting in financial loss to the Health Service.

Credit risk associated with the Health Service's financial assets is generally confined to patient fee debtors (see note 6.1 'Receivables'). The main receivable of the Health Service is the amounts receivable for services (holding account). For receivables other than government agencies and patient fee debtors, the Health Service trades only with recognised, creditworthy third parties. The Health Service has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Health Service's exposure to bad debts is minimal. Debt will be written off against the allowance account when it is improbable or uneconomical to recover the debt. At the end of the reporting period, there were no significant concentrations of credit risk.

In circumstances where a third party is responsible for payment, or there are legal considerations, payment of accounts can be delayed considerably. Unpaid debts are referred to an external debt collection service on a case-by-case basis, considering financial election and reasons for non-payment.

Liquidity risk
Liquidity risk arises when the Health Service is unable to meet its financial obligations as they fall due. The Health Service is exposed to liquidity risk through its normal course of operations.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
8.1 Financial risk management (continued)		

The Health Service has appropriate procedures to manage cash flows including drawdowns of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Market risk
Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Health Service's income or the value of its holdings of financial instruments. The Health Service does not trade in foreign currency and is not materially exposed to other price risks. The Health Service is not exposed to market risk for changes in interest rates as it does not have borrowings other than lease liabilities.

b) Categories of financial instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

Financial assets		
Cash and cash equivalents	106,355	112,886
Restricted cash and cash equivalents	68,130	62,781
Financial assets at amortised cost (1)	29,866	22,635
Amounts receivable for services	667,817	613,846
Total financial assets	872,168	812,148
Financial liabilities		
Financial liabilities measured at amortised cost	130,641	99,189
Total financial liabilities	130,641	99,189

(1) The amount of receivables and financial assets at amortised cost excludes GST recoverable from ATO (statutory receivable).

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.1 Financial risk management (continued)

c) Credit risk exposure

		Days past due				
	Total	Current	< 30 days	31-60 days	61-90 days	>91 days*
	$000	$000	$000	$000	$000	$000
30 June 2023						
Expected credit loss rate		2%	11%	23%	24%	72%
Estimated total gross carrying amount at default	43,961	19,282	3,462	2,186	1,590	17,441
Expected credit losses	(14,095)	(290)	(373)	(493)	(386)	(12,553)
30 June 2022						
Expected credit loss rate		4%	9%	21%	29%	77%
Estimated total gross carrying amount at default	37,141	12,536	4,893	1,875	1,216	16,621
Expected credit losses	(14,506)	(558)	(425)	(392)	(354)	(12,777)

*Includes receivables with maturity dates greater than 2 years.

d) Liquidity risk and interest rate exposure

The following table details the Health Service's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.1 Financial risk management (continued)

Interest rate exposure and maturity analysis of financial assets and financial liabilities

		Interest rate exposure					Maturity dates			
	Weighted average effective interest rate	Carrying amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal amount	Up to 3 months	3 months to 1 year	1 - 5 years	More than 5 years
	%	$000	$000	$000	$000	$000	$000	$000	$000	$000
2023										
Financial Assets										
Cash and cash equivalents		106,355	-	-	106,355	106,355	106,355	-	-	-
Restricted cash and cash equivalents		68,130	-	-	68,130	68,130	68,130	-	-	-
Receivables - non-interest bearing (1)		29,866	-	-	29,866	29,866	29,866	-	-	-
Amounts receivable for services		667,817	-	-	667,817	667,817	-	-	-	667,817
		872,168	-	-	872,168	872,168	204,351	-	-	667,817
Financial Liabilities										
Payables	-	111,968	-	-	111,968	111,968	111,968	-	-	-
Lease liabilities	3.65%	18,143	18,143	-	-	18,143	-	3,388	10,341	4,414
Other current liabilities		530			530	530	530			
		130,641	18,143	-	112,498	130,641	112,498	3,388	10,341	4,414
2022										
Financial Assets										
Cash and cash equivalents		112,886	-	-	112,886	112,886	112,886	-	-	-
Restricted cash and cash equivalents		62,781	-	-	62,781	62,781	62,781	-	-	-
Receivables - non-interest bearing (1)		22,635	-	-	22,635	22,635	22,635	-	-	-
Amounts receivable for services		613,846	-	-	613,846	613,846	-	-	-	613,846
		812,148	-	-	812,148	812,148	198,302	-	-	613,846
Financial Liabilities										
Payables	-	97,351	-	-	97,351	97,351	97,351	-	-	-
Lease liabilities	3.09%	1,838	1,838	-	-	1,838	-	609	1,224	5
		99,189	1,838	-	97,351	99,189	97,351	609	1,224	5

(1) The amount of receivables excludes the GST recoverable from ATO (statutory receivable).

e) Interest rate sensitivity analysis

The Health Service does not have exposure on changes to the interest rate environment as it does not have financial instrument which depends on variable interest rates.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at the best estimate.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

8.2.1 Contingent assets

At the reporting date, the Health Service is not aware of any contingent assets.

8.2.2 Contingent liabilities

Claims subject to negotiation
The Health Service has received a claim from a supplier of services. The Health Service is assessing the validity and merits of the claim and reviewing current contractual terms and communications with the supplier. The potential financial impact of the claim will depend on the outcome of this assessment and further negotiations with the supplier and therefore cannot be reliably measured at the reporting date.

Contaminated sites
Under the *Contaminated Sites Act 2003*, the Health Service is required to report known and suspected contaminated sites to the Department of Water and Environmental Regulation (DWER). In accordance with the Act, DWER classifies these sites on the basis of the risk to human health, the environment and environmental values. Where sites are classified as *contaminated – remediation required* or *possibly contaminated – investigation required*, the Health Service may have a liability in respect of investigation or remediation expenses.

At the reporting date, the Health Service does not have any suspected contaminated sites reported under the Act.

8.3 Fair value measurements

Assets measured at fair value **2023**	**Level 1** **$000**	**Level 2** **$000**	**Level 3** **$000**	**Total** **$000**
Land (note 5.1 'Property, plant and equipment')				
Vacant land	-	850	-	850
Specialised land	-	21,310	69,083	90,393
Buildings (note 5.1 'Property, plant and equipment')				
Residential and commercial carpark	-	2,100	-	2,100
Specialised buildings	-	-	825,850	825,850
	-	24,260	894,933	919,193

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.3 Fair value measurements (continued)

Assets measured at fair value **2022**	**Level 1** **$000**	**Level 2** **$000**	**Level 3** **$000**	**Total** **$000**
Land (note 5.1 'Property, plant and equipment')				
Vacant land	-	890	-	890
Specialised land	-	19,650	67,564	87,214
Buildings (note 5.1 'Property, plant and equipment')				
Residential and commercial carpark	-	2,000	-	2,000
Specialised buildings	-	-	713,056	713,056
	-	22,540	780,620	803,160

AASB 13 requires disclosure of fair value measurements by level of the following fair value measurement hierarchy:

Level 1 inputs - quoted prices (unadjusted) in active markets for identical assets.

Level 2 inputs - input other than quoted prices included within level 1 that are observable for the asset, either directly or indirectly.

Level 3 inputs - input not based on observable market data.

There were no transfers between levels 1, 2 or 3 during the current and previous periods.

Valuation techniques to derive level 2 and level 3 fair values

The Health Service obtains independent valuations of land and buildings from the Western Australian Land Information Authority (Valuations and Property Analytics) annually. Two principal valuation techniques are applied to the measurement of fair values:

Market approach (comparable sales)
The Health Service's commercial car park and vacant land are valued under the market approach. This approach provides an indication of value by comparing the asset with identical or similar properties for which price information is available. Analysis of comparable sales information and market data provides the basis for fair value measurement.

The best evidence of fair value is current prices in an active market for similar properties. Where such information is not available, Western Australian Land Information Authority (Valuations and Property Analytics) considers current prices in an active market for properties of different nature or recent prices of similar properties in less active markets and adjusts the valuation for differences in property characteristics and market conditions.

For properties with buildings and other improvements, the land value is measured by comparison and analysis of open market transactions on the assumption that the land is in a vacant and marketable condition. The amount determined is deducted from the total property value and the residual amount represents the building value.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.3 Fair value measurements (continued)

Cost approach
Properties of a specialised nature that are rarely sold in an active market or are held to deliver public services are referred to as non-market or current use type assets. These properties do not normally have a feasible alternative use due to restrictions or limitations on their use and disposal. The existing use is their highest and best use.

For current use land assets, fair value is measured firstly by establishing the opportunity cost of public purpose land, which is termed the hypothetical alternate land use value. This approach assumes unencumbered land use based upon potential highest and best alternative use as represented by surrounding land uses and market analysis.

Fair value of the land is then determined on the assumption that the site is rehabilitated to a vacant marketable condition. This requires costs associated with rehabilitation to be deducted from the hypothetical alternate land use value of the land. Costs may include building demolition, clearing, planning approvals and time allowances associated with realising that potential.

In some instances, the legal, physical, economic and socio-political restrictions on land results in a minimal or negative current use land value. In this situation the land value adopted is the higher of the calculated rehabilitation amount or the amount determined on the basis of comparison to market corroborated evidence of land with low level utility. Land of low-level utility is considered to be grazing land on the urban fringe of the metropolitan area with no economic farming potential or foreseeable development or redevelopment potential at the measurement date.

The Health Service's hospitals and community centres are specialised buildings and their fair value is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset (i.e. current replacement cost). Current replacement cost is generally determined by estimating the current cost of reproduction or replacement of the building, on its current site, adjusted for physical deterioration and all relevant forms of obsolescence and optimisation. Obsolescence encompasses physical deterioration, functional (technological) obsolescence and economic (external) obsolescence. Current replacement cost is unlikely to be materially different from depreciated replacement cost as a measure of value in use of specialised assets that are rarely sold.

The techniques involved in the determination of the current replacement costs include:

a) Review and updating of the 'as-constructed' drawing documentation.
b) Categorisation of the drawings using the Building Utilisation Categories (BUC's) which designate the functional areas typically provided by the following types of clinical facilities. Each BUC has different cost rates which are calculated from the historical construction costs of similar clinical facilities and are adjusted for the year-to-year change in building costs using building cost index.
   - Nursing Posts and Medical Centres
   - Metropolitan Secondary, Specialist and General Hospitals
   - Tertiary Hospitals
c) Measurement of the general floor areas.
d) Application of the BUC cost rates per square metre of general floor areas.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.3 Fair value measurements (continued)

The maximum effective age used in the valuation of specialised buildings is 50 years. The effective age of buildings is initially calculated from the commissioning date and is reviewed after the buildings have undergone substantial renewal, upgrade or expansion.

The straight-line method of depreciation is applied and assumes a uniform pattern of consumption over the initial 37.5 years of asset life (up to 75% of current replacement costs). All specialised buildings are assumed to have a residual value of 25% of their current replacement costs.

The valuations are prepared on a going concern basis until the year in which the current use is discontinued. Buildings with definite demolition plan are not subject to annual revaluation. The current replacement costs at the last valuation dates for these buildings are written down to the statement of comprehensive income as depreciation expenses over their remaining useful life.

Fair value measurements using significant unobservable inputs (Level 3)

	Land $000	Buildings $000
2023		
Fair value at beginning of period	67,564	713,056
Additions	-	48,867
Revaluation increments/(decrements) recognised in profit or loss	1,519	-
Revaluation increments/(decrements) recognised in other comprehensive income	-	96,624
Depreciation	-	(32,696)
Fair value at end of period	69,083	825,851

	Land $000	Buildings $000
2022		
Fair value at beginning of period	70,758	649,422
Additions	-	38,599
Revaluation increments/(decrements) recognised in profit or loss	-	-
Revaluation increments/(decrements) recognised in other comprehensive income	(3,194)	53,608
Depreciation	-	(28,573)
Fair value at end of period	67,564	713,056

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

8.3 Fair value measurements (continued)

Valuation processes
Western Australian Land Information Authority (Valuation and Property Analytics) determines the fair values of the Health Service's land and buildings. A quantity surveyor is engaged by the Health Service to provide an update of the current construction costs for specialised buildings. Western Australian Land Information Authority (Valuation and Property Analytics) may endorse the current construction costs calculated by the quantity surveyor for specialised buildings and calculates the current replacement costs.

Note 9 Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

9.1 Events occurring after the end of the reporting period

The Health Service is unaware of any event occurring after the reporting date that would materially affect the financial statements.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

9.2 Future impact of Australian Accounting Standards not yet operative

The Health Service cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 *Application of Australian Accounting Standards and Other Pronouncements* or by an exemption from TI 1101. Where applicable, the Health Service plans to apply the following Australian Accounting Standards from their application date.

Title	Operative for reporting periods beginning on/after
AASB 2021-2 - Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates	1 Jan 2023
This Standard amends: (a) AASB 7, to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements; (b) AASB 101, to require entities to disclose their material accounting policy information rather than their significant accounting policies; (c) AASB 108, to clarify how entities should distinguish changes in accounting policies and changes in accounting estimates; (d) AASB 134, to identify material accounting policy information as a component of a complete set of financial statements; and (e) AASB Practice Statement 2, to provide guidance on how to apply the concept of materiality to accounting policy disclosures.	
There is no financial impact.	
AASB 2021-6 - Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards	1 Jan 2023
This Standard amends AASB 1054 to reflect the updated accounting policy terminology used in AASB 101 Presentation of Financial Statements.	
There is no financial impact.	
AASB 2022-7 - Editorial Corrections to Australian Accounting Standards and Repeal of Superseded and Redundant Standards	1 Jan 2023
This Standard makes editorial corrections to various Australian Accounting Standards and AASB Practice Statement 2 Making Materiality Judgements.	
There is no financial impact.	

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

9.2 Future impact of Australian Accounting Standards not yet operative (continued)

AASB 2020-1 - Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current — 1 Jan 2024

This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current.

There is no financial impact.

AASB 2022-10 - Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities — 1 Jan 2024

This Standard amends AASB 13 including adding authoritative implementation guidance and providing related illustrative examples, for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows.

The Health Service has not assessed the impact of the Standard.

9.3 Key management personnel

The Health Service has determined that key management personnel include cabinet ministers, board members and senior officers of the Health Service. However, the Health Service is not obligated to compensate ministers and therefore disclosures in relation to ministers' compensation may be found in the *Annual Report on State Finances.*

The Board of East Metropolitan Health Service is the Accountable Authority for the Health Service.

Total compensation (includes the superannuation expense incurred by the Health Service) for key management personnel, comprising members and senior officers of the Accountable Authority for the period are presented within the following bands:

	2023	2022
Compensation of members of the Accountable Authority		
Compensation band		
$ 10,001 - $ 20,000	2	-
$ 20,001 - $ 30,000	1	-
$ 30,001 - $ 40,000	1	-
$ 40,001 - $ 50,000	6	9
$ 50,001 - $ 60,000	1	-
$ 60,001 - $ 70,000	1	-
$ 90,001 - $ 100,000	-	1
Total	12	10

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

9.3 Key management personnel (continued)

	2023	2022
Compensation of senior officers		
Compensation band		
$ 0 - $50,000	2	-
$ 50,001 - $100,000	1	1
$100,001 - $150,000	2	1
$150,001 - $200,000	2	1
$200,001 - $250,000	6	6
$250,001 - $300,000	2	1
$400,001 - $450,000	-	1
$450,001 - $500,000	1	-
$500,001 - $550,000	1	1
$550,001 - $600,000	-	1
Total	17	13
Short-term employee benefits (a)	3,721	3,614
Post-employment benefits	387	387
Other long-term benefits	(3)	92
Total compensation of key management personnel	4,105	4,093

(a) The short-term employee benefits include salary, motor vehicle benefits, district and travel allowances incurred by the Health Service in respect of senior officers.

9.4 Related party transactions

The Health Service is a wholly-owned public sector entity that is controlled by the State of Western Australia.

Related parties of the Health Service include:

- all senior officers and their close family members, and their controlled or jointly controlled entities
- all members of the Accountable Authority, and their close family members, and their controlled or jointly controlled entities
- all cabinet ministers and their close family members, and their controlled or jointly controlled entities
- other departments and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly-owned public sector entities)
- the Government Employees Superannuation Board (GESB)

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

9.4 Related party transactions (continued)

Significant transactions with Government-related entities
In conducting its activities, the Health Service is required to transact with the State and entities related to the State. These transactions are generally based on the standard terms and conditions that apply to all agencies. Such transactions include:

	Note
Income from State Government	4.1
Capital contributions from Department of Health	9.9
Superannuation payments to GESB	3.1.1
Remuneration for services provided by Office of the Auditor General	9.8
Lease payments to the Department of Finance (Government Office Accommodation and State Fleet motor vehicles)	3.7, 7.1

Material transactions with other related parties
Outside of normal citizen type transactions with the Health Service, there were no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

9.5 Related bodies

A related body is a body that receives more than half of its funding and resources from an agency and is subject to operational control by that agency.

The Health Service had no related bodies during the reporting period.

9.6 Affiliated bodies

An affiliated body is a body that receives more than half its funding and resources from an agency but is not subject to operational control by that agency.

The Health Service had no affiliated bodies during the reporting period.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000

9.7 Special purpose accounts

Mental Health Commission Fund (East Metropolitan Health Service) Account

The purpose of the account is to receive funds from the Mental Health Commission, to fund the provision of mental health services as jointly endorsed by the Department of Health and the Mental Health Commission, in the East Metropolitan Health Service, in accordance with the annual Service Agreement and subsequent agreements.

Balance at start of period	450	1,186
Receipts		
Commonwealth contributions (note 4.1)	81,778	79,014
State contributions (note 4.1)	168,282	131,854
Other	2	130
	250,512	212,184
Payments	(241,901)	(211,734)
Balance at end of period	8,611	450

The special purpose accounts are established under section 16(1)(d) of the *Financial Management Act 2006*.

9.8 Remuneration of auditors

Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:

Auditing the accounts, financial statements, controls, and key performance indicators	375	335

9.9 Equity

The Western Australian Government holds the equity interest in the Health Service on behalf of the community. Equity represents the residual interest in the net assets of the Health Service. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets.

Contributed equity		
Balance at start of the period	1,234,101	1,181,347
Contributions by owners (a)		
Contribution by Owners – Capital Appropriations administered by Department of Health (b)	12,541	52,753
Transfer of assets from Department of Health	29,845	-
Total contributions by owners	1,276,487	1,234,100
Total contributed equity at end of period	1,276,487	1,234,100

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
9.9 Equity (continued)		

(a) *AASB 1004 'Contributions'* requires transfers of net assets as a result of a restructure of administrative arrangements to be accounted for as contributions by owners and distributions to owners.

TI 955 designates non-discretionary and non-reciprocal transfers of net assets between State government agencies as contributions by owners in accordance with *AASB Interpretation 1038*. Where the transferee agency accounts for a non-discretionary and non-reciprocal transfer of net assets as a contribution by owners, the transferor agency accounts for the transfer as a distribution to owners.

(b) *TI 955 'Contributions by Owners Made to Wholly-Owned Public Sector Entities'* designates capital appropriations as contributions by owners in accordance with *AASB Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities'.*

Asset revaluation reserve		
Balance at start of the period	148,065	94,163
Net revaluation increments:		
Buildings	96,764	53,902
Total asset revaluation reserve at end of period	244,829	148,065

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets on a class of assets basis. Any increment is credited directly to the asset revaluation reserve, except to the extent that the increment reverses a revaluation decrement previously recognised as an expense (see note 5.1 'Property, plant and equipment').

For land revaluation decrement recognised as an expense, see note 3.7 'Other expenses'.

9.10 Supplementary financial information

a) Write-offs

Debts written off under the authority of the Accountable Authority	1,983	728
Public and other property written off under the authority of the Accountable Authority	-	-
Debts written off under the authority of the Minister	1,065	-
	3,048	728

See also Note 6.1.1 Movement of the allowance for impairment of receivables

b) Debt waivers

Debts waived under the authority of the Accountable Authority	840	471
	840	471

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

	2023 $000	2022 $000
9.10 Supplementary financial information (continued)		

Debt waivers are discretionary in nature and under justifiable and reasonable circumstances, can be used by the Accountable Authority to permanently forgive a debt.

See also Note 6.1.1 Movement of the allowance for impairment of receivables

Losses of public money, and public and other property through theft or default	27	23
Amounts recovered	(22)	(10)
	5	13

9.11 Administered trust accounts

Funds held in these trust accounts are not controlled by the Health Service and are therefore not recognised in the financial statements.

The Health Service administers trust accounts for the purpose of holding patients' private moneys.

A summary of the transactions for these trust accounts are as follows:

Balance at start of period	17	22
Add receipts	57	64
	74	86
Less payments	(58)	(69)
Balance at end of period	16	17

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement

All variances between 2023 actual results and 2023 estimates (original budget) are shown below. Narratives are provided for key major variances, which are greater than 10% and $19.12 million for the statement of comprehensive income, statement of cash flows and $18.64 million for the statement of financial position.

Statement of comprehensive income	Note	Estimates 2023 $000	Actuals 2023 $000	Variance between 2023 actuals and 2023 estimates $000
Expenses				
Employee benefits expense	1	1,052,301	1,160,532	108,231
Contracts for services		345,084	342,752	(2,332)
Patient support costs		266,627	272,040	5,413
Fees for contracted medical practitioners		26,587	30,083	3,496
Finance costs		47	267	220
Depreciation and amortisation expense		53,925	51,362	(2,563)
Repairs, maintenance and consumable equipment		32,356	34,174	1,818
Other supplies and services		10,752	12,884	2,132
Cost of sales		3,568	3,998	430
Other expenses		120,421	122,578	2,157
Total cost of services		1,911,668	2,030,670	119,001
Income				
Patient charges		45,238	50,580	5,342
Other fees for services		153	531	378
Commonwealth grants and contributions		-	-	-
Other grants and contributions		1,001	1,804	803
Donation income		112	149	37
Sale of goods		3,482	3,731	249
Other income and recoveries		46,197	53,141	6,944
Total income other than income from State Government		96,183	109,936	13,753
Net cost of services		1,815,485	1,920,734	105,249
Income from State Government				
Department of Health - Service Agreement:				
- State component	2	577,624	989,837	412,213
- Commonwealth component	2	871,828	522,232	(349,596)
Mental Health Commission - Service Agreement		244,882	250,060	5,178
Income from other state government agencies		42,679	46,503	3,824
Resources received		76,857	86,153	9,296
Total income from State Government		1,813,870	1,894,785	80,916
Deficit for the period		(1,615)	(25,949)	(24,334)
Other comprehensive income				
Items not reclassified subsequently to profit or loss				
Changes in asset revaluation reserve		-	96,764	96,764
Total other comprehensive income		-	96,764	96,764
Total comprehensive income/(loss) for the period		(1,615)	70,815	72,431

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

Statement of financial position	Note	Estimates 2023 $000	Actuals 2023 $000	Variance between 2023 actuals and 2023 estimates $000
Assets				
Current assets				
Cash and cash equivalents		140,449	106,355	(34,094)
Restricted cash and cash equivalents		41,892	41,385	(506)
Receivables		30,225	34,590	4,365
Inventories		5,374	5,873	499
Other current assets		1,142	1,065	(77)
Total current assets		219,082	189,268	(29,813)
Non-current assets				
Restricted cash and cash equivalents		26,908	26,745	(163)
Amounts receivable for services		667,771	667,817	46
Property, plant and equipment	3	639,165	705,795	66,630
Intangible assets		139	109	(30)
Right-of-use assets		9,739	17,607	7,868
Service concession assets	3	301,264	340,076	38,812
Total non-current assets		1,644,986	1,758,149	113,163
Total assets		1,864,068	1,947,417	83,350
Liabilities				
Current liabilities				
Payables		104,450	111,968	7,518
Grant liabilities		455	955	500
Lease liabilities		1,802	3,388	1,586
Employee benefits provisions		217,946	228,288	10,342
Other current liabilities		1,090	1,186	96
Total current liabilities		325,743	345,785	20,042
Non-current liabilities				
Employee benefits provisions		50,296	44,961	(5,335)
Lease liabilities		8,760	14,755	5,995
Total non-current liabilities		59,056	59,716	660
Total liabilities		384,799	405,501	20,702
Net assets		1,479,269	1,541,916	62,649
Equity				
Contributed equity		1,286,754	1,276,487	(10,268)
Reserves		148,065	244,829	96,764
Accumulated surplus		44,450	20,600	(23,850)
Total equity		1,479,269	1,541,916	62,647

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

Statement of cash flows	Note	Estimates 2023 $000	Actuals 2023 $000	Variance between 2023 actuals and 2023 estimates $000
Cash flows from State Government				
Contribution by Owners – Capital Appropriations administered by Department of Health	4	52,654	12,540	(40,114)
Service agreement - Department of Health		1,395,527	1,458,098	62,572
Service agreement - Mental Health Commission		244,882	250,060	5,179
Funds received from other state government agencies		42,679	46,502	3,823
Net cash provided by State Government		1,735,742	1,767,200	31,459
Utilised as follows:				
Cash flows from operating activities				
Payments				
Employee benefits		(1,044,714)	(1,138,776)	(94,062)
Supplies and services		(691,366)	(693,796)	(2,429)
Finance costs		(47)	(267)	(220)
Receipts				
Receipts from customers		41,305	41,558	253
Commonwealth grants and contributions		-	254	254
Other grants and contributions		1,001	1,550	549
Donations received		112	133	21
Other receipts		49,833	50,253	420
Net cash used in operating activities		(1,643,875)	(1,739,091)	(95,214)
Cash flows from investing activities				
Payments				
Purchase of non-current assets	4	(56,384)	(27,057)	29,327
Receipts				
Proceeds from sale of non-current assets		-	-	-
Net cash used in investing activities		(56,384)	(27,057)	29,327
Cash flows from financing activities				
Payments				
Principal elements of lease payments		(1,899)	(2,234)	(335)
Net cash used in financing activities		(1,899)	(2,234)	(335)
Net increase (decrease) in cash and cash equivalents		33,583	(1,182)	(34,765)
Cash and cash equivalents at the beginning of the period		175,666	175,667	1
Total cash and cash equivalents at the end of the period		209,249	174,485	(34,764)

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

Explanation of significant variances between actuals and estimates - Statement of comprehensive income

1. The variance in employee benefits expense is primarily due to one-off payments made to staff to address cost of living pressures, cost of award increases not included in initial estimates and additional staff required to ensure delivery of safer services in healthcare ($44.6M); increases in expenditure for penalties, allowances, superannuation, workers compensation insurance premiums and leave provisions ($18.5M); staff required for Intensive Care Unit and COVID-19 bed expansions ($18.6M), additional staff expenditure on mental health services including the Mental Health Transitional Care Unit ($16.3M), Health in a Virtual Environment and the Emergency Department Innovation fund ($9M).

2. Subsequent to the initial budget provided by the Department of Health through the service agreement, the Health Service received additional funding during the year for service delivery cost pressures, including COVID-19, cost of award increases and one-off payments for cost of living pressures ($44.6M) and superannuation and RiskCover insurance premiums ($8.4M). In addition, the Health Service received additional program funding for the Emergency Department Innovation Fund, 7-Day hospital expansion and the Newly Qualified Nurses and Midwives Program ($10M).

Explanation of significant variances between actuals and estimates - Statement of financial position

3. In addition to the normal movement of property, plant and equipment assets and service concession assets as estimated, there was a marked increase in the Health Service's land and building assets ($100M) due to revaluation by Landgate.

Explanation of significant variances between actuals and estimates - Statement of cash flows

4. The initial estimates included capital appropriations that were later reclassified in the service agreement as income from the Department of Health ($4M). In addition, Government approved capital projects included in the initial estimates were subsequently funded by the Health Service from its cash reserves as per Government direction ($9M). The residual difference relates mainly to original capital project estimates that did not take into consideration the resourcing issues, cost escalation and excessive lead times for delivery of materials associated with general market conditions in the construction industry. The impacted capital projects are being re-baselined to reflect greater detail in project scope and more realistic tender dates and duration of construction given the current market conditions.

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

All variances between actual results for 2023 and 2022 are shown below. Narratives are provided for key major variances, which are greater than 10% and $18.66 million for the statement of comprehensive income and statement of cash flows and $17.89 million for the statement of financial position.

Statement of comprehensive income	Note	Actuals 2023 $000	Actuals 2022 $000	Variance between 2023 and 2022 actual results $000
Expenses				
Employee benefits expense	5	1,160,532	1,027,528	133,004
Contracts for services		342,752	341,212	1,540
Patient support costs		272,040	259,016	13,024
Fees for contracted medical practitioners		30,083	25,971	4,112
Finance costs		267	52	215
Depreciation and amortisation expense		51,362	44,471	6,891
Repairs, maintenance and consumable equipment		34,174	36,445	(2,271)
Other supplies and services		12,884	10,472	2,412
Cost of sales		3,998	3,496	502
Other expenses		122,578	116,896	5,682
Total cost of services		2,030,670	1,865,559	165,111
Income				
Patient charges		50,580	45,943	4,637
Other fees for services		531	490	41
Commonwealth grants and contributions		-	240	(240)
Other grants and contributions		1,804	1,087	717
Donation income		149	98	51
Sale of goods		3,731	3,402	329
Other income and recoveries		53,141	46,682	6,459
Total income other than income from State Government		109,936	97,942	11,994
Net cost of services		1,920,734	1,767,617	153,117
Income from State Government				
- State component	6	989,837	880,558	109,279
- Commonwealth component		522,232	526,449	(4,217)
Mental Health Commission - Service Agreement	7	250,060	210,998	39,062
Income from other state government agencies		46,503	44,633	1,870
Resources received		86,153	89,904	(3,751)
Total income from State Government		1,894,785	1,752,542	142,243
Deficit for the period		(25,949)	(15,075)	(10,874)
Other comprehensive income				
Changes in asset revaluation reserve		96,764	53,902	42,862
Total other comprehensive income		96,764	53,902	42,862
Total comprehensive income/(loss) for the period		70,815	38,827	31,988

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

Statement of financial position	Note	Actuals 2023 $000	Actuals 2022 $000	Variance between 2023 and 2022 actual results $000
Assets				
Current assets				
Cash and cash equivalents		106,355	112,886	(6,532)
Restricted cash and cash equivalents		41,385	41,892	(506)
Receivables		34,590	26,819	7,771
Inventories		5,873	5,374	499
Other current assets	8	1,065	29,784	(28,719)
Total current assets		189,268	216,755	(27,487)
Non-current assets				
Restricted cash and cash equivalents		26,745	20,889	5,856
Amounts receivable for services		667,817	613,846	53,971
Property, plant and equipment	9	705,795	625,896	79,899
Intangible assets		109	139	(30)
Right-of-use assets		17,607	1,795	15,812
Service concession assets	9	340,076	309,562	30,514
Total non-current assets		1,758,149	1,572,127	186,022
Total assets		1,947,417	1,788,882	158,535
Liabilities				
Current liabilities				
Payables		111,968	97,351	14,617
Grant liabilities		955	955	-
Lease liabilities		3,388	609	2,779
Employee benefits provisions		228,288	212,860	15,428
Other current liabilities		1,186	1,090	96
Total current liabilities		345,785	312,865	32,920
Non-current liabilities				
Employee benefits provisions		44,961	46,073	(1,112)
Lease liabilities		14,755	1,229	13,526
Total non-current liabilities		59,716	47,302	12,414
Total liabilities		405,501	360,167	45,334
Net assets		1,541,916	1,428,715	113,201
Equity				
Contributed equity		1,276,487	1,234,101	42,386
Reserves		244,829	148,065	96,764
Accumulated surplus		20,600	46,549	(25,949)
Total equity		1,541,916	1,428,715	113,201

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

Statement of cash flows	Note	Actuals 2023 $000	Actuals 2022 $000	Variance between 2023 and 2022 actual results $000
Cash flows from State Government				
Contribution by Owners – Capital Appropriations administered by Department of Health	10	12,540	52,753	(40,213)
Service agreement - Department of Health		1,458,098	1,363,206	94,892
Service agreement - Mental Health Commission	7	250,060	210,998	39,062
Funds received from other state government agencies		46,502	44,633	1,869
Net cash provided by State Government		1,767,200	1,671,590	95,610
Utilised as follows:				
Cash flows from operating activities				
Payments				
Employee benefits	5	(1,138,776)	(1,010,483)	(128,293)
Supplies and services		(693,796)	(712,421)	18,626
Finance costs		(267)	(52)	(215)
Receipts				
Receipts from customers		41,558	45,661	(4,103)
Commonwealth grants and contributions		254	240	14
Other grants and contributions		1,550	1,087	463
Donations received		133	53	80
Other receipts		50,253	51,106	(853)
Net cash used in operating activities		(1,739,091)	(1,624,809)	(114,281)
Cash flows from investing activities				
Payments				
Purchase of non-current assets	10	(27,057)	(52,542)	25,485
Receipts				
Proceeds from sale of non-current assets		-	250	(250)
Net cash used in investing activities		(27,057)	(52,292)	25,235
Cash flows from financing activities				
Payments				
Principal elements of lease payments		(2,234)	(688)	(1,546)
Net cash used in financing activities		(2,234)	(688)	(1,546)
Net decrease in cash and cash equivalents		(1,182)	(6,199)	5,017
Cash and cash equivalents at the beginning of the period		175,667	181,866	(6,199)
Total cash and cash equivalents at the end of the period		174,485	175,667	(1,182)

East Metropolitan Health Service
Notes to the financial statements
For the year ended 30 June 2023

Note 10 Explanatory statement (continued)

Explanation of significant variances between 2023 and 2022 results - Statement of comprehensive income

5. The variance in employee benefits expense between 2022-23 and 2021-22 is mainly due to one-off payments made to staff to address cost of living pressures, cost of award increases and additional staff required to ensure delivery of safer services in healthcare ($58.6M); increases in penalties, allowances, superannuation, workers compensation insurance premiums and leave provisions ($28.5M); additional staff for Intensive Care Unit and COVID-19 bed expansions ($18.6M); additional staff expenditure on mental health services including the Mental Health Transitional Care Unit ($16.3M), and project expenditure for Health in a Virtual Environment and the Emergency Department Innovation fund ($9M).

6. Throughout 2022-23, EMHS received additional funding through the service level agreement for cost pressures, including for COVID-19, Cost of Award increases and Cost of Living Payments ($78.8M) and Superannuation and RiskCover ($8.4M). In addition, EMHS received additional program funding for the Emergency Department Innovation Fund, Newly Qualified Nurses and Midwives Program and various other programs ($10M) and an increase in funding for depreciation ($10M).

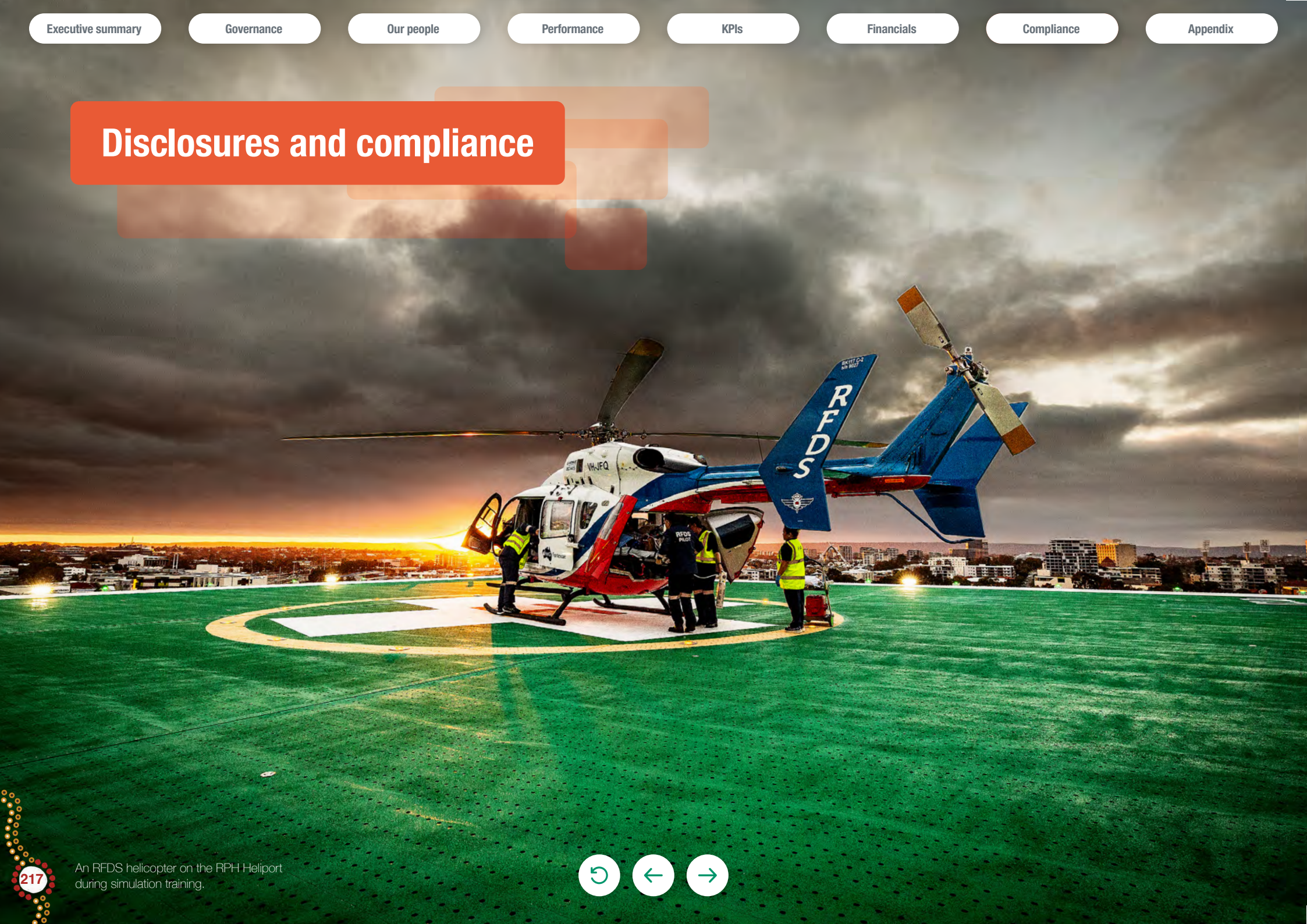
7. In 2022-23, the Mental Health Commission provided additional funding for general cost increases, strategic workforce initiatives and accommodation and leasing costs ($39M).

8. The RiskCover insurance premium for the period 2022-23 was prepaid in June 2022 ($30M). The payment for the RiskCover premium for 2023-24 made in July 2023.

9. The net movement in the net book value of the Health Service's property, plant and equipment assets as a result of additions and disposals in 2022-23 was $18M. However, there was a substantial increase in the value of the Health Service's land and building assets (including service concession assets) due to revaluation exercise performed by Landgate ($100M).

10. Reduced funding was sought for 2022-23 because the Health Service had successfully completed some major projects in 2021-22, key ones include the establishment of the new Intensive Care Unit and the creation of the Mental Health Observation Area at the Royal Perth Hospital. Additionally, the Health Service encountered project challenges related to resource availability, increased costs, and delays in obtaining materials, due to prevailing market conditions within the construction sector. Consequently, the impacted capital projects are being re-baselined to reflect greater detail in project scope and more realistic tender dates and duration of construction given the current market conditions.

Disclosures and compliance



An RFDS helicopter on the RPH Heliport during simulation training.

Ministerial directives

Treasurer's Instructions 903(12) require disclosure of information on any ministerial directives relevant to the setting or achievement of desired outcomes or operational objectives, investment activities and financing activities.

No ministerial directives were issued for EMHS in 2022-23. However in March 2023, the EMHS Board received the Minister for Health's Statement of Expectations regarding the priorities and accountabilities of the EMHS Board. A Statement of Intent was released by the Board in response.

Both documents are publicly available on the EMHS website: www.emhs.health.wa.gov.au/About-Us/Health-Service-Board.

The board's Statement of Intent outlines:

- the return to a business-as-usual approach in 'Living with COVID-19' as the new normal
- revised priorities from the Sustainable Health Review
- a continued focus on safety and quality
- work to improve ramping, transfer of care and patient flow
- a focus on improving elective surgery and outpatient performance
- a commitment to whole-of-system mental health reforms
- an assurance to improving work health and safety
- increased job security through conversion to permanency
- governance and planning around procurement
- priorities relating to expenditure and activity.

EMHS also continues to progress and report on election commitments, including the **RPH Innovation Hub**, **Armadale Mental Health Emergency Centre** (MHEC), **Byford Health Hub** and **Bentley Surgicentre**.

Innovation Hub

Plans for an interim Innovation Hub at RPH are progressing.

Space will be refurbished to convert existing rooms into offices and technology-enabled meeting spaces. Concept planning is underway, with handover of the project currently anticipated to occur in 2024.

Armadale Mental Health Emergency Centre

Planning for the development of the Mental Health Emergency Centre (MHEC) at AHS has commenced in line with the State Government's election commitment.

AHS has worked with clinical staff and lived experience consumer and carer representatives on an integrated model of care to improve the early assessment and treatment of mental health and/or alcohol and other drugs (AOD) emergency department (ED) presentations.

The model of care has been designed to fast-track voluntary mental health, AOD and/or toxicology presentations out of the ED environment into a dedicated, well-resourced, low-stimulus environment.

The MHEC is not an authorised unit, and will support voluntary patients via two pods: the Mental Health Short Stay Unit and the Behavioural Assessment Urgent Care Centre.

The aim of the MHEC is to:

- provide a purpose-built, therapeutic, low-stimulus environment to facilitate the stabilisation and recovery of consumers with mental health and/or AOD presentations
- deliver evidence-based, recovery-oriented, trauma-informed, multidisciplinary acute mental health care that promotes consumer resilience and strength, and builds on patient recovery
- address the mutual relationship between AOD use and mental health conditions through an integrated service approach
- reduce time spent in ED through the fast-tracked streaming of suitable presentations to specialist short-term care
- enable alternative pathways to care from community mental health services, providing early intervention and reducing the risk of condition deterioration
- facilitate continuity of care between inpatient care and community services and other assertive and innovative approaches, such as the Crisis Resolution Home Treatment Team.

(See page 99)

Surgicentre at BHS

In the 2023-24 State Budget announcement, the WA Government confirmed a $150 million commitment to delivering a Surgicentre at BHS, with costs shared 50:50 with the Federal Government.

The Surgicentre will enable a fundamental change in the delivery of surgical and procedural services for consumers in the RPH and BHS catchment areas, by enabling a separation of low-to-intermediate complexity elective surgery from the ED, and complex surgery at RPH.

While funding has been approved, the proposal is still subject to State Government approval of a final business case.

SHR

Byford Health Hub

The Byford Health Hub was announced as a State Government election commitment in 2021, with a focus on meeting the health and social needs of a rapidly growing community within the Shire of Serpentine-Jarrahdale.

EMHS has taken a lead role in the development and commissioning of the new hub and has embraced the opportunity to partner with the Shire and local community to co-design an innovative model of delivering health care.

As part of the 2022-23 State Budget, the early release of funds was supported by the WA Government to commence forward works in preparation for timely construction of the hub. This also aimed to support the ongoing planning for the hub's design and operations.

In 2022, EMHS completed a health and social needs assessment, along with consultations with local community and health service leaders. Outcomes from the consultations informed the submission of a Capital Business Case with a vision to:

- provide accessible, timely and high-quality care
- deliver health care differently, focusing on building healthy communities and holistic wellbeing that prevents serious illness and disease
- establish partnerships with health and social care providers to ensure a seamless, connected and positive experience for consumers
- demonstrate sustainable and long-term service provision.

In May 2023, the Capital Business Case was successfully supported to progress planning and the development of service delivery.

In alignment with the Sustainable Health Review's principles and strategies, the hub represents a real opportunity to deliver health and social care differently. By partnering with Commonwealth and State-funded services, the hub is expected to deliver a community-based model of care that is integrated, seamless and person-focused.

Government policy requirements

Summary of board and committee remuneration

EMHS Board / committee	Total remuneration ($)
EMHS Board	460,834
Human Research Ethics Committee (HREC)	3207
Aboriginal Cultural Security Working Group	266
Aboriginal Health Community Advisory Group (AHCAG) Aboriginal Men Health Support Network Working Group	0
Aboriginal Workforce Working Group	1502
AHCAG Aboriginal Community Forum Working Group	1725
Aboriginal Youth Health Working Group	1174
Armadale and Kalamunda AHCAG	714
Swan, Hills and Midland AHCAG	451
Bentley AHCAG	1352
RPH and Inner City AHCAG	1127
Aboriginal Health Advisory Council	2461
RPBG Consumer Advisory Committee (CAC)	5253
RPBG Lived Experience Advisory Group (LEAG)	2794
Armadale Kalamunda CAC	5040

Work health and safety management

Please refer to information on page 42.

Asbestos reporting

EMHS reports on progress in achieving the relevant targets of the National Strategic Plan for Asbestos Awareness and Management 2019-2023, which is being coordinated by the Major Health Projects and Infrastructure Department at the Department of Health. The annual updates include reporting on any newly constructed, decommissioned or acquired buildings, the level of asbestos awareness and training.

EMHS has risk-based asbestos management plans and registers in place which are regularly reviewed and updated, and has been actively removing asbestos-containing materials. EMHS has also rolled out an Asbestos Awareness Training module for Facilities Management staff via the EMHS Learning Management System.

WA Multicultural Policy Framework

Please refer to information on page 56.

Other financial and governance disclosures

Pricing policy

EMHS charges for goods and services rendered on a partial or full cost recovery basis and complies with the *Health Insurance Act 1973*, the Addendum to National Health Reform Agreement (NHRA) 2020-25, the *Health Services Act 2016 (HSA 2016)*, and the WA Health Funding and Purchasing Guidelines 2016-17. These fees and charges are determined though the WA Health costing and pricing authorities and approved by the Minister for Health.

Guidelines for rules in relation to fees and charges are outlined in the WA Health Fees and Charges Manual. This is a mandatory document in the WA Health Financial Management Policy Framework and binding to all HSPs under the HSA 2016.

Indemnity insurance

In 2022-23, the amount of the insurance premium paid to indemnify directors of the EMHS Board [with 'director' defined as per Part 3 of the *Statutory Corporations (Liability of Directors) Act 1996]* against a liability incurred under sections 13 or 14 of that Act was $91,586 (including GST).

Employment and staff development

Please refer to information on page 36.

Worker's compensation

Please refer to information on page 40.

Industrial relations

EMHS engaged in the system-wide disputation and negotiation processes for new industrial agreements for 2022-23 including:

- WA Health System – Medical Practitioners – AMA Industrial Agreement 2022
- WA Health System – Medical Practitioners (Clinical Academics) – AMA Industrial Agreement 2022
- WA Health System – HSUWA – PACTS Industrial Agreement 2022
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2022
- WA Health System – United Workers Union (WA) – Health Support Workers Industrial Agreement 2022
- WA Health System Engineering and Building Services Agreement 2023.

Negotiations are continuing for a replacement WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020, with key items such as nurse to patient ratios being progressed.

EMHS remained committed to a permanent workforce and to reducing its reliance on agency workers and a casual workforce.

Capital works

Incomplete capital works (as at 30 June 2023)					
Capital works	**Expected period of completion**	**Estimated cost to complete ($000)**	**Estimated total cost in 2021-22 ($000)**	**Estimated total cost in 2022-23 ($000)**	**Estimated total cost variation ($000)**
EMHS fire safety upgrades	30/06/2025	7,000	7,000	7,000	0
RPH Aseptic Unit	30/06/2024	8,739	7,290	8,739	1,449
KH palliative care services	30/06/2024	9,350	9,500	9,350	-150
RPH fire risk	30/06/2025	9,962	9,962	9,962	0
SJGMPH Mental Health Emergency Centre (MHEC)	30/06/2024	6,021	6,021	6,021	0
BHS redevelopment	30/06/2024	7,254	7,254	7,254	0
Byford Health Hub	30/06/2027	42,150	5,892	42,150	36,258
COVID-19 EMHS 50 beds	30/06/2024	1,600	1,600	1,600	0
RPH Intensive Care Unit	30/06/2024	28,254	28,864	28,254	-610
RPH Mental Health Observation Area	30/06/2024	13,495	12,985	13,495	510
Emergency capital works	30/06/2024	6,806	6,806	6,806	0
EMHS Anti-Ligature Remediation Program	30/06/2024	5,000	5,000	5,000	0
Four x 30-bed modular	30/06/2024	170	170	2,299	0
Armadale Mental Health Emergency Centre (MHEC)	30/06/2026	15,766	15,766	15,766	0
BHS Secure Extended Care Unit (SECU)	30/06/2026	39,222	24,460	39,222	14,762
RPH Helipad	30/06/2024	10,075	10,075	10,075	0
RPH Innovation Hub	30/06/2025	10,640	10,640	10,640	0
SJGMPH cladding	30/06/2024	1,838	1,838	1,838	0
Urgent mental health anti-ligature work at BHS	30/06/2024	3,898	3,898	3,898	0
Electronic Medical Record	30/06/2024	3,200	0	3,200	3,200
UAS4187 Sterilisation	30/06/2024	900	0	900	900
EMHS HIVE	30/06/2026	22,892	22,892	22,892	0
EMHS Wi-Fi roll-out	30/06/2024	11,128	11,128	11,128	0

Capital works completed in 2022-23			
Capital works	**Total cost ($000)**	**Estimated total cost in 2020-21 ($000)**	**Total cost variation ($000)**
RPH redevelopment stage 1	20,539	20,289	250
Mental Health Transition Unit	670	670	0
COVID-19 RPH 28 ICU beds	800	800	0

Other legal disclosures

Expenditure on advertising

In 2022-23, EMHS did not incur any expenditure on advertising in accordance with section 175Z of the *Electoral Act 1907*.

Unauthorised use of credit cards

WA Government purchasing cards can be issued by EMHS to employees where their functions warrant usage of this facility.

These credit cards are not to be used for personal (unauthorised) purposes (i.e. a purpose that is not directly related to performing functions for the agency). All credit card purchases are reviewed by someone other than the cardholder to monitor compliance. If during a review it is determined that the credit card was used for unauthorised purchases, written notice must be given to the cardholder and the EMHS Board.

EMHS had five instances (total amount of $538) where a purchasing card was used for personal purposes in 2022-23. A review of these transactions confirmed they were immaterial and the result of genuine and honest mistakes.

No further action was deemed necessary as prompt notification and full restitution was made by the individuals concerned. These were not referred for disciplinary action.

Within the period of 1 July 2022 to 30 June 2023:

Organisation	Total
Instances of use for personal purposes	5
Aggregate amount of personal use expenditure	$538
Aggregate amount of personal use expenditure settled by a due date	$538
Aggregate amount of personal use expenditure settled after the due date	$0
Aggregate amount of personal use expenditure remaining unpaid at end of financial year	$0
Number of referrals for disciplinary action instigated by the notifiable authority	0

Compliance with public sector standards and ethical codes

Public Sector Standards

The Public Sector Standards in Human Resource Management (the standards) set out the minimum standards of merit, equity and probity to be complied with by WA public sector bodies and their employees. The Department of Health and EMHS maintain Human Resources (HR) policies and guidelines that are consistent with the standards. These are available to all employees on the EMHS intranet and/or the Department of Health policy frameworks internet pages. This includes:

- The Department of Health Grievance Resolution Policy and EMHS Employee Grievance Resolution Guidelines, fact sheets and flow charts
- The Department of Health Recruitment, Selection and Appointment Policy
- The Department of Health Discipline Policy and EMHS Discipline Guide
- EMHS Peak Performance Policy, guidelines, fact sheets and automated performance planning tool
- EMHS Employee Separation Policy
- EMHS Expression of Interest Guidelines and template.

HR Business Partners provide information, guidance and support to line managers to promote best practice and application of these policies and procedures and respond to claims for breach of standards.

EMHS maintains and supports a network of trained **Employee Support Officers**. These employees provide a confidential point of contact for employees with a workplace concern or query, which may include queries about the public sector standards or related processes.

EMHS uses the Department of Health's shared service centre, Health Support Services (HSS), for recruitment and payroll employment services. These services enable consistent application of the employment standard and breach claim process to our recruitment and selection practices and provide an external mechanism for review.

Information about the public sector standards is promoted and available to employees via:

- notification of the breach claim rights, processes and period in relevant employment and grievances processes
- information, fact sheets, policies and guidelines on the EMHS intranet
- recruitment, selection and appointment training for recruiting managers and panel members
- peak performance training for line managers.

During 2022-23, there were:

15 breach of standard claims lodged against the employment standards

- **7** were resolved internally and withdrawn
- **1** is currently being managed by HR
- **7** were referred to the Public Sector Commission

3 breach of standard claims for grievance resolution, performance management, termination or redeployment standards.

Code of Conduct

Integrity and ethical behaviour are integral to EMHS' core business. We are committed to:

- putting the public interest first and fulfilling our public duty
- making the right decisions in accordance with agreed policy and procedures, in line with organisational objectives and job requirements
- making decisions and taking actions that can be explained and justified.

All EMHS employees are responsible for ensuring their behaviour reflects the standards of conduct embodied in the **WA Health Code of Conduct Policy.**

To support awareness of their responsibilities, new staff receive and acknowledge the Code of Conduct as a part of their offer of employment to work with EMHS. Responsibility for workplace behaviours and conduct is reinforced at formal induction and through completion of mandatory training including Accountable and Ethical Decision-Making, Recordkeeping Awareness and Prevention of Bullying.

In addition, EMHS has an **Online Managers Induction eLearning Program**. This program provides new and existing managers with the skills and knowledge they need to excel in their roles and provides a useful resource to refer to when needed, including modules on Integrity, Governance, Decision-Making and Risk and Compliance.

EMHS regularly encourages staff to reflect on our organisation's values (including accountability, integrity and respect), and to incorporate these into their work. This occurs formally at recruitment and within the ongoing **Peak Performance Program**. Additionally, regular reminders about conduct-related topics are distributed across EMHS via electronic newsletters and on our intranet.

During 2022-23, EMHS undertook an **Integrity Survey of its Executive and Senior Managers** to ascertain their knowledge and awareness of integrity issues and how to address them, along with their views on any improvements which could be made in this area. This survey produced mainly positive results and EMHS is currently implementing strategies to address some areas highlighted by the survey.

All staff must report suspected breaches of the Code of Conduct. Several pathways are available for staff to report concerns including speaking with their line manager, a member of HR or the Manager of Integrity and Ethics, or contacting the EMHS Fraud Hotline, an EMHS Public Interest Disclosure Officer, the Corruption and Crime Commission or the Public Sector Commission. These options are communicated on the EMHS intranet, as well as at induction, on displayed posters and via board and chief executive global messages, and newsletter reminders.

In 2022-23, EMHS updated its Reporting Inappropriate Workplace Behaviours Guideline, which describes staff obligations in relation to reporting such conduct, along with the range of pathways by which such conduct can be reported.

The requirement to report suspected breaches of the Code of Conduct is also reinforced to nursing and pharmacy staff during Medicine Discrepancy Investigations training sessions, which are delivered regularly throughout the year by Integrity and Ethics staff.

EMHS commenced 49 disciplinary processes in relation to potential breaches of policy and/or the Code of Conduct (breaches of discipline) in 2022-23. All suspected breaches of discipline, including reportable misconduct, were managed in accordance with the requirements of the Department of Health Discipline policy and were appropriately reported to the Public Sector Commission or the Corruption and Crime Commission, as required under the *Corruption, Crime and Misconduct Act 2003*. Where appropriate, breaches of discipline are also reported to the WA Police and/or to the Australian Health Practitioner Regulation Agency (AHPRA).

Training modules were developed for staff in relation to managing and investigating disciplinary matters during the financial year.

The **EMHS Ethical Conduct Review Committee** (ECRC) meets bi-monthly. This committee was established to support EMHS to take a proactive approach to integrity and ethical conduct. The ECRC reports to the EMHS Area Executive Group (AEG) and provides oversight on:

- EMHS governance protocols and related documents for staff awareness and education
- the timely management of Integrity and Ethical Governance issues to ensure compliance with relevant policy and statutory obligations
- the timely reporting of all misconduct matters in accordance with relevant policy and statutory obligations
- integrity and ethics activity data, in particular misconduct reports and related data, to monitor trends and issues across EMHS.

The Department of Health and EMHS maintain integrity-related policies and guidelines that support the implementation of the WA Public Sector Code of Ethics and the Department of Health Code of Conduct Policy. This includes policies that address the management of breaches of discipline; gifts, benefits and hospitality; additional employment; conflicts of interest; pre-employment integrity checking; record keeping; discrimination and harassment; workplace bullying; and use of official information. These policies are available to all employees on the EMHS intranet and/or Department of Health policy frameworks page.

Conflict of interest awareness training for key business areas was developed and delivered in 2022-23 and rolled out widely across the agency.

EMHS conducts periodic audits of patient medical records to identify any instances of inappropriate access by staff. Where inappropriate access is identified, these are managed in accordance with the Department of Health Discipline Policy and reported to the relevant external agencies if appropriate.

Disability access and inclusion

EMHS remains committed to ensuring people with a disability, as well as their families and carers, have the same opportunities as others to access our services, facilities, employment and information.

An EMHS **Disability Access and Inclusion Plan 2023-28** (DAIP) is being developed and will continue the work of our Disability Access and Inclusion Plan 2017-22.

The DAIP outlines our strategies and actions for meeting the seven disability outcome areas identified in the *Disability Services Act 1993*.

Throughout 2022-23, a range of developments helped improve outcomes for consumers and staff with a disability.

General services and events

Outcome one: People with disability have the same opportunities as other people to access the services of, and any events, organised by a public authority.

EMHS has a significant, long-term commitment to improve access to its services and events.
In 2022-23:

- an offsite group program began in an accessible community building, increasing people's ability to access the service
- the RPH Emergency Department (ED) waiting room was reviewed to better accommodate people in wheelchairs
- a wedding was held at KH to enable a non-mobile patient to be included in the celebration
- the number of staff and volunteers involved in pet therapy increased – Armadale Kalamunda Group (AKG) even had a pet therapy lamb
- accessible sensory gardens were created for patients at BHS.

Buildings and facilities

Outcome two: People with disability have the same opportunities as other people to access the buildings and other facilities of a public authority

Regular and ongoing maintenance of EMHS buildings, grounds, car parks and facilities ensure we comply with relevant disability and access requirements. Further improvements were made in 2022-23 by:

- considering disability access in the plans of new and existing building works, including the ED expansion at AH, the Mental Health Emergency Centre at RPH and the refurbishment of KH
- using better signage and updated maps showing the location of ACROD bays
- creating another 21 short term parking bays at BHS
- adding new disabled-compliant toilets across Royal Perth Bentley Group (RPBG).

Information and communication

Outcome three: People with disability receive information from a public authority in a format that will enable them to access the information as readily as other people are able to access it.

EMHS publications and patient information is regularly reviewed to ensure it meets the needs of healthcare users, includes adequate information, is available in different formats and uses appropriate language.

Initiatives in 2022-23 included the introduction of patient care boards at BHS in Older Adult and Rehabilitation wards, providing the patient, family, carers and multidisciplinary teams with important clinical and non-clinical information.

Patient care boards were also later trialled at AKG.

EMHS staff were also able to practise communication skills in simulated scenarios at special Talking Together workshops. This training promotes and improves conversations with patients and families around 'goals of care'.

Quality of service

Outcome four: People with disability receive the same level and quality of service from the staff of a public authority as other people receive from the staff of that public authority.

A range of strategies has been introduced at EMHS to ensure people with disability receive the same high level of care. Key actions in 2022-23 included:

- the launch and promotion of equity, diversity and inclusion training for staff, including a module on disability inclusion and awareness
- increased disability resources for staff on the EMHS intranet/hub pages
- continued work in building a dementia-friendly health service, including regular dementia training study days for staff
- the revitalising of the Dementia Change Champions program, where clinical staff receive special training through Alzheimer's WA and help promote best-practice care for patients with dementia and delirium
- expansion of the volunteer Forget Me Not program, including new 'activity trolleys' for people with dementia and other cognitive disabilities
- NDIS hospital discharge pathways to make it safer and easier for patients returning to the community.

Complaints and safeguarding

Outcome five: People with a disability have the same opportunities as other people to make complaints to a public authority.

In January 2023, EMHS reviewed its complaints management policy to ensure it continues to maximise the way feedback and complaints are received. This includes receiving feedback across a range of mediums and from anyone involved in a person's care, such as family or carers.

Complaints are constantly monitored via EMHS' Consumer Advisory and Disability Access and Inclusion committees, and at executive level.

Consultation and engagement

Outcome six: People with disability have the same opportunities as other people to participate in any public consultation by a public authority.

Broad consultation with consumers is regularly undertaken in the delivery and design of all EMHS services.

Highlights of the financial year included continued planning and community consultation for the Byford Health Hub, consumer involvement in the KH refurbishment and input from people with lived experience in the implementation of the Crisis Resolution Home Treatment Team.

Employment people and culture

Outcome seven: People with a disability have the same opportunities as other people to obtain and maintain employment with a public authority.

EMHS is committed to ensuring people with a disability can obtain and maintain employment. During 2022-23:

- the EMHS People and Capability Team introduced recruitment strategies incorporating equity and diversity principles, including updating recruitment templates and advertisements with inclusive language
- onboarding processes were reviewed to ensure managers were notified of an employee's disability status so that safe and suitable work environments could be provided
- the Staff with Disability and Allies Network (SDAN) was promoted for Department of Health staff
- our Policy and Compliance Committee decided to make equity, diversity and inclusion training — which includes a module on disability — mandatory for all committee members.

Recordkeeping

EMHS continues to implement an Electronic Document Records Management System (EDRMS) across its sites in accordance with the **EMHS Recordkeeping Plan**. Since implementation in 2019, there have been **690,413** records saved to 30 June 2023, with **391** active users within the system. All users are provided with EDRMS HPE Records Manager (HPE RM) training.

Online training modules were developed in June 2023, with a view for online training to commence from the following month.

Regular compliance audits are conducted, ensuring the HPE RM EMHS dataset is being maintained and corporate records are captured appropriately.

The EMHS **Corporate Recordkeeping Strategy Action Plan** continues to be progressed across 2023. The strategy reconfirms EMHS' commitment to manage records in an effective and efficient manner and in accordance with the *State Records Act 2000 (SRA 2000)*.

The **EMHS Recordkeeping Plan** is currently being reviewed and will be submitted to the State Records Office in late 2023.

In June 2023, EMHS engaged an external auditor to determine if EMHS' recordkeeping practices comply with the requirements of the *SRA 2000* and whether EMHS has effective controls for the management of EMHS records. A final audit report will address any findings.

The EMHS Corporate Recordkeeping Team provides ongoing advisory services for the retention and disposal of records and contributes to the development of policies and procedures that result in creation and management of corporate records.

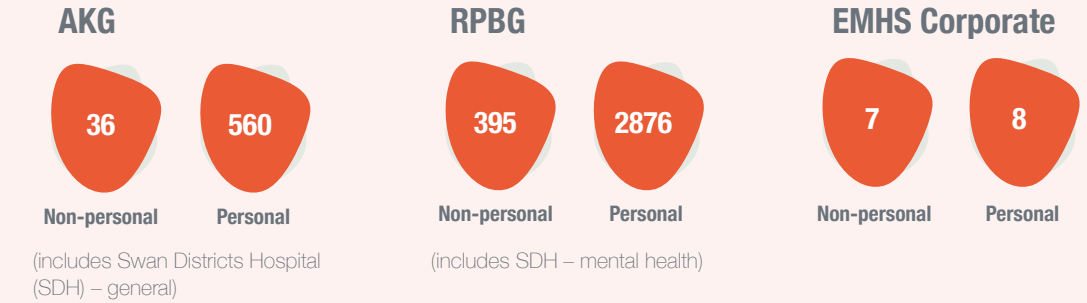
Freedom of information

The *WA Freedom of Information Act 1992* (FOI 1992) gives all Western Australians a right of access to information held by EMHS. Access to information can be made through a Freedom of Information (FOI) application, which should be addressed to the FOI Office at the appropriate EMHS site.

FOI applications can be granted full access, partial access or access may be refused in accordance with the FOI 1992.

In 2022-23, EMHS sites collectively received 3882 new applications under FOI legislation.

New FOI applications received in 2022-23



FOI information

For information about FOI at EMHS, please refer to the **EMHS FOI brochure** at https://emhs.health.wa.gov.au/~/media/HSPs/EMHS/Documents/About-Us/emhs-freedom-of-information-brochure.pdf, or visit the FOI page at the relevant EMHS site:

AKG (includes applications for SDH – general)
www.ahs.health.wa.gov.au/Patients-and-Visitors/Accessing-Health-Records/Freedom-of-Information

RPH
www.rph.health.wa.gov.au/Patients-and-Visitors/Accessing-Health-Records/Accessing-Records-via-Freedom-of-Information

BHS (includes applications for SDH – mental health)
www.bhs.health.wa.gov.au/Patients-and-Visitors/Accessing-Health-Records/Accessing-Records-via-Freedom-of-Information

SJGMPH SJGML
https://www.sjog.org.au/patients-and-visitors/privacy

EMHS
www.emhs.health.wa.gov.au/About-Us/Accessing-Records/Accessing-Records-via-Freedom-of-Information

Appendix

AKG Physiotherapist Angela Jeffery leads a movement session with patients (L-R) Alison Reading, Cecil Dickenson and Gillian Deuchars.

Site contact details

Royal Perth Bentley Group

Royal Perth Hospital

Address
197 Wellington Street
Perth WA 6000

Postal address
GPO Box X2213
Perth WA 6847

Telephone (08) 9224 2244
Fax (08) 9224 3511
rph.health.wa.gov.au

Bentley Health Service

Address
18 – 56 Mills Street
Bentley WA 6102

Postal address
PO Box 158
Bentley WA 6982

Telephone (08) 9416 3666
Fax (08) 9416 3711
bhs.health.wa.gov.au

Armadale Kalamunda Group

Armadale Health Service

Address
3056 Albany Highway
Mount Nasura WA 6112

Postal address
PO Box 460
Armadale WA 6992

Telephone (08) 9391 2000
Fax (08) 9391 2149
ahs.health.wa.gov.au

Kalamunda Hospital

Address
Elizabeth Street
Kalamunda WA 6076

Postal address
PO Box 243
Kalamunda WA 6926

Telephone (08) 9257 8100
Fax (08) 9293 2488

St John of God Health Care (SJGHC)

St John of God Midland Public Hospital

Address
1 Clayton Street
Midland WA 6056

Postal address
GPO Box 1254
Midland WA 6936

Telephone (08) 9462 4000
Fax (08) 9462 4050
Email info.midland@sjog.org.au
sjog.org.au/midland

St John of God Mt Lawley (contracted services)

Address
Corner Ellesmere Rd and Thirlmere Road
Mt Lawley 6050

Postal address
Thirlmere Road
Mt Lawley 6050

Telephone (08) 9370 9222
Fax (08) 9272 1229
Email info.mtlawley@sjog.org.au
sjog.org.au/mtlawley

Acronyms index

Acronym	In full
AEG	Area Executive Group
AHCAG	Aboriginal Health Consumer Advisory Group
AHS	Armadale Health Service
AKG	Armadale Kalamunda Group
ATS	Australasian Triage Scale
BHS	Bentley Health Service
CaLD	Culturally and linguistically diverse
CE	Chief Executive
Co-HIVE	Community Health In a Virtual Environment
DDI	Data and Digital Innovation
DG	Director General
DoH	Department of Health
ED	Emergency Department
EMHS	East Metropolitan Health Service
EMMs	Electronic Medication Management solution
GP	General Practitioner
HABSI	Hospital acquired blood stream infection
HAI	Healthcare associated infection
HIVE	Health In a Virtual Environment
HR	Human resources

Acronym	In full
HREC	Human Research Ethics Committee
HSP	Health Service Provider
ICT	Information and communication technology
ICU	Intensive Care Unit
KH	Kalamunda Hospital
KPI	Key Performance Indicator
LEAG	Lived in Experience Advisory Group
MHEC	Mental Health Emergency Centre
OBM	Outcome Based Management
PPE	Personal protective equipment
PSC	Public Sector Commission
RPBG	Royal Perth Bentley Group
RPH	Royal Perth Hospital
SJGML	St John of God Mount Lawley
SJGMPH	St John of God Midland Public Hospital
WA	Western Australia
WAU	Weighted activity unit
WEAT	WA Emergency Access Target
WEST	WA Elective Services Target
WHS	Work health and safety

Board and committee remuneration

EMHS Board

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)*
Chair	Ian Smith	Sessional	6 months	45,212
Chair	Pia Turcinov	Sessional	6 months	40,529
Member	Pia Turcinov	Sessional	6 months	23,090
Deputy Chair	Melissa Parke	Sessional	6 months	23,090
Member	Melissa Parke	Sessional	6 months	23,090
Member	Ross Keesing	Sessional	12 months	46,180
Member	Denise Glennon	Sessional	12 months	46,180
Member	Amanda Gadsdon	Sessional	3 months	13,574
Member	Peter Forbes	Sessional	12 months	46,180
Member	Paddy Ramanathan	Sessional	12 months	44,581
Member	Steven Patchett	Sessional	12 months	44,581
Member	Vanessa Elliott	Sessional	3 months	10,248
Member	Elizabeth Koff	Sessional	6 months	21,441
Member	Tracey Moroney	Sessional	9 months	32,858
TOTAL				**460,834**

*includes superannuation

Human Research Ethics Committee (HREC)

Position	Name	Type of remuneration*	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Stephen Macdonald	n/a	12 months	0
A/Chair	Hamish Milne	Sessional	9 weeks	3207
Lay person (M)	Hamish Milne	n/a	43 weeks	0
Lay person (M)	Paul Hansen	n/a	12 months	0
Lay person (F)	Helen Walsh	n/a	12 months	0
Lay person (F)	Grace Moro	n/a	12 months	0
Professional Care Member	Wayne Epton	n/a	12 months	0
Professional Care Member	Betty Thomas	n/a	9 months	0
Professional Care Member	Jonathon Burcham	n/a	3 months	0
Medical Research	Jonathon Burcham	n/a	9 months	0
Pastoral Care	Michael Hertz	n/a	12 months	0
Lawyer	Stephen Sparkes	n/a	12 months	0
Lawyer	Elizabeth Maynard	n/a	12 months	0
Medical Research	Ramin Gharbi	n/a	3 months	0
Medical Research	Dieter Weber	n/a	12 months	0
Medical Research	Janice Fogarty	n/a	12 months	0
Medical Research	Xavier Fiorilla	n/a	12 months	0
Medical Research	Zlatibor Velickovic	n/a	12 months	0
TOTAL				**3207**

*n/a = aside from the Chair, HREC members do not receive payment

Aboriginal Cultural Security Working Group

Position	Name	Type of remuneration*	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Denese Griffin	n/a	12 months	0
Member	Kerry Thorne	Per meeting	12 months	38
Member	Delson Stokes	Per meeting	12 months	0
Member	Fred Penny	Per meeting	12 months	0
Member	Raelene Hayward	Per meeting	12 months	0
Member	Leon Hayward	Per meeting	12 months	0
Member	Jim Morrison	Per meeting	12 months	0
Member	Donelle Merritt	Per meeting	7 months	38
Member	Darryl Indich	Per meeting	7 months	38
Member	Brenda Greenfield	Per meeting	7 months	38
Member	Dorothy Winmar	Per meeting	7 months	38
Member	Athol Michael	Per meeting	7 months	38
Member	Bernard Riley	Per meeting	7 months	38
TOTAL				**266**

*n/a = WA Health employee, not eligible for payment

Aboriginal Health Consumer Advisory Group (AHCAG) Aboriginal Men Health Support Network Working Group*

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Member	Bernard Riley	Per meeting	2 months	0
Member	Athol Michael	Per meeting	2 months	0
Member	Rex Wright	Per meeting	2 months	0
Member	Lester Morrison	Per meeting	2 months	0
Member	Leon Hayward	Per meeting	2 months	0
Member	Robert Johns	Per meeting	2 months	0
TOTAL				**0**

*Committee abolished in 2022-23

Aboriginal Workforce Working Group

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Barbara McGillivray	Per meeting	12 months	413
Vice Chair	Kerry Thorne	Per meeting	12 months	263
Member	Tammy Yarran	Per meeting	6 months	75
Member	Gail Wynne	Per meeting	6 months	150
Member	Delson Stokes	Per meeting	6 months	0
Member	Athol Michael	Per meeting	7 months	75
Member Vice Chair	Bernard Riley	Per meeting	7 months	188
Member	Brenda Greenfield	Per meeting	1 months	113
Chair	Dorothy Bagshaw	Per meeting	1 months	225
TOTAL				**1502**

AHCAG Aboriginal Community Forum Working Group*

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Valerina Dorizzi	Per meeting	3 months	300
Vice Chair	Kevin Fitzgerald	Per meeting	3 months	75
Member	Donnelle Merritt	Per meeting	3 months	150
Member	Rex Wright	Per meeting	3 months	150
Member	Gail Wynne	Per meeting	3 months	75
Member	Brenda Greenfield	Per meeting	3 months	75
Member	Athol Michael	Per meeting	3 months	150
Member	Bernard Riley	Per meeting	3 months	150
Member	Kerry Thorne	Per meeting	3 months	75
Member	Charmaine Pell	Per meeting	3 months	75
Member	Tammy Yarran	Per meeting	3 months	150
Member	Delson Stokes	Per meeting	3 months	75
Member	Dorothy Winmar	Per meeting	3 months	150
Member	Barbara McGillivray	Per meeting	3 months	75
TOTAL				**1725**

*Committee abolished in 2022-23

Aboriginal Youth Health Working Group

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Ayesha Osama	Per meeting	2 months	94
Vice Chair	Bernard Riley	Per meeting	2 months	75
Member	Jennifer Bonney	Per meeting	12 months	235
Member	Valerie Dorizzi	Per meeting	12 months	94
Member	Barbara McGillivray	Per meeting	12 months	0
Member	Rex Wright	Per meeting	12 months	75
Member	Brenda Greenfield	Per meeting	12 months	75
Member	Dorothy Winmar	Per meeting	12 months	75
Member	Valerie Woods	Per meeting	12 months	94
Member	Shirley Thorne	Per meeting	12 months	94
Member	Shirley Voss	Per meeting	2 months	94
Member	Dianne Regan	Per meeting	2 months	94
Member	Kerry Thorne	Per meeting	12 months	75
TOTAL				1174

Armadale and Kalamunda AHCAG

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Member	Clive Hayden	Per meeting	12 months	0
Member	Lester Morrison	Per meeting	12 months	0
Member	Leon Hayward	Per meeting	12 months	0
Member	Raelene Hayward	Per meeting	12 months	0
Member	Tammy Yarran	Per meeting	12 months	0
Member	Susan Woods	Per meeting	5 months	188
Member	Ayesha Osama	Per meeting	5 months	188
Member	Alisa Krakouer	Per meeting	5 months	75
Member	Michael Krakouer	Per meeting	5 months	263
TOTAL				714

Swan, Hills and Midland AHCAG

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Keegan Morrison	Per meeting	12 months	0
Vice Chair	Tiffany Bennell	Per meeting	12 months	0
Member	Darryl Indich	Per meeting	12 months	0
Member	Doreen Creed	Per meeting	12 months	0
Member	Lisa Morrison	Per meeting	12 months	0
Member	Brittney Kelly	Per meeting	12 months	0
Member	Darren Kelly	Per meeting	12 months	0
Member	Amanda Tomlinson	Per meeting	12 months	0
Member	Tomisha Ware	Per meeting	12 months	0
Member	Donnelle Merritt	Per meeting	12 months	0
Member	Robert Johns	Per meeting	12 months	263
Member	Dorothy Bagshaw	Per meeting	12 months	188
TOTAL				**451**

Bentley AHCAG

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Member	Joanne Hayward	Per meeting	12 months	0
Member	Kerry Thorne	Per meeting	12 months	263
Vice Chair	Brenda Greenfield	Per meeting	12 months	375
Member	Dorothy Winmar	Per meeting	12 months	188
Member	Shirley Voss	Per meeting	12 months	263
Member	Delson Stokes	Per meeting	12 months	0
Member	Kevin Fitzgerald	Per meeting	12 months	0
Member	Victor Ronan	Per meeting	12 months	0
Member	Erica Stewart	Per meeting	12 months	0
Member	Marie Bartlett	Per meeting	12 months	0
Member	Valerie Woods	Per meeting	12 months	263
TOTAL				**1352**

RPH and Inner City AHCAG

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Jennifer Bonney	Per meeting	12 months	263
Vice Chair	Barbara McGillivray	Per meeting	12 months	75
Member	Valerina Dorizzi	Per meeting	12 months	188
Member	Athol Michael	Per meeting	12 months	75
Member	Rex Wright	Per meeting	12 months	0
Member	Bernard Riley	Per meeting	12 months	263
Member	Gail Wynne	Per meeting	12 months	0
Member	Kevin Fitzgerald	Per meeting	12 months	0
Member	Amanda Barber	Per meeting	12 months	0
Member	Tania Harris	Per meeting	12 months	0
Member	Shirley Thorne	Per meeting	12 months	263
TOTAL				1127

Aboriginal Health Advisory Council

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Barbara McGillivray	Per meeting	12 months	675
Vice Chair	Jennifer Bonney	Per meeting	12 months	169
Member	Clive Hayden	Per meeting	12 months	0
Member	Lester Morrison	Per meeting	12 months	0
Member	Joanne Hayward	Per meeting	12 months	113
Member	Kerry Thorne	Per meeting	12 months	113
Member	Keegan Morrison	Per meeting	8 months	0
Member	Tiffany Bennell	Per meeting	6 months	0
Interim member	Brenda Greenfield	Per meeting	Two meetings	291
Interim member	Rex Wright	Per meeting	One meeting	113
Interim member	Athol Michael	Per meeting	Two meetings	291
Interim member	Dorothy Winmar	Per meeting	Two meetings	291
Interim member	Bernard Riley	Per meeting	One meeting	113
Interim member	Darryl Indich	Per meeting	One meeting	292
TOTAL				2461

RPBG Consumer Advisory Committee (CAC)

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Chair	Warren Lance	Per meeting	12 months	713
Deputy Chair	Robert McCormack	Per meeting	12 months	713
Deputy Chair	Judy Fetzer	Per meeting	12 months	413
Member	Kelly Minson	Per meeting	12 months	0
Member	Karen Collinson	Per meeting	12 months	713
Member	Joanne Treacy	Per meeting	12 months	638
Member	Greg Swenson	Per meeting	12 months	619
Member	Shin Keith	Per meeting	12 months	450
Member	Sandie Thorne	Per meeting	12 months	694
Member	Barbara Hislop	Per meeting	12 months	300
TOTAL				**5253**

RPBG Lived Experience Advisory Group (LEAG)

Position	Name	Type of remuneration	Period of membership in 2022-23	Total remuneration in 2022-23 ($)
Co-Chair	Tegan Leahy	Per meeting	12 months	675
Deputy Co-Chair	Sandie Thorne	Per meeting	5 months	169
Member	Robert Wood	Per meeting	12 months	281
Member	Member*	Per meeting	12 months	169
Member	Janine Mans	Per meeting	12 months	356
Member	Ron Deng	Per meeting	12 months	0
Member	Lou Wilson	Per meeting	12 months	431
Member	Phil Moncrieff	Per meeting	12 months	169
Member	Tim Faye	Per meeting	7 months	356
Member	Deborah Hughes	Per meeting	5 months	0
Member	Cristina Sorbilli-Negovetic	Per meeting	12 months	188
TOTAL				**2794**

*personal details suppressed with permission from the Minister for Health

Armadale Kalamunda CAC				
Position	**Name**	**Type of remuneration**	**Period of membership in 2022-23**	**Total remuneration in 2022-23 ($)**
Chair	Dorothy Harrison	Per meeting	12 months	4200
Member	Julie Hoey	Per meeting	12 months	490
Member	Sherly Little	Per meeting	12 months	350
TOTAL				**5040**

Please note: Community members are paid in accordance with the Health Consumers' Council Consumer Participation Policy. Total remuneration may include payments for participation other than committee meetings.

Feedback and accessibility

Thank you for reading our EMHS Annual Report 2022-23.

We invite you to contact us to provide feedback on the report, or if you would like additional information about EMHS. For accessibility, this document is available in other formats upon request.

EMHS would like to acknowledge all the staff who have contributed to the compilation of this report.

Cover photos (left-to-right)

- Proud mother Samantha Thompson with beautiful baby Kaleb who was born at the AHS Maternity Unit.
- RPH patient Riley Kilian with Clinical Nurse Jessica Spicer and Registered Nurse Matthew Volich.
- BHS Resident Medical Officer Dr Madeha Khalid and RPH Acting Aboriginal Health Liaison Coordinator Ken Nicholls.
- Registered Nurse Jessica Pope cares for a patient at KH.

East Metropolitan Health Service (area office)

Address:
10 Murray Street, Perth WA 6000

Postal address:
GPO box X2213, Perth WA 6847

Telephone: (08) 9224 2244
Fax: (08) 9224 3511

Email: EMHS.GeneralEnquiries@health.wa.gov.au
Website: www.emhs.health.wa.gov.au