



KPIs

Key Performance Indicators

Certification of Key Performance Indicators

East Metropolitan Health Service

Certification of Key Performance Indicators for the year ended 30 June 2025

We hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess East Metropolitan Health Service's performance and fairly represent the performance of the health service for the financial year ended 30 June 2025.

Pia Turcinov AM

Board Chair
East Metropolitan Health Service
8 September 2025

Melissa Grove

Chair, EMHS Board Audit
and Risk Committee
East Metropolitan Health Service
8 September 2025

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.

Outcome one: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.

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	
2024	xxx	xxx	██████████
2023		xxx	██████████
2022		xxx	██████████
2021		xxx	██████████

Introduction

In 2024-25, EMHS continued to face substantial expenditure pressures driven by several compounding factors, including award-related wage increases, elevated medical and nursing salaries, increased reliance on locums and visiting specialists, and broader inflationary impacts from the cost-of-living environment. These pressures were further intensified by the implementation of government wage policies and investments in safer service initiatives designed to enhance patient care and security.

Across core service delivery areas such as admitted, emergency, and outpatient care, the Health Service experienced growing demand and activity, which came at a higher cost. These areas reported rising average costs that exceeded prior years, reflecting challenges in maintaining efficiency amidst escalating workforce and supply costs.

Admitted mental health services also experienced increased cost pressures, primarily due to temporary bed closures for capital and safety-related works, which reduced activity throughput and in turn raised unit costs. However, EMHS demonstrated strong performance in non-admitted mental health services, maintaining efficiency and delivering care within community settings despite the higher resource needs associated with these models of care.

Despite a challenging fiscal environment, EMHS remains committed to delivering safe, high-quality care while responding to increasing complexity and demand across all areas of service. The Health Service continues to focus on improving efficiency and sustainability without compromising the wellbeing of patients and the workforce.

Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1,000 separations)

Outcome one // Effectiveness KPI

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 7 surgeries selected for this indicator are based on those in the current National Healthcare Agreement Unplanned Readmission performance indicator (NHA PI 23).

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

The 2024 targets for unplanned readmissions for each procedure (per 1,000 separations) are outlined below. Improved or maintained performance is demonstrated by a result below or equal to target.

- (a) knee replacement ≤ 21.0
- (b) hip replacement ≤ 19.4
- (c) tonsillectomy & adenoidectomy . ≤ 84.4
- (d) hysterectomy ≤ 45.8
- (e) prostatectomy ≤ 40.0
- (f) cataract surgery ≤ 2.3
- (g) appendicectomy ≤ 29.7

Results

(a) Knee replacement:

YEAR	TARGET	ACTUAL		
2024	21.0	14.4		
2023		14.3		
2022		10.4		
2021		15.4		

(b) Hip replacement:

YEAR	TARGET	ACTUAL		
2024	19.4	7.9		
2023		16.4		
2022		11.1		
2021		20.4		

(c) Tonsillectomy & adenoidectomy:

YEAR	TARGET	ACTUAL		
2024	84.4	147.1		
2023		58.8		
2022		84.7		
2021		138.7		

(d) Hysterectomy:

YEAR	TARGET	ACTUAL		
2024	45.8	31.3		⋮
2023		47.9		
2022		25.9		
2021		73.2		

(e) Prostatectomy:

YEAR	TARGET	ACTUAL		
2024	40.0	42.6		⋮
2023		69.4		
2022		54.5		
2021		49.3		

(f) Cataract surgery:

YEAR	TARGET	ACTUAL		
2024	2.3	1.5		⋮
2023		2.6		
2022		2.3		
2021		2.4		

(g) Appendicectomy:

YEAR	TARGET	ACTUAL		
2024	29.7	26.0		⋮
2023		22.3		
2022		25.8		
2021		30.1		

Commentary

EMHS strives to provide safe, high-quality care to its patients at all times. In 2024 improved performance can be seen across the majority of indicators relating to hospital readmission. EMHS continues to perform case reviews to drive clinical improvement across these cohorts. These reviews can identify variations in care and outcomes, fostering system-wide learning and service improvement.

In 2024 unplanned readmissions following tonsillectomy and adenoidectomy and prostatectomy exceeded target. These results are however based on a small number of cases where individual case reviews noted a high degree of patient complexity contributing to the need for readmission as well as some opportunities for quality improvement to streamline care delivery. EMHS will continue to monitor performance of these indicators and learn from these cases.

Period: 2021 to 2024 calendar years
Contributing sites: Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital (public patients)
Data source: Hospital Morbidity Data Collection (HMDC); WA Data Linkage System

Percentage of elective wait list patients waiting over boundary for reportable procedures

Outcome one // Effectiveness KPI

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 2024-25 target for patients waiting over boundary for all urgency categories is 0 per cent. A result equal to target is desired.

Results

Category 1:

YEAR	TARGET	ACTUAL
2024-25	0%	8.7%
2023-24		7.3%
2022-23		11.9%
2021-22		6.5%

Category 2:

YEAR	TARGET	ACTUAL
2024-25	0%	35.9%
2023-24		33.4%
2022-23		38.5%
2021-22		28.3%

Category 3:

YEAR	TARGET	ACTUAL
2024-25	0%	11.4%
2023-24		10.8%
2022-23		15.8%
2021-22		9.3%

Commentary

In 2024-25, EMHS did not meet the elective surgery recommended target for any urgency category.

Challenges impeding EMHS’ ability to meet the elective surgery targets include demand exceeding theatre and inpatient bed capacity. In addition, ongoing workforce attraction and surgical preparatory pathways remain the key challenges and are an ongoing priority for EMHS.

Several actions were progressed to improve the elective surgery waitlist in the 2024-25 financial year:

- Outsourcing surgical services privately to support meeting high demand with a focus on orthopaedics, general surgery and urology.
- Additional theatre lists including weekend elective operating lists.
- Procurement of an orthopaedic surgical robot to support staff retention and recruitment.
- Consolidation of a tiered referral endoscopy network across EMHS sites to deliver endoscopy care in a timely manner and alleviate demand for tertiary theatres.
- Virtual care and early discharge via EMHS Hospital in the Home team.

To maintain a sustainable elective surgery waitlist, EMHS is also progressing several longer-term strategies, including:

- Dual site consultant led vascular service across Royal Perth Hospital and Armadale Hospital, inclusive of outpatient services and operating time.
- Progressing procurement of a non-orthopaedic surgical robot to support surgical staff recruitment and retention.
- Improving the pre-anaesthetic assessment model of care to optimise access, reduce cancellation and subsequently improve theatre efficiency.
- Expanding the surgical contemporary workforce model across particular specialties.
- Piloting virtual care applications to support early pre-surgical screening.

Period:	2021-22 – 2024-25 financial years (average of weekly census data)
Contributing sites:	Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital (public patients)
Data source:	Elective Services Wait List Data Collection

Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days

Outcome one // Effectiveness KPI

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.

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

The 2024 target for HA-SABSI is ≤1.00 per 10,000 occupied bed-days. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL		
2024	1.00	0.63		
2023		0.82		
2022		0.69		
2021		1.09		

Commentary

During 2024, EMHS achieved the target for HA-SABSI, with a result equating to 25 infections from 398,841 occupied bed-days.

EMHS participates in a state-wide surveillance program and has established thorough processes for reviewing all cases of healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI). Infection control specialists and treating clinicians work together to identify the factors contributing to each case and closely monitor infection rates.

EMHS remains committed to minimising the occurrence of HA-SABSI as demonstrated by the following initiatives which were implemented in 2024:

- Continued focus of the Vascular Access Service which provides expert and specialist care in the insertion and management of invasive devices.
- Specialist Vascular Access training in the Emergency Department to enhance the skills of clinicians, particularly in handling patients with difficult intravenous access.
- Increased cluster review methodology to identify safety and quality initiatives.

Period: 2021 to 2024 calendar years
Contributing sites: Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre), Royal Perth Hospital.

Data source: Healthcare Infection Surveillance Western Australia (HISWA) Data Collection

Survival rates for sentinel conditions

Outcome one // Effectiveness KPI

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 3 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 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.

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

Please see the 2024 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.

Results

Stroke

0 – 49 years:

YEAR	TARGET	ACTUAL
2024	95.4%	94.9% 
2023		95.2% 
2022		94.7% 
2021		96.3% 

50 – 59 years:

YEAR	TARGET	ACTUAL
2024	94.8%	94.6% 
2023		94.0% 
2022		99.0% 
2021		96.2% 

60 – 69 years:

YEAR	TARGET	ACTUAL
2024	94.5%	97.1% 
2023		94.7% 
2022		97.2% 
2021		95.9% 

70 – 79 years:

YEAR	TARGET	ACTUAL
2024	92.6%	94.7% 
2023		92.2% 
2022		94.4% 
2021		95.1% 

80+ years:

YEAR	TARGET	ACTUAL
2024	87.6%	93.0% 
2023		89.5% 
2022		89.8% 
2021		94.4% 

Commentary

EMHS' performance in the survival rate for stroke exceeded the target across 3 age ranges. Lower survival rates are often due to the complexity and severity of cases. EMHS continues to perform well when compared to the state average for in hospital mortality of patients admitted for stroke.

Results

Acute myocardial infarction (AMI)

0 – 49 years:

YEAR	TARGET	ACTUAL
2024	98.9%	98.9%
2023		98.4%
2022		99.4%
2021		97.7%

50 – 59 years:

YEAR	TARGET	ACTUAL
2024	98.8%	99.0%
2023		99.7%
2022		99.0%
2021		100%

60 – 69 years:

YEAR	TARGET	ACTUAL
2024	98.2%	99.4%
2023		98.6%
2022		99.4%
2021		98.9%

70 – 79 years:

YEAR	TARGET	ACTUAL
2024	97.0%	95.5%
2023		97.6%
2022		96.7%
2021		97.0%

80+ years:

YEAR	TARGET	ACTUAL
2024	93.1%	93.4%
2023		92.6%
2022		96.0%
2021		94.6%

Commentary

EMHS’ performance in the survival rate for acute myocardial infarction remains within the acceptable target range for most age groups. This achievement is largely due to patients receiving prompt access to invasive coronary diagnostic and interventional procedures, as well as more efficient inter-hospital transfer arrangements for patients from Armadale Hospital and St John of God Midland Public Hospital to Royal Perth Hospital.

EMHS Executive will continue to monitor throughout 2025, with all inpatient deaths subject to peer review as part of a morbidity and mortality review process.

Results

Fractured neck of femur (FNoF)

70 - 79 years:

YEAR	TARGET	ACTUAL
2024	98.8%	99.2%
2023		99.4%
2022		99.3%
2021		97.6%

80+ years:

YEAR	TARGET	ACTUAL
2024	97.3%	97.7%
2023		97.0%
2022		97.6%
2021		98.3%

Commentary

EMHS' performance in the survival rate for fractured neck of femur patients exceeded target in both age ranges.

Throughout 2025, the fractured neck of femur pathway will continuously monitor to identify opportunities for improvement. All inpatient deaths undergo 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: 2021 to 2024 calendar years
Contributing sites: Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital
Data source: HMDC

Percentage of admitted patients who discharged against medical advice

Outcome one // Effectiveness KPI

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. take own leave, left without notice, missing and not found, or discharge at own risk). Patients who do so have a higher risk of readmission and mortality and have been found to cost the health system 50 per cent more than patients who are discharged by their physician.

The national Aboriginal and Torres Strait Islander Health Performance Framework reports discharge at own risk under the heading ‘Self-discharge from hospital’. Between July 2019 and June 2021 Aboriginal patients (4.4%) in WA were 7.5 times more likely than non-Aboriginal patients (0.6%) to discharge at own risk, compared with 5.2 times nationally (3.8% and 0.7% respectively). This statistic indicates a need for improved responses by the health system to the needs of Aboriginal patients. This indicator is also being reported in the Report on Government Services 2024 under the performance of governments in providing acute care services in public hospitals.

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.

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

The 2024 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
2024	2.78%	6.90%
2023		6.17%
2022		5.98%
2021		5.87%

Non-Aboriginal patients:

YEAR	TARGET	ACTUAL
2024	0.99%	1.29%
2023		1.14%
2022		1.09%
2021		1.16%

Commentary

Performance outcomes for EMHS in 2024 did not achieve DAMA targets, however it should be noted that at some sites, local improvement in performance was achieved:

- Armadale Hospital DAMA performance improved in 2024 when compared to 2023, going from 1.4% to 1.2% for non-Aboriginal patients and from 6.4% to 5.8% for Aboriginal patients in 2023 and 2024 respectively.
- Bentley Hospital DAMA performance also improved in 2024, going from 3.4% to 3.1% for Aboriginal patients.
- St John of God Midland Public Hospital (SJGMPH) performance improved from 4.4% to 3.6% for Aboriginal patients and stayed the same for non-Aboriginal patients.

A range of strategies and actions to support DAMA performance have been employed across EMHS and locally by sites, these include:

- Developing targeted DAMA and Did not wait (DNW) training modules as part of the Aboriginal Health Champions program for hospital staff who work in areas with high Aboriginal consumer ratios.
- Supporting implementation and compliance with EMHS DAMA policies by undertaking broad stakeholder consultation, focusing on Aboriginal consumers, cultural safety and critical success factors.
- Royal Perth Hospital (RPH) is working to enhance the ward environment to support Aboriginal patients to remain in hospital for the duration of their care.

- RPH is working to integrate the First Nations consumer voice into DAMA and Patient Initiated Discharge (PID) processes, and to implement learnings from the Aboriginal patient case review.
- At Armadale and Kalamunda Hospitals, the Aboriginal Health Team ensures that every Aboriginal client is offered access to the Aboriginal Health Liaison Officer service and contacts patients who DAMA.
- Armadale and Kalamunda Hospitals are working to embed use of the PID form to ensure safe discharges and embed active follow up with DAMA patients.
- SJGMPH have an established Aboriginal Health Strategic Framework, with progress against committed actions tracked and reported via the Midland and EMHS Aboriginal Health and Wellbeing Committees.
- The SJGMPH Aboriginal Health Team ensure referrals, medications and management plans are in place and discuss any issues with the patient before they DAMA.
- SJGMPH is working to embed strategies to reduce DAMA with a focus on enhancing culturally secure care and environments.

In late 2024 the EMHS Leave Events Action Plan 2025 was developed and strategically identifies and supports implementation of actions and initiatives to improve leave event performance across EMHS and includes DAMA events.

Period:	2021 to 2024 calendar years
Contributing sites:	Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre) ¹ , Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	HMDC

¹The Transitional Care Unit contributed to the DAMA KPI, however was reported under Bentley Hospital for the full calendar year.

Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery

Outcome one // Effectiveness KPI

Rationale

This indicator measures the condition of newborn infants immediately after birth and 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 (2023) Health, Standard 14/07/2023.

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

The 2024 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 per cent. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024	1.90%	1.47% 
2023		0.99% 
2022		1.05% 
2021		1.37% 

Commentary

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 other maternity process and outcome measures to ensure EMHS maternity services maintain a high standard of care.

Period: 2021 to 2024 calendar years

Contributing sites: Armadale/Kelmscott Memorial Hospital, Bentley Hospital (since 29/12/2024), St John of God Midland Public Hospital (public patients only)

Data source: Midwives Notification System

Readmissions to acute specialised mental health inpatient services within 28 days of discharge

Outcome one // Effectiveness KPI

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. Rapid readmissions place pressure on finite beds and may reduce access to care for other consumers in need.

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.

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

The 2024 target for readmissions to acute specialised mental health inpatient services within 28 days of discharge is ≤ 12.0 per cent. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024	12.0%	14.2%
2023		14.6%
2022		14.4%
2021		14.9%

Commentary

With demand for mental health services and patient complexity remaining high, readmission rates remain relatively steady when compared year on year. EMHS continues to strive to build and strengthen its community-based services to better support patients following discharge.

These services include:

- The EMHS Crisis Resolution Home Treatment Team (Kadadkiny Marr Koodjal Mia) commenced at Armadale Health Service on 1 March 2023, with service capacity expanding from 5 to 8 beds in December 2024. This service delivers hospital-level, evidence-based mental health care in the consumer’s home, aiming to prevent emergency department presentations and inpatient admissions. It provides intensive, multidisciplinary support during the crisis phase and includes roles such as an Aboriginal Health Liaison Officer and a Peer Support Worker to ensure culturally responsive, person-centred care.
- The EMHS Active Recovery Team (ART) provides intensive, targeted community mental health treatment through an integrated care model, supporting individuals with complex needs and frequent ED or inpatient admissions. The ART’s positive impact was recognised with the 2024 WA

- Health Excellence in Mental Health Award.
- Expansion of the EMHS Eating Disorders Specialist Service to include referrals from GPs and the community, provides a multidisciplinary approach focused on supporting early discharge, reducing readmissions, and preventing inpatient admissions through stepped-up community care.
 - The AFTERCARE program is scheduled for commissioning in late 2025. This initiative is jointly commissioned by the Mental Health Commission (MHC) and the WA Primary Health Alliance (WAPHA). The program will provide intensive support for individuals on discharge who have presented to the emergency department or been admitted due to suicide-related risk, aiming to improve continuity of care and reduce the risk of future crises.
 - WA Health Ambulance Co-Response Service was commissioned in the EMHS catchment late 2024 and expanded in February 2025. The service operates 7 days a week in partnership with St John Ambulance, offering mental health triage for 000 callers aged 16 years and over. This service is supporting a reduction in emergency department presentations and potential subsequent readmissions by resolving a significant portion of mental health crises in the community.

Period: 2021 to 2024 calendar years

Contributing sites: Armadale/Kelmscott Memorial Hospital and Health Service, Bentley Hospital and Health Service, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre)², Royal Perth Hospital, St John of God Midland Public Hospital

Data source: HMDC (inpatient separations)

²The Transitional Care Unit was reported under Bentley Hospital and Health Service from 01/01/2023 to 31/07/2023.

Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services

Outcome one // Effectiveness KPI

Rationale

In 2022, one in four (6.6 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 the 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.

Note: This indicator is reported by calendar year. Some indicators are reported by calendar year to allow for delays associated with the clinical coding of medical records, data quality checking, data linkage processing, and the setting of targets in accordance with the Government Budget Statement.

Target

The 2024 target percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services is ≥75.0 per cent. Improved or maintained performance is demonstrated by a result equal to or above target.

Results

YEAR	TARGET	ACTUAL
2024	75.0%	86.7%
2023		84.2%
2022		86.8%
2021		87.8%

Commentary

Over the past 4 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.

EMHS has developed a real-time 7-day follow-up dashboard to enhance mental health data quality and support accurate recording of follow-up contacts by staff. The dashboard improves visibility for staff, enabling timely action, supporting compliance, and driving continuous improvement in follow-up care.

Period:	2021 to 2024 calendar years
Contributing sites:	Armadale/Kelmscott Memorial Hospital and Health Service, Bentley Hospital and Health Service, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre) ³ , Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	Mental Health Information Data Collection (MIND) (ambulatory mental health service contacts); HMDC (inpatient separations)

³The Transitional Care Unit was reported under Bentley Hospital and Health Service from 01/01/2023 to 31/07/2023.

Average admitted cost per weighted activity unit

Outcome one // Efficiency KPI
Service one: Public hospital admitted services

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 2024-25 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 2024-25 budget allocation, it is important that efficiency of service delivery is accurately monitored and reported.

Target

The 2024-25 target for average admitted cost per WAU is \$7,899. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024-25	\$7,899	\$8,148
2023-24		\$7,871
2022-23		\$7,524
2021-22		\$7,197

Commentary

EMHS has performed unfavourably against the 2024-25 target with an average admitted cost per WAU of \$8,148, which is \$249 above the target of \$7,899. The 2024-25 result is also \$277 above the actual average admitted cost per unit in 2023-24.

The 2024-25 financial year saw increased activity compared to the prior year. This increased activity came at a higher cost than in previous years. Increased staffing costs including increased costs from the outcomes of enterprise bargaining agreements and cost of living increases continued to challenge the Health Service's efforts to maintain efficiency while delivering high-quality, safe care.

Period: 2021-22 – 2024-25 financial years

Contributing sites: Armadale/Kelmscott Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre), 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; webPAS; Contracted Health Entities (CHE) discharge extracts

Average Emergency Department cost per weighted activity unit

Outcome one // Efficiency KPI
Service two: Public hospital emergency services

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 2024-25 Budget Paper No. 2, Volume 1.

The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering Emergency Department (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 2024-25 target for average ED cost per WAU is \$7,777. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024-25	\$7,777	\$8,753
2023-24		\$8,405
2022-23		\$7,630
2021-22		\$7,353

Commentary

EMHS delivered average emergency department (ED) cost per weighted activity unit (WAU) at \$8,753 per WAU. This is \$976 above the 2024-25 target of \$7,777 and \$348 higher than the actual average cost of \$8,405 in 2023-24.

The continuing upward trend in results across the four financial years reflects an overall increase in presentations to emergency departments and increased acuity of those attending emergency departments, alongside the increased staffing costs, particularly due to the 24 hours per day, 7 days per week, 365 days per year nature of emergency care services.

Period: 2021-24 – 2024-25 financial years
Contributing sites: Armadale/Kelmscott Memorial Hospital, 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

Outcome one // Efficiency KPI
Service three: Public hospital non-admitted services

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 2024-25 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 2024-25 target for average non-admitted cost per WAU is \$7,903. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024-25	\$7,903	\$8,902
2023-24		\$8,297
2022-23		\$7,778
2021-22		\$6,093

Commentary

The average non-admitted cost per WAU of \$8,902 is \$999 above the 2024-25 target of \$7,903. The current year’s cost is also \$605 higher than the actual cost of \$8,297 when compared to the cost per unit in 2023-24.

Non-admitted activity (also known as ‘outpatient’ activity) continued to grow in 2024-25. This activity is closely related to emergency and inpatient activity with patients prepared for or followed up after admissions, treatment and interventions, alongside being managed in an outpatient setting for chronic conditions to prevent admissions and reduce re-admissions.

As a result of the upward cost trend over the four reported years, outpatient services face parallel challenges to inpatient and emergency services in maintaining efficiency and quality in an environment of escalating costs.

This has directly contributed to the health service being unable to meet the target of \$7,903 per non-admitted WAU.

Period: 2021-22 – 2024-25 financial years
Contributing sites: Armadale/Kelmscott Memorial Hospital, Bentley Hospital, 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

Outcome one // Efficiency KPI
Service four: Mental health 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 2024-25 target for average cost per bed-day in specialised mental health inpatient services is \$1,913. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024-25	\$1,913	\$2,223
2023-24		\$1,867
2022-23		\$2,156
2021-22		\$1,783

Commentary

EMHS delivered specialised mental health inpatient services at a cost per bed-day of \$2,223, which is higher (by \$310) compared to the target rate \$1,913, and it is also higher (\$356 more) compared to the 2023-24 actual result of \$1,867.

There was an increase in the average cost per bed day due to increased staffing costs including increased costs from the outcomes of enterprise bargaining agreements and cost of living increases.

Period: 2021-22 – 2024-25 financial years

Contributing sites: Armadale/Kelmscott Memorial Hospital and Health Service, Bentley Hospital and Health Service, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre)⁴, Royal Perth Hospital, St John of God Midland Public Hospital

Data source: OBM allocation application; Oracle 11i financial system; BedState

⁴The Transitional Care Unit was reported under Bentley Hospital and Health Service in 2022-23 and was not operational prior to this.

Average cost per treatment day of non-admitted care provided by mental health services

Outcome one // Efficiency KPI
Service four: 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.

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.

Efficient functioning of public community mental health services is essential to ensure that finite funds are used effectively to deliver maximum community benefit. 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 2024-25 target for average cost per treatment day of non-admitted care provided by mental health services is \$507. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024-25	\$507	\$447 
2023-24		\$494 
2022-23		\$451 
2021-22		\$400 

Commentary

The results for 2024-25 demonstrate that EMHS has performed favourably against the target of \$507 (lower by \$60). This was achieved despite a marginal increase in treatment days which ordinarily could be expected to increase the average cost per treatment day. The current year's actual performance is also lower than the actual cost of \$494 (by \$47) when compared to the performance in 2023-24.

EMHS has maintained a consistent level of efficiency and performance across the four years, despite the costs of providing support and treatment within a community setting being generally more expensive as additional effort, attention and resourcing may be needed to ensuring standards and models of care and support for mental health cases are maintained outside of a hospital environment.

Period:	2021-22 – 2024-25 financial years
Contributing sites:	Armadale/Kelmscott Memorial Hospital and Health Service, Bentley Hospital and Health Service, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre), Royal Perth Hospital, St John of God Midland Public Hospital
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

Outcome two // Efficiency KPI
Service six: Public and community health services

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 2022-2026. This is based on the growing understanding of the social, cultural and economic factors that contribute to a person's health status.

Target

The 2024-25 target for average cost per person of delivering population health programs by population health units is \$24. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2024-25	\$24	\$20 
2023-24		\$18 
2022-23		\$55 
2021-22		\$113 

Please note:

- 2021-22 is based on the 2016-20 estimates
- 2022-23 is based on the 2017-21 estimates
- 2023-24 is based on the 2018-22 estimates
- 2024-25 is based on the 2019-23 estimates

Commentary

EMHS' average cost per person of delivering population health programs is \$20 in the current financial year, and the result in 2024-25 is favourable against the 2024-25 target of \$24, and better when compared to the 2023-24 target of \$22.

Since the 2021-22 financial year the EMHS has performed efficiently when delivering population health programs, as demonstrated by the continued downward trend in the average cost per person from \$113 (2021-22) to \$20 (2024-25).

Period: 2021-22 – 2024-25 financial years
Contributing sites: East Metropolitan Health Service health region
Data source: OBM allocation application; Oracle 11i financial system; Estimated Resident Populations for 2019-23 and projection of 2024 population provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health