Governance

Enabling legislation

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

Responsible Minister

EMHS is responsible to the Honourable Meredith Hammat MLA, Minister for Health; Mental Health, who has overall responsibility for the Western Australian (WA) Department of Health.

In recognition of the WA Government's team approach toward health, EMHS also acknowledges the following Ministers in their health-related portfolios:

- Hon Stephen Dawson MLC, Minister for Medical Research
- Hon Simone McGurk MLA, Minister for Aged Care and Seniors
- Hon John Carey MLA, Minister for Health Infrastructure
- Hon Sabine Winton MLA, Minister for Preventative Health.

WA Department of Health (System Manager)

WA Department of Health (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 System Manager works in collaboration with HSPs and their accountable authorities.

Accountable authority and Chief Executive

EMHS is a board-governed statutory authority. The EMHS Board is directly accountable to the public through the Minister for Health and works with the Director General (DG) of WA Department of Health.

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.

Shared responsibilities with other agencies

EMHS works with WA Department of Health (System Manager), 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.

Governance through risk management and audit

EMHS has adopted the Three Lines Model to clearly define roles and responsibilities in the management and oversight of risk. This model articulates the accountabilities across functions for those **owning, managing and overseeing** risks, including independent assurance providers.

The **risk management** function has continued to provide first and second line defence across EMHS. Key achievements this year have been:

- the continued high level of compliance with the WA Health Risk Management Policy and EMHS Risk Policy, including a full year of risk review and TAP compliance above the 90 per cent performance target
- approval by the EMHS Board of **10 new EMHS strategic risks**, including revision of the Board risk reporting process to enhance understanding and accountability by the Audit and Risk Committee over how these risks are managed
- progressing a complete revision of the EMHS Risk Appetite Statement, introducing risk tolerances and key risk indicators to improve Board direction to the EMHS risk management function
- revision of the EMHS Fraud and Corruption Control and Security of Critical Infrastructure risks to ensure contemporary and accurate reporting and management of critical risks.

To assist EMHS with meeting its operational and strategic goals, the **Internal Audit Function** provides the Board and management with independent, risk-based, objective assurance, advice, insight, and foresight.

The annual risk-based Internal Audit Plan was informed by key organisational risks and high-priority areas including outpatient management, informed consent and quality improvement audits, to identify opportunities for improvement to strengthen the safety and quality of EMHS' services delivered to patients.

In 2025-26, management was able to close **69 per cent** of the internal and external recommendations logged for the year, while 31 per cent were in progress at the time of this report.

Clinical governance

Clinical governance is the system through which organisations are accountable for continuously monitoring and seeking to improve the quality of their services and ensuring the safeguarding of these standards. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards, and by allowing excellence in clinical care to flourish.

The **EMHS Clinical Governance Framework (CGF)** 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 (NSQHS) Standards for the provision of safe patient care.

Accountability

While all staff contribute to and support the delivery of safe patient care and consumer experience, the following 5 roles, based on the National Model Clinical Governance Framework, have specific responsibilities to ensure effective clinical governance systems:

- The **EMHS Board** has ultimate responsibility for the governance of patient safety and quality of care and is legally accountable (under the HSA 2016) for ensuring appropriate governance structures, processes and staff practices are in place.
- The **EMHS Chief Executive** is accountable to the Board for the effective management of all services involved in the provision of safe, effective, appropriate, timely and efficient patient care.
- **EMHS Area Executive Group (AEG) and senior managers (corporate and clinical)** are accountable for ensuring effective operational management, including implementation of strategic and operational directions set by the Board and Chief Executive.
- **Clinical staff** are responsible for the provision of safe and high-quality care and must hold the proper qualifications and skills, and work within their scope of practice.
- **Patients and consumers** are participating partners in their own care, and in organisational design and planning (see page 44).

Principles

The key principles that underpin the CGF are mandated via the WA Health Clinical Governance Safety and Quality Policy Framework and include:

- **Care is consumer and carer centred** – partnership is evident at all levels of the organisation.
- **Care is driven by information** – relevant, accurate information is available and used at all levels of EMHS to guide quality-improvement activities.
- **Organised for safety** – minimisation of clinical risks and incidents, with a systems approach to harm minimisation.
- **Led for high performance** – executive and clinical staff have the right qualifications and skills to provide safe, high-quality care and to foster a culture of openness, collaboration and continuous improvement.

Quality dimensions in health care

There are 7 quality dimensions incorporated in the EMHS CGF:

- **Access to services** - the degree to which people can access the healthcare they need, irrespective of geography, socio-economic group, ethnicity, age or sex. This includes availability of services such as waiting times for services and processes involved in accessing services.
- **Effectiveness** - the extent to which a treatment, intervention or service achieves the desired outcome (see page 84).
- **Efficiency** - the relationship between the cost of healthcare and its effectiveness and safety (see page 102).
- **Timeliness** - the relationship between the timing of an intervention, whereby people promptly obtain care, and its effectiveness.
- **Acceptability** - the extent to which the wishes, desires, expectations, cultural norms and religious beliefs of patients and families are met.
- **Appropriateness of care** - ensuring people receive health care relevant to their clinical needs and current best evidence.
- **Safety of care** - ensuring people receive health care without experiencing preventable harm (see page 54).

Governance and monitoring

The **EMHS Clinical Governance Committee Structure** governs the implementation of, and performance against, the CGF. Terms of Reference for each committee within the structure articulate accountability, purpose, roles and responsibilities and how patient care will be monitored.

The EMHS CGF is evaluated for effectiveness, staff awareness, implementation and compliance on a 2-yearly basis.

Sustainable Health Review

Since the April 2019 release of the Sustainable Health Review (SHR) report, the WA Department of Health and Health Service Providers (HSPs) have been progressing this ambitious reform agenda to create a modern healthcare system.

In 2025-26, 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 the Aboriginal community, mental health and equitable access to health care.

- **Recommendation 2a** - Halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029.
- **Recommendation 3a** - Reduce inequity in health outcomes and access to care with a focus on Aboriginal people and families in line with the WA Aboriginal Health and Wellbeing Framework 2015-30.
- **Recommendation 5** - Reduce the health system's environmental footprint and ensure mitigation and adaption strategies are in place to respond to the health impacts and risks of climate change. Set ongoing targets and measures aligned with the established national and international goals.
- **Recommendation 11a** - Improve timely access to outpatient services through moving routine, non-urgent and less complex specialist outpatient services out of hospital settings in partnership with primary care.
- **Recommendation 11b** - Improve timely access to outpatient services through requiring all metropolitan HSPs to progressively provide telehealth consultations for 65 per cent of outpatient services for country patients by July 2022 (with Telehealth to become the regular mode of outpatient service delivery for most appointments in both country and metropolitan areas across all disciplines by July 2029).
- **Recommendation 13** - Implement models of care in the community for groups of people who are frequent presenters to hospital.
- **Recommendation 14** - Transform the approach to caring for older people by implementing models of care to support independence at home and other appropriate settings, in partnership with consumers, providers, primary care and the Commonwealth.
- **Recommendation 23** - Build a system-wide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change.

Keep a look out for the SHR icons throughout this Annual Report to see how EMHS is prioritising the SHR recommendations.

Links to government goals and outcomes

To comply with legislative obligations as a WA Government agency, EMHS is required to report financial and operational performance using an Outcome Based Management (OBM) framework (Department of Treasury requirement). This framework links outcomes, activities, services and Treasury approved Key Performance Indicators (KPIs) to State Government priorities and desired outcomes.

Targets for the OBM KPIs listed below are calculated and set by the System Manager.

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 1,000 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 7 at 5 minutes post delivery	
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	
Percentage of post-discharge community care within 7 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

Governance – **Board**

Board (L-R)

Catherine Nottage, Glenn Murray, Tracey Moroney OAM, Denise Glennon, Clare Grieveson, Sally Carbon OAM (Chair)**, Andrew Whitechurch, Vanessa Elliott, Melissa Grove.**

From the Board Chair

Congratulations to all the people who have built EMHS into what it is today – for forging its unique culture, impacting people's lives, solving challenges and creating new services and structures together. This includes previous Chair Pia Turcinov AM, who served as Chair for nearly 3 years and on the Board for 6.

Now, 10 years in, with a steady population growth, in particular in EMHS locations, we enter a second decade, as a collective, with much on our plates. The EMHS catchment area is expected to have a population of 903,653 by 2031-32 – the largest of all the metropolitan health regions.

EMHS is benefiting from new funding from the State Government's $2 billion Building Hospitals Fund and the Federal Government, enabling transformative change through new projects such as:

- a new multi-storey building at Royal Perth Hospital (RPH), including 2 floors dedicated to the Emergency Department (ED)
- the addition of Mount Lawley Hospital, which has been purchased from the private sector
- a $355 million upgrade to St John of God Midland Public Hospital (SJGMPH), a joint State and Federal project
- a new, community-based $42.2 million Byford Health Hub
- an innovative new $167 million Bentley Surgicentre, also jointly funded by the State and Federal governments.

These developments will enable team members to strengthen the founding network of RPH, Armadale Hospital, Kalamunda Hospital, Bentley Hospital, SJGMPH and community services, which were brought together when EMHS was established as a board-governed statutory authority in July 2016. Each of these sites are still celebrating their own rich histories of service to the community.

The new developments also follow last year's expansion of EMHS' state-of-the-art East CareConnect virtual services, which were created to harness technology to take hospital quality care into people's homes and communities.

Looking ahead, the **EMHS 2036 Strategic Direction** frames a picture of:

- **person-centred services designed with and for people**
- **an optimised and engaged workforce**
- **sustainable high-value health care**
- **a service that is digitally driven and cyber aware**
- **transformation through innovation and research**
- **modern, integrated high-performing models of care.**

Around the board table there have been many new members including Clare Grieveson, Kane Blackman, Dr Cathy Nottage and Dr Glenn Murray. Although Board members come in and out, there is one who deserves high praise, and that is Dr Denise Glennon. Denise has served on the Board since July 2017 and has set high standards for patient experience and clinical excellence, as well as acting as Deputy Chair and Chair at times too. On behalf of everyone at EMHS, and as your time at EMHS comes to an end, thank you Denise for your service.

During this reporting period, EMHS also acknowledges the contribution of Dr Lesley Bennett as Chief Executive (CE), plus Acting CE Philip Aylward, and welcomes back former EMHS team member Joel Gurr into the substantive CE position. As Joel beds down succinctly in his role this year, the Board looks forward to committing with more clarity, sharpness and speed, to strategic priorities which will have the greatest impact, obligating to financial stewardship, and adding new value, to the people we serve.

On behalf of the EMHS Board, we extend our thanks to the EMHS executive team, clinicians, staff, government partners and community stakeholders for their contributions this year – with often fun personalities even among heavy or constrained moments. Board members also commit to their EMHS roles with discipline and accountability, and a serve of positivity.

While team members appreciate EMHS is in touching distance of a once-in-a-generation investment in built form, it's the caring and creative EMHS people who will deliver upon today's needs, as well as continue to evolve, innovate, challenge and deliver exceptional care for the future.

Ngala werda koorliny, koort-dan.
We go forward together, with heart – to keep our communities well.

Regards all,
Sally Carbon OAM
Board Chair

Accountable governance

As the employing and accountable authority of EMHS as a Health Service Provider (HSP), EMHS Board carefully monitors and directs EMHS' performance to ensure workforce capability and the provision of high-quality, safe health care.

The EMHS Board Committees enable accountable and transparent governance.

Board Finance Committee

Chair: Andrew Whitechurch

Meetings held: 8

The Board Finance Committee acts as the Board's primary mechanism for financial oversight, assurance and forward financial strategy, ensuring EMHS operates efficiently, compliantly and sustainably whilst supporting delivery of strategic objectives.

Core focus areas of the Committee are:

- financial stewardship and performance oversight
- budget and financial planning
- compliance and governance
- risk and assurance
- major investments and commercial decisions
- financial reporting and statutory obligations
- strategic financial insight.

Board Audit and Risk Committee

Chair: Melissa Grove

Meetings held: 5

The Board Audit and Risk Committee is the Board's primary mechanism for oversight of risk, audit and internal control environments, ensuring EMHS maintains strong governance, compliance and assurance frameworks to support safe, accountable and effective operations.

Core focus areas of the Committee are:

- risk oversight and enterprise risk management
- internal audit and control assurance
- external audit and assurance coordination
- compliance and governance integrity
- financial and performance reporting assurance
- risk culture and organisational resilience
- system-wide and cross-committee risk coordination.

Board Patient Experience and Clinical Excellence Committee

Chair: Denise Glennon

Meetings held: 6

The Board Patient Experience and Clinical Excellence Committee is the Board's primary mechanism for oversight of patient safety, clinical quality and experience, ensuring EMHS delivers safe, high-quality, patient-centred care with continuous improvement and strong clinical governance.

Core focus areas of the Committee are:

- clinical governance and safety and quality assurance
- patient experience and consumer engagement
- quality improvement and clinical excellence
- performance monitoring
- risk and clinical assurance
- strategic advice on care delivery
- system collaboration
- accreditation readiness.

Board Operational Performance and Strategy Committee

Chair: Tracey Moroney

Meetings held: 3

This Committee acted as the Board's primary forum for integrating performance oversight with strategic planning, ensuring EMHS delivers sustainable, high-performing and future focused health service aligned to community needs and system priorities.

Core focus areas of the Committee were:

- operational performance and system oversight
- strategic planning and alignment
- service planning and sustainability
- people, culture and workforce capability
- innovation and digital transformations
- strategic risk and system reform.

The Board Operational Performance and Strategy Committee was disbanded in 2025.

The EMHS Board now monitors these areas of focus via a newly implemented monthly (and larger quarterly) Chief Executive report to Board, and a new Board People and Wellbeing Committee.

Board People and Wellbeing Committee

Chair: Kane Blackman

Meetings held: 2

Established in 2026, the Board People and Wellbeing Committee acts as the Board's primary mechanism for oversight of workforce, culture and staff wellbeing, ensuring EMHS has a capable, safe, engaged and sustainable workforce that supports high-quality care and organisational performance.

Core focus areas of the Committee are:

- workforce strategy and sustainability
- diversity, equity and inclusion
- staff engagement
- capability and leadership
- staff safety and wellbeing
- performance, compliance and workforce governance
- integrity, risk and organisational culture
- strategic workforce insight and improvement
- equity and cultural lens.

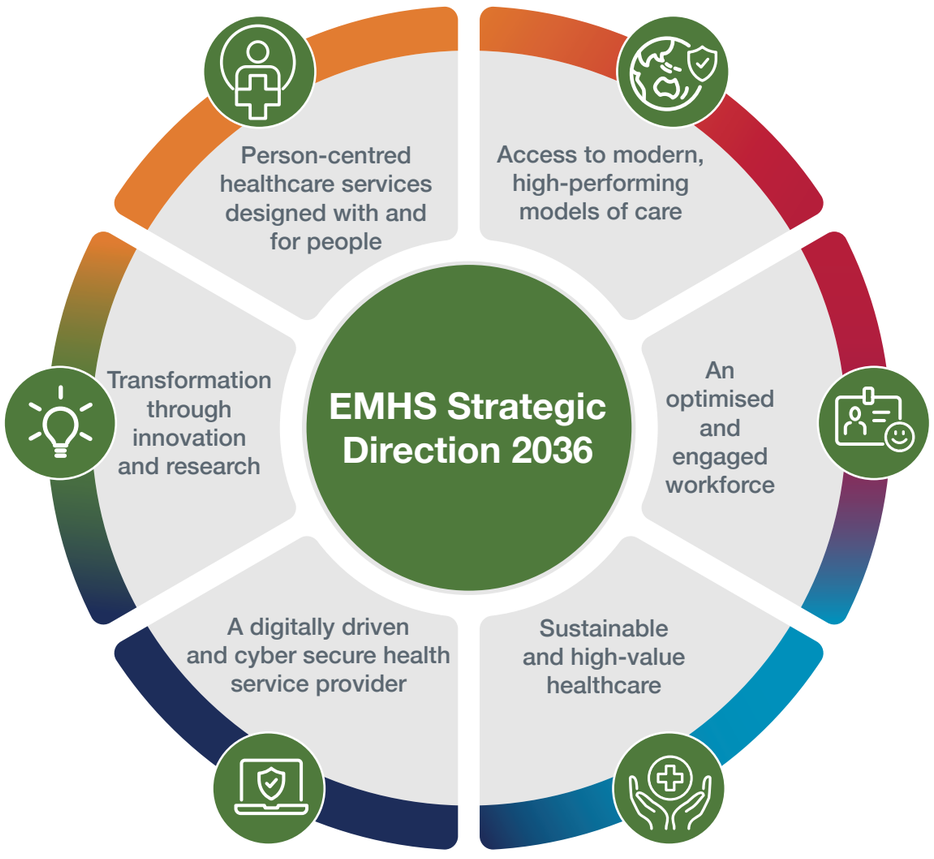
Setting the course for the future

The EMHS Board, as the accountable authority under the *Health Services Act 2016*, is responsible for setting the strategic direction of EMHS.

In 2025-26 the EMHS Board developed the **EMHS 2036 Strategic Direction**, which articulates the long-term strategic intent for the health service.

The Strategic Direction has been informed by contemporary health system priorities, including whole-of-system planning, sustainable service delivery, workforce capability and person-centred health care services. It focuses on 6 interdependent aspects which align with the WA Premier's health priorities, and will be used by the EMHS Board to guide decision-making and promote innovation across the organisation.

In 2026-27, the EMHS 2036 Strategic Direction will be supported by the development and delivery of new EMHS Chief Executive-led strategic and operational plans.



The Board continued its commitment to engagement through monthly leader rounding, giving staff and consumers the opportunity to discuss issues, challenges and celebrations with Board members.

Governance – **Area Executive Group**

Area Executive Group (L-R)

Professor Grant Waterer (Executive Director, Medical Services), **Sandra Miller** (Executive Director, Mental Health), **Chris Barton** (Chief Information Officer), **Ann Blunden** (A/Executive Director, Strategy, Planning and Performance), **Neil Cowan** (Executive Director, Finance and Business Performance), **Sarah-Louise Laing** (A/Executive Director, Armadale Kalamunda Group), **Wade Emmeluth** (A/Executive Director, Corporate Services and Contract Management), **Joel Gurr** (Chief Executive), **Dori Lombardi** (A/Executive Director, People and Culture), **Anne-Marie Presho** (Director, Office of the Chief Executive), **Lara Moltoni (**Executive Director, Patient Experience and Clinical Excellence)**, Ben Noteboom** (Executive Director, Royal Perth Bentley Group), **Chandima Hiyare-Hewage** (Executive Director, Infrastructure), **Danielle Kilmurray** (A/Area Director, Allied Health)

Absent: Kylie Fawcett (A/Executive Director, Nursing and Midwifery Services), **Francine Eades** (Area Director, Aboriginal Health)

From the Chief Executive

For 10 years, EMHS has been a cornerstone of clinical excellence, care and compassion for the community.

This anniversary is more than a milestone. It allows us to recognise the commitment of our people, and the trust placed in us by those we serve.

Our staff, leaders, community advisors and volunteers have shaped an organisation grounded in excellence, integrity, innovation and commitment to patient-centred care.

It is a strong foundation for our next phase.

In 2025-26 we embarked on a significant major infrastructure program to build on our current services and take us into the future.

We are looking forward to continuing to work with the Office of Major Infrastructure Delivery and the Department of Health's Central Commissioning Office on the delivery and commissioning of a number of new builds in EMHS in the coming years.

As you move about the cities or suburbs you may see our new projects taking shape, or, if you are using our services, new facilities or services opening.

One of the most visible additions will be a new multi-storey **Royal Perth Hospital Emergency Department (ED) expansion**, which will include 2-floors dedicated to a new ED with increased capacity to support current and future healthcare needs.

The vital extension has commenced construction.

Mount Lawley Hospital will join EMHS from September 1, adding 118 beds and 8 operating theatres to the public system.

The hospital has been in an active transition phase ahead of the transfer from St John of God Health Care. As many beds are already used for public patients, the operational change will be gradual for patients and staff rather than sudden.

EMHS was authorised to directly employ existing staff, and workforce planning has been well underway.

The State Government allocated $225 million in its 2026-27 State budget to buy, commission and begin Mount Lawley Hospital operations.

St John of God Midland Public Hospital (SJGMPH) will increase capability with the full transition of 60 private beds to public from August.

The **Byford Health Hub** will give people in the Shire of Serpentine-Jarrahdale access to specialist health and community care closer to home. Construction began in November 2025, with the facility due to be completed and opened in 2027.

Meanwhile, a **Bentley Surgicentre** with 6 operating theatres, 2 procedure rooms and a 24-bed surgical ward, is in a design and early works phase.

A lead architect was appointed in January 2026 and early site preparation began in May.

Progress has also been made on 2 new mental health facilities.

Main works is at tender for an **Armadale Mental Health Emergency Centre** at Armadale Hospital (AH).

A main works tender was also awarded in April 2026 for a **Bentley Secure Extended Care Unit** to provide mental health inpatient treatment and rehabilitation at Bentley Hospital (BH).

The scale of the new projects reflects the growing needs of our community and our determination to meet those needs with continued excellence.

Alongside our strategic expansion we are also prioritising our current infrastructure, investing in maintenance and upgrading to uphold the highest standards of care and safety for our patients.

This will ensure our existing sites – RPH, AH, Kalamunda Hospital, BH, SJGMPH and our network of community services – remain at the forefront of health care in WA.

Sector-wide challenges have shaped the environment in which we operate, and our organisation is responding.

Our focus on reducing ED wait times and avoidable ED presentations, moving care closer to home, and prevention and early intervention initiatives, confirm our commitment to collective advancement.

Importantly, we are positioning the organisation to continue delivering the high-quality care that has defined our first 10 years.

Joel Gurr
Chief Executive EMHS

Organisational structure

Joel Gurr
Chief Executive

Board
East Metropolitan Health Service

Chris Barton
Chief Information Officer

- Data Management
- Information Management
- Digital Innovation
- ICT Governance

Prof Grant Waterer
Executive Director Medical Services

- Research & Innovation
- East CareConnect

Kylie Fawcett
A/Executive Director Nursing & Midwifery Services

- Director of Nursing & Midwifery & Patient Support Services for Royal Perth Bentley Group
- Nursing & Midwifery Professional Standards
- Nursing & Midwifery Strategy

Wade Emmeluth
A/Executive Director Corporate Services & Contract Management

- Procurement & Contract Management
- Health Technology Management Unit
- Security
- General Services
- Clinical Coding
- Environmental Sustainability
- Cyber Security

Lara Moltoni
Executive Director Patient Experience & Clinical Excellence

- Clinical Governance
- Patient Experience
- Policy
- Audit & Risk

Ann Blunden
A/Executive Director Strategy, Planning & Performance

- Population Health
- Clinical Service Planning
- Operational Effectiveness
- Strategy & Enablement

Chandima Hiyare-Hewage
Executive Director Infrastructure

- Facilities Management
- Capital & Minor Works
- Fleet Management & Leasing
- Infrastructure

Neil Cowan
Executive Director Finance & Business Performance

- Financial Accounting
- Accounts Receivable
- Resource Management & Budgeting
- Revenue Collection

Anne-Marie Presho
Director Office of the Chief Executive

- Ministerial & Parliamentary Liaison
- Medical Treatment Liability Service and Coronial Matters
- Office of Chief Executive Support
- Board Support
- EMHS Freedom of Information
- Communications
- Travel
- Executive Administration

Sarah-Louise Laing
A/Executive Director Armadale Kalamunda Group (AKG)

- Armadale Hospital
- Kalamunda Hospital

Ben Noteboom
Executive Director Royal Perth Bentley Group (RPBG)

- Royal Perth Hospital
- Bentley Hospital

Sandra Miller
Executive Director Mental Health

- Mental Health Strategy
- Mental Health Operations

Dori Lombardi
A/Executive Director People & Culture

- Work Health & Safety
- Organisational Development
- Human Resources
- Industrial Relations
- Integrity & Ethics

Danielle Kilmurray
A/Area Director Allied Health & Health Sciences

- Director of Allied Health for Royal Perth Bentley Group
- Allied Health Strategy

Francine Eades
Area Director Aboriginal Health

- Aboriginal Health Strategy

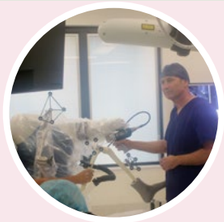
We would like to acknowledge and thank former Chief Executive Lesley Bennett and A/Chief Executive Philip Aylward who both left EMHS in 2025-26.

This year
10 years of EMHS

1 July 2016
EMHS established as a Board-governed Health Service Provider under the Health Services Act 2016

November 2016
St John of God Midland Public Hospital (SJGMPH) celebrates its first birthday

April 2017
Bentley Hospital (BH) celebrates its 50th anniversary



May 2018
A dedicated Urgent Care Clinic (Toxicology) opened at Royal Perth Hospital (RPH) to provide specialised services for patients presenting with drug and alcohol issues or behavioural disturbances

June 2018
East Metropolitan Youth Unit (EMyU) opened at BH to provide dedicated inpatient mental health care for young people aged 16 to 24 years

2018-19
SJGMPH becomes the first public hospital in the Perth eastern region to use robotic technology (Mako Stryker orthopaedic robot)

October 2019
RPH opened a $1.15 million Mental Health Emergency Centre (MHEC) – a discrete, purpose built, short-stay unit adjacent to the Emergency Department

August 2020
EMHS new Medihotel - a WA Government election commitment and first of its kind in WA – opened at RPH. The Medihotel provides short-term accommodation for people (primarily from country areas) who have completed their hospital stay and are waiting for transport home, or who need to visit the hospital for an appointment, procedure or test

April 2020
Operations Hub launched at RPH to provide digital oversight of the entire hospital and real time bed capacity and demand

2019 -2023
The COVID years. See next page for more detail.

2019-2023 COVID - see detail next page

April 2021
EMHS opened the Safe Haven at RPH, to provide early intervention for people in distress through peer support

May 2022
RPH welcomed a new era of access to care for critically injured and sick patients with the opening of its new heliport

June 2022
EMHS opened a new Mental Health Unit Dabakarn at RPH – a major addition to EMHS' suite of mental health services

December 2021
The Minister for Health, Hon Roger Cook MLA, officially opened the RPH Aboriginal Family Garden, which provides a culturally supportive space for family members

July 2022
Kalamunda Hospital (KH) opened a new Day Hospice for palliative care patients, the first of its kind in WA's public health system

October 2022
A new 30-bed rehabilitation facility opened its doors at BH to provide care for older patients

October 2022
A new therapy garden was opened at the EMyU to provide a safe, welcoming space for patients to participate in activities, sensory modulation, mindfulness and social interaction, while enabling them to connect with nature

August 2022
EMHS officially opened WA's first mental health transitional care unit Bidi Wungen Kaat to support and accommodate people experiencing mental health issues and help them transition back into the community after hospital care

October 2023
KH celebrated its 50th anniversary, having recently undergone a $9.5 million upgrade

October 2023
RPH Emergency Department celebrated 50 years of providing emergency services to the community

November 2024
Minister for Medical Research officially opened the RPH Innovation Hub – designed to bring EMHS clinicians and innovators together with industry experts and the broader innovation community, to create opportunities to develop and grow ideas that improve the health and wellbeing of Western Australians

April 2024
Armadale Community Mental Health Services moved to a new purpose-built facility - the Orchard Avenue Centre

December 2024
EMHS opened a new Midwifery Birth Centre at BH providing a comfortable environment which supports natural, low-intervention birth

January 2026
Construction commenced on the WA Government's election commitment for a new $42.2 million Byford Health Hub, which will provide health and social care closer to home for Serpentine-Jarrahdale residents and reduce demand on Armadale Hospital

March 2026
Early works commenced for a new building at RPH, with 2 floors dedicated for a larger Emergency Department with additional triage rooms and ambulance bays. Construction commenced June 2026

May 2026
Early site preparation began for a new $167 million surgical centre at BH

November 2025
SJGMPH celebrated its 10th anniversary

2016

2026

2019-2023
COVID

How COVID-19 made us stronger today

We celebrate our 10-year milestone a stronger health service for having met the challenge of the COVID-19 pandemic.

The pandemic reshaped health care delivery with new models and technologies that are now a core part of our everyday operations.

Three years on from its end, telehealth, digital health tools (such as remote monitoring devices) and early intervention and emergency preparedness continue to be central areas of focus.

2019

2019-20
COVID-19 became a significant challenge for health care services across the globe. In a rapidly evolving situation, EMHS quickly mobilised, adjusted and implemented initiatives for our community

2019-20
COVID clinics were established at rapid speed, and EMHS led the development of a system-wide pathway to manage the screening and testing of WA Health staff

June 2020
EMHS' 24/7 Quarantine Outreach Service commenced at various Perth hotels, to provide clinical care for people undertaking mandatory quarantine and people who had acquired COVID-19 through local transmission

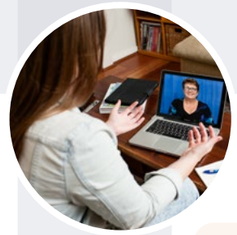
2019-20
In anticipation of a COVID-19 surge, the EMHS Telehealth Plan – Building and Embedding Telehealth in EMHS 2020-22 outlined requirements to ensure the EMHS community could access telehealth as part of normal health care practice

2019-20
EMHS Data and Digital Innovation Team delivered initiatives to support the State's effort in responding to the pandemic, including a SMS system to automatically notify patients of negative COVID-19 test results. This was the first time such a system had been utilised in WA Health. By 30 June 2020, 86,600 SMS had been sent

2019-20
In record time, EMHS Centre for Implant Technology and Retrieval Analysis (CITRA) developed and produced 10,000 face shields to help protect medical staff throughout WA during the pandemic

October 2020
EMHS commenced swabbing collection services at Perth Airport

2021-22
For much of 2021-22, EMHS focussed on ensuring COVID readiness across hospital sites, in expectation of an influx of COVID patients



2021-22
Telehealth appointment activity peaked at 60 per cent (of all outpatient appointments) in March 2022, following the opening of the WA border

2021-22
Workforce wellbeing remained a key priority, as a surge in COVID-related absences placed significant demand on staff

November 2022
An allied health-led Post-COVID-19 Clinic opened at Bentley Hospital to help patients experiencing persistent symptoms of the virus

2022-23
Temporary COVID-19 patient screening tents were dismantled and COVID clinics ceased operations

2022-23
EMHS successfully managed and withstood several changes in the COVID-19 space, and moved to 'living with COVID'

2023