EXECUTIVE SUMMARY

2023-24 at a glance

217,550
Emergency Department presentations

- **70,031** Armadale Health Service
- **78,705** Royal Perth Hospital
- **68,814** St John of God Midland Public Hospital

182,905
Inpatients

- **32,550** Armadale Health Service
- **10,806** Bentley Health Service
- **3,754** Kalamunda Hospital
- **99,281** Royal Perth Hospital
- **35,877** St John of God Midland Public Hospital
- **309** St John of God Mt Lawley (contracted services)
- **328** Transitional Care Unit*
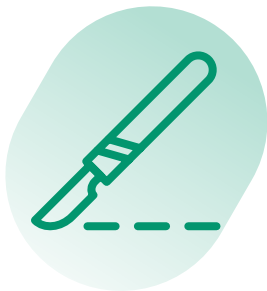
4,973
Mental health inpatients

- **769** Armadale Health Service
- **1,593** Bentley Health Service
- **1,142** Royal Perth Hospital
- **1,141** St John of God Midland Public Hospital
- **328** Transitional Care Unit*

5.80 days
Average length of stay
multi-day stay patients only

- **4.84 days** Armadale Health Service
- **15.73 days** Bentley Health Service
- **17.48 days** Kalamunda Hospital
- **4.87 days** Royal Perth Hospital
- **4.97 days** St John of God Midland Public Hospital
- **21.66 days** St John of God Mt Lawley (contracted services)
- **26.79 days** Transitional Care Unit*

58,470
Operations

- **12,553** Armadale Health Service
- **7,241** Bentley Health Service
- **3,279** Kalamunda Hospital
- **24,279** Royal Perth Hospital
- **11,118** St John of God Midland Public Hospital

*The Transitional Care Unit was calculated separately from 01/08/2023 (previously calculated with Bentley Health Service).

4,193
Births

2,380
Armadale Health Service

1,813
St John of God Midland Public Hospital

2,167
Births (male)

2,026
Births (female)

540,016
Outpatients

114,297
Armadale Health Service

30,577
Bentley Health Service

4,712
Kalamunda Hospital

280,512
Royal Perth Hospital

95,103
St John of God Midland Public Hospital

14,815
St John of God Mt Lawley (contracted services)

5,431
Occasions of care provided to people with no fixed address

237
Armadale Health Service

119
Bentley Health Service

3
Kalamunda Hospital

4,541
Royal Perth Hospital

523
St John of God Midland Public Hospital

0
St John of God Mt Lawley (contracted services)

8
Transitional Care Unit*

Top 5 countries of birth for people who accessed care at EMHS

394,266
Australia

63,024
England

26,815
New Zealand

23,379
India

10,553
Philippines

248,833
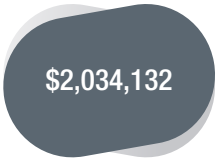Occasions of service – community mental health

EMHS 2023–24 financial summary

Total cost of services (expense limit)

Sourced from statement of comprehensive income
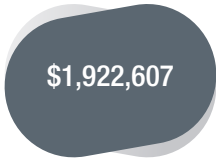
2023-24 target $000

$2,034,132

2023-24 actual $000

$2,165,755

Variation $000
$131,623

The variance in both the Total Cost of Services and Net Cost of Services is attributable to higher than anticipated expenditures in the 2023/24 financial year, compared to initial estimates. Employee benefits expense increased due to:

a. unfunded salary costs associated with the Nursing Professional Development allowance and payout

b. unfunded COVID-19 related expenditure

c. expenditure on Community and Virtual Care programs exceeding the allocated funding

d. costs arising from patient complexity, including bed sit companions and increased security measures and

e. the financial impact of cost of award increases that led to higher superannuation, penalties, and allowances, not fully covered by existing funding.

Other goods and services expenses increased mainly due to:

f. patient support costs being higher than anticipated, driven by increased expenses in drugs, medical, surgical, and diagnostic supplies

g. increase in purchase of outsourced services primarily due to activity levels surpassing targets, and

h. expenditure on depreciation and amortisation, repairs and maintenance and purchase of consumable equipment exceeded initial estimates, reflecting the ongoing investment in and maintenance of essential assets necessary for Health Service operations.

Net cost of services

Sourced from statement of comprehensive income

2023-24 target $000

$1,922,607

2023-24 actual $000

$2,043,613

Variation $000
$121,006

Total equity

Sourced from statement of financial position

2023-24 target $000

$1,588,180

2023-24 actual $000

$1,629,892

Variation $000
$41,712

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 deficit.

Net decrease in cash held

Sourced from statement of cash flow

2023-24 target $000

-$5,883

2023-24 actual $000

-$12,446

Variation $000
-$6,563

Compared to initial estimates, the Health Service had to use its cash reserves to fund an increase in operational expenditure related to employee benefits expenditure and supplies and services, which was partially offset by a decrease in investing activities.

Approved salary expense level

Sourced from statement of comprehensive income

2023-24 target $000

$1,162,041

2023-24 actual $000

$1,223,878

Variation $000
$61,837

The variance in approved salary expenses is attributable to several key factors:

a. unfunded salary costs associated with the Nursing Professional Development allowance and payout

b. unfunded COVID-19 related expenditure,

c. expenditure on Community and Virtual Care programs exceeding the allocated funding

d. costs arising from patient complexity, including bed sit companions and increased security measures

e. the financial impact of cost of award increases that led to higher superannuation, penalties and allowances, not fully covered by existing funding.

EMHS 2023–24 performance summary

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 24**).

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 1,000 separations)		
(a) knee replacement	≤ 18.7	**14.3**
(b) hip replacement	≤ 17.1	**16.4**
(c) tonsillectomy & adenoidectomy	≤ 77.3	**58.8**
(d) hysterectomy	≤ 42.4	**47.9**
(e) prostatectomy	≤ 34.5	**69.4**
(f) cataract surgery	≤ 1.5	**2.6**
(g) appendicectomy	≤ 23.9	**22.3**
Percentage of elective wait list patients waiting over boundary for reportable procedures		
(a) category 1 over 30 days	0%	**7.3%**
(b) category 2 over 90 days	0%	**33.4%**
(c) category 3 over 365 days	0%	**10.8%**
Healthcare-associated *staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤ 1.00	**0.82**
Survival rates for sentinel conditions		
Stroke		
0-49 years	≥ 95.6%	**95.2%**
50-59 years	≥ 95.1%	**94.0%**
60-69 years	≥ 94.7%	**94.7%**
70-79 years	≥ 92.7%	**92.2%**
80+ years	≥ 87.6%	**89.5%**
Acute myocardial infarction (AMI)		
0-49 years	≥ 98.9%	**98.4%**
50-59 years	≥ 99.0%	**99.7%**
60-69 years	≥ 98.1%	**98.6%**
70-79 years	≥ 97.1%	**97.6%**
80+ years	≥ 92.7%	**92.6%**

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	≥ 98.9%	**99.4%**
80+ years	≥ 97.5%	**97.0%**
Percentage of admitted patients who discharged against medical advice		
a) Aboriginal patients	≤ 2.78%	**6.17%**
b) Non-Aboriginal patients	≤ 0.99%	**1.14%**
Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery	≤ 1.80%	**0.99%**
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤ 12.0%	**14.6%**
Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services	≥ 75.0%	**84.2%**

Efficiency KPIs	Target	Actual
Average admitted cost per weighted activity unit	$7,461	**$7,871**
Average Emergency Department cost per weighted activity unit	$7,243	**$8,405**
Average non-admitted cost per weighted activity unit	$7,325	**$8,297**
Average cost per bed-day in specialised mental health inpatient services	$1,876	**$1,867**
Average cost per treatment day of non-admitted care provided by mental health services	$528	**$494**

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	$22	**$18**

● Desired result ● Undesired result

Significant challenges

Responding to a population explosion and managing ageing infrastructure were 2 of our biggest challenges in 2023-24.

As the population in our catchment area continues to rapidly grow, we must increase the capacity of existing services and find new ways to meet additional demand for health care.

Ageing critical infrastructure, in need of upgrading, is causing further budgetary pressures.

Investment in primary and mental health and the further leveraging of digital technology and virtual care is paving the way, though the challenge remains significant.

Capacity constraints and population explosion

The population in the EMHS region is rapidly expanding, with South-East (Armadale) being one of the fastest growing catchments in metropolitan Perth.

In the next 11 years, population in the South-East health district is projected to increase by a further 26.4 per cent, placing increased pressure on Armadale Health Service (AHS).

Similarly, the Swan and Hills (Midland) population is expected to increase by 22.5 per cent within the same period, placing extra demand on St John of God Midland Public Hospital (SJGMPH).

In addition, a generally ageing population and increasing prevalence of people often with multiple comorbidities or chronic disease, are compounding our demand challenges.

Since EMHS was first established in 2016, presentations to EMHS Emergency Departments (EDs) have increased by 11.7 per cent (194,733 in 2016-17 to 217,550 in 2023-24). This can, in part, be attributed to the increase in population within the wider EMHS catchment area – which has grown from approximately 708,000 in 2016-17 to now more than 795,500.

Rising to the challenge

To address the challenges posed by rapid population growth, we have been evolving our hospital operating models, expanding our network, and developing a comprehensive plan for the future.

Changes have included new best-practice models of care which redesign the health system away from hospital-based acute care towards integrated, community-based services, harnessing technology where possible.

Examples of this are EMHS Home Hospital and Community Health in a Virtual Environment (Co-HIVE). Read more about these initiatives on **page 77**.

A new EMHS Clinical Services Plan - Towards 2034, to be released in early 2025, is also set to outline innovative approaches to care provision in the community in conjunction with the new EMHS Community and Virtual Care Innovation Directorate.

The Directorate was set up in December 2023 to focus on enhancing existing services such as Health in a Virtual Environment (HIVE), and commissioning new virtual care services, in line with the EMHS Care Beyond Hospital Walls roadmap and population health planning needs.

New bricks and mortar projects to increase capacity are also underway or planned. They include construction of a Surgicentre at Bentley Health Service and master planning for the future of St John of God Midland Health Campus.

Initial work has also begun to progress the development of the Byford Health Hub (see **page 62**), and funding has been earmarked to expand SJGMPH by 60 beds and 3 operating rooms in 2026-27.

Infrastructure

Ageing infrastructure across EMHS sites, including Royal Perth Hospital's (RPH) century-old premises, requires a comprehensive maintenance and works schedule. Non-scheduled reactive repairs and maintenance works increasingly contribute to the diversion of funds and resources away from planned and preventative maintenance activities, as well as disrupting patient care.

EMHS maintains 56 buildings across our network, with the oldest dating back to 1855 (RPH).

Cyber security

EMHS places a high priority on ensuring the safety of our digital information, technology and services, and this year has continued to progress priority actions to ensure appropriate cyber security measures are in place.

In 2023-24, we worked with partners across WA Health to implement a number of cyber security initiatives and increase staff awareness of changes, risks and good practice (see).

The expanded EMHS cyber security team have worked hard to establish practices to ensure reliable access to systems and information underpinning patient safety, privacy and care.

Workplace aggression and violence

Aggression and violence towards staff remain priority concerns. In 2023-24, the number of incidents compared to the previous reporting period decreased overall, however there were pockets of increase across individual sites, such as RPH.

The safety of our staff is paramount and this year, like every year, EMHS has taken a comprehensive, integrated and continuous improvement approach to reducing the impact of exposure of staff to workplace aggression and violence through robust risk management, featuring governance, prevention, training, response, reporting, investigation and review.

RPH Ward 2K redevelopment