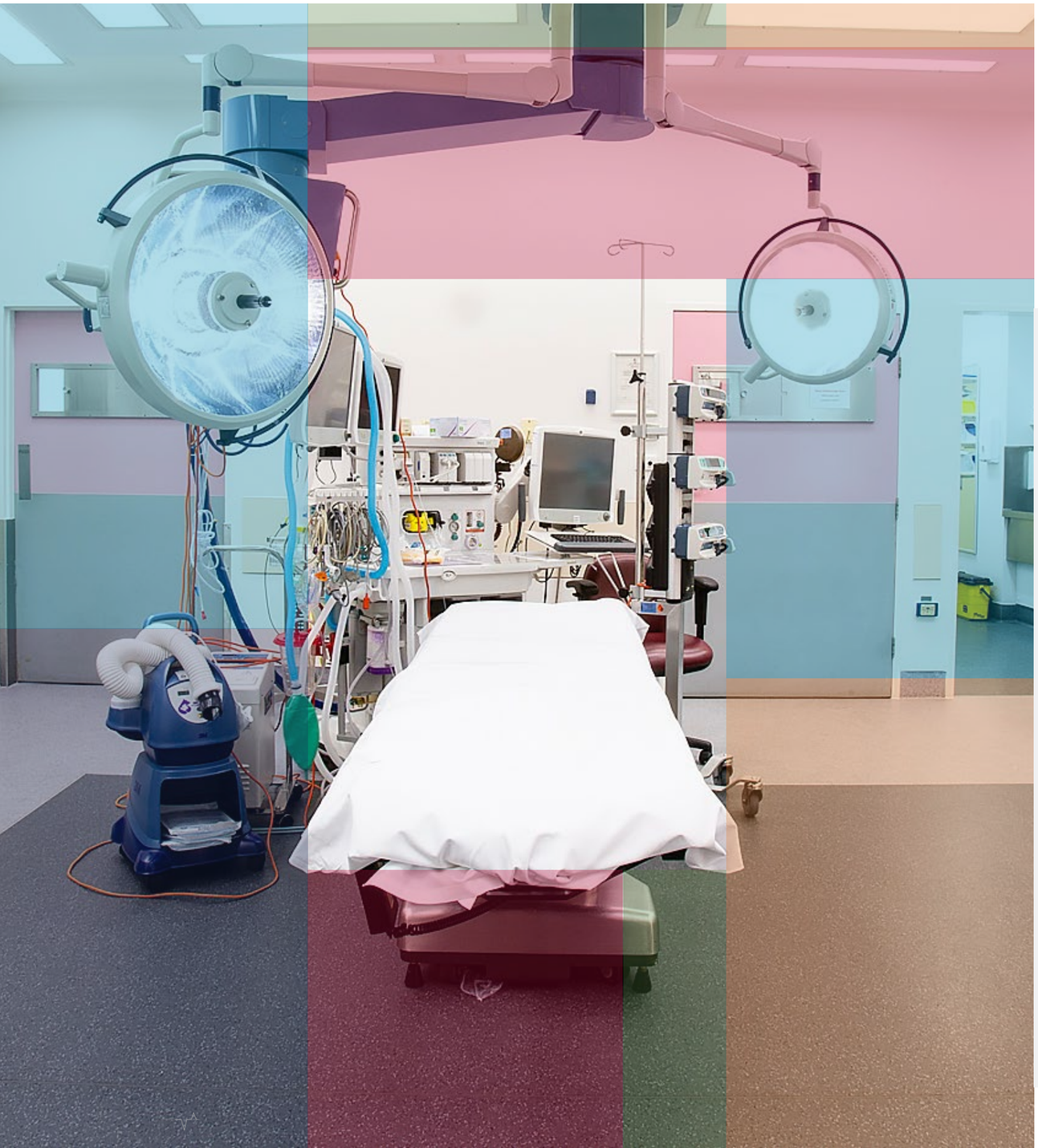
Key Performance Indicators



Certification of Key Performance Indicators

East Metropolitan Health Service

Certification of Key Performance Indicators for the year ended 30 June 2026

We hereby certify 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 East Metropolitan Health Service for the financial year ended 30 June 2026.

Sally Carbon OAM

Board Chair
East Metropolitan Health Service

11 September 2026

Melissa Grove

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

11 September 2026

KPIs

Outcomes

Key Performance Indicators (KPIs) assist East Metropolitan Health Service (EMHS) to assess and monitor achievement of the following Department of Health 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

Introduction

EMHS remains committed to delivering safe, high-quality care with robust processes in place to identify variations in care and outcomes, fostering system-wide learning, improving service delivery, and driving clinical improvement. The health service continues to focus on improving efficiency and sustainability without compromising the safety and wellbeing of patients and the workforce.

Overall, the 2025-26 Key Performance Indicators reflect the impact of the workforce growth required to meet this service demand and the associated workforce-related costs.

The methodology used to calculate the KPIs has also been revised for 2025-26, using an Activity Based Costing approach as the basis of the financial calculations.

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 2025 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 .....≤ 18.8
(b) hip replacement .....≤ 18.3
(c) tonsillectomy & adenoidectomy .....≤ 79.2
(d) hysterectomy .....≤ 44.1
(e) prostatectomy .....≤ 37.5
(f) cataract surgery .....≤ 2.2
(g) appendicectomy.....≤ 27.8

Results

(a) Knee replacement:

YEAR	TARGET	ACTUAL
2025	**18.8**	**8.7**
2024		14.4
2023		14.3
2022		10.4

(b) Hip replacement:

YEAR	TARGET	ACTUAL
2025	**18.3**	**10.5**
2024		7.9
2023		16.4
2022		11.1

c) Tonsillectomy & adenoidectomy:

YEAR	TARGET	ACTUAL
2025	**79.2**	**128.1**
2024		147.1
2023		58.8
2022		84.7

(d) Hysterectomy:

YEAR	TARGET	ACTUAL
2025	**44.1**	**36.1**
2024		31.3
2023		47.9
2022		25.9

(e) Prostatectomy:

YEAR	TARGET	ACTUAL
2025	**37.5**	**4.5**
2024		42.6
2023		69.4
2022		54.5

(f) Cataract surgery:

YEAR	TARGET	ACTUAL
2025	**2.2**	**1.9**
2024		1.5
2023		2.6
2022		2.3

(g) Appendicectomy:

YEAR	TARGET	ACTUAL
2025	**27.8**	**16.2**
2024		26.0
2023		22.3
2022		25.8

Commentary

EMHS strives to provide safe, high-quality care to its patients at all times. In 2025 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 2025 unplanned readmissions following tonsillectomy and adenoidectomy exceeded target. These results are 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 including standardised delivery of patient information, ensuring consistent discharge advice and optimising pain management protocols.

EMHS will continue to monitor performance of these indicators.

Period:	2022 to 2025 calendar years
Contributing sites:	Armadale 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, resulting in placement of the patient 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.

Target

The 2025-26 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
2025-26	**0%**	**17.23%**
2024-25		8.7%
2023-24		7.3%
2022-23		11.9%

Category 2:

YEAR	TARGET	ACTUAL
2025-26	**0%**	**39.72%**
2024-25		35.9%
2023-24		33.4%
2022-23		38.5%

Category 3:

YEAR	TARGET	ACTUAL
2025-26	**0%**	**12.00%**
2024-25		11.4%
2023-24		10.8%
2022-23		15.8%

Commentary

In 2025-26, EMHS did not meet the elective surgery recommended target for any urgency category.

Challenges impeding EMHS' ability to meet the elective surgery targets include a growing and ageing population requiring more complex care. Additionally, availability of elective surgery is impacted by theatre availability, surgical and Intensive Care Unit (ICU) bed capacity, and ongoing workforce constraints.

Several actions were progressed to improve the elective surgery waitlist in the 2025-26 financial year:

- procurement and commissioning of a non-orthopaedic surgical robot, for use in the general surgery and urology specialties
- 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
- revision of service models to support more efficient service allocation across the EMHS hospital network
- piloting and implementing a digital platform at Royal Perth Hospital (RPH) to support pre-surgical patient screening and preparation processes for endoscopy procedures to improve efficiency and visibility of the patient pathway.

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

- progressing a tiered service network for EMHS elective surgical services, allowing sites to operate as an integrated network with formal referral, escalation, and transfer pathways, enabling the collective delivery of care
- multi-site recruitment strategies, supporting improved patient flow between hospital sites
- expanding the contemporary workforce model across particular specialties, which supports non-medical staff to work to their full or extended scope. This can divert patients away from the elective surgery waitlist via conservative non-surgical management, and frees up capacity of medical specialists to manage more complex cases
- expanding use of the digital platform for pre-surgical patient screening and preparation to other sites and procedures
- the addition of theatres and surgical bed capacity as a result of the acquisition of St John of God Mount Lawley from 1 September 2026, the transfer of private beds at St John of God Midland to public from late August 2026, and Bentley Surgicentre from 2029.

Period:	2022-23 to 2025-2026 financial years (average of weekly census data)
Contributing sites:	Armadale 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 per cent).

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 2025 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
2025	**1.00**	**0.71**
2024		0.63
2023		0.82
2022		0.69

Commentary

During 2025, EMHS achieved the target for HA-SABSI, with a result equating to 29 infections from 410,957 bed-days.

EMHS participates in a state-wide surveillance program and has robust processes in place that involve the review of all cases of HA-SABSI by infection control specialists and treating clinicians. These processes are designed to identify the factors that contributed to the individual cases and closely monitor infection rates.

EMHS remains committed to minimising the occurrence of HA-SABSI as demonstrated by the following initiatives:

- 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
- regular hand hygiene audits.

Period:	2022 to 2025 calendar years
Contributing sites:	Armadale 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 2025 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

(a) Stroke

0 – 49 years:

YEAR	TARGET	ACTUAL
2025	**95.3%**	**93.8%**
2024		94.9%
2023		95.2%
2022		94.7%

50 – 59 years:

YEAR	TARGET	ACTUAL
2025	**94.7%**	**93.4%**
2024		94.6%
2023		94.0%
2022		99.0%

60 – 69 years:

YEAR	TARGET	ACTUAL
2025	**94.3%**	**96.5%**
2024		97.1%
2023		94.7%
2022		97.2%

70 - 79 years:

YEAR	TARGET	ACTUAL
2025	**92.4%**	**94.0%**
2024		94.7%
2023		92.2%
2022		94.4%

80+ years:

YEAR	TARGET	ACTUAL
2025	**87.2%**	**91.1%**
2024		93.0%
2023		89.5%
2022		89.8%

Commentary

EMHS' performance in the survival rate for stroke was slightly below target across 2 age ranges, representing a small number of patients whose severity of stroke was catastrophic or significant and unfortunately not amenable to active clinical intervention.

(b) Acute myocardial infarction (AMI)

0 – 49 years:

YEAR	TARGET	ACTUAL
2025	**98.9%**	**100.0%**
2024		98.9%
2023		98.4%
2022		99.4%

50 – 59 years:

YEAR	TARGET	ACTUAL
2025	**99.0%**	**99.6%**
2024		99.0%
2023		99.7%
2022		99.0%

60 – 69 years:

YEAR	TARGET	ACTUAL
2025	**98.3%**	**97.8%**
2024		99.4%
2023		98.6%
2022		99.4%

70 - 79 years:

YEAR	TARGET	ACTUAL
2025	**96.9%**	**97.3%**
2024		95.5%
2023		97.6%
2022		96.7%

80+ years:

YEAR	TARGET	ACTUAL
2025	**93.1%**	**96.2%**
2024		93.4%
2023		92.6%
2022		96.0%

Commentary

EMHS' performance in the survival rate for acute myocardial infarction remained within the acceptable target range, or exceeded target, for most groups. This result can be largely attributed to patients sustaining timely access to invasive coronary diagnostic and interventional procedures, as well as effective inter-hospital transfer arrangements of patients from Armadale Hospital and St John of God Midland Public Hospital to Royal Perth Hospital.

The 60-69 years age group was slightly below target, representing a small number of complex cases, with most patients in this range experiencing co-morbidities.

(c) Fractured neck of femur (FNoF)

70 - 79 years:

YEAR	TARGET	ACTUAL
2025	**98.9%**	**100.0%**
2024		99.2%
2023		99.4%
2022		99.3%

80+ years:

YEAR	TARGET	ACTUAL
2025	**97.0%**	**97.2%**
2024		97.7%
2023		97.0%
2022		97.6%

Commentary

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

Monitoring of this KPI will continue throughout 2026 to actively identify any opportunities for improvement. All inpatient deaths are further subject to 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: 2022 to 2025 calendar years
Contributing sites: Armadale 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.

The 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 2025 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
2025	**2.78%**	**7.94%**
2024		6.90%
2023		6.17%
2022		5.98%

Non-Aboriginal patients:

YEAR	TARGET	ACTUAL
2025	**0.99%**	**1.31%**
2024		1.29%
2023		1.14%
2022		1.09%

Commentary

While EMHS did not achieve DAMA performance targets in 2025, several key strategies were implemented across sites to support improvement. EMHS:

- established the Royal Perth Bentley Group (RPBG) Aboriginal Consumer Advisory Group to formally embed Aboriginal consumer partnerships and strengthen culturally informed care
- enhanced patient experience by enabling Aboriginal Health Liaison Officers (AHLOs) to provide free television access for Aboriginal patients in areas at higher-risk of leaving
- continued implementation of the EMHS Aboriginal Cultural Competency Learning Framework, including expansion of the Aboriginal Health Champions Program, to build cultural capability across the EMHS workforce
- established the DAMA and Did Not Wait (DNW) Strategy and Performance Committee (DSPC) in October 2025 to lead EMHS' strategic and system-wide efforts to improve performance.

EMHS refers to the KPIs of DAMA and Did Not Wait/Left at own Risk for Emergency Department patients collectively as 'leave events'.

Through the EMHS Leave Events Action Plan 2026, EMHS is prioritising culturally secure safety-netting, enhanced follow-up and strengthened transitions between hospital and community-based services, in partnership with Aboriginal Community Controlled Health Services.

This work is being progressed in parallel with broader initiatives to strengthen and grow the EMHS Aboriginal Health workforce.

Period: 2022 to 2025 calendar years

Contributing sites: Armadale 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

[1]The 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 (2025) Health, Standard 04/12/2024.

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 2025 target for the percentage of live-born term infants with an Apgar score of less than 7 at 5 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
2025	**1.90%**	**1.10%**
2024		1.47%
2023		0.99%
2022		1.05%

Commentary

EMHS achieved performance for this KPI, 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: 2022 to 2025 calendar years
Contributing sites: Armadale Hospital, Bentley Hospital[2], St John of God Midland Public Hospital (public patients only)
Data source: Midwives Notification System

[2]Bentley Hospital has only been included since the Midwifery Birth Centre opened in late 2024.

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 2025 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
2025	**12.0%**	**13.0%**
2024		14.2%
2023		14.6%
2022		14.4%

Commentary

Demand for acute mental health beds and patient complexity remains high. EMHS has demonstrated an improvement in readmission rate reducing from previous year of 14.2 per cent to 13.0 per cent.

EMHS continues to prioritise the provision of responsive and person-centred community-based services to better support patients following discharge. Recent developments include:

- Commissioning of the Aftercare Service in Royal Perth Hospital in February 2026. This is a pilot service jointly funded by the Mental Health Commission (MHC) and the WA Primary Health Alliance (WAPHA). Aftercare is designed to strengthen post-crisis support and reduce suicide risk through timely and coordinated follow-up care and is a collaborative partnership between EMHS and Non-govt organisation (NGO) partner NEAMI.
- The GP Shared Care Program for mental health consumers commenced 2025, providing a practical pathway to improve patient flow and support discharge planning. A key strength of the program has been dedicated focus on GP liaison and engagement and many GPs are now actively engaged and participating in shared care arrangements.

Period: 2022 to 2025 calendar years

Contributing sites: Armadale 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: HMDC (inpatient separations)

[3]The 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 2025 target for percentage of post-discharge community care within 7 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
2025	**75.0%**	**84.9%**
2024		86.7%
2023		84.2%
2022		86.8%

Commentary

Over the past 4 years, EMHS has consistently exceeded the target for this key performance indicator.

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 7-day follow-up dashboard continues to support compliance, data quality and accurate recording of follow-up contacts by staff.

Period: 2022 to 2025 calendar years

Contributing sites: Armadale 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: Mental Health Information Data Collection (MIND) (ambulatory mental health service contacts); HMDC (inpatient separations)

[4]The 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 2025-26 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 2025-26 budget allocation, it is important that efficiency of service delivery is accurately monitored and reported.

Target

The 2025-26 target for average admitted cost per WAU is $8,183. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2025-26	**$8,183**	**$8,497**
2024-25		$8,148
2023-24		$7,871
2022-23		$7,524

Commentary

The 2025-26 financial year recorded a 5.3 per cent increase in activity and service delivery compared with the previous year.

EMHS continued to build on its virtual care strength, including significant growth in the Home Hospital (HH) program, where clinicians had increased access to virtual operational beds to provide care for patients in their homes where clinically appropriate (HH services expanded from an average of 7.2 beds per utilised day throughout 2024-25, to 29.5 beds per utilised day throughout 2025-26).

Rising workforce-related costs continued to be the primary driver of expenditure growth, alongside increased costs for medical and surgical supplies and pharmaceuticals.

Balancing cost pressures while maintaining operational efficiency and delivering high standards of patient care remain a key challenge for the health service, which has resulted in EMHS being very slightly (4 per cent) over the target value.

Period:	2022-23 to 2025-26 financial years
Contributing sites:	Armadale 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 2025-26 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 2025-26 target for average ED cost per WAU is $8,094. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2025-26	**$8,094**	**$8,874**
2024-25		$8,753
2023-24		$8,405
2022-23		$7,630

Commentary

Whilst the 2025-26 financial year observed a slight decline in emergency presentations (1.4 per cent), the cost of providing care within EDs rose to support the acuity and complexity of those presentations, alongside an overall increase in workforce-related costs.

The emergency area remained a priority focus area to improve operational efficiency whilst maintaining care 24/7, with examples including increased point of care testing and increased nursing rosters.

Period:	2022-23 to 2025-26 financial years
Contributing sites:	Armadale 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 2025-26 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 2025-26 target for average non-admitted cost per WAU is $8,328. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2025-26	**$8,328**	**$9,970**
2024-25		$8,902
2023-24		$8,297
2022-23		$7,778

Commentary

The average non-admitted cost per WAU of $9,970 is $1,642 above the 2025-26 target of $8,328. The current year's cost is also $1,068 higher than the actual cost of $8,902 when compared to the cost per unit in 2024-25.

The 2025-26 financial year saw a 3.5 per cent increase in non-admitted activity across all sites as EMHS focused on providing additional appointments.

These increases included:

- midwifery-led care at Bentley Hospital
- increased physiotherapy appointments at Bentley Hospital
- increased nurse practitioner-led specialist palliative care appointments at Kalamunda Hospital
- increased cardiology, gastroenterology, gerontology and ophthalmology services at Royal Perth Hospital.

Period:	2022-23 to 2025-26 financial years
Contributing sites:	Armadale 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 Data Collection (NADC)

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 2025-26 target for average cost per bed-day in specialised mental health inpatient services is $2,094. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2025-26	**$2,094**	**$2,275**
2024-25		$2,223
2023-24		$1,867
2022-23		$2,156

Commentary

EMHS delivered specialised mental health inpatient services at a cost per bed-day of $2,275, which is higher by $181 compared to the target rate $2,094, and it is also $52 higher when compared to the 2024-25 actual result of $2,223.

EMHS saw a 4.5 per cent increase in demand for specialised mental health beds based on last year's performance, with the fully refurbished Ward 2K at RPH re-opening on 24 July 2025. The re-opening of this Mental Health ward to its full capacity has contributed to increased demand.

Period:	2022-23 to 2025-26 financial years
Contributing sites:	Armadale Hospital and Health Service, Bentley Hospital and Health Service, Royal Perth Bentley Group Transitional Care Unit (Bidi Wungen Kaat Centre)[5], Royal Perth Hospital, St John of God Midland Public Hospital
Data source:	OBM allocation application; Oracle 11i financial system; BedState

[5]The 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 2025-26 target for average cost per treatment day of non-admitted care provided by mental health services is $637. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2025-26	**$637**	**$449**
2024-25		$447
2023-24		$494
2022-23		$451

Commentary

Community Mental Health services continue to transition to activity based funding with a 9.3 per cent increase in recorded treatment episodes, which supported EMHS' provision of these services at a cost significantly below target.

Period: 2022-23 to 2025-26 financial years
Contributing sites: Armadale Mental Health Service, Bentley Mental Health Service, Midland Mental Health Service, Royal Perth Hospital Mental Health Service, St John of God Midland Public Hospital Mental Health Services
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 2025-26 target for average cost per person of delivering population health programs by population health units is $31. Improved or maintained performance is demonstrated by a result below or equal to target.

Results

YEAR	TARGET	ACTUAL
2025-26	**$31**	**$7**
2024-25		$15 *
2023-24		$18
2022-23		$55

*The 2024-25 original result ($20) has been re-stated using the 2025-26 costing methodology, with no change to the reported performance against the target for that year. While the costing system was in place during 2022-23 and 2023-24, the costing framework and methodology applied in those years was not compatible with the current methodology and therefore could not be reliably re-stated.

Please note:

- 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
- 2025-26 is based on the 2020-24 estimates

Commentary

The methodology used to calculate this indicator was fully reviewed and updated to improve accuracy, which included some services previously classified as population health now being more accurately reported within general hospital services.

Consequently, the reported performance demonstrates a change in methodology rather than underlying change in performance.

Period: 2022-23 to 2025-26 financial years
Contributing sites: East Metropolitan Health Service health region
Data source: OBM allocation application; Oracle 11i financial system; Estimated Resident Populations for 2020-2024 and projection of 2025 population provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health