Executive summary

EMHS Board Chair and Chief Executive introduction

On behalf of the EMHS Board and Executive, we feel privileged to present the 2021-22 EMHS Annual Report.

While COVID-19 continued to test EMHS on multiple fronts during 2021–22, it did not stop us in our commitment to deliver on our vision of **healthy people, amazing care**.

This year, EMHS achieved a multitude of great things while also managing COVID, which is testament to the exceptional commitment shown by our **10,503** staff.

We attribute this success to keeping our staff healthy — physically and mentally. This was a key priority during the year, and subsequently a number of initiatives were implemented to assist in achieving that outcome, including the implementation of our **Staff Wellbeing During COVID** strategy, which helped keep staff safe so they could focus their attention on continuing to deliver the best possible care to our patients.

We also implemented a number of technology initiatives from the **EMHS Digital Strategy**, making a real difference in 2021–22. For patients, the real game changer was the ability to access free Wi-Fi — fulfilling the final milestone in the **EMHS' Digital Infrastructure Enablement** (EDIE) Wi-Fi project, which started in 2020.

Our plans to modernise the management of medications across EMHS also moved a step closer to fruition with a contract to design, build and commission EMHS' **Electronic Medication Management solution** (EMMs) awarded. This, and our multi-award winning innovative **Health in a Virtual Environment** (HIVE) expansion program, both present exciting opportunities for the future.

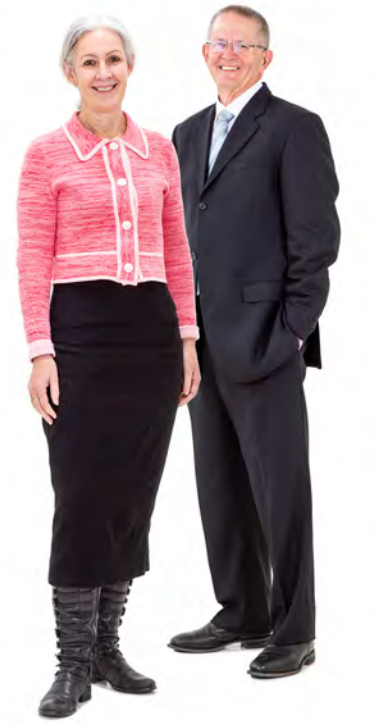
Our capital projects heralded a new era of care, with RPH's first involuntary **Mental Health Unit** (MHU) and new **heliport** and **Intensive Care Unit** (ICU) having opened this past year — collectively representing a significant investment in delivering superior care for the community. We also started the KH redevelopment and made great progress on modular units at BHS.

As always, EMHS has ended the year with outstanding accolades for research undertaken, with a number of our staff receiving state, national and international recognition for their progress and achievements.

Diversity has continued to be a focus for us with a range of initiatives especially designed for the Aboriginal population, including an **Aboriginal Family Garden** at RPH, which provides a supportive space for family members.

The COVID emergency reinforced what we, as the Board and Chief Executive, have known all along – that EMHS has an extraordinary team, which despite recent challenges, has remained uncompromising in its commitment to delivering amazing and compassionate care to our patients, the community and one another.

As we emerge from this pandemic, we look forward to building on the achievements of the past 12 months and to forging new frontiers to create a better tomorrow for the EMHS community in 2022–23.



Liz MacLeod
Chief Executive, EMHS

Ian Smith PSM
Board Chair, EMHS

2021-22 at a glance

141,793
Inpatients
174,760 in 2020-21 ▼

716,000
Outpatient appointments (including virtual care appointments)
675,440 in 2020-21 ▲

52,105
Operations
57,792 in 2020-21 ▼

1430
Patients experiencing homelessness
1254 in 2020-21 ▲

1441
Patients admitted with COVID-19

213,508
Emergency presentations
214,474 in 2020-21 ▼

4475
Births
4487 in 2020-21 ▼

255,075
Virtual care appointments
214,997 in 2020-21 ▲

215,434
Occasions of service for community mental health
238,209 in 2020-21 ▼

120
New research projects
100 in 2020-21 ▲

Demand for services – 2016 to 2022

EMHS was established as a health service on 1 July 2016. In comparison with EMHS' activity in 2016-17, in 2021-22:

Inpatients **increased** by
4.7%
135,477 in 2016-17 ▲

Outpatient appointments **increased** by
49%
(including virtual care appointments)
480,322 in 2016-17 ▲

Operations **increased** by
8.8%
47,904 in 2016-17 ▲

Emergency presentations **increased** by
9.6%
194,733 in 2016-17 ▲

Births **decreased*** by
10.9%
5025 in 2016-17 ▼

* Maternity services at BHS did not operate during 2021-22

Virtual care appointments **increased** by
3824%
approximately 6500 in 2016-17 ▲

EMHS 2021–22 financial summary

Total cost of services (expense limit)

Sourced from statement of comprehensive income

2021-22 target $000

2021-22 actual $000

Variation $000
$131,635

Net cost of services

Sourced from statement of comprehensive income

2021-22 target $000

2021-22 actual $000

Variation $000
$128,860

The primary reasons for the variance in the total cost of services (expense limit) and the net cost of services were due to increased expenditure on:
1) COVID-19 related employee benefits, as staffing increased (by about 25% in full time equivalent staff) and backfill costs due to staff on furlough. Also, long service leave accrued for casual staff was unfunded;
2) Patient support costs due to increased expenditure on medical, surgical and diagnostic supplies, pathology, personal protective equipment and clothing, domestic charges and drug supplies related to COVID;
3) Loss on revaluation on land;
4) Repairs, maintenance and consumables, due to equipment purchases and building alterations for COVID and non-funded capital and non-capital purchases on various capital projects;
5) Contract services due to COVID, which led to increased staffing (25% uplift) and backfill costs due to staff on furlough at SJGMPH.

Total equity

Sourced from statement of financial position

2021-22 target $000

2021-22 actual $000

Variation $000
$27,170

The primary reasons for the increase in total equity compared to initial estimates were:
1) EMHS drew down less capital than originally estimated, as increased construction costs placed pressure on capital budgets and project delays due to manufacturing, logistical and supply chain issues related to COVID;
2) Increase in the value of EMHS' building assets due to increases in the building indices used for valuation purposes.

Net decrease in cash held

Sourced from statement of cash flow

2021-22 target $000

2021-22 actual $000

Variation $000
$38,329

The variation between actual cash balance held compared to the target was primarily due to higher employee benefits and supplies and services expenditure. While EMHS' cash inflows from State Government were higher compared to the estimate, this increase in cash inflows was less than the total payments made in operating activities.

Approved salary expense level

Sourced from statement of comprehensive income

2021-22 target $000

2021-22 actual $000

Variation $000
$71,771

The reasons for the variation in the final salary expense compared to the approved salary limit in the initial estimates were due to COVID, which led to increased expenditure on employee benefits as staffing increased (by about 25% in full time equivalent staff) and backfill costs due to staff on furlough. Also, long service leave accrued for casual staff was unfunded.

See page 109 for full financial statements

EMHS 2021–22 performance summary

Key Performance Indicators (KPIs) and KPI targets assist EMHS to assess and monitor achievement of the outcomes outlined in the **Outcome Based Management (OBM) framework** (see page 23).

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

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

Outcome one: Public hospital based services that enable effective treatment and restorative healthcare for Western Australians		
Effectiveness KPIs	**Target**	**Actual**
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1000 separations)		
(a) knee replacement	≤ 23.0	**15.4**
(b) hip replacement	≤ 17.1	**20.4**
(c) tonsillectomy & adenoidectomy	≤ 81.8	**138.7**
(d) hysterectomy	≤ 42.3	**73.2**
(e) prostatectomy	≤ 36.1	**49.3**
(f) cataract surgery	≤ 1.1	**2.4**
(g) appendicectomy	≤ 25.7	**30.1**
Percentage of elective wait list patients waiting over boundary for reportable procedures		
(a) category 1 over 30 days	0%	**6.5%**
(b) category 2 over 90 days	0%	**28.3%**
(c) category 3 over 365 days	0%	**9.3%**
Healthcare-associated *staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤ 1.00	**1.09**
Survival rates for sentinel conditions		
Stroke		
0-49 years	≥ 95.2%	**96.3%**
50-59 years	≥ 94.9%	**96.2%**
60-69 years	≥ 94.1%	**95.9%**
70-79 years	≥ 92.3%	**95.1%**
80+ years	≥ 86.0%	**94.4%**
Acute myocardial infarction (AMI)		
0-49 years	≥ 99.1%	**97.7%**
50-59 years	≥ 98.8%	**100%**
60-69 years	≥ 98.1%	**98.9%**
70-79 years	≥ 96.8%	**97.0%**
80+ years	≥ 92.1%	**94.6%**

Outcome one: Public hospital based services that enable effective treatment and restorative healthcare for Western Australians		
Effectiveness KPIs	**Target**	**Actual**
Fractured neck of femur (FNoF)		
70-79 years	≥ 98.9%	**97.6%**
80+ years	≥ 96.9%	**98.3%**
Percentage of admitted patients who discharged against medical advice		
a) Aboriginal patients	≤ 2.78%	**5.87%**
b) Non-Aboriginal patients	≤ 0.99%	**1.16%**
Percentage of live-born term infants with an Apgar score of less than seven at five minutes post delivery	≤ 1.80%	**1.37%**
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤ 12.0%	**14.9%**
Percentage of post discharge community care within seven days following discharge from acute specialised mental health inpatient services	≥ 75.0%	**87.8%**
Efficiency KPIs	**Target**	**Actual**
Average admitted cost per weighted activity unit	$6907	**$7197**
Average Emergency Department cost per weighted activity unit	$6847	**$7353**
Average non-admitted cost per weighted activity unit	$6864	**$6093**
Average cost per bed-day in specialised mental health inpatient services	$1533	**$1783**
Average cost per treatment day of non-admitted care provided by mental health services	$445	**$400**

Outcome two: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives		
Efficiency KPI	**Target**	**Actual**
Average cost per person of delivering population health programs by population health units	$32	**$113**

● Desired result ● Undesired result

See page 84 for full KPIs