

EMHS Clinical Services Plan

Towards 2035



Chief Executive Foreword

I am pleased to launch the *EMHS Clinical Services Plan Towards 2035* (EMHS CSP) which provides an exciting blueprint for how EMHS will achieve new heights in clinical and operational excellence over the next decade.

Aligned with the EMHS Vision '*Healthy people, amazing care*' '*Koorda moort, moorditj kwabadak*', the EMHS CSP outlines a transformative journey for our sites, evolving into a more contemporary, tiered and integrated network of health services. Our network will extend care beyond hospital walls into the community, proactively meeting the anticipated demand and health needs of the EMHS population, now and into the future.

Under the themes of Evolve, Optimise and Grow, the EMHS CSP sets forth ambitious Strategic Directions (10-year goals) and actionable Strategic Responses (3–5-year actions) that we are committed to achieving.

The EMHS CSP articulates how EMHS sites each play an evolving role within the EMHS tiered healthcare network, including the innovative delivery of EMHS Virtual Healthcare and expansion of our services provided in the community.

Driven by the needs of our population, we have identified fourteen (14) Clinical Priority Areas for EMHS. Our focus is on optimising services to ensure timely access to care across all sites, addressing inequities for priority populations, and expanding services to meet future demands and health needs.

This EMHS CSP is the result of invaluable input from a diverse group of consumers, clinical teams, senior leaders, Executive and Board members. We extend our heartfelt thanks to everyone who contributed to its creation.

Providing a visionary roadmap for the next decade, the EMHS CSP will lead us in delivering outstanding care to our patients, guiding us towards 2035.

Dr Lesley Bennett
Chief Executive
East Metropolitan Health Service



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Introduction

East Metropolitan Health Service (EMHS) is an extensive health and hospital network that maintains and improves the health and wellbeing of approximately 783,000 Western Australians within its catchment area. It also serves residents of regional WA, primarily from the Pilbara, Kimberley and Wheatbelt, requiring more complex care.

Hospital-based care is provided within the Royal Perth Bentley Group comprising Royal Perth Hospital (RPH) and Bentley Health Service (BHS), Armadale Kalamunda Group comprising Armadale Health Service (AHS) and Kalamunda Hospital (KH), and St John of God Midland Public Hospital (SJGMPH) with additional contracted activity delivered at St John of God Mt Lawley (SJGML). EMHS also provides care within the community, including through the EMHS Community and Virtual Care Service and a range of community and population health programs including community and ambulatory mental health services.

Planning Context

The EMHS CSP integrates and aligns to National plans, WA Health and WA Mental Health Commission plans and programs, the EMHS Strategic Plan, EMHS Environment, Social and Governance (ESG) Statement and other EMHS strategies and plans including asset management and infrastructure planning, workforce and community partnerships.

In particular, the *WA Health Clinical Services Framework 2014-2024 (CSF 2014-2024)* provides a foundation for system-wide planning of health services with consideration for changing service capabilities. It describes medium to long-term horizons and strategic parameters to inform and guide individual clinical services/plans. A refresh of CSF 2014-2024 is currently in progress, which may result in capability changes across the system.

The EMHS Clinical Services Plan (EMHS CSP) is a key strategic document that will guide EMHS clinical service development and prioritisation, informing infrastructure priorities and investment of resourcing over the next ten years.

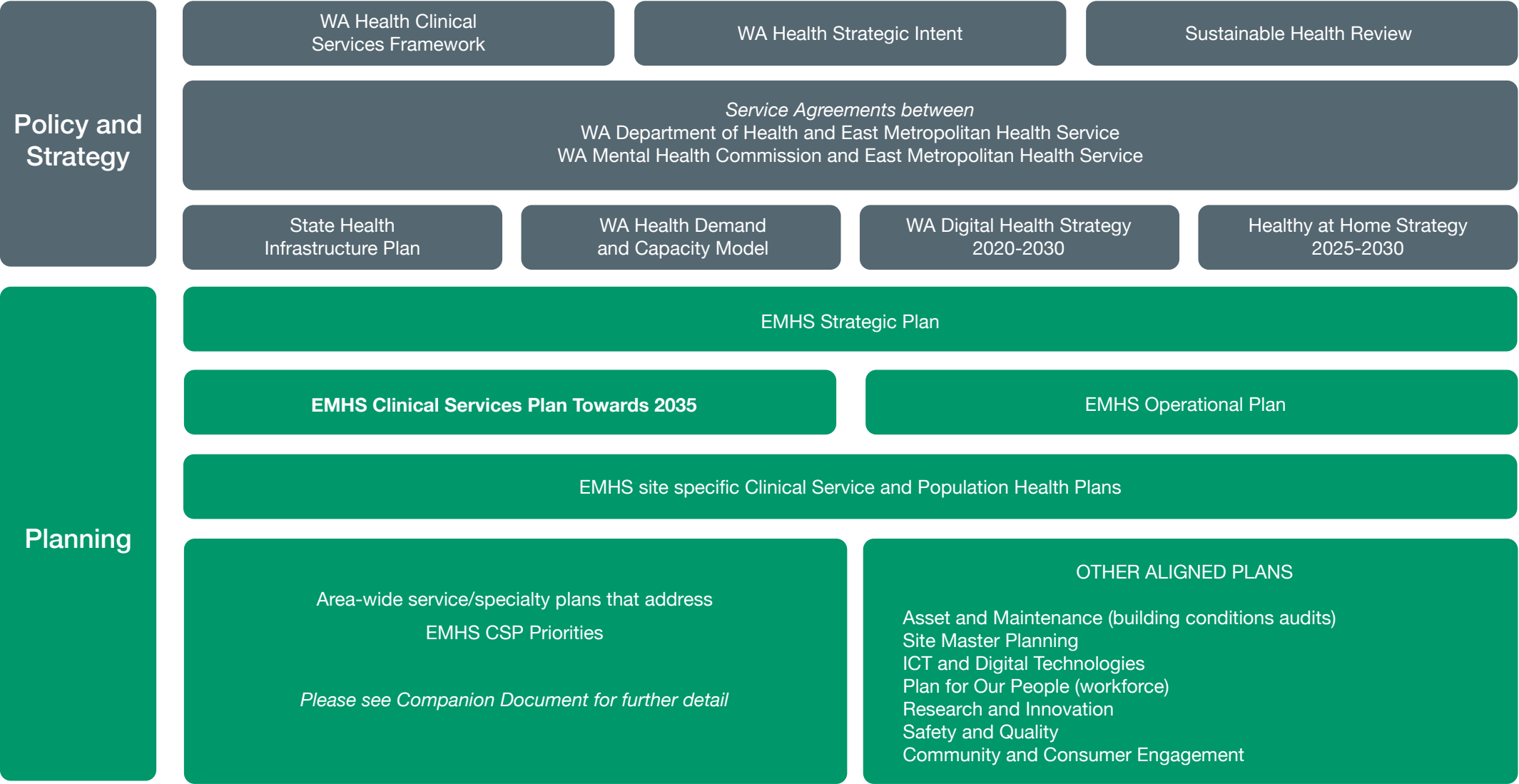
Principles of the CSP

The EMHS CSP is underpinned by the following planning principles:

- Services are organised around the **needs of the patient** and delivered in the most appropriate setting, by the most appropriate provider at the highest quality standard of care.
- **Equity of access** to clinical services for those living and working within the EMHS community by providing culturally safe, inclusive care for all EMHS residents.
- Healthcare resources are used to maximise the health and wellbeing of the community, and to **reduce health inequities** with a focus on identified priority population groups.
- **Capability of services will be optimised** via a tiered network approach across EMHS services with a focus on operational and clinical excellence.
- **Population demand drivers** inform the EMHS service priority areas.
- Integration and collaboration within EMHS and with **key partners** are pursued where this contributes to improved access and patient outcomes.
- Focus on delivering an integrated service network and delivery of **more care in the community setting**, ensuring a whole person approach to care and more efficient and effective services delivered wherever possible.

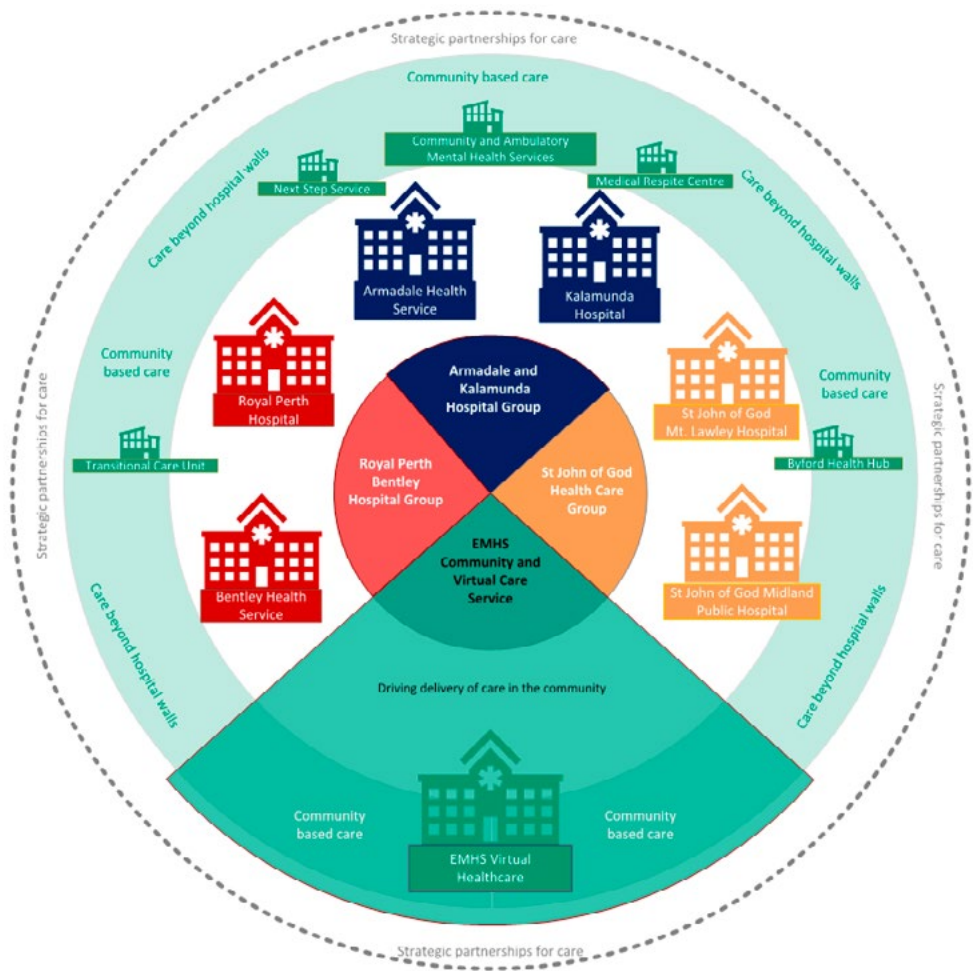


EMHS CSP Alignment to Related Strategies and Initiatives



EMHS Future State Towards 2035

In line with the future state of EMHS Vision ‘Healthy people, amazing care’ or ‘Koorda moort, moorditj kwabadak’, the CSP future state is to deliver a culturally safe, contemporary, tiered and integrated network of health services extending beyond hospital walls that meets anticipated demand and health needs of the EMHS population, now and into the future.



What is a tiered healthcare network?

A tiered healthcare network is a group of connected health services each with a defined role and function, aligned to their service capabilities. Services are interconnected and work in synergy to deliver healthcare to a defined population as a collective network with a focus on ensuring the right care is provided at the right time in the right place.



What is EMHS Virtual Healthcare?

EMHS Virtual Healthcare is an integrated service within the EMHS tiered network that works interdependently with EMHS hospital site clinicians to enable the extension of speciality care in-reach into the community and people’s homes.

Explaining our CSP

The EMHS CSP has been organised around three key THEMES that tie together each section of the document. How each of these themes has been applied is described below:

EVOLVE

- Evolve is focused on how EMHS will mature into the desired CSP future state for a tiered and integrated healthcare network.
- The EMHS future state underpins all aspects of the EMHS CSP.
- In recognition that each site has a role to play within the future tiered integrated healthcare network, this section describes the unique role each EMHS hospital site, as well as the EMHS Community and Virtual Care Service and EMHS Mental Health Services, plays in the function of the EMHS healthcare network.

Sitting within the **EVOLVE** theme are the EMHS sites

OPTIMISE

- Optimise is focused on how access to care across services will be optimised with improved access for priority groups.
- Optimise is tied closely to service performance, a key element in maintaining timely access for patients and ensuring safe and quality care delivery.
- Focus on optimising sustainability of services.

Sitting within the **OPTIMISE** and **GROW** themes are the 14 Clinical Priority Areas that have been identified for action

GROW

- Grow is focused on how services need to grow or expand for EMHS to meet future demand and population health needs. A key emphasis is on growing home and community-based care.
- Specific focus is given to identified clinical areas/services where service reform or expansion has been identified as a priority.
- Grow considers the EMHS population health services and the role of prevention and promotion along with markers for future demand trends.

EVOLVE

our health service into a Tiered Integrated Healthcare Network providing excellent, high-quality and safe patient-centred care

Royal Perth Hospital

Bentley Health Service

Armadale Health Service

Kalamunda Hospital

St John of God Midland Public Hospital

EMHS Community and Virtual Care Service

EMHS Mental Health Services

OPTIMISE

timely access to care across key services with a focus on addressing inequities for priority populations

Access and Performance:

Emergency and Acute Care Services

Outpatient Services

Elective Surgery Services

Improve access for priority groups:

Healthcare for Aboriginal People

Healthcare for People Experiencing Homelessness

Healthcare for Older Adults

Healthcare for People Living with Chronic Conditions

GROW

services to respond to future demand and population health needs

Enhance specialist care services, with a focus on meeting future demand:

Cancer Services

Renal/Dialysis Services

Maternity and Newborn Services

Paediatric and Youth Services

Rehabilitation Services

Alcohol and Other Drug Services

Expanded focus on prevention:

Population Health Services

The EMHS Future State Towards 2035 will be achieved by striving towards the Strategic Directions (10-year goal/s) and implementing the Strategic Responses (actions for the next 3–5-year period)

EMHS Desired Future State

is to deliver a contemporary tiered and integrated network of health services extending beyond hospital walls that meets anticipated demand and health needs of the EMHS population, now and into the future.



The EMHS health region is rapidly growing and expected to have the largest population amongst metropolitan health regions within the next 11 years

EMHS is home to two of the fastest growing metropolitan health districts

AHS catchment (South-East health district) is expected to increase by 26.4% in the next 11 years



SJGMPH catchment (Swan & Hills health district) is expected to increase by 22.5% in the next 11 years

Complexity is increasing

EMHS hospitals see 1,800 people requiring more than three emergency admissions (totalling more than 8,300 admissions), which can potentially be avoided with bolstered community care

Growing rates of chronic disease

- Increasing rates of overweight (77%) and obesity (43%)
- Physical inactivity - only 39% of adults are physically active for good health
- Modifiable lifestyle and behaviours

Growth in paediatric, adolescent and youth population groups

Growth in paediatric, adolescent and youth population groups will see increasing demand for paediatric, youth, maternity and newborn health services over the next decade at AHS and SJGMPH

People are living longer



The EMHS population continues to live longer resulting in a heightened need for healthcare and support services at an older age

Priority Population Groups

- Aboriginal and Torres Strait Islander people
- People living with mental illness
- People experiencing homelessness
- Paediatric and youth cohorts
- Rural and remote residents
- People living with socio-economic disadvantage
- People living with disability
- Culturally and Linguistically Diverse people
- LGBTQIA+ people

Increasing birth rate



The EMHS health region is the only region in metropolitan WA to demonstrate an increasing birth rate

Priority Populations

Overview

EMHS is home to several priority population groups identified to be experiencing health inequity, placing them at higher risk of poorer health outcomes and higher rates of healthcare usage.

Higher rates of health inequity are multifactorial and are driven by a variety of factors, ranging from barriers in accessing and navigating care, lower literacy rates to predisposition for disease or illness and/or other contributing factors such as social dynamics, lifestyle and behaviours.

Strategic Direction

Delivery of culturally safe and inclusive services, ensuring equity of access for all residents with a focus on priority population groups with care delivery informed by patient co-design.

Aboriginal People make up 2.7% of the EMHS catchment population.

Aboriginal people experience greater health disparity and have a higher rate of healthcare use (9% of ED presentations and 11% of acute inpatient admissions).

See page 36/37 for Healthcare for Aboriginal People

Paediatric and Youth Cohorts make up approximately 32% of EMHS residents (0-24 years).

Mental health conditions, substance use disorders and injuries contributed to most disease burden for young people aged 15-24.

See page 50/51 for Paediatric and Youth Health Services

People living with Disability 1 in 5 people in WA have a disability³.

Compared to people without a disability, people with a disability generally report poorer general health outcomes and levels of psychological distress and they have higher rates of modifiable risk factors.

People living with Mental Illness

are more likely to experience poorer physical health than the general population.

Almost 80% of premature deaths of people with mental illness are due to preventable physical health conditions¹.

See page 27/28 for EMHS Mental Health Services

Rural and Remote Residents in WA have a life expectancy two years lower than metropolitan residents in WA.

EMHS provides services for WACHS patients from Pilbara, Kimberley and Wheatbelt areas, and these patients can face difficulty accessing care close to home.

Culturally and Linguistically Diverse People 1 in 4 EMHS residents (26%) speak languages others than English at home.

Language barriers, lower health literacy and challenges navigating the system add greater risk for poor health outcomes, reflected in higher rates of chronic health conditions in this group.

People Experiencing Homelessness

often have complex social and medical needs and very poor health outcomes. 5-10% of RPH ED presentations each day are from people experiencing homelessness.

See page 38/39 for Healthcare for People Experiencing Homelessness

Socio-economic Disadvantage impacts nearly 18% of EMHS residents.

It is a key driver for health inequity. When comparing SEIFA levels of socioeconomic disadvantage relative to WA, there are significant areas of the most disadvantaged population around EMHS hospital sites.

LGBTQIA+ People make up approximately 11% of EMHS residents.

LGBTQIA+ people are more likely to experience health disparity due to factors influencing mental and physical health and wellbeing. EMHS is committed to inclusivity with sites achieving or progressing towards Rainbow Tick accreditation.



Snapshot of a typical day at EMHS



TREAT
593
PATIENTS
ACROSS THREE
EMERGENCY
DEPARTMENTS

127 ARE HIGH ACUITY (CAT 1 AND 2)
467 ARE LOW ACUITY (CAT 4 AND 5)



635
MEDICAL
IMAGING TESTS

327 XRAYS
114 CT SCANS
60 ULTRASOUNDS
23 MRIS



437
PATIENTS
ADMITTED ONTO
OUR INPATIENT
UNITS



7
PATIENTS
ADMITTED TO OUR
STATE TRAUMA
SERVICE



11
BIRTHS



396
MEDICATION
DISPENSING
OCCASIONS



926
FULL BLOOD
PICTURE BLOOD
TESTS



170
OPERATIONS
1 IN 4
UNPLANNED



2,105
PATIENTS SEEN IN
OUR OUTPATIENT
CLINICS

TOP 3 BUSIEST OUTPATIENT SERVICES:
PHYSIOTHERAPY
MIDWIFERY AND MATERNITY
PRE-ADMISSION AND PRE-ANAESTHESIA



3,375
MEALS PROVIDED

The EMHS Healthcare Network

Overview

Whilst the proceeding section of the EMHS CSP outlines the EMHS hospital site Strategic Directions, it is important to recognise that our sites are part of one EMHS healthcare network. This network must function to meet the needs of the community that it services, now and into the future.

There has been a sustained increase in demand for services across all EMHS sites.

The EMHS catchment population is growing and ageing, with increasingly complex healthcare needs.

There is also a need to plan for future generations and their emerging health needs.

Evolving consumer expectations are driving change in both the type and way in which healthcare services are delivered.

To enable the delivery of contemporary care and meet population demand, significant investment is needed to address ageing infrastructure and physical footprint limitations at our sites. This is detailed in the *EMHS Strategic Asset Plan*, short term investment pipeline linked to the CSP to increase capacity, as well as long term planning across all sites.

It is no longer an option to rely solely on redevelopment to support service growth, with demand anticipated to outstrip supply into the future. There is a need to drive a productivity agenda, generating workflow efficiencies and maximising staff capability, to deliver services within available resources.

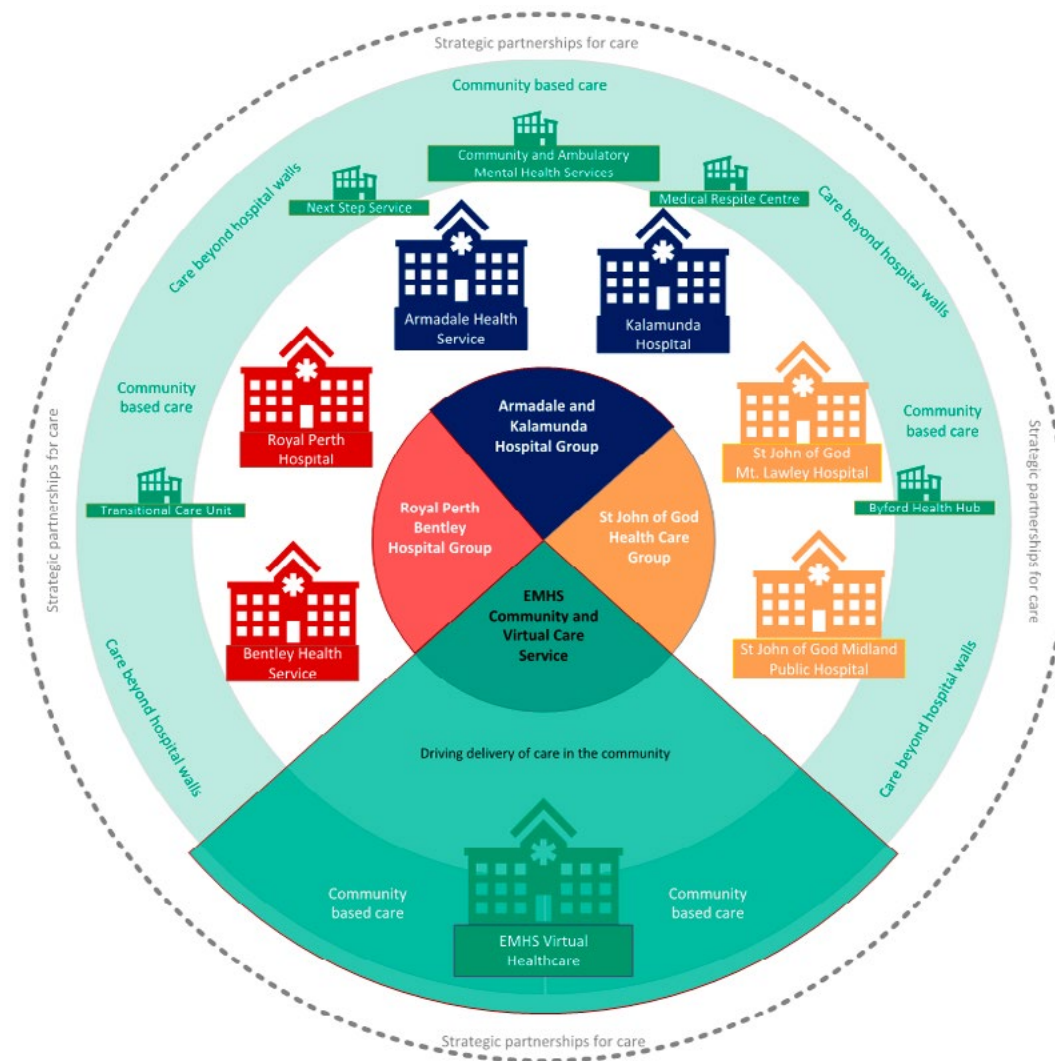
While there are many recognised challenges, working collectively as a tiered integrated healthcare network provides us with opportunities to deliver more value than through individual efforts.

This includes opportunities to enhance EMHS capability and capacity by:

- Working more collectively as a tiered integrated network to ensure delivery of the right level of care by the right service at the right time.
- Innovative solutions which look at how we can shift care beyond our bricks and mortar hospitals.

Future State

Deliver a culturally safe, contemporary, tiered and integrated network of health services extending beyond hospital walls that meets anticipated demand and health needs of the EMHS population, now and into the future.



EMHS Future State Strategic Direction

	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
EMHS Healthcare Network	Deliver a culturally safe, contemporary, tiered and integrated network of health services, extending beyond hospital walls, that meets anticipated demand and health needs of the EMHS population, now and into the future.	• Grow tiered networking arrangements in specialty areas which support clearly defined service capability and responsibilities across EMHS sites, define pathways for consultation, referral, and transfer (for escalation and de-escalation of care) and structure for ‘shared care’ and cross-service approaches. • Evolve the EMHS Community and Virtual Care Service which will deliver specialist care beyond the hospital walls and into the community and people’s homes. • Expand existing and develop new strategic partnerships with key system and community-based partners. • Work to make the best of current infrastructure across EMHS and maximise outcomes for the future through capital investment. • Deliver culturally safe and inclusive services, ensuring equity of access for all residents with a focus on all our priority population groups with care delivery informed by patient co-design and partnerships.

Royal Perth Hospital

Overview

RPH will continue to develop its role as EMHS's tertiary hospital, delivering highly specialised services as well as the State Trauma Service.

As part of this role, RPH supports care escalation via interhospital transfer from general and specialist sites within the EMHS network.

A focus is on restoring some subspecialties, reflecting continued growth in demand since the opening of Fiona Stanley Hospital (FSH) in 2015 that led to changes in RPH service capabilities at the time.

Additionally, RPH will continue to provide a range of general hospital services for its unique inner-city population of city workers, those visiting the entertainment precinct, priority populations such as Aboriginal people and those experiencing homelessness. As well as a potential influx of staff/students due to the incoming CBD university precinct in 2025 and the residents of the new Burswood Point development which will create 4,500 new homes.

RPH will provide ongoing services (planned and unplanned care) for country patients from the Pilbara, Kimberley and parts of the Wheatbelt, as per the access to care patient flows.

RPH is a leader in virtual hospital innovation with services including remote bedside monitoring and community hospital in-reach services.

RPH is home to the RPH Innovation Hub which plays a key role in supporting research and innovation across the EMHS healthcare network.

Challenges and Considerations

The future direction of RPH cannot be considered in isolation to longer-term infrastructure planning, noting the ageing facilities and engineering plant which restricts the ability to deliver contemporary care, and adapt to new technologies (including renewal of ICT infrastructure) and treatment methods.

Increased single/isolation rooms and private ward spaces to consult with patients about their care are noted as priorities, along with the physical constraints in ED, MDU and outpatients.

Clinical needs will drive a holistic and strategic approach to guide investment decisions toward master planning.

Future Service Mix

The following service capability increases (Level 5 to 6) from 2024/25 have been endorsed, reflecting current service delivery:

- Medical services: *Immunology*, restricted Level 6 for *Haematology and Renal*, and restricted Level 5 inpatient *Oncology*
- Surgical services: *Ear Nose and Throat and Dental Services*, and restricted Level 6 for *Oral and Maxillofacial*
- *Older Adult Mental Health services*.

Increases from 2029/30 (Level 5 to 6) were endorsed for the following areas:

- Medical Services: *Dermatology, Palliative Care and Rheumatology*
- Surgical Services: *Urology*.

Capabilities across a number of other highly specialised services are also being considered as part of future system reviews.



Royal Perth Hospital is an inner-city tertiary hospital, providing an extensive range of services, including adult major trauma, intensive care, emergency and highly specialised services as well as community and hospital based mental health services and outpatient services.

RPH and BHS work collectively as the Royal Perth Bentley Group



RPH Strategic Directions

Site	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Royal Perth Hospital	Optimise the role of RPH as a tertiary (Level 6) hospital by working to its full capability as per endorsed CSF levels.	• Work to achieve endorsed capability increases by 2029/30 in Dermatology, Palliative Care, Rheumatology and Urology. • Continue to pursue service scope enhancements across tertiary (Level 6) services, including further sub-specialty delineation informed by system reviews. • Pursue master planning for RPH with a focus on investment in infrastructure which supports delivery of safe, contemporary care via increase of capacity through ED Expansion, MDU, Medical Procedure Treatment Centre and CTTWA expansion. (Master Planning and potential planning of hospital upgrades as an outcome of Master Planning, including investment in ICT infrastructure). • Continue to provide a range of highly specialised services (recognising that many of these are a product of the specific expertise of our clinicians).
	Ensure equity of access to tertiary clinical services for people living in the EMHS catchment.	• Enhance cancer service capability, aligned to the EMHS Cancer Services Plan – refer to CANCER SERVICES section. • Formalise pathways with other tertiary sites providing highly specialised and state-wide services to enhance and integrate the patient care journey. • Pursue planning and funding to increase access to ‘specialised’ diagnostic services locally (e.g. PET).
	Strengthen the role of RPH as a trauma care hub supported by emergency, critical and other highly specialised services.	• Continue to provide the State Adult Major Trauma Service and identify opportunities to increase capability of Emergency, Critical Care and other highly specialised Medical, Mental Health and Surgical services which support this work. Refer to EMERGENCY AND ACUTE CARE SERVICES.
	Bolster services targeted at unique inner city case mix including: • Aboriginal Health services • Addiction and Toxicology services • Mental Health and • Services for people experiencing homelessness (Medical Respite Centre).	Refer to EMERGENCY AND ACUTE CARE SERVICES, PEOPLE EXPERIENCING HOMELESSNESS, MENTAL HEALTH SERVICES AND ABORIGINAL HEALTH SERVICES sections. • Explore feasibility of delivering a combined Mental Health and Alcohol and Other Drug services +/- Toxicology/ Addiction Medicine Unit.
	Continue RPH as a Centre for Research and Innovation.	• Strengthening RPH's function and role as leaders in research and innovation by delivering on the EMHS Research and Innovation Plan 2024-2028. • This includes establishing the RPH Innovation Hub which supports innovation across the EMHS network.



Bentley Health Service

Overview

BHS will continue to operate as a specialist hospital, enhancing its current role as a step-down service for Aged Care, Rehabilitation and community and hospital-based Mental Health.

While having an important interface with innovative Mental Health models such as the Transitional Care Unit at St James (Bidi Wungen Kaat Centre), work is also underway to develop a Secure Extended Care Unit (SECU) on the BHS site.

A new Midwifery and Birth Centre opened in late 2024 and offers women in the catchment the option of care by the same Endorsed Midwife for the duration of their pregnancy.

Work is concurrently underway to establish a Surgicentre at BHS. By allowing the streamlining and focused separation of elective and emergency surgery, this is expected to improve EMHS’s capacity to meet elective surgery demands and increase RPH’s ability to focus on unplanned and complex surgery.

Challenges and Considerations

Building on population growth projections, a major urban renewal initiative is planned in Bentley, which will involve 800-1000 new dwellings built to accommodate diverse needs of the community including social and affordable housing options. With this will come added demand for health services.

Future Service Mix

The following capability changes were endorsed:

- *Maternity* services will recommence as Level 2 services from 2024/25
- *General Medicine* increased to Level 4 from 2029/30
- *Gastroenterology* increased to Level 5 from 2034/35.

Requests for the following increases were not approved at this point in time due to WA Health system-wide policy decisions:

- *Anaesthetics* – change to Level 5 from 2034/35
- *Operating Theatres* – change to Level 5 from 2034/35
- *Intensive Care Unit/High Dependency Unit* – change to Level 3 from 2029/30
- Proposed changes to *Obstetrics and Neonatology* services were not supported, pending system review.

EMHS will continue to advocate for these increases to enable BHS to support a tiered health network.



Bentley Health Service is a specialist hospital with services including rehabilitation, elective and same-day surgery, community and hospital-based mental health services.

RPH and BHS work collectively as the Royal Perth Bentley Group



BHS Strategic Directions

Site	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
	Establish BHS as a centre for planned care (ie: low-medium complexity Elective Surgery, Outpatient services and Same Day Medical Services).	- BHS will work towards becoming a centre for planned care, starting with development of a Surgicentre, with an initial focus on high volume, lower acuity elective surgery provision and the establishment of robust day surgery pathways. - Scope demand/service options around Outpatient Services and Same Day Medical Services at BHS to support/address EMHS pressure points. - Pursue hospital site Master Planning for BHS with a focus on investment in infrastructure which supports delivery of safe, contemporary care aligned to site specific clinical service priorities. Refer to ELECTIVE SURGERY SERVICES section.
	Increase capacity of BHS to deliver core services to the EMHS catchment, with a focus on Mental Health, Aged Care and Rehabilitation and Maternity/Newborn services.	Refer to HEALTHCARE FOR OLDER ADULTS section. Demand planning for Rehabilitation services and integration of older adult services to facilitate early discharge and hospital avoidance with care coordination in the community. Refer to MENTAL HEALTH SERVICES section. Refer to MATERNITY/NEWBORN SERVICES section.



Armadale Health Service

Overview

AHS will continue to develop and enhance its capability as a general hospital, providing for most of the healthcare needs of its catchment population and self-sufficiency for core services. In turn, it will play a key role in supporting the tertiary role of RPH, providing an avenue for appropriate transfer of care and servicing EMHS elective surgery and outpatient pressure points within its capability.

AHS provides a range of services including emergency, maternity and intensive care and also provides hospital based and Hospital in the Home mental health and outpatient services.

Challenges and Considerations

The AHS catchment is experiencing rapid population growth and continues to have pockets of high social disadvantage.

The growing number of young families and children in the South-East corridor is resulting in a greater demand for maternity and paediatric services.

To support delivery of contemporary care, adaption of new technologies and treatment methods, there is a need for longer-term infrastructure planning to address ageing facilities and engineering needs.

AHS is also experiencing very high occupancy with insufficient bed numbers – there is a need to create capacity by shifting more care into the community whilst concurrently looking at future development opportunities given physical site constraints which limit expansion.

There is a continued need to address Emergency and Ambulatory Care pressures to manage unplanned demand within the AHS catchment.

Future Service Mix

In the CSF, most AHS services are Level 4, with some endorsed Level 5 services - *Cardiology, Gastroenterology, General Medical, Geriatric, Renal, General Surgical, Emergency, Rehabilitation* and some *Mental Health* services.

Increases in CSF levels (from Level 3 to 4) have been endorsed from 2024/25 to reflect current service delivery for *Paediatric General Surgery and Haematology*.

Sexual Health and Ophthalmology supported for no services from 2024/25.

The *EMHS Maternity and Newborn Services Plan* outlines that AHS will work towards a Level 5 *Obstetrics* service by 2029/30 (noting this is pending system review along with *Neonatology* services).

Changes to other specialties including *Gynaecology, Paediatric Speciality Medical and Specialty Surgery, Pathology and Pharmacy* are pending system review.



Armadale Health Service is a general hospital and health service that provides a range of healthcare, including emergency, maternity, intensive care and community, hospital-based and Hospital in the Home mental health and outpatient services.

AHS will work closely with the Byford Health Hub on its opening in 2027, which will deliver community-based services via a place-based, integrated model of care.

AHS and KH work collectively as the Armadale Kalamunda Group



AHS Strategic Directions

Site	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Armadale Health Service	Expand to full capacity as a general hospital by working to full endorsed CSF capabilities ensuring self-sufficiency as a general health service.	- Continue consolidation and enhancement of core general hospital services, including General Medicine, General Surgical, ED, Intensive Care, Obstetrics, Paediatrics, Mental Health and Geriatric and Rehabilitation services, as patient volumes and complexity grows. - Full embedding of a Level 5 Cardiology service and expansion of specialist Respiratory services. - Following endorsement of increases in CSF levels for Paediatric General Surgery, Endocrinology and Haematology, work towards full capability of Level 4 service. - Bolster delivery of Community or Ambulatory Mental Health services – refer to MENTAL HEALTH SERVICES section. - Pursue future options for delivering Medical Oncology at AHS - refer to CANCER CARE SERVICES section. - Pursue hospital site Master Planning for AHS, with a focus on investment in infrastructure which supports meeting population demand and enhancing AHS’s role as a self-sufficient general hospital. Includes ED expansion, MDU and potential site expansion planning informed by the outcomes of the Master Planning.
	Plan to manage greater paediatric and maternity demand reflective of increasing number of young families in the catchment.	Refer to MATERNITY/NEWBORN SERVICES section and PAEDIATRIC AND YOUTH SERVICES section.
	Plan capacity to meet demand for the rapidly growing population within the South-East corridor.	- Build and commission the Byford Health Hub, delivering WA Health and non-WA Health community-based services via a place-based, integrated model of care, encompassing outpatient specialist clinics and two new, innovative EMHS services (Community Care Navigation and Healthy Community Initiatives) and non-WA health services. - Pursue partnerships between EMHS and SMHS to drive joint service planning and commissioning for specialty pressure points including cancer and renal services.



Kalamunda Hospital

Overview

KH will continue to operate as a specialist hospital, playing a key role within the EMHS network by creating capacity at tertiary and secondary sites.

The KH same-day Endoscopy Service forms part of a vital hub-and-spoke model in EMHS to effectively manage the elective waitlist by caring for low risk AKG endoscopy referrals.

KH will continue to provide the EMHS Specialist Palliative Care Service, delivering complete care to EMHS patients (inpatient, outpatient and day hospice services), supporting patient flow across EMHS sites. KH will strive to become a Centre of Excellence in Palliative Care service delivery.

Challenges and Considerations

As the EMHS population continues to grow and age, there will be growing demand for palliative care and geriatric services for older adults across EMHS.

There is an opportunity for EMHS to build the profile of KH amongst its local community as a specialist provider within the EMHS network.

Future Service Mix

KH will continue to provide a Level 5 *Palliative Care* service and Level 3 *Gastroenterology* service, supported by clinical services including *Anaesthetics* and *Pain Medicine*.

KH will also work towards becoming a Centre of Excellence for Palliative Care services (by working towards delivering Level 6 capabilities) by 2029/30.

Requests for the following increases were not approved at this point in time due to future infrastructure planning:

- *Gastroenterology* to Level 4 service from 2029/30
- *Anaesthetics* – Level 4 from 2029/30
- *Operating Theatres* – Level 4 from 2029/30
- *Pathology* – Level 3 from 2029/30.

EMHS will continue to advocate for these increases to enable KH to support a tiered health network.



Kalamunda Hospital provides specialist palliative care, and incorporates a day hospice and endoscopy services.

AHS and KH work collectively as the Armadale Kalamunda Group



KH Strategic Directions

Site	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Kalamunda Hospital	Continue to grow KH's role in providing the EMHS integrated Palliative Care Service with progression towards becoming a Palliative Care Centre of Excellence.	KH will continue to pursue Palliative Care service enhancements and progression towards becoming a Level 6 Centre of Excellence for Palliative Care, which includes optimisation of the Day Hospice, establishment of an EMHS Out of Hours Advice Line and potential future areas for planning, including weekend admissions to KH.
	Bolster KH's role and profile in elective surgery provision to further support EMHS Elective Surgery Wait List performance.	Refer to ELECTIVE SURGERY SERVICES section. <i>Note: a request to increase Gastroenterology from a Level 3 to Level 4 service from 2029/30 was not supported by DOH but could be considered in future to bolster capacity to further manage demand on the EMHS elective waitlist.</i>
	Pursue opportunities to fully utilise physical capacity at KH to support EMHS networked approaches which grow service capability and capacity.	- Beyond delivery of palliative and 'end of life' care, explore care delivery options for frailty care and management of chronic and life limiting conditions with a goal of optimising function towards the end of life. - Explore opportunities, including (but not limited to) to deliver Oncology telehealth services at KH. Refer to CANCER CARE SERVICES section.



St John of God Midland Public Hospital

Overview

SJGMPH will continue in its capability as a general hospital, providing for most of the healthcare needs of its catchment population. It also serves as a specialist referral pathway for patients flowing from the surrounding Wheatbelt area.

SJGMPH provides a wide range of public hospital services to the Swan and Hills community, including emergency, medical, surgical, intensive care and maternity services. St John of God Health Care (SJGHC) is contracted through a Public Private Partnership (PPP) with the State to operate the service until 2035.

EMHS has contracted additional activity via the PPP for 30 acute medical beds and 10 elective surgical beds, delivered at St John of God Mt Lawley (SJGML). Within the existing SJGMPH contract, spare capacity at SJGML provides overflow for SJGMPH rehabilitation services. EMHS has a separate contract with SJGML for a 24-bed step-down rehabilitation facility for RPH patients.

The State Government's commitment to purchase the private patient facility within the SJGMPH site will increase public hospital capacity by 60 inpatient beds and 3 operating theatres from 1 July 2026. Further in the 2024/25 WA State Budget, funding was committed for site Master Planning.

Challenges and Considerations

The population in the Swan and Hills health district is growing quickly and will continue to have the largest proportion of EMHS population at approximately 35% by 2032. In recent years, an increasing number of young families are moving into the area, though the older adult population will proportionately be the largest group.

Demand for emergency services at SJGMPH consistently exceeds capacity. There is anticipated to be growing pressure for Maternity, Newborn and Paediatric services over the coming decade. Maternity services at SJGMPH are public only, with no private service offered in the local area.

Future Service Mix

SJGMPH operates predominantly as a Level 4 General Hospital with a selection of services delivered as Level 5 (*Cardiology, General Medicine, Geriatric, General Surgical, Rehabilitation, Emergency* including selected *Mental Health* services).

Along with *Gastroenterology*, a set of clinical support services have been endorsed as Level 5 from 2034/35, including the *Intensive Care Unit/ High Dependency Unit, Anaesthetics, Operating Theatres, Pathology* and *Pharmacy*. An increase in *Obstetric* capability will be considered under system review.



St John of God Midland Public Hospital is a general hospital that provides a range of hospital services, including emergency, medical, surgical, intensive care and maternity services.



SJGMPH Strategic Directions

Site	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
St John of God Midland Public Hospital	Plan for and expand the capability of SJGMPH as a general hospital, working to full endorsed CSF capability.	Continue consolidation and enhancement of core general hospital services including: • Current services as Level 5: Cardiology, General Medicine, Geriatric, General Surgical, Rehabilitation, Emergency including a set of Mental Health services • Along with Gastroenterology a set of Clinical Support Services have been endorsed as Level 5 from 2034/35, including the Intensive Care Unit/High Dependency Unit, Anaesthetics, Operating Theatres, Pathology and Pharmacy. An increase in Obstetric capability will be considered under system review.
	EMHS to work in partnership with key providers to undertake collaborative service planning to meet future demand.	• Plan for and commission the additional 60 public inpatient beds (mix of surgical and medical beds) to be acquired via the purchase of additional beds in 2026, considering SJGMPH role in the EMHS tiered service network and service pressures points. • Undertake Master Planning for the SJGMPH campus, considering clinical services demand, capacity and capability into the future.



EMHS Community and Virtual Care Service

Overview

While hospitals will always play a fundamental role in our health service, there is a growing need to expand the care EMHS provides beyond the hospital walls – the care we provide away from the physical footprint of our hospitals.

In recognition that this will be a significant change management journey, an *EMHS Care Beyond Hospital Walls Framework* was released in December 2023 to provide a vision and guidance on the next steps.

A new EMHS Community and Virtual Care Service was concurrently established, with a dedicated focus on commissioning new EMHS-wide community and virtual care services and driving coordination and integration with existing site and community-based services.

Challenges and Key Issues

EMHS has a growing and ageing population that will place more demand on health services over the coming decade.

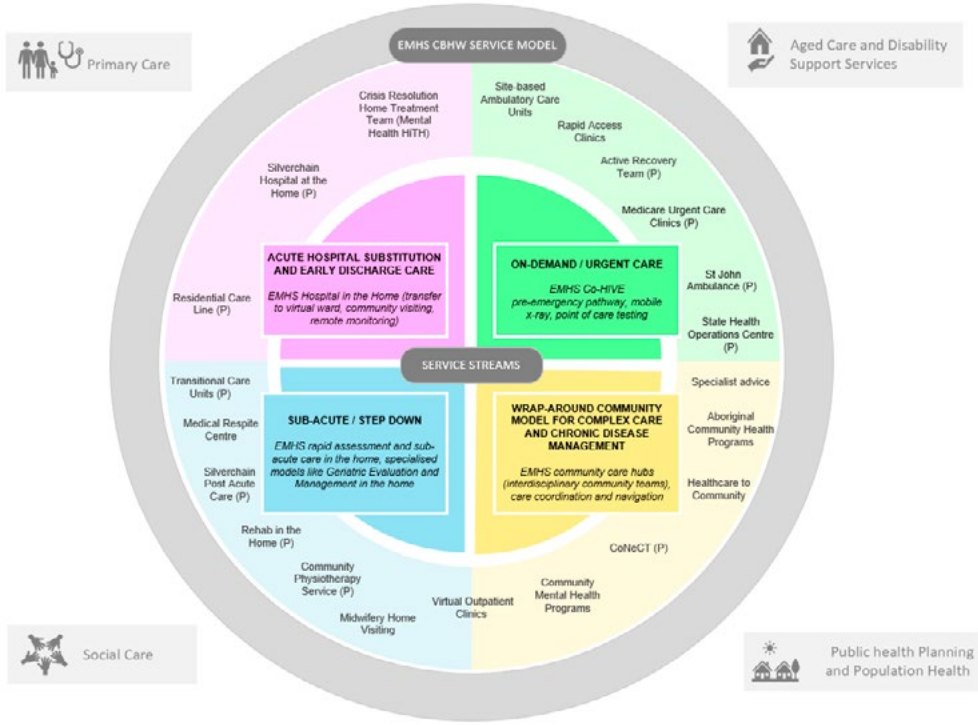
More people are living with multiple and chronic health conditions impacting their physical and mental health.

Emergency Departments, inpatient beds and outpatient clinics are not going to be able to grow fast enough to meet the anticipated future demand, which means we need to consider alternate ways to provide care.

The primary care system has limitations in its ability to support the needs of more complex patients, driving further demand on hospital services.

The community is increasingly demanding care that looks beyond individual acute issues and considers the whole person and consumer expectations have shifted, particularly post COVID, with interest in, and demand for, virtual care options.

Planning of virtual care services requires consideration for how they will interface with priority population groups, for example, accessibility for CALD people that rely on in-demand interpreters.



Graphic courtesy of the *EMHS Care Beyond Hospital Walls Framework*

EMHS Community and Virtual Care Service Strategic Directions

EMHS Community and Virtual Care Service	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
	Pursue new integrated hospital to community services (in-person and virtual) as well as support extension of specialist healthcare services offsite/to the community, aligned to the EMHS Care Beyond Hospital Walls Framework.	Evolve the new EMHS Community and Virtual Care Service into EMHS Virtual Healthcare which will deliver care beyond hospital walls.
		Expand the Community and Virtual Care Service: - Optimising the supported discharge pathways. - Growing emergency pathway through partnerships with the WA Virtual Emergency Department. - Expanding pre-emergency pathway, considering partnerships with community providers that support referrals directly from the community for vulnerable and at-risk patients.
		Pilot and sustainably scale up an EMHS Home Hospital (admitted acute care, with supported discharge models) by phasing the introduction of new pathways developed in collaboration with key stakeholders. This is likely to include: - Expanded medical streams (in the earlier stages) - Surgical pathways for select cohorts, including as part of a same-day surgery models (particularly aligned with the development of the Bentley Surgicentre). - Expansion of referral pathways from AHS. - Referral pathways for specific patient cohorts (such as NDIS patients) as well as directly from the community. - Virtual Home Hospital models – remote monitoring and virtual ward round for select cohorts (subject to funding models).
		Grow specialised sub-acute and outpatient models in the community (in-person and virtually) to support expansion of service capability as well as to grow service capacity beyond the bricks and mortar hospital.
		Plan, pilot and scale up community-based multidisciplinary health models that offer comprehensive assessment, clinical management, and coordination of mental, physical, and social health services for at-risk consumers (working in close partnership with primary and community care services). Refer to HEALTHCARE FOR PEOPLE LIVING WITH CHRONIC CONDITIONS and HEALTHCARE FOR OLDER ADULTS .

EMHS Mental Health Services

Overview

Mental Health (MH) conditions in the community continue to grow with 1 in 5 Western Australians experiencing MH concerns each year and nearly half the population experiencing MH concerns at some time in their life. Around 2% of the population experience recurring MH concerns which significantly impact their quality of life. MH recovery may also be impacted by other health and social factors, such as the misuse of alcohol and other drugs, comorbid physical health issues and disability, involvement with the justice system, and homelessness.

In early 2025, EMHS established the Mental Health Directorate with a single point of leadership and accountability for the provision of MH services across EMHS. The EMHS Mental Health Directorate provides opportunity to introduce consistency in MH services across EMHS sites and to evolve and grow MH services in parallel to increasing demand.

Across EMHS the demand for MH services is expected to grow, reflective of a growing population and increasing complexity of MH. Recent statistics indicate 10% of people utilising MH services in WA accessed 90% of MH hospital care, highlighting the recurrent and complex nature of MH conditions.

EMHS provides MH services across a range of settings including inpatient, community, Hospital in the Home (Crisis Resolution Home Treatment Team), Psychiatric Liaison in ED and Consultation Liaison in the general hospital and perinatal settings, transitional care between the hospital setting and community living in a residential setting (Bidi Wungen Kaat Transitional Care Unit), specialist services (East Metropolitan Eating Disorders Specialist Services, Wungen Kartup Statewide Aboriginal Mental Health Services), telephone crisis services (MH Emergency Response Line) and police and ambulance co-response services.

EMHS delivers Community MH Services from Armadale, Bentley, City East and Midland for adults and older adults. Youth MH services (ages 16-24) are provided via Bentley Mental Health service in inpatient and community settings.

As a major provider of specialist MH services, including statewide services, EMHS recognises the challenges in the system and the impact they have on people accessing care, their carers and family. The need for access to integrated services at all stages of care and recovery is critical. This not only requires a continued focus on evidence-informed contemporary practice, but also on the partnerships required to strengthen care in the community and reduce stigma associated with accessing MH services by fostering a more holistic approach to care.

Challenges and Key Issues

The drivers of increasing demand for MH services are diverse and include social instability, the current housing crisis and rising cost of living, the increasing use of social media and uncertainty about the future in the face of world-wide conflicts and a narrowing private health sector.

Increased inpatient bed demand is largely caused by missed opportunities to deliver early intervention or assertive community MH care, so people requiring MH care are more likely to become more acutely unwell and need inpatient care. This is multi-factorial and includes a chronic lack of capacity in existing community-based services who play a key role in supporting people to stay in their community, as well as limited options for patients seeking MH care outside weekday business hours in the form of after-hours drop-in services. These systemic factors often leave people with no option but to present to Emergency Departments in crisis rather than seeking care from MH specific spaces.

Social stressors such as housing instability, financial hardship, interpersonal conflicts and lack of social supports often precipitate acute crisis situations for which MH care is sought because there is a lack of other support services available, particularly out of hours.

Demand for older adult MH services currently outstrips the available resources in the system, for both inpatient and community services. Further, there is a lack of statewide older adult MH service planning, resulting in disjointed and inconsistent service provision across the state.

Traditionally, MH services operate on a largely medically driven model, focusing on illness rather than recovery. This contrasts with a more contemporary, person-centred and recovery-oriented model which demonstrates better outcomes at lower cost.

Gaps between inpatient and community MH care often make the transition of care period one of increased risk. These gaps are known to be mitigated by step-down units, intensive post-discharge programs, peer workers, MH supported accommodation and other types of housing with a focus on community re-engagement and addressing psychosocial stressors.

Workforce development and sustainability issues include staff burnout, high staff turnover, high staff exposure to violence and aggression and challenges in recruitment of specialised staff, especially consultant psychiatrist workforce. Further, these issues are often interlinked and exacerbated by one another. These factors place limitations on the ability to manage demand and expand services.



EMHS Mental Health Services Strategic Directions

EMHS Mental Health Services	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
	Improve accessibility and availability of MH services and drive safer, high quality and person centred care provided in the right place.	- Transition governance of MH services to the EMHS Mental Health Directorate and embed its functioning. - Plan and commission BHS Secure Extended Care Unit (SECU). - Plan and commission (secure funding) the AHS Mental Health Emergency Centre (MHEC). - Modernise/contemporise existing infrastructure to optimise care environment for consumers and explore/consider a dedicated ECT suite at AHS. - Explore the need for and feasibility of a Secure Extended Care Unit (SECU) at AHS. - Plan and commission the Enhanced Primary MH Care for the Byford Health Hub.
	Deliver contemporary practice, with a focus on moving care out of hospital and into step down and community services offering alternative services to the ED. <i>(*Improve the accessibility and availability of community treatment services & * Establish more seamless, safe and effective non-ED crisis responses)</i>	Shift consumers with lower-level acuity care needs out into the community, leaving our hospitals to focus on higher acuity care, by: - expanding the EMHS Crisis Resolution Home Treatment Team (CRHTT) service to provide an alternative to acute mental health hospital admissions - pursuing ED avoidance models of care that enable provision of MH care to people with mild to moderate MH concerns or in crisis due to social issues - improving liaison services that support care outside of hospital, including partnering with hostel, GP and community providers - establishing more shared care arrangements with primary care providers - establishing pathways to Woodville House for people discharged from MH inpatient care, who are experiencing homelessness and complex behavioural and MH challenges. Expand Ambulance Co-Response services. Integrate Trauma-Informed Care to ensure care providers are equipped to recognise and respond to trauma in a manner that avoids re-traumatisation: - implement training programs for staff, integrate trauma assessments into routine evaluations, and develop trauma-informed protocols Work with the system towards integration of multiple crisis response services and a central entry point.
	Invest in a strong MH workforce, including peer support workers.	- Develop a workforce plan that includes strategies for recruitment retention, ongoing professional development, and succession planning to ensure long-term sustainability. - Build our own MH peer support workforce. - Increased training opportunities for staff in specialised areas including complex areas such as forensic MH service delivery.
	Work in partnership with other government agencies and not for profit providers for integrated care addressing the determinants of MH. <i>(*Deliver services in a more coordinated and integrated way, in partnership with others in the system)</i>	Build new and expand existing joint partnerships for integrated care with a focus on access to community and preventative MH services and supports, such as peer support and recovery colleges, including: - collaborative models with NGOs - Health Justice Partnerships – foster care / state care (DoCP) - improved interagency liaison (e.g. St John Ambulance and WAPOL) - improved integration with primary care/GPs.
	Expand and embed AOD services into all MH services.	Explore opportunities to implement dual diagnosis programs (drawing on international exemplars) with a focus on education, trauma therapy and relapse prevention. Dual diagnosis programs will focus on addressing contributing factors to MH and AoD concerns, such as trauma and developmental impacts, and AOD issues as a person-centred approach.

*Aligned to Reform Directions 1, 2 and 3 within the MHC Community Treatment, Support and Emergency Response (CTER)

Our Clinical Priority Areas

The fourteen (14) Clinical Priority Areas have been identified as a focus for the EMHS CSP as they are acknowledged to be chronic enduring pressure points for EMHS that will contribute to future demand.

It is acknowledged that there is an overlap of challenges, opportunities and strategic directions between these areas, for example, *Healthcare for Aboriginal People* is considered across specific clinical specialties such as *Renal/Dialysis Services*.

OPTIMISE

timely access to care across key services with a focus on addressing inequities for priority populations

Emergency & Acute Care

Outpatients

Elective Surgery

Healthcare for Aboriginal people

Healthcare for the Homeless

Healthcare for Older Adults

Healthcare for Chronic Conditions

GROW

services to respond to future demand and population health needs

Cancer

Renal/Dialysis

Maternity and Newborn

Paediatrics & Youth

Rehabilitation

Alcohol and other Drugs

Population Health

Emergency and Acute Care Services

Overview

RPH Emergency Department (ED) sees more than 78,000 presentations each year. As WA's only accredited major trauma centre, RPH sees 75% of all adult major trauma cases in WA.

AHS ED cares for more than 70,000 people each year, including obstetric and paediatric emergencies.

SJGMPH ED provides public emergency care to adults and children in the Swan and Hills community, with greater than 75,000 emergency presentations each year.

Acute care is delivered across a range of same-day and multi-day inpatient settings, with examples including Ambulatory Care Units, Acute Medical Units and high acuity care within Trauma and Intensive Care Units.

Ensuring people get the care they need, when and where they need it underpins the direction of emergency and acute services.

The *EMHS Strategic Approach for Optimising Patient Flow* has been developed to shape how we can work collectively to optimise patient flow so that patients have access to high-quality healthcare in the most timely, efficient and sustainable way.

Challenges and Key Issues

The number of emergency presentations is increasing faster than population growth, with observed increases in presentations and subsequent admissions, particularly for mental health, older adults, Aboriginal people and people experiencing homelessness.

The number of ED presentations at EMHS hospitals increased by 15% since 2016/17, with the largest increase observed at AHS (20%).

People are waiting longer in ED before being seen, and increases have also been observed in those spending more than 8 hours prior to discharge or admission.

Increases in higher acuity emergency presentations are leading to increased hospitalisations and length of stay.

As the only accredited major trauma service, RPH has high rates of admission in comparison to other hospitals in WA.

General hospital bed access per capita in EMHS is lower than other general hospitals within the Greater Perth region:

- General adult multiday beds at both AHS and SJGMPH are often at capacity and consistently operating above Australian College of Emergency Medicine (ACEM) recommended safe occupancy levels of 85%.

Emergency and acute care service delivery is also challenged as there is no considerable opportunity for physical expansion at AHS and RPH's ageing infrastructure impacts the ability to meet growing demand and deliver contemporary care.

In terms of critical care bed availability:

- EMHS has 5.6 ICU beds per 100,000 population, lower than the national average.
- RPH has the lowest number per 100,000 (3.2/100,000) when compared to other metropolitan tertiary hospitals. As the State Trauma Centre, RPH also has a high emergency/unplanned demand (84.72%) compared to other ICUs in Australia (61.04%).

Challenges are faced in transferring inpatients from EMHS sites to other statewide services due to system capacity (e.g. State Rehabilitation and Cardiothoracic services). There are also opportunities to reduce interhospital transfers within the EMHS network by increasing the capability and self-sufficiency of acute care services across all sites.

Additionally, EMHS has a proportion of patients who experience frequent unplanned hospital admissions (in 2023/24, over 1,800 people had three or more admissions), which could potentially be avoided through more proactive and pre-emptive care options in the community.

RELATED PRIORITY AREAS



Emergency and Acute Care Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Emergency and Acute Care Services	Shape as well as reduce the demand for our services.	• Grow approaches across EMHS which aim to decrease/divert ED presentations and acute hospital admissions and prevent readmissions, including: • Optimise and sustain ambulatory care models and non-admitted pathways • Pilot and sustainable scale-up of EMHS Home Hospital (direct admission and supported discharge) • Expansion of Community and Virtual Care Service (pre-emergency pathway and supported discharged including virtual models, use of MRC and Co-HIVE Aged care) • Pursuit of EMHS integrated community healthcare hubs initially targeted at older adults • Partner with WAPHA and the System Manager to support commissioning of Medicare Urgent Care Clinics enabled with pathways for direct admissions and rapid access ambulatory/non-admitted care. • Improve complex patient and discharge management, including enhancing the ability to identify people at risk of longer stays early on (including people accessing NDIS and aged care supports), MDT approach to patient management and support, ongoing tracking and clear and consistent escalation pathways. • Continue to implement safety and quality initiatives which aim to reduce preventable harm when accessing hospital services. • Implement initiatives which support earlier identification of people with supportive and palliative care needs, quality goals of patient care conversations and provision of care aligned with patient wishes (building on learnings from a BHS pilot delivered in 2023/24).
	Balance demand for our services with the capacity to be able to provide them.	• Reduce mismatches in day-to-day demand and capacity across EMHS hospitals, delivered through strategies such as optimising operations hubs and daily stand-up meetings, having clear policies/processes supported by defined roles and responsibilities, and planning for anticipated surges in demand. • Pursue opportunities to grow contemporary tiered and integrated network approaches to enhance site capability to manage acute and emergency care, including, but not limited to, agreed pathways for specific patient cohorts, virtual models to support secondary triage, and treat and return pathways. • Grow longer-term capacity through proactive planning and implementation of additional beds at SJGMPH (immediate and longer-term) and explore feasibility of other private hospitals within EMHS catchment and establishment of BHS Surgicentre. • Prioritise and actively pursue solutions to address system capacity challenges (based on biggest pressure points/opportunity for system improvement), commencing with rehabilitation services. • Work with the State Health Operations Centre (SHOC) to balance demand coming to EMHS and across the Health System.
	Redesign systems which are better for patients and easier for staff.	• Work in partnership with SHOC to improve interhospital transfers, including through streamlining and consistent implementation of policies and processes, standardised patient transport processes and logistics and leveraging state-wide initiatives such as SHOC. • Progress hospital-wide strategies to enhance efficiency, length of stay and the inpatient discharge process with a focus on addressing operational challenges that impact flow for most patients. • Optimise theatre usage by separating elective and emergency flow through pursuing models including the BHS Surgicentre.

Outpatient Services

Overview

Timely access to outpatient services enables patients to stay well in the community, with less risk of deterioration of their condition and development of secondary complications, and reduced presentations to the Emergency Department.

With a largely aged population and a higher prevalence of chronic conditions, there is an extreme demand for outpatient care within EMHS services.

EMHS services are limited in meeting this demand with current outpatient service delivery models, capacity limitations and infrastructure constraints.

In 2023/24, EMHS received a total of 227,724 outpatient referrals, a 3% increase from 2022/23, and provided 715,514 appointments.

EMHS is consistently unable to meet the targets for outpatient access with a 2023/24 average of:

- 30-35% urgent category 1 patients not seen within 30 days – target = 10%
- 55-60% semi-urgent category 2 patients not seen within 90 days – target = 15%
- 45% routine category 3 patients not seen within 365 days – target = 20%.

There are also challenges in follow-up care with significant numbers of patients not able to access follow-up appointments within their clinically recommended timeframe due to low clinic discharge rates and limited capacity in clinics.

EMHS outpatient areas of concern include Rheumatology, Ear, Nose and Throat, Ophthalmology, Urology, Orthopaedics and Plastic Surgery.

EMHS is working collaboratively with other HSPs and the Department of Health (DoH) to implement the statewide Outpatient Reform Program to improve access and enhance digital capability.

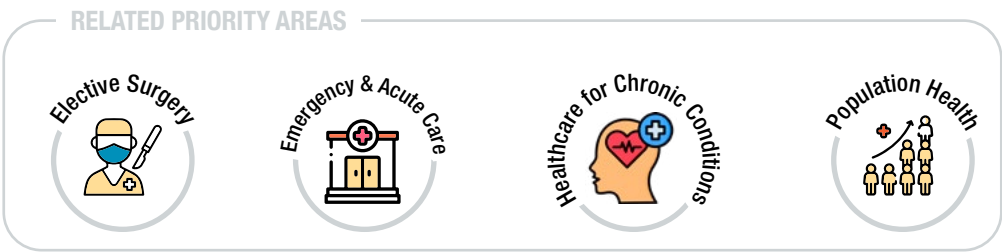
EMHS current focus is on:

- improving oversight and accountability of outpatient services
- building capacity within outpatients and capability to provide services beyond hospital walls
- transforming the delivery of services through the use of digital solutions.

Challenges and Key Issues

There are several key issues and challenges in the outpatient space that impair timely access to specialist services, including:

- Reduced access to care due to high demand for services resulting in patients experiencing longer than clinically recommended wait times.
- Limited capacity to service demand due to reduced discharge rates, ineffective utilisation of the available workforce and the perceived lack of capability within primary care to provide appropriate ongoing care.
- Outpatient administrative processes are currently inefficient and burdensome for staff resulting in delays in data entry, uncaptured activity and potential clinical risk to patient care. There is poor clinical documentation and communication with General Practitioners for ongoing patient management.
- Significant infrastructure constraints in the available outpatient clinic footprint with no ability to expand.



Outpatient Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Outpatient Services	Prioritise visibility and accountability to achieve sustainable outpatient service provision that provides timely access.	• Develop meaningful outpatient measures and targets, and regular reporting that will provide improved visibility of outpatient performance. • Progress transparency of outpatient waiting times in alignment with DoH publications and directions. • Strengthen outpatient governance, policy frameworks and referral management to support patient access and service model reform.
	Optimise capacity within EMHS outpatient services and deliver outpatient care closer to home.	Expand the Contemporary Workforce Program across EMHS sites with key outcomes of: • ensuring effective utilisation of the available specialist workforce • management of outpatient waitlists for high demand specialties • increasing discharge rates and reduce ongoing follow up demand. Implement patient discharge and follow-up initiatives across sites and outpatient specialties to reduce follow-up demand and increase discharge rates through: • utilising key enablers such as Patient Reported Measures (PRMs) and digital / electronic patient communication tools • establishing shared care opportunities with primary care • enhancing rapid access pathways to specialist care as required. Build capability for the provision of outpatient services beyond hospital walls and within primary care to enable care to be provided closer to home through: • establishing partnerships with primary care and community services to expand capability for care in the community • developing and progressing options for the provision of outpatient services at satellite sites or community hubs away from hospital footprint • expand and embed the GP with Special Interest Program in EMHS Outpatient Services. Development of service networks and expansion of service capabilities across EMHS sites where feasible.
	Embrace digital technology to transform outpatient systems, reduce administrative burden, streamline clinic management and enhance connections with patients and referrers.	Expand digital technology to streamline administrative processes and improve communication and monitoring of patients in the community including progression of: • predictive technology to schedule outpatient appointments • a patient “choose and book” system for outpatient appointments • a digital patient communication tool streamlining audit processes and capturing patient reported measures and data collection mechanisms • a clinic management system that provides visibility and compliance with appointment processes, clinic flow and interfaces with the digital / electronic medical record.

Elective Surgery Services

Overview

Access to timely surgery is essential for the health and wellbeing of the individual. Delays in accessing an elective surgical procedure can result in debilitating outcomes such as chronic pain, medication dependency, life limiting/altering disease progression, lost productivity and/or loss of income.

Ensuring timeliness of surgery remains challenging with a growing and ageing population, the cost-of-living pressures impacting on household decisions to rely on the public health system rather than maintaining private health insurance and the expansion of screening programmes identifying a need for surgery. The target for all elective surgery patients waiting longer than clinically recommended is 0% meaning all patients should receive their surgery within the recommended urgency time frame. In 2023/24, EMHS did not meet the targets for all three categories:

- Category 1 – 7.3% of patients were overboundary
- Category 2 – 33.4% of patients were overboundary
- Category 3 – 10.8% of patients were overboundary.

EMHS surgical areas of concern include Plastic Surgery, Orthopaedics, General Surgery, Ear, Nose & Throat and Urology.

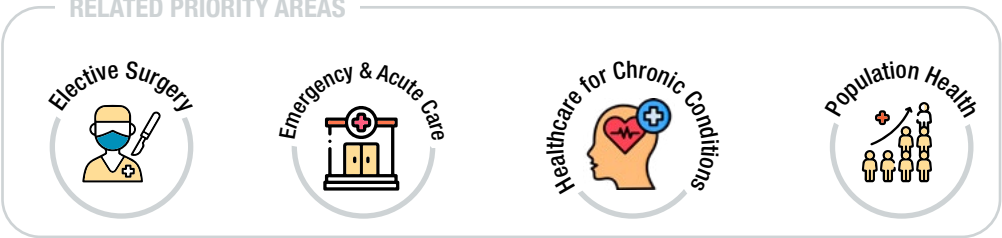
EMHS is focused on delivering the right care at the right time by delivering a contemporary tiered and networked surgical service across our hospital sites to meet demand now and into the future. EMHS will pursue ensuring no patient waits longer than clinically recommended for elective surgery.

Challenges and Key Issues

There are several key issues and challenges in the elective surgical space to ensure timely surgery, including:

- the inability to transfer elective surgery patients between sites where capacity exists under the same surgeon
- theatre inefficiencies
- inadequate pre-surgical preparedness
- long outpatient wait times and a lack of technological solutions to support an overarching view of outpatient, elective surgery and
- theatre demand impact on EMHS ability to meet the growing demand for elective surgery in the clinically recommended time frame.

RELATED PRIORITY AREAS



Elective Surgery Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Elective Surgery Services	Deliver a contemporary tiered and networked surgical service across EMHS hospital sites to meet demand now and into the future, optimising elective surgery access, enhancing capacity, and supporting the delivery of complex care at Royal Perth Hospital, with EMHS General Hospitals delivering non-tertiary surgical care.	- Progress EMHS joint medical recruitment strategy to increase flexibility and access to theatres across sites allowing the transfer of surgical cases across EMHS under the same surgeon. - Align theatre capacity and demand to inform and optimise theatre access, support the redirection of surgical activity and improve theatre planning and scheduling, capitalising on the delivery of care at the most appropriate site. - Ensure Bentley Health Service Surgicentre planning enables EMHS to meet elective surgery demand now and into the future by increasing access and capacity. - Optimise EMHS hospital sites (AHS, BHS, SJGMPH and KH) elective surgery capability and capacity to maximise surgical access for EMHS population and subsequently support timely access to tertiary elective surgery at RPH. - Utilise the DOH WA Panel Buyers Arrangement to access private hospital surgical services for EMHS cases where these cases are unable to be accommodated in clinically recommended timeframe within EMHS sites. - Enhance preadmission assessment models of care to optimise surgical preparedness and reduce short notice and day of surgery cancellation rates. - Build surgical prehabilitation services to deliver improved patient outcomes, reduced surgical cancellation rates and a reduced length of hospital stay.
	Expand and maximise technological solutions to improve patient communication, surgical preparation, post operative management and aid theatre scheduling and capacity, reducing short notice cancellations, reduced inpatient length of stay and increased theatre capacity.	- Implement robotic assisted surgery and evaluate the impact on patient outcomes and hospital efficiencies. - Expand technology solutions to support pre surgical preparedness to reduce cancellations. - Explore technology solutions to improve post-operative care and rehabilitation at home to reduce length of hospital stay. - Explore technological solutions to improve theatre planning and scheduling across EMHS, including infrastructure needs for new technologies (including robotics).
	Expand contemporary workforce models to improve timeliness to surgical outpatient review and access to theatres across hospital sites supporting an increase in conservative management with potential reduction in surgical demand and improved theatre access.	- Expand the EMHS Contemporary Workforce Program to surgical services capturing the Advanced Allied Health Practitioner and Nurse Practitioner workforce. - Expand preadmission assessment workforce capability, using alternative workforce options, to maximise pre-surgical optimisation and minimise cancellations. - Support training and professional development, adapt contemporary models of care delivery for existing and emerging Allied Health, Nursing and Midwifery workforce to expand scope.



Healthcare for Aboriginal People

Overview

Approximately 2.7% of the EMHS community identify as Aboriginal which is the highest proportion compared to other WA metropolitan health services. The health disparity between Aboriginal and non-Aboriginal Western Australians remains significant, and there is an urgent need to address this.

The age standardised mortality rate for Aboriginal Western Australians is over four times higher than non-Aboriginal Western Australians

The gap in life expectancy between Aboriginal vs non-Aboriginal people in WA is 8.8 years lower for males, and 8.1 years lower for females

Aboriginal people make up one-third of people who access EMHS services from rural and remote areas

Aboriginal people are overrepresented amongst people experiencing homelessness and in presentations and admissions to EMHS hospitals.

The highest rates for potentially avoidable hospitalisations for Aboriginal people was for chronic conditions, with ischaemic heart disease being the leading cause of death in WA.

EMHS is committed to improving the health outcomes for Aboriginal people by addressing health inequities. EMHS provides several services and programs in place to improve health outcomes for Aboriginal people, in addition to initiatives in place that aim to improve cultural safety across all parts of the organisation as per the box to the right.

An Aboriginal Health Department has been established at RPBG to influence and drive culturally safe initiatives that improve care for Aboriginal consumers.

Challenges and Key Issues

Aboriginal people have a higher rate of healthcare use making up 11% of ED presentations, 10% of inpatient separations and 7% of outpatient referrals across EMHS in 2023/24.

Staff cultural competency and cultural safety across the organisation is critical to support care delivery and positive outcomes.

Increased representation of Aboriginal people working across all levels of the organisation will help create a culturally safe service.

Delivering a culturally safe service will help to address high leave event (DAMA/DNW) rates which are consistently above thresholds for Aboriginal consumers meaning patients may be leaving before their care is complete, impacting their health outcomes.

There is a need to expand partnerships with community organisations to further enhance service delivery for Aboriginal people.

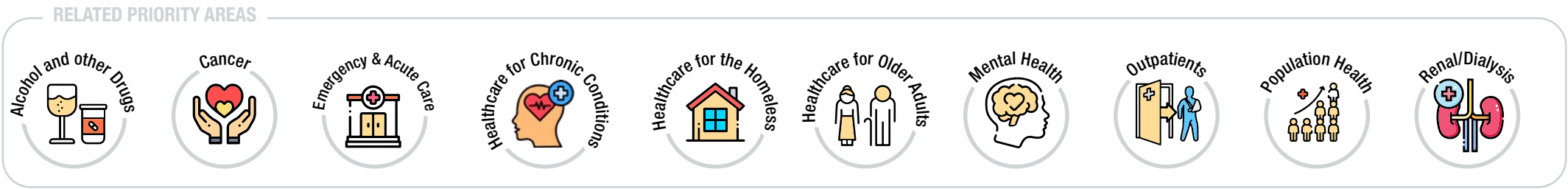
Dedicated services and programs targeted at improving health outcomes of Aboriginal people across EMHS services and sites

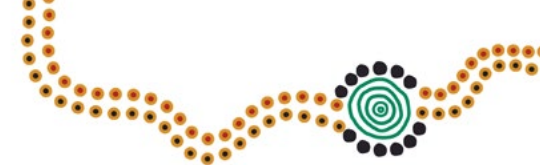
- Moorditj Djena
- Aboriginal Healthy Lifestyle Program
- Aboriginal Acute Care Coordination Team (AACCT)
- At Risk Aboriginal Pre-Appointment Contact Program (ARAC)
- Boodjari Yorgas Midwifery Group Practice
- Midland Aboriginal Maternity Service

Aboriginal Health Programs

- Moorditj Wirrin Koolankas (Strong Spirit Kids)
- The Yarning it Up, Don't Smoke it Up program

EMHS Aboriginal Health and Wellbeing Framework Action Plan 2022-24





Healthcare for Aboriginal People Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Healthcare for Aboriginal People	Build effective and sustainable partnerships with community services to empower Aboriginal people to access timely healthcare in a culturally safe place.	- Continue population health strategies currently underway that are aimed at preventing disease and addressing health inequities; and expand the focus towards building health literacy and accessing early intervention (e.g. specialised primary care via partnership with Derbarl Yerrigan) to promote wellbeing and encourage a more proactive approach to healthcare for Aboriginal people. - Develop co-designed pathways for earlier transition from Emergency Departments to the community where Aboriginal people are more likely to engage in their healthcare. - Develop co-designed pathways to support patient care and decrease the number of leave events (DAMA/DNW) including provision of alternate care within the community ensuring Aboriginal people feel safe and supported. - Alignment with the aims of the EMHS Aboriginal Health Joint Committee (AHJC) to strengthen partnerships between EMHS and local Aboriginal Community Controlled Health Organisations, providing an open forum for members to raise and discuss issues, challenges, and opportunities for partnerships.
	Improve the patient experience and health outcomes for Aboriginal people within the EMHS catchment, with a focus on reducing barriers to care, including changing negative community perceptions about hospital healthcare.	- Evaluate, expand and embed EMHS Aboriginal Health Programs into hospital sites ensuring cultural safety is fundamental to service delivery. - Embed cultural safety training into orientation information for new staff and make tailored training available for all staff to enhance the cultural safety of EMHS. - Ensure our hospital sites are culturally safe and welcoming with appropriate signage and access to gathering and mourning spaces (especially important for rural patients experiencing metropolitan services). - Develop innovative ways to receive feedback from Aboriginal people on their healthcare experience, using this information to further plan/develop services and improve health service delivery for Aboriginal people.
	Strengthen EMHS role as a secure/ culturally safe employer.	- Implement strategies to increase the number of general workforce positions by Aboriginal people. - Increase cultural competency of all staff within the organisation.

Healthcare for People Experiencing Homelessness

Overview

In metropolitan Perth, homelessness and rough sleeping is largely concentrated in the inner-city area, within the EMHS catchment. Estimates indicate there are 2,389 persons experiencing homelessness within the EMHS catchment.

On average, there are 5,600 homeless person presentations to tertiary EDs in Perth each year. At RPH between 5%-10% of all ED presentations on any given day are by persons experiencing homelessness.

People experiencing homelessness (PEH) have complex social and medical needs. Despite being very high users of hospital healthcare, they have poor health outcomes, with rough sleepers having an average lifespan of only 48 years, and a 30-year reduction in average life expectancy. This is because medical care is only a minor contributor to the health status of PEH (<20%). It is largely determined by their dire social situation that, if not addressed, will continue to drive high hospital healthcare use and reduced life expectancy.

In recognition of this issue, EMHS is a leader in terms of homelessness healthcare services and expertise. The RPH Homeless Team (RPH HT) provides a holistic service to homeless persons presenting to ED who may or may not have an inpatient admission.

The Medical Respite Centre (MRC), delivered by a consortium, provides medically supported short-term medical respite for homeless persons being discharged from hospital. EMHS has recently confirmed a permanent location for the MRC.

EMHS is supporting the Department of Health (DoH), in scoping a proposal for supported accommodation for homeless persons exiting hospital requiring further medical or mental health support (The Woodville House Project). If successful, the service would be contracted by and located within the EMHS catchment.

Department of Communities (DoC) have invested in Common Ground sites including one in East Perth to help address homelessness and social housing needs. There is opportunity for EMHS to collaborate with DoC to ensure best outcomes for PEH.

It is widely recognised that there is a strong association between problematic drug or alcohol use and experiences of homelessness. Next Step Drug and Alcohol Services (Next Step) provide a range of treatment services for people experiencing problems with alcohol

and other drug use. In late 2024, governance of Next Step transferred from the Mental Health Commission to EMHS.

Challenges and Key Issues

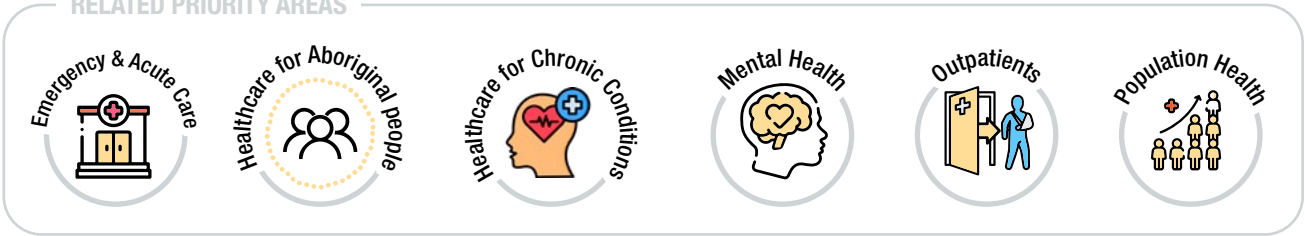
There is a severe, chronic shortage of housing options for very low-income individuals that would allow PEH to find suitable long-term accommodation such as social housing, supported accommodation and affordable rentals. This limits options for supporting discharge from hospitals and the MRC and can lead to hospital and MRC length of stay exceeding medical necessity and/or repeated hospital re-admissions if patients are discharged to homelessness.

An evaluation of the RPH HT in 2023 highlighted that if patients are discharged to some type of accommodation there is a 22% decrease in inpatient days in the 6 months post first contact with the HT, but if the patient is discharged to rough sleeping they have a 36% increase in inpatient days.

There are multiple government agencies and non-government organisations tasked with providing accommodation, social support and primary health care services for PEH. Most are NGOs, funded by the DoC and function on restricted eligibility, finite funding cycles and resources insufficient to provide adequate assistance to their target population. This contributes to WA's high levels of homelessness, especially rough sleeping, that in WA comprises 24% of total homeless population compared to the Australian average of 7% (2021 ABS census).

The current situation in Australia of a country-wide housing shortage, very long wait times for social housing, unaffordable rentals and the sharp rise in cost of living is predicted to last at least another 4-5 years so increasing levels of homelessness can be anticipated for many years to come.

RELATED PRIORITY AREAS



Healthcare for People Experiencing Homelessness Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Healthcare for People Experiencing Homelessness	Position EMHS as the lead healthcare agency designing, delivering and commissioning health services for PEH in the Perth metropolitan area.	- Expand the Homeless Team beyond RPH to maximise the expertise of the team in addressing the health and wellbeing of PEH who attend any metropolitan hospital or health service. - Prioritise connected health and social care planning focused on providing the most effective and supportive hospital and after hospital care for PEH across EMHS and the health system. - Invest in clinical leadership roles to shape and influence the healthcare provided within hospitals and in the community to ensure best outcomes for PEH and the healthcare system. - Support clinical leaders to represent the health service in key advisory committees and work collaboratively with other government departments and NGO's to develop innovative and sustainable solutions to improving the health of PEH.
	Pursue partnerships with relevant government agencies and community organisations providing community services to PEH.	Building on work already progressed and aligning with key elements of the Sustainable Health Review Recommendation 13: - Implement the revised model of care for the MRC ensuring alignment with emerging International Standards for Medical Respite Care - Identify opportunities to partner with EMHS services such as Next Step and the Mobile Clinical Outreach Team (MCOT) for PEH - Explore opportunities to partner with DoC and community NGOs for homeless patients exiting hospital who have ongoing healthcare needs not requiring hospitalisation (including the Common Ground facility and Woodville House) - Identify opportunities to enhance our collaboration with the WACHS Country Patient Health Support (PathS) program to support vulnerable country patients/families arriving in Perth - Explore joint appointment opportunities for NGO and health service roles to increase the knowledge and impact of services to PEH both in hospital and in the community.
	Continue to collect and share data around homeless person presentations to hospital within EMHS to inform future strategies.	- Invest in data collection, including ongoing support for the By Name List (BNL) and evaluation for new and existing healthcare services for PEH. - Ensure data is used to identify gaps and help to understand the impact of future investment in homelessness services to health outcomes and acute hospital service utilisation. - Where appropriate, share data findings with other organisations that have a Homelessness Strategy, to inform wider investment.
	Engage with Aboriginal organisations to further understand needs of the Indigenous population and develop strategies to support those who are homeless or at risk of homelessness.	- Leverage the knowledge and experience provided by the EMHS Executive Director for Aboriginal Health and Wellbeing and the supportive EMHS programs of work to improve health engagement and outcomes for Indigenous Australians experiencing homelessness. - Reach out to organisations specifically targeted at improving the health and wellbeing of Indigenous Australians such as Wungening Aboriginal Corporation and the EMHS catchment local and WACHS based Aboriginal Medical Services. - Collaborate to deliver culturally safe, trauma informed healthcare services that meet the needs of Indigenous Western Australians experiencing or at risk of homelessness.

Healthcare for Older Adults

Overview

While many older people will live longer in good health, many will also experience frailty, multi-morbidity, cognitive decline, disability and serious illnesses in the last years of life.

As the ageing population grows (1 in 6 EMHS residents are projected to be over the age of 65 by 2032/33), it will have a major impact on care requirements into the future. Challenges will be two-fold given:

- growth in people aged 85 years and over who are experiencing health issues associated with ageing (such as cancer, arthritis and dementia)
- more people entering older age with higher lifestyle related disease burden than previous generations (such as heart disease and Type II diabetes).

In addition to Geriatrics, Rehabilitation and Palliative Care, a range of EMHS medical and surgical specialty areas will continue to be impacted by the increased demand.

In recognition of this, EMHS is committed to optimising the care pathway for frail older adults by expanding and integrating services. This approach considers:

- a fundamental shift towards models of care which optimise quality of life and well-being, regardless of disease status, and
- pursuit of setting-specific and cross-setting interventions, including growth in community-based models.

This approach aligns with the endorsed *Older Adults System of Care* which outlines a shared target state vision for older adult care in WA, and the direction of the *Healthy at Home Strategy 2025-2030*.

Challenges and Key Issues

Increasing demand for hospital care due to the ageing population is already placing pressure on EMHS clinical services, with growth constrained by existing infrastructure limitations and workforce capacity.

It is also well recognised that a hospital bed is not always the best place for people to be receiving their care – functional decline is a leading complication of hospitalisation in older adults.

However, there are gaps in community services that contribute to hospitals being the default option as well as to people staying in hospital longer than needed. This is being further exacerbated by long waits for Home Care Packages as well as delays in accessing Residential Aged Care places and the Transition Care Program. Reforms in Aged Care are likely to have a significant impact, including changes to the Aged Care Assessment Team (ACAT) and the hospital role.

The pursuit of new models of care needed to enable EMHS to meet the needs of the growing ageing population will require more innovative funding models, an ability to implement different ways of working, harnessing of technology solutions and growth in community infrastructure.

Carers also play a key role in supporting the wellbeing of older adults so it's vital to consider their needs when developing healthcare models to ensure the necessary supports are provided and the risk of carer burnout is addressed.

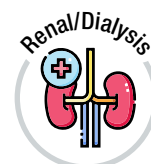
An older adult is defined as a person aged 65 years and over and 50 years and over for Aboriginal people, reflecting the current gap in life expectancy.

While this is the definition, it's important to recognise there is great diversity in the 'older adult' group. Not all older people are frail and not all people living with frailty are older.

Other challenges for clinical services include:

- Older adults are more likely to have multiple co-morbidities than any other age group
- Rates of polypharmacy are high (people using ≥ 5 medications)
- Mental health conditions are more common among some groups of older adults including those in hospital, those with dementia, older carers and people living in residential aged care.

RELATED PRIORITY AREAS



Healthcare for Older Adults Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Healthcare for Older Adults	Support earlier holistic care planning with a focus on prevention and wellbeing.	- Pursue development of community integrated healthcare hubs in EMHS, initially targeted at frail older adults and/or those living with a life limiting condition and their carers, that offer: - comprehensive assessment, shared care planning ‘parallel planning’ which enhances patient/carers understanding of their health conditions and recognises, identifies and discusses uncertainty, planning for multiple scenarios - time limited care coordination/navigation until care can be transitioned back to a patient’s regular GP. - Pursue proactive/preventative hospital services such as secondary fracture clinics, falls prevention services and other supports for lifestyle change. - Build partnerships with primary care and community services to better identify at-risk frail older adults and direct them to the right care, in the right place at the right time, including consideration of opportunities through ACAT reform.
	Enhance options to seek and support care closer to home, providing alternatives to the ED where possible.	- Pursue expansion of the Co-HIVE, including pre-emergency pathways, considering partnerships with the WA Virtual Emergency Department (WAVED), WA Health respite pilot and community aged care providers. - Optimise and expand ambulatory and/or non-admitted models of care (such as early discharge enabled with a follow up appointment in an outpatient setting/day unit). - Pursue initiatives which enhance engagement and support shared decision-making for older adults with long-term conditions (such as elective surgery decision making for high-risk older adults).
	When requiring hospital-based care, support timely care in the right environment.	- Enhance rapid frailty screening for older adults at key touchpoints (e.g. during an ED presentation, at surgical referral) to facilitate comprehensive assessment. - Develop clearly defined direct admit pathways to hospital for frail older adults. - Pilot and scale up EMHS Home Hospital, including specific pathways for frail older adults (direct admit and supported discharge, offering Tier 1 and 2 service flexibility and consideration of remote monitoring solutions). - Pursue models for older adult rehabilitation (sub-acute care) in the home, such as the Geriatric Evaluation and Management (GEM) at Home service and consider opportunities to partner with existing community service providers to enhance service viability and sustainability.
	Ensure support and continuity of care through transitions of care.	- Enhance transition support for frail older adults from hospital to home, including: - communication of treatment/management plans to GPs, pharmacies, other care services - opportunities to address polypharmacy/optimize medication management. - Continue to enhance referral pathways to EMHS integrated palliative care services provided by KH (including day respite) and explore opportunities to expand episodic care management models for people not yet eligible for Silverchain community-based palliative care.

Healthcare for People Living with Chronic Conditions

Overview

Chronic conditions are the leading cause of illness, disability and death in Australia with five disease groups responsible for 66% of the overall burden of disease: cancer, cardiovascular diseases, mental and substance use disorders, musculoskeletal conditions, and injuries.

It is estimated that 38% of Australians are living with two or more long-term health conditions, increasing to 79% of people aged 85 and over.

However, the structure of our clinical services and largely single-disease focus means that people with more complex health needs are often managed by multiple specialists across different hospitals. This challenges the ability to provide whole person care.

There are also gaps in pathways and services for people at ‘rising risk’ and with complex care needs, limiting opportunities for more proactive and preventative care.

Aligned to the system’s *Healthy at Home Strategy 2025-2030*, EMHS is committed to growing contemporary services for people living with chronic conditions which will see:

- A fundamental shift to focus on whole person care, which is integrated and coordinated across the care continuum.
- Pursuit of cross-setting interventions, particularly growth in community-based models.

Challenges and Key Issues

EMHS services will continue to experience growing demand for chronic condition related care over the next decade, particularly as the ageing population grows.

Specialty areas where current demand already exceeds capacity includes Renal/Dialysis, Cardiology, Neurology, Respiratory and Endocrine/Diabetes services.

However, the growth in people living with multiple long-term conditions means we need to look beyond expanding individual clinical services to more integrated approaches, particularly given workforce constraints. If we are to support people to live well in the community (regardless of their disease status), models will also need to look beyond the current hospital walls.

Given the relationship between risk factors and chronic disease, EMHS also has an important role to play in supporting more proactive/preventative approaches. With increasing rates of overweight and obesity and subsequent impact on healthcare services, there is a particular need for wrap-around weight management and treatment services.

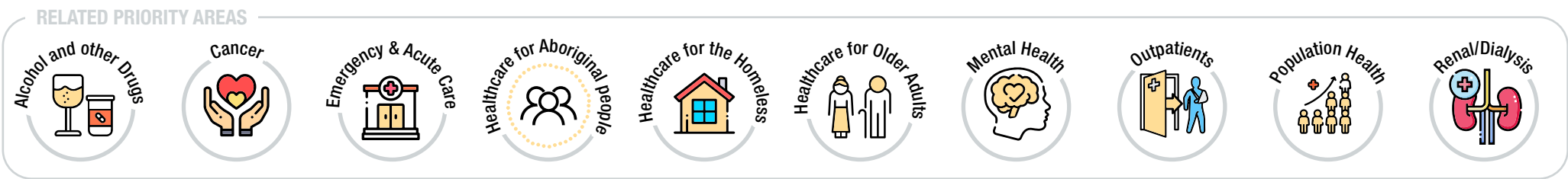
The pursuit of new models will require more innovative funding approaches, an ability to implement different ways of working, harnessing of technology solutions and growth in community infrastructure.

Carers also play a key role in supporting people living with chronic disease. It’s vital to consider their needs when developing healthcare models to ensure the necessary supports are provided and the risk of carer burnout is addressed.

Chronic Conditions
 are defined as physical and mental health conditions that have complex and multiple causes. They may occur as a single condition or along with other diseases. Chronic conditions usually progress gradually and are more common as people get older.

Multiple long-term conditions
 is defined as the co-occurrence of two or more chronic conditions (physical or mental) in a person.

For ease of reference, the term ‘chronic condition’ will be used throughout this section to refer to people living with chronic and multiple long-term conditions.



Healthcare for People Living with Chronic Conditions Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Healthcare for People Living with Chronic Conditions	Pursue a shift from reactive to proactive care, encompassing earlier holistic care planning and management.	• Rescope/relaunch the Multiple Admissions Report (MAR) tool to a broader clinical audience to support earlier identification of people living with chronic disease that would benefit from holistic care planning and management (for example, beyond multiple hospital admissions to also identify and support people attending multiple Outpatient clinics). • Expand community integrated healthcare hubs to support people living with chronic conditions, considering opportunities to partner with existing external initiatives like CoNeCT and Community Physiotherapy to provide: • comprehensive assessment and shared care planning, including engagement and collaboration with other health professionals and social care providers involved in a person's care • care coordination and navigation, including advocacy and service linkage • condition management including psychosocial support, rehabilitation, education, and social prescribing. • Pursue a wrap-around EMHS weight management service which is expected to encompass: • an MDT weight loss support program (behavioural) via a range of pathways, including as part of a surgical optimisation approach or for where surgery may not be indicated • investigation of pharmaceutical treatment models • system advocacy for growth in public bariatric surgery provision.
	Enhance care options to support continued management of care in the community, including at times of escalation.	• Pursue models which support earlier access to specialist advice by clinicians, including GPs, to enable proactive management of a person's condition when their needs change (particularly to avoid the need for an outpatient appointment). • Optimise and expand ambulatory and/or non-admitted models of care (such as early discharge enabled with a follow up appointment in an outpatient setting/day unit). • Pilot and scale up EMHS Home Hospital services including specific pathways for people with chronic conditions (direct admit and supported discharge, offering Tier 1 and 2 service flexibility and consideration of remote monitoring solutions). • Grow specialised sub-acute and outpatient models in the community (in-person and virtually) which enhance access to care for people with chronic and multiple long-term conditions.
	Enhance coordination and continuity of care during transitions.	• Develop consistent coordination and navigation services across EMHS hospitals which support people with chronic conditions during a hospital presentation/admission, extending to the immediate post-discharge period, with strong pathways to community integrated healthcare hubs (building on models like the AHS Healthcare to Community Service, SJGMPH HART program and Heart Failure service at RPH).

Cancer Services

Overview

Currently EMHS Cancer Services are provided at RPH (as a restricted Level 5 Medical Oncology service with a case mix for breast, lung, prostate, and colorectal tumour groups) and SJGMPH (Level 4 service).

AHS delivers a limited service including a non-malignant Haematology service (Level 4). Whilst endorsed to provide AHS Medical Oncology services (Level 4) it does not currently offer this service.

No public radiotherapy services are currently offered within EMHS, with EMHS residents referred to FSH/Sir Charles Gairdner Hospital (SCGH) Comprehensive Cancer Centres or electing to attend private services to receive treatment. Patients with complex cancers are also referred to the Comprehensive Cancer Centres and a very small number of patients are referred to King Edward Memorial Hospital for Women for Gynaecology Oncology.

EMHS sites are experiencing greater demand for cancer services. This is in line with national trends where diagnoses increased by 67% over the past 20 years.

EMHS residents currently account for one third of cancer activity in the metropolitan area.

Chemotherapy at RPH increased by 6.4% between 2019/20 and 2022/23.

Almost half of inpatient separations and 70% of outpatient occasions of service for public cancer care for EMHS residents were provided outside of EMHS during 2022/23.

Challenges and Key Issues

EMHS sites are not currently self-sufficient in providing cancer care as not all treatments are offered at EMHS.

EMHS residents experience fragmented cancer care, provided by multiple care providers across multiple sites.

Patients with high complexity care or those requiring radiation oncology must be referred out to SCGH/FSH, resulting in fragmented care and barriers to service improvement and quality monitoring.

Diagnostic and staging procedures available in EMHS are limited by infrastructure and workforce. There is no PET scanner within EMHS.

Access to clinical trials is limited and requires referral to the Comprehensive Cancer Centres or to private facilities.

Ageing infrastructure and space constraints within RPH Medical Day Unit does not enable contemporary and timely care that meets current service demands.

AHS is not currently working to full CSF capability but also faces space constraints as a barrier to future expansion.

Introduction of the National Lung Cancer Screening Program is anticipated to result in greater demand on EMHS services to provide investigations stemming from increased screening.

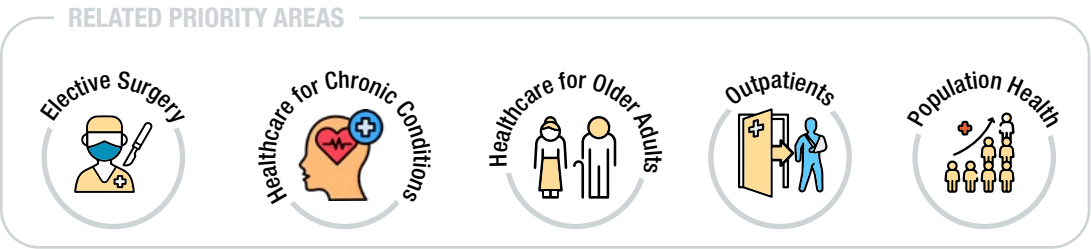
Improvements in diagnostic methods, earlier detection and advances in treatment are contributing to an increasing rate of survivorship, resulting in a demand for ongoing services.

Regional patients
For people in country WA, the further they are away from the metropolitan area, the poorer their outcomes when diagnosed with cancer.

Aboriginal People
23% higher than the whole WA population incidence. There was also a 58% higher mortality rate to broader WA population.

Low socio-economic status
In 2021, 49.4% of the EMHS catchment were socioeconomically disadvantaged. Cancer mortality rates for this group are over 40% higher.

Older adults
People aged 60 and over make up less than a quarter of the population yet are estimated to be responsible for 72% of new cancer cases.



Cancer Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Cancer Services	Provide access to cancer care for EMHS residents that is timely, equitable and as close as safely possible to where patients live.	- Establish and refine an integrated, tiered network of cancer services within EMHS to provide quality, safe care that is close to home: - AHS working towards full capacity of Level 4 Medical Oncology Services. - Increase equitable access to cancer services for EMHS residents, particularly for where there is currently no access within EMHS (i.e. diagnostics, public Radiation Oncology and clinical trials). - Establish and grow community-based cancer services (e.g. Tele-Oncology, Home Chemotherapy).
	Streamline care coordination and referral pathways.	- Optimise cancer coordination and navigation services available to EMHS residents, with a focus on whole of person care. - Strengthen partnerships with WA Comprehensive Cancer Centres (CCCs) to enable streamlined and networked services for EMHS residents. - Establish and embed cancer care pathways for priority populations accessing EMHS Cancer services (i.e. Aboriginal people, WACHS residents, adolescents, and young adult). - Integrate and optimise referral and access to EMHS services, aligned to the patient's Optimal Cancer Care Pathway (OCCP) journey.
	Improve (track, monitor, evaluate) cancer care, outcomes/experience through digital/electronic technology.	- Implement integrated ICT systems that enable information sharing across multiple sites and services within EMHS ability to control and influence. - Implement a practical and pragmatic electronic support tool for Multidisciplinary Cancer Conferences (MCCs) to optimise coordination, communication, and treatment planning. - Design and embed the use of patient reported outcome and experience measures (PREMS, PROMS & PCOMS).
	Maximising cancer prevention and early detection for EMHS residents.	- Increase cancer screening, particularly for priority populations. - Increase prevention via promotion of modifiable cancer risks.
	Grow and enhance sustainable EMHS cancer services in response to the evolving needs of the population and emerging health challenges, aligning to the Australian Cancer Plan (ACP) and the WA Cancer Plan (WACP).	- Consider options and assess feasibility for increased cancer services capability within EMHS: - working towards RPH providing Level 6 Medical Oncology Services - feasibility for expansion of tumour groups - expansion of the current CTTWA at RPH. - Plan for and build an EMHS Cancer workforce that can work to the top of their clinical scope, delivering efficient services.

Renal/Dialysis Services

Overview

There are five major risk factors for Chronic Kidney Disease (CKD), with around 76% of Australian adults having at least one: diabetes, uncontrolled high blood pressure, cardiovascular disease, smoking or overweight/obese. Of this cohort, 25% have two of these risk factors many of which can be avoided or improved with lifestyle modification behaviors.

EMHS is likely to experience growing future demand for renal services as the population grows and continues to experience higher rates of renal disease, that predisposing to renal dialysis.

Within EMHS, renal services are currently provided at RPH, AHS and SJGMPH:

- RPH provides a tertiary level renal service for planned and unplanned care for adults with CKD and End Stage Kidney Disease (ESKD) including haemodialysis, peritoneal dialysis and conservative care. RPH also delivers tertiary outpatient clinics, including outreach to the Kimberley and Northam. RPH delivers pre- and post-transplant care, with transplants provided by FSH and SCGH.
- AHS provides a comprehensive renal medicine service with pre-dialysis assessment, sameday renal dialysis and some inpatient dialysis. Outpatient services for haemodialysis are provided by a Renal Physician and Nurse Practitioner. AHS capacity is limited by infrastructure constraints.
- SJGMPH provides an inpatient renal medicine service, covering the management of acute and chronic renal patients and renal related diseases. There is no ability to provide inpatient dialysis. Patients requiring acute dialysis are transferred to the RPH in-centre for dialysis.
- An external contract provider delivers dialysis for stable patients at community satellite dialysis units. These are located in Cannington, Midland, Rockingham, Spearwood, and Stirling. Home dialysis is also offered through an external contractor.

Challenges and Key Issues

Demand for renal services, particularly dialysis, continues to exceed system capacity with demand continuing to grow.

Patients that are more suitable for community-based treatments are currently being dialysed in the tertiary units, due to satellite access and capacity constraints.

There is a goal for 30% of patients to be on home dialysis in WA, currently only 21% are.

There are ongoing workforce shortages (nursing) contributing to service pressures, however increasing skill mix of staff would optimise patient flow.

Location of community satellite dialysis units means it is often not possible to have care near home.

The current clinical governance of satellite units is with a contractor provider.

Renal transplant services are not currently offered at RPH, which contributes to the fragmentation of care with patients needing referral for care at another HSP.

RELATED PRIORITY AREAS



Renal/Dialysis Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Renal/ Dialysis Services	Increase dialysis access and capacity for patients who live in the outer metropolitan growth areas with EMHS to meet current and emerging demand, commencing with the eastern corridor.	• Work in partnership with SMHS to jointly advocate and identify the most suitable location for an additional community satellite dialysis unit within the south-eastern corridor to inform the System's renal community dialysis contract process. • During contract discussions for satellite services, work in partnership with other HSPs to jointly influence the provision of a third shift at all community satellite centres with the preferred provider. • Undertake feasibility assessment for an expanded renal dialysis unit at Armadale Hospital and develop and submit an EMHS Business Case in support of this. • Undertake a feasibility assessment of having specific inpatient dialysis beds at SJGMPH. • Identify additional care systems and workforce to facilitate the increased uptake of home dialysis.
	Expand pre dialysis and renal supportive care services for EMHS patients.	• Increase the pre dialysis and supportive care teams to assist patients in making informed decisions to manage disease and symptoms and improve quality of life with or without dialysis, including palliative care collaboration, psychosocial support and consideration of whole person care, enabling individualised and culturally secure care. • Strengthening partnerships with Aboriginal Community Controlled Health Organisations and increased involvement of Aboriginal health practitioners in the pre dialysis pathways.
	Work in partnership with WACHS catchment regions (Pilbara, Kimberley, Wheatbelt) to support delivery of dialysis locally.	• Support WACHS to identify opportunities to improve the transitioning of regional patients to regional dialysis services. • Continue training programs for WACHS staff to upskill in renal care, supporting ESKD in regions. • EMHS supports, along with other HSPs/DOH, exploration and development of renal specific training for Aboriginal Health Practitioners. • Work with transplant providers to streamline pathways for EMHS patients to access renal transplants.
	Promote kidney health and early disease management.	• Partner with Population Health programs to promote kidney health, secondary prevention and management of chronic disease, supporting the delivery of the Sustainable Health Review. • Partner with Aboriginal Health Practitioners / services to provide and promote culturally secure renal health care. • Increase early detection and management to slow kidney disease progression and empower patients to self-manage their health through expediated pathways to other community and EMHS chronic condition services.

Maternity and Newborn Services

Overview

The EMHS catchment has the largest numbers of women birthing in WA public hospitals, approximately 25% more than SMHS and NMHS. In 2022/23, 30.5% of WA public births were to women residing within EMHS. Demand is growing with the South East and Swan and Hill districts projected to be two of the highest growth areas in the Perth Metropolitan area over the next ten years which is expected to generate increased demand for maternity and newborn (M+N) services.

EMHS currently provides M+N services at AHS and SJGMPH (Level 4), with low-risk maternity services having recommenced at BHS in late 2024 through the Midwifery Birth Centre (Level 2 service initially). High risk and complex pregnancies and births, and unwell newborns are referred/transferred out to Level 5 and Level 6 services (FSH, King Edward Memorial Hospital (KEMH) and Perth Children’s Hospital (PCH)).

The *EMHS Maternity and Newborn Services Plan 2024-2034* has been developed to provide strategic direction and responsive delivery of M+N services over the next ten years.

Challenges and Key Issues

Current demand for M+N services in EMHS exceeds the capacity of sites in relation to safe birth guidelines and it is expected that the number of women of childbearing age (15-44 years) will increase by 9% by 2031 placing further demand on services.

Care is fragmented as EMHS M+N services are not currently self-sufficient and do not have capability for high risk/complex births. Just over half (54.5%) of EMHS women birthing in a public hospital, birthed within EMHS maternity services.

Currently care integration is limited, with a lack of formalised referral and transfer pathways to strengthen and support networked service delivery.

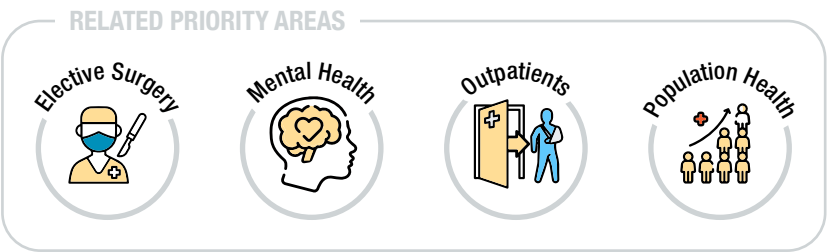
High risk care/complexity is expected to increase fuelled by the EMHS being home to several of the lowest socio-economic communities in WA. In 2021, 49.4% of the EMHS catchment were socioeconomically disadvantaged. Nationally poorer maternity outcomes are experienced by women living in socioeconomic disadvantaged areas.

System-wide reform considerations with relocation of the Women and Newborn Heath Service (Level 6 KEMH to Murdoch and expansion of Osborne Park Hospital (OPH) and the need to advocate for EMHS women equity of access noting lack of Level 5/6 service in our catchment.

EMHS services see a high proportion of priority populations:

- Aboriginal women: 5% of births at AHS and 7% SJGMPH
- CALD: 47% at AHS and 32% at SJGMPH
- Regional patients: 4% AHS and 10% SJGMPH
- Young mothers: (< 20yrs) 3.2% of non-Aboriginal and 25.1% of Aboriginal births at AHS; 2.7% of non-Aboriginal and 16.9% of Aboriginal births SJGMPH.

Workforce limitations exist including a global maternity workforce shortage and an ageing midwifery workforce.



Maternity and Newborn Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Maternity and Newborn Services	Expand clinical capability and self-sufficiency of EMHS M+N services to meet changing needs of the community and manage complex/high risk births within catchment.	Contribute to, and advocate for the needs of EMHS women and families in the WA CSF refresh and role delineation, specifically seeking to transition AHS and SJGMPH towards Level 5 Obstetric and Neonatology Services, with Level 4 services at BHS by 2029/30.
	Support planning for future capacity and demand through infrastructure planning and investment to ensure M+N services meet safe birth guidelines and projected demand.	Pursue infrastructure planning and investment to enable expansion of birth suites and qualified neonatal cots to meet demand, clinical capability and guidelines for safe births.
	Develop integrated, tiered network of M+N services by formalising service arrangements with defined referral and transfer pathways.	- Develop shared and standardised maternity clinical practice across EMHS, including EMHS policies, procedures and guidelines. - Operationalise internal networked tiered service arrangements, promoting collaborative consultation and coordinated management of early risk. - Expand use of virtual care modalities to increase equity of access, choice of care and enable virtual shared care as part of standard M+N care. - Work in partnership with WACHS and maternity services to develop regional responses to optimise referral and transfer pathways.
	Deliver contemporary care for all women through the provision of continuity of care/carers models and enhancing care of vulnerable women and families.	- Expand continuity of care/carers models, specifically midwifery-led continuity of care such as Midwifery Group Practice across EMHS sites. - Ensure M+N care is woman-centred care and culturally secure with targeted focus on enhancing models of care for vulnerable priority populations (Aboriginal, CaLD, women < 20 years old). - Explore community-based locations and strengthen partnership opportunities with local community services such as Child Health Nurses to deliver contemporary care and support children/families in getting the best start to life.
	Build workforce through innovation and reform to support expansion, increase in capabilities, diversification and maximise scope of practice.	- Progress a workforce agenda to maximise attraction and retention of clinical staff involved in the provision of M+N care to maximise scope of practice and support diversification of workforce. - Provide opportunities for workforce training and education shared across EMHS, including establishment of a Community of Practice.

Paediatric and Youth Services

Overview

EMHS Paediatric Services are provided at AHS (Level 3-4) and SJGMPH (Level 4) with a range of services within CSF capability including emergency, minor trauma, inpatient services (general and specialty medical and surgical) and outpatient services. Level 4 child and adolescent emergency mental health services are also provided.

Specialist Services for early years/child health are provided through the Child and Adolescent Health Service (CAHS) which provides Neonatology, Child and Adolescent Community Health, Child and Adolescent Mental Health Services (CAMHS) and Perth Children’s Hospital (PCH).

Patients residing within EMHS may elect to access services at PCH. This may be because specialist care is not available locally, continuity of care following a prior episode of care or a perception that all paediatrics must go via PCH.

EMHS provides some youth Mental Health Services via the Youth Community Assessment and Treatment Team (including eating disorders) and Drug and Alcohol Youth Services (DAYS).

Challenges and Key Issues

Increasing demand for Paediatric and Youth Services (inpatient and outpatient) in EMHS will continue to grow related to:

- Growing population of families and young people inclusive of women of childbearing age in South-East and Swan & Hills health districts.
- Department of Health policy direction to decentralise paediatric planned activity.
- System-wide CSF review and a move to comprehensive general hospitals with any changes in capability requiring local services to provide full scope within their assigned CSF levels.
- Any increase in Maternity service capability and/or Neonatology service capability or capacity at sites. With more babies of high-risk mothers born at AHS and SJGMPH, and increased capability or capacity of neonatal services, these babies will require inpatient care from paediatric clinicians and will flow to local paediatric outpatient services following discharge for continuity of care.

Growing paediatric population will see increased ED presentations which will translate to more paediatric inpatient beds required.

There are no dedicated paediatric EDs in EMHS which will present challenges for decentralisation and patients seeking care locally.

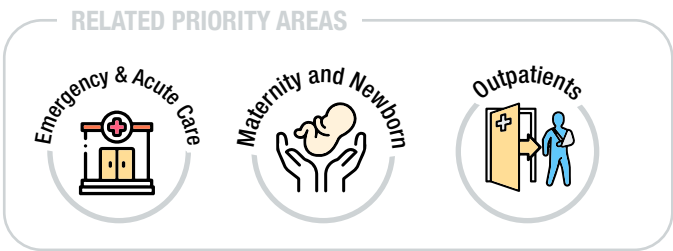
There is a nationwide shortage of Paediatricians (medical and developmental) which will need consideration to manage increased demand, alongside specialised allied health clinicians.

There are challenges associated with adolescent patients transitioning to adult services as continuity of care may be lost and they may feel less supported than in the paediatric system, where there are often paediatric specialists trained in conditions, e.g. cerebral palsy. Advancements in medical care means patients are living longer with conditions and illnesses, therefore require transition to adult services. These conditions are often rare, requiring specialist input at a tertiary hospital, therefore transition within EMHS is most likely to RPH.

There is a need to cater for increasing rates for neurodiversity within paediatric and youth cohorts, which may present with behavioural issues (not related to mental health).

Consideration also needs to be given to providing child safe organisations and youth-friendly services.

Preventative focus needs to be applied to addressing growing rates of overweight and obesity in childhood, and the impacts of social media/video game/pandemic related isolation.



Paediatric and Youth Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Paediatric and Youth Services	Expand to full capability and self-sufficiency of Paediatric services across EMHS by working to full endorsed CSF capabilities to meet the needs of the community.	- Consolidate endorsed CSF capabilities for AHS Paediatric Services including working towards CSF Level 4 for Paediatric General Surgery. - Contribute to, and advocate for the needs of EMHS children and families in the WA Paediatric Services CSF refresh, role delineations and proposed decentralisation of activity. - Progress planning for comprehensive general hospital Level 5 Paediatric Services in EMHS.
	Develop integrated, tiered networks for Paediatric and Youth services by formalising service arrangements with defined referral and transfer pathways.	- AHS and SJGMPH to work in partnership with PCH to develop escalation responses including access to specialist advice optimising paediatric care, and if required, ensuring safe referral and transfer pathways with the ability to back transfer for care closer to home. - Expand use of virtual care modalities to enable virtual shared care with PCH and other child and adolescent services providers (e.g., Mental Health) as part of standard paediatric care and consultation. - Strengthen processes for transitioning the care of adolescents to adult services across EMHS including specialty services at RPH.
	Support planning for future capacity through infrastructure planning and investment to ensure Paediatric Services meet projected demand.	- Planning and development of Paediatric Emergency Departments with Paediatric Short Stay Units in EMHS (AHS and SJGMPH). Consideration to be given to provide appropriate care to neurodiverse patients. - Planning for capacity expansion of EMHS designated inpatient paediatric safe beds/wards to cater for projected demand with appropriate infrastructure considerations of infants, children and adolescents and links to neonatal units. - Planning for projected demand for EMHS paediatric outpatient services which may be provided in the community (e.g., Byford Health Hub).
	Ensure all EMHS children, youth and families have timely, enduring and equal access to integrated and high-quality mental health care.	- Expand EMHS Youth Mental Health Services (including Drug and Alcohol Youth Services and Eating Disorders Hubs) to deliver contemporary clinical models of care. - Strengthen processes for supporting transitions of children moving between services; and adolescents transitioning to youth or adult mental health services. - Address barriers for EMHS children and families to access child and youth mental health service consultations/liason by collaborating with Infant Child and Adolescent Mental Health Services (ICAMHS) and other service providers.
	Build workforce through innovation and reform to support expansion, increase in capabilities, diversification and maximise scope of practice.	Progress a workforce agenda to maximise attraction and retention of clinical staff involved in the provision of paediatric care to maximise scope of practice and support diversification of workforce.

Rehabilitation Services

Overview

Rehabilitation services cater for a range of patient cohorts requiring rehabilitation following an inpatient stay as the result of an acute illness, injury, surgery or deterioration in health / exacerbation of a chronic condition resulting in a change in function.

The focus of care is to improve functional and/or cognitive abilities and maximise independence, aiming to improve quality of life and participation with family and community.

Currently across EMHS, Rehabilitation services are available at:

- BHS via the General Rehabilitation Unit which provides comprehensive inpatient rehabilitation for patients requiring intensive input to facilitate discharge back into the community (1,400 separations in 2023/24 with the top AN-SNAP category of Orthopaedics).
- AHS via the Rehabilitation Ward specifically for Older Adults (728 separations in 2023/24 with the top AN-SNAP category of Reconditioning).
- BHS and AHS both offer Community Rehabilitation Services in the outpatient setting involving several allied health services for a holistic approach to care (a total of 3,194 accepted referrals and 25,839 attended appointments in 2023/24).
- Rehabilitation inpatient services are also provided at SJGMPH, with a small volume of EMHS patients currently receiving rehabilitation at SJGML facilitated via SJGMPH (602 SJGML separations including 247 contracted from SJGMPH, with an additional 137 separations on SJGMPH wards in 2023/24).

EMHS patients also access the State Rehabilitation Service (SRS) for specialty rehabilitation services for complex and catastrophic injuries or illness (in 2023/24 there were 223 EMHS catchment residents separated from FSH SRS wards). The Rehabilitation in the Home (RITH) team also provides short to medium term rehabilitation to patients across metropolitan Perth within their own home or residence (a total of 4,577 accepted referrals to EMHS hospitals and 35,424 attended appts in 2023/24).

There is a growing need for EMHS to be self-sufficient in the delivery of rehabilitation services for lower complexity patients to reduce reliance on statewide services and allow for expedited continuation of care beyond the acute hospital setting.

Challenges and Key Issues

Rehabilitation bed capacity remains constrained across the system which impacts length of stay and patient flow for acute beds:

- Occupancy of EMHS rehabilitation services is high (AHS had 98% and BHS had 94% bed occupancy in their Rehabilitation wards in 2023/24).
- A portion of EMHS catchment residents receive care at other sites (615 EMHS catchment residents separated from non-EMHS rehabilitation wards, including SRS, in 2023/24).
- Of the 615 EMHS residents separated from non-EMHS rehabilitation wards, 380 (62%) were 65+ years old, 327 (53%) were male and 18 (3%) were Aboriginal.
- Interhospital transfers to EMHS rehabilitation units are approximately three per week.

Currently, EMHS sites face challenges in referring patients to statewide services at the SRS governed by SMHS, where they are unable to accept new patients in a timely manner, for example, average time waited for request to transfer from RPBG to SRS has been over seven days during the past year. This is due to limited bed capacity across the system resulting in patients often needing to wait for a rehabilitation bed to become available, which consequently blocks an acute bed. There is poor visibility of referral wait times into SRS, which impacts planning and contributes to longer acute stays.

Demand for rehabilitation services is expected to continue to grow, reflective of an ageing population with greater care needs, as well as changes to National Disability Insurance Scheme (NDIS) funding which is pushing care previously provided by private organisations towards public services.

RELATED PRIORITY AREAS



Rehabilitation Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Rehabilitation Services	Increase the capability and capacity of the EMHS network to become self-sufficient in the provision of rehabilitation services for lower complexity patients.	- Investigate feasibility of rehabilitation within EMHS for lower complexity trauma patients enabling the State Rehabilitation Service to focus on highly specialised and complex rehabilitation. - Implement rapid assessment of rehabilitation requirements for Older Adults with expansion of home services such as RITH and the Geriatric Evaluation and Management (GEM) at Home service. - Embed surgical rehabilitation that incorporates prehabilitation services to deliver improved patient outcomes, and virtual models supporting the concept of increasing same day surgery with adequate follow-up care. - Consider provision of care for other patient cohorts such as specialised stroke rehabilitation and chronic long-term disability where rehabilitation has previously been provided via NDIS and provide advocacy for ongoing services.
	Expansion of delivering rehabilitation services within the home setting.	- Provide increased assessment and rehabilitation within the home for all patient cohorts with expanded utilisation of existing services such as Discharge to Assess (D2A) for functional assessment within the home environment once medical clearance is provided, and RITH for ongoing allied health intervention. - Deliver GEM at Home via the EMHS Home Hospital Service providing a comprehensive geriatric assessment of ageing-related medical conditions and multimorbidity alongside a function-enhancing approach in a holistic, patient-centred model.
	Streamline referral pathways with key system and community partners.	Clearly define care pathways for different patient cohorts requiring rehabilitation to ensure referrals are streamlined to a service provided by EMHS in the first instance prior to accessing external statewide or community services. This will allow increased self-sufficiency of EMHS, reducing wait times for rehabilitation and in turn acute bed block.

Alcohol and Other Drug Services

Overview

EMHS sites are experiencing growing rates of Alcohol and Other Drug (AOD) related presentations, with AOD use being associated with significant adverse health, social and economic impacts.

Relative to other tertiary sites in WA, RPH ED has a higher demand for patients requiring AOD care and is often the first point of contact with AOD services.

The RPH AOD service is a 7-day, nurse-led Consultation Liaison Service with medical oversight that provides specialist input for patients presenting to RPH who have alcohol and other drug use issues.

AHS has a 7-day AOD Liaison Service including health promotion, harm minimisation and education to the general hospital.

Next Step Drug and Alcohol Services include an Inpatient Withdrawal Unit located in East Perth, outpatient services across several metropolitan locations, outpatient and medical support for young people via the integrated Drug and Alcohol Youth Service (DAYS), the Drug and Alcohol Clinical Advisory Service (DACAS), as well as a Community Program for Opioid Pharmacotherapy (CPOP).

Governance of Next Step has recently transitioned to RPBG and this is expected to have a range of benefits to care coordination and integration.

Residential rehabilitation services in the Perth metropolitan area are non-government organisations with a therapeutic community model. With the right support and in reach care from community or ambulatory mental health services, individuals can be managed successfully. Issues arise for more complex patients with regards to their detox, as Next Step does not accept complex withdrawal.

Challenges and Key Issues

Clinical pathways for AOD management are complex because AOD issues co-exist with many medical and social morbidities. A large proportion of AOD patients have co-existing mental health issues, often based on past or ongoing psychological trauma or severe social disadvantage such as homelessness.

Patients presenting with AOD issues often require long ED stays due to time needed to recover from the acute intoxication to allow proper assessment by multiple specialities. They often require a period of stabilisation prior to discharge to community-based services.

AOD patients are more likely than other patients to leave the ED prior to treatment being completed and are more likely to present multiple times to the ED. 2019 ED data highlights that 1300 people attended ED five or more times for AOD and/or Mental Health treatment, suggesting that many patients are unable to access AOD care in the community that meets their needs.

For patients with dependence, supervised detoxification/withdrawal services are needed. This is only available as a hospital inpatient (currently there are no dedicated hospital withdrawal beds), at the Next Step Inpatient Withdrawal Unit or at the Medical Respite Centre (for people experiencing homelessness but capacity dependent). Patients have difficulty accessing supervised services due to limited capacity, long waits, pre-detox requirements and the complexity of care required.

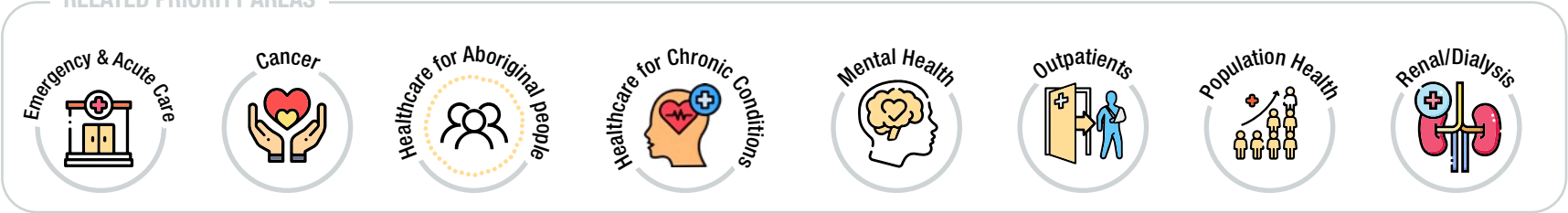
The success of AOD treatment could be improved with greater access to services that incorporate a person-centred approach, as well as addressing psychological trauma that is contributing to the AOD issue.

Data Snapshot

11% of ED presentations to RPH were for treatment for Mental Health/AOD issues.

Patients attending to ED with Mental Health or AOD typically spend longer in ED and require more complex management.

RELATED PRIORITY AREAS



Alcohol and Other Drug Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Alcohol and Other Drug Services	Improve care coordination and integration for AOD acute/emergency presentations.	Strengthen and embed AOD referral pathways to streamline the flow from community and hospital settings to appropriate detoxification facilities, for example Next Step Drug and Alcohol Services, and into residential or community-based rehabilitation.
		Streamline interface between AOD, Mental Health and ED practitioners/services to improve care coordination and integration for acute / emergency presentations.
		Undertake feasibility assessment to expand the capacity of the Medicalised Detox service at the Medical Respite Centre (MRC) to increase access to detox for people experiencing homelessness.
		Improve integration between general health, mental health and AOD services, reducing the disconnect between AOD and mainstream health services.
		Enhance specialist AOD workforce growth and sustainability by providing improved opportunities for staff recruitment, education and clinical placements.
	Integrate mental health care into EMHS AOD services to improve outcomes for AOD patients experiencing mental health conditions concurrently.	Identify opportunities to provide integrated AOD and mental health care to improve treatment of mental health patients who have co-morbid AOD problems that complicate their recovery: Explore evidence-based programs that have proven success in better outcomes for this complex cohort and reduce their future use of both mental health and AOD services. This will be facilitated by the incorporation of Next Step Drug and Alcohol Services into RPBG.

Population Health Services

Overview

Population Health seeks to improve health and wellbeing at a population level across our catchment. Environments in which people live, learn, work, play and age influence opportunities to live healthier lives and this is compounded by socioeconomic disadvantage, contributing to inequities. This is why EMHS takes an equity and inclusivity lens that enables us to focus our efforts on the people and places that need it most. With an upstream determinants lens, we can better understand and collaborate to address determinants that contribute to poor health and wellbeing.

In Australia, chronic conditions are the leading cause of illness, disability, and death, and rates are rapidly trending upwards. Chronic conditions are more common among people living in areas of most disadvantage, and EMHS has four Local Government Authorities (LGAs) with SEIFA Index of Relative Disadvantage (less than the median). Population Health provides local data, support and expertise to our 13 LGAs for public health planning to support good health in their locality.

Population Health takes health promotion and chronic disease prevention approaches to address modifiable risk factors and support optimal health and wellbeing. These approaches contribute to improved outcomes by keeping people healthy, promote positive health seeking behaviours, preventing or delaying onset of chronic conditions and health sequelae. The secondary impacts can include reduced demand for acute services, lower healthcare costs, improved resource allocation, increased capacity for complex cases improving quality outcomes for those patients.

EMHS employs contemporary health promotion practices to innovate and find ways to maximise impact working in collaboration and through partnerships, to have greater program penetration. EMHS delivers programs and initiatives that include health literacy, community group activities, Aboriginal youth health, smoking prevention and cessation for Aboriginal people, specialist public health nutrition and health promotion advice.

Population Health also provides stewardship of WA Health mandated policies for the Healthy Options WA Policy and the Smoke Free Environments that contribute to building healthier environments for staff and patients, extending to support clinical staff in managing nicotine dependency.

Challenges and Key Issues

Lack of interest in overweight and obesity management and care impacting the health of the community and adding significantly to the cost of providing healthcare.

Vaccination rates vary considerably across WA, with pockets of very low coverage within EMHS catchment areas. In 2024, WA has the lowest rate of fully immunised two year olds (89.59%) and the second lowest rate of fully immunised one and five year olds (91.59% and 92.69% respectively), nationally.

Access, opportunity, risk and outcomes in health and wellbeing vary significantly in our population, ensuring that we invest equitably in program and initiatives targeting priority population cohorts to achieve a fairer balance in our communities.

Incorporating the intersectionality of priority population cohorts and tailoring program design to support the people and places that need it most, to get upstream of any acute service demand.

Cross agency and community partnerships to address the social, environmental and cultural determinants in health to improve overall population health.

Partnering with other service providers to maximise the reach of health literacy and behaviour change programs to address the modifiable risk factors for chronic conditions.

Culturally secure primary prevention programs to improve Aboriginal Peoples health and wellbeing.

Environmental threats that will impact health services include climate related factors.

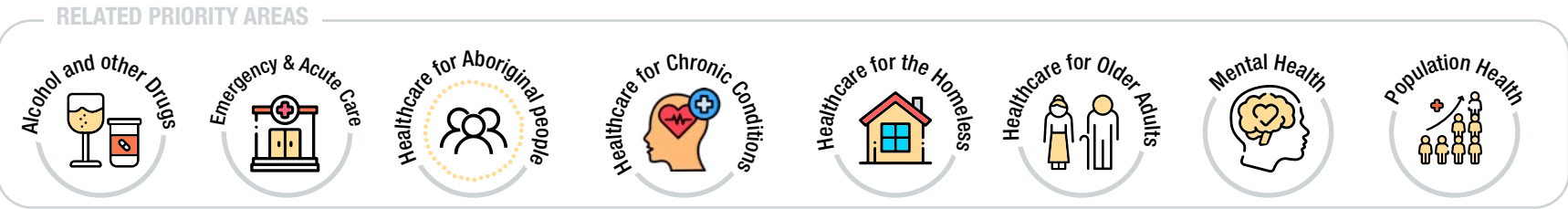
Food insecurity is increasing with around 14% of the EMHS population, putting them at high risk of chronic health conditions.

EMHS Population Health Data Snapshot¹:

- 4.9% met vegetable consumption guidelines
- 35.4% met fruit consumption guidelines
- 28.4% high-risk alcohol consumption for long-term
- 36% spent greater than 21 hours per week sedentary in leisure time
- 11.6% no leisure time per week
- 58% of adults are physically active for good health
- 10.2% are lifetime smokers
- 22.2% have tried vaping
- 41.6% eat fast food at least weekly
- 30.9% sugar sweetened soft or energy drinks

Communicable Disease and Infectious Disease

The overall burden of infectious diseases is immense and disproportionately affects lower socioeconomic areas. Patients from the Kimberley have some of the highest rates of serious infections in the world (such as Group A streptococcus and invasive pneumococcal infection).¹



Population Health Services Strategic Directions

Priority Area	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Population Health Services	Improve the health of the broader EMHS population via preventative health strategies.	• Support efforts for sustained investment in public health and preventative health. • Continue to build and maintain partnerships with other government agencies, the ‘not for profit’ sector, community organisations and the local community to create/build healthy environments and increase the uptake of healthy lifestyles. • Provide guidance to support LGAs to develop and prioritise public health through implementation of Part 5 of the Public Health Act 2016 in their local public health planning. • Contribute to the body of evidence supporting robust and contemporary population health services in partnership with academic and research institutions and community organisations.
	Establish a preventative health agenda to address emerging issues identified for EMHS.	• Implement, lead and drive initiatives that improve social connectedness, in partnership with LGAs and the community sector. • Partner to implement educational initiatives designed to promote respectful relationships among young people of school age, focussing on developing healthy relationships, respectful communication and consent, and preventing harmful behaviours. • Collaborate with the community and service providers to promote participation in preventative screening programs for people living in the EMHS geographical area.

Preventative Health Strategic Directions

Preventative Health	Improve vaccination rates of the EMHS population by increasing access to immunisations through existing community programs, agency collaborations and workforce engagement.	• Identify and pursue opportunities to provide catch-up immunisations for patients under EMHS care. • Pursue opportunities to increase immunisation of Aboriginal people through Moorditj Djena service and explore options for Aboriginal Health Liaison Officers (AHLOs) if registered and competency completed to provide immunisations.
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Support Services across all Clinical Priority Areas

Overview

The provision of clinical and non-clinical support services are critical for the effective functioning of emergency, acute and non-admitted services provided by EMHS.

Several vital services enable the provision of quality care in our hospitals supporting general and complex requirements for inpatients and outpatients.

Allied Health services are an integral component of multidisciplinary models of care with the expertise of allied health specialists contributing to the management of acute and community-based patients. Diagnostic, therapeutic, restorative and preventative services deliver a range of benefits to the individual patient and their wider care circle.

Non-clinical support services are essential to the functioning of hospitals, including information technology, telehealth, medical records, corporate services, linen, catering, engineering, waste etc.

The clinical priorities outlined in this CSP and direction for expansion of services, will have an impact on clinical and non-clinical support services and therefore need to be considered in the overall strategic directions.

Challenges and Key Issues

Workforce and skill shortages in some areas may limit expansion of support services.

Space and infrastructure constraints may impact expansion of support services, particularly for those areas requiring specialist equipment/technology.

Clinical Support Services

- Allied Health
- Anaesthetics
- Health Technology Management
- Radiology
- Intensive Care
- Pathology
- Pharmacy
- Operating Theatres
- Pain Medicine

Non-Clinical Support Services

- Security
- Facilities Management
- Catering
- Cleaning
- Patient Transport
- Clinical Coding and Health Information Management

	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
Support Services	Deliver contemporary, sustainable support services aligning with clinical priority service growth and expansion.	• Consider the suite of clinical and non-clinical support service requirements parallel to specialty/area clinical service planning and development. • Identify and progress opportunities for utilising para-professionals to bolster the capacity of clinical support services and enable practitioners to work to the top of their scope.

Emerging Health Issues and Demand

Overview

Whilst it is not possible to predict and/or prevent all new trends relating to health service demand, there is a need to monitor key emerging issues relevant to our EMHS population and consider these in future service planning and development so that EMHS services are responsive to changes in demand.

Emerging health issues are likely to compound existing pressures on the health system, for example, increasing rates of overweight and obesity or the mental health impacts of social media (also see Healthcare for People Living with Chronic Conditions). Social isolation has been shown to increase health care utilisation, with rates anticipated to increase due to impacts of social media, gaming use and/or pandemic related isolation.

Other emerging issues that will impact demand on health services in the future include environmental impacts and climate related events.

Another factor that will add demand to EMHS services is paediatric patients transitioning into adult services and requiring care for rare conditions that our services have not traditionally provided. This is due to increased survivorship of paediatric patients as a result of evolving medical care and consideration is required for how adult services will best provide for the changing needs of our population.

The following list of emerging issues have been identified as factors to monitor and plan service responses and inform infrastructure planning over the coming decade, noting that this list may expand in the short-medium term:

Socioeconomic and Lifestyle Factors	Environmental Factors	Emerging Cohorts
• Impacts of social isolation and loneliness • Psychological trauma/family domestic violence/sexual violence • Impacts of social media • Emergence of new/other methods of delivery for tobacco/nicotine • Growing rates of overweight and obesity • Health impacts of cost-of-living pressures: • food insecurity • impact on housing accessibility • reduction of uptake in private health insurance	• Climate-related health impacts, including pollution e.g. worsening of symptoms for asthma and other lung conditions • Climate change driven food insecurity (availability of safe food/water) • Prevalence of infectious and communicable diseases • Global political insecurity, refugee crisis, population density, migration	• Increasing Neurodivergence • Youth healthcare: • youth-friendly services • Mental Health into adulthood (social media impacts, gaming disorders) • Paediatric transition to adult services (rare disease focus) and survivorship • Bariatric services and obesity management

Emerging Health Issues and Demand Strategic Directions

Emerging Health Issues and Demand	Strategic Direction (10yr goal)	Strategic Response (3–5yr actions)
	Monitor future evolution of key demand drivers for the EMHS catchment to inform future clinical service planning and service development.	• Monitor the growing issue of social isolation and loneliness, including trends over coming years relating to all age groups, with a focus on youth and older adults and plan service responses accordingly. • Plan for health consequences of climate related events (e.g. heat waves, bush fire season) to ensure EMHS services are resilient to the occurrence of these events which may become more extreme/prominent due to climate change. • Ensure ongoing EMHS readiness for future pandemic response via preventative health efforts and informing future infrastructure priorities. • Monitor growth in demand for social services and health related impacts of these fuelled by cost-of-living pressures and associated social and mental health impacts.
	Work collaboratively with system and community partners to proactively plan for emerging demand.	• Continue to partner with stakeholders, such as the Mental Health Commission and Mentally Healthy WA, to promote positive mental health in the community, particularly with priority population groups. • Prepare for patient cohorts transitioning to adult services by building partnerships and care pathways with the Child and Adolescent Health Service. • Prevention and early intervention strategies for overweight and obese patients, as well as planning the management of this patient cohort including comprehensive pathways to bariatric surgery and wrap around care. Refer to POPULATION HEALTH SERVICES section.

System-wide Risks and Considerations

There are several identified system-wide challenges and issues that present a risk to EMHS in progressing and achieving the desired EMHS Future State over the next decade. These extrinsic factors to EMHS include:

Primary Care Gaps	• If consumers are unable to access primary care services (e.g. due to cost or appointment availability), they are likely to attend EMHS services to receive care for issues that could have been appropriately managed in the primary care setting. • Added demand on EMHS services for avoidable presentations impacts on EMHS capacity to manage demand and provide timely care for those patients that truly require a hospital service.
Current and Future Workforce Challenges	• Workforce shortages across the health care sector, including medical, nursing and midwifery, and some allied health disciplines, with supply not able to keep up with demand. • Attraction and retention challenges, with employees wanting greater flexibility in workforce conditions and roles.
System Planning	• System-wide service reviews and infrastructure investment decisions informed by the State Health Infrastructure Plan (SHIP), such as the WA Comprehensive Cancer Centre or the new Women and Babies Hospital, may impact decisions regarding development of EMHS services into the future. • System-wide planning and policy decisions need to be considered alongside local EMHS plans as changes to statewide services will have an impact on EMHS. • Lack of an Electronic Medical Record (EMR) and other digital solutions.
Constrained Funding Model	• The WA Health Sustainability Project and Taskforce is being established to meet a health spend sustainable target of 30% of the State annual Budget. Health spending in WA is moving up towards 40% impacting on other state vital services. • Hospitals are funded under an activity-based funding model, which disincentivises innovative ways of working, including hospital and ED avoidance models of care to reduce demand. • The divide between Commonwealth and State funded services potentially limits the ability to continue or expand services and also impacts innovative models of care beyond hospital walls or those developed in partnership with community providers which require contemporary funding models. • Ongoing funding constraints paired with the cost of providing healthcare, in part due to therapeutic and technology advances, present a risk to the sustainability of services.
Private Health Insurance	• Less than 45% of Australians are insured for private hospital cover and this is likely to decrease further due to cost-of-living pressures and the rising cost of private health insurance. The impact of this trend places greater demand and reliance on public healthcare services.
Availability of Commonwealth Funded Support Schemes	• Changes to the way the National Disability Insurance Scheme (NDIS) funding is applied in the future may make it harder for new and existing consumers living with a disability to access NDIS funded packages to support them to remain in their homes, leading them to access public services as the only alternative. • High demand for aged care packages impacting on increased wait times to access supportive care may result in increased frailty type presentations to hospital.

Enablers

Several enablers have been identified as key drivers for success towards achieving the desired EMHS Future State and in response to system-wide risks and challenges.

Change the way we work

Strong Leadership and Governance

- Strong leadership and governance is key to supporting the operationalisation of Strategic Directions and Responses at the site/local level.
- A consistent change management approach towards a tiered, networked service, including a focus on shifting care beyond hospital walls is required.
- Advocacy and/or participation in Commonwealth reform agendas to address the challenges in NDIS/Aged Care, shortages in primary care setting and private health insurance uptake.
- This involves integrating and formalising pathways between EMHS services, and establishing and expanding partnerships with community service providers, ensuring we do not work in silos.
- Leverage EMHS Leadership Development and Professional Development programs to support and develop managers to manage and leaders to lead, including capability in mentoring and coaching.

Productivity

- Drive a culture for all employees across the whole health service to identify opportunities to increase productivity and reduce the administration burden of our services.
- A commitment to productivity will be achieved with evolving models of care, optimising workflow processes and increasing automation of manual tasks.

Workforce

Grow our workforce in alignment to identified future service planning needs, including:

- Embracing contemporary workforce models enabling all staff to work to the top of their clinical scope to build capacity and capability within our workforce and increase job satisfaction and contribute to attraction and retention, as per the *EMHS Contemporary Workforce Program*.
- Working with the university and training sector so that the skills of our workforce match new models of care and the fundamental shift towards care in the community.
- Enable a work environment that is safe, respectful and inclusive, including alignment with *CaRE Plan – Creating a Respectful Environment Plan*.
- Improve access to flexibility at work and enhance organisational capability to understand the conditions that enable successful flexible working.
- Grow and retain our workforce in alignment to the *EMHS Plan for our People*.

Enablers (continued)

Resourcing and Investment

Infrastructure

- Consideration for future infrastructure requirements as per the *EMHS Strategic Asset Plan (SAP)* which aligns to clinical service planning and includes overall site Master Planning.
- Advancing our technological care, including the use of robotics.
- Refresh of ICT platforms.

Funding

- Continued advocacy and collaboration with the System Manager to develop, implement and evaluate innovative funding models, focused on increasing options for preventive care and wrap-around management in the community, delivered in partnership with primary care and/or community service providers.

Collaborate and align with system partners

System and Local Reform Programs

- Implementation of local and system-led reform strategies to support continuous improvement to access and service performance, for example, the *Outpatient Reform Program* and *Emergency Access Response Program*.

ICT and Virtual Capability

- Pursue technology solutions, in partnership with the system manager, which meet the needs of innovative community and virtual care solutions and grow community-based infrastructure to support this provision of care.
- Phased implementation of the Electronic Medical Record (EMR).

Invest in innovation, research and training

Partnerships

- Collaboration amongst sectors with co-commissioning of services to support more proactive, innovative approaches to care, e.g. partnerships between EMHS and the WA Primary Health Alliance (WAPHA); primary care (GPs); technology providers; and community and aged/disability/social care providers.

Advances in Diagnostics, Treatment and Care

- Medical innovations and advancement will continue to grow, with options for interventional medicine, targeted therapies and real-time patient monitoring. Broader access to investigate and seek early input towards health issues through personalised care options will empower patients to receive early care and management avoiding more complex input down the track.

Training and Education

- Programs and facilities supporting in-house upskilling of staff to support growth from within ensures EMHS has skilled staff in areas of specialty across the organisation.
- Promote early career programs and form strong partnerships with universities, registered training organisations and vocational education providers to enable employment pathways.

Research and Innovation

- Integrating research and innovation as core functions directly benefits patient outcomes and quality of care including reduced mortality, more efficient and cost-effective care, better patient experience, benefits to staff recruitment and retention and more efficient uptake of new innovations.
- RPH Innovation Hub provides an avenue for staff to explore innovative solutions to support service advancement/reform across EMHS services.

Approach to Implementation of the CSP

The EMHS CSP Implementation Roadmap on the following page highlights a selection of key milestones to be achieved in the short-term (during 2025) and medium-term (2026-2031), with a desired end state by 2035. These milestones are grouped according to the three CSP themes – **EVOLVE**, **OPTIMISE** and **GROW**.

Consideration for the approach towards implementation of the Strategic Directions (10-year goals) and Strategic Responses (3-5 year actions) detailed in this CSP is essential

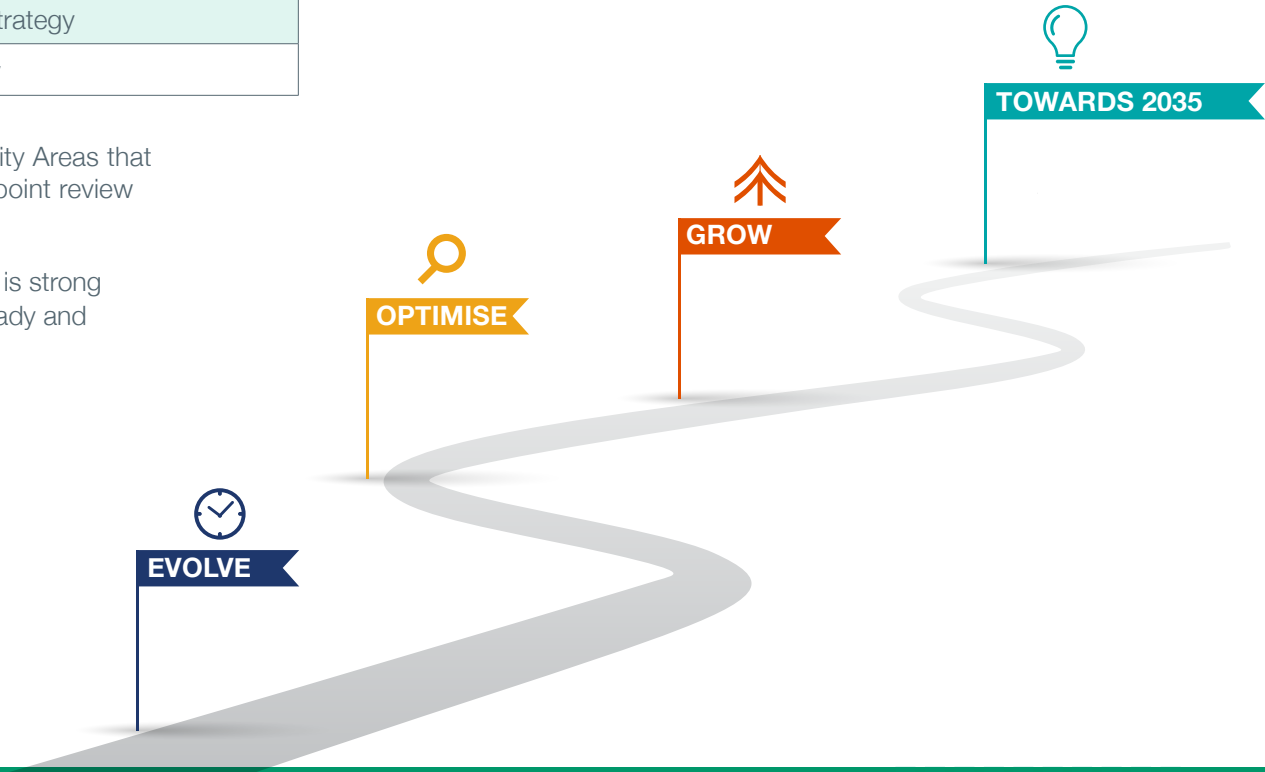
to achieving the EMHS Future State of a tiered network of health services that extend beyond hospital walls to meet the health needs of the EMHS population.

Some Clinical Priority Areas align to a specific program of work, e.g. the *EMHS Cancer Plan Towards 2035*, where strategies addressing this area will be governed, implemented and evaluated as part of this program.

Clinical Priority Area	Program Alignment
Cancer Services	EMHS Cancer Plan Towards 2035
Renal/Dialysis Services	EMHS Renal Dialysis Towards 2034
Maternity and Newborn Services	EMHS Maternity and Newborn Services Plan 2024-2034
Outpatient Services	EMHS Outpatient Reform Program EMHS Byford Health Hub Program
Emergency and Acute Care Services	EMHS Optimising Patient Flow Strategy
Elective Surgery Services	EMHS Surgical Services Strategy

The *2025 EMHS Strategic or Operational Plans* will capture the Clinical Priority Areas that do not align to a particular program and these will be included within a mid-point review (5 years) to track progress towards achieving the overarching 10-year goal.

Underpinning the active change management required to implement this CSP is strong leadership from multiple levels of the organisation, training staff to be future ready and identifying champions to facilitate change.



EMHS Clinical Service Plan Roadmap

Theme	Timeframe			Desired State 2035
	Short Term (2025)	Medium Term (2026-2031)	Long term (to 2035)	
EVOLVE	- SJGMPH Master Planning complete - Co-HIVE expansion (RACF, Respite, GEM@home) - EMHS Home Hospital expansion	- RPH Master Planning complete - BHS Surgi-Centre open - AHS Master Planning complete - SJGMPH 60 additional beds commissioned - EMHS Virtual Hospital commissioned	- RPH is working to full capability as a tertiary hospital - BHS is a centre for planned care - SJGMPH is working to full capability as a general hospital - AHS is working to full capability as a general hospital - KH is a centre of excellence for palliative care - EMHS Virtual Hospital is embedded working at full capability	EMHS is a tiered and integrated network of health services extending beyond hospital walls that meets demand and health needs of the EMHS population
OPTIMISE	- Optimised complex discharge and central operations hubs - IHPT optimised in partnership with SHOC - GPSI and Contemporary Workforce Program commenced - Derbarl Yerrigan Outreach Clinic commenced - EMHS Surgical Services strategic approach complete - Robotic Assisted Surgery Program - Strengthen external partnerships for people experiencing homelessness with the MRC and RPH HHT - EMHS Community integrated Health Care Centre strategic approach complete - EMHS Older Adult Healthcare Hub open - Heart Failure Navigation commenced	- Byford Health Hub open - EMHS healthcare Hub expanded to additional cohorts - Outpatient service capacity is expanded via provision of services at satellite sites and/or community hubs - Common Ground/EMHS pathways developed - Comprehensive Chronic Condition Management service and Remote Monitoring commenced	- EMHS has a network of community integrated healthcare hubs that support care beyond hospital walls - EMHS has effective processes and pathways that optimise patient flow and access to services	
GROW	- AHS Medical Infusion service commenced - EMHS Readiness for National Lung Cancer Screening Program - Additional community satellite dialysis unit within South East corridor secured - AHS commence GDM service (Obstetrics) - Support paediatric flow from PCH allowing care closer to home - Mental health community treatment, support and response pursued in partnership with MHC - AOD pathways to detoxification facilities embedded - Pursue funding for EMHS Weight Management Model of Service	- AHS delivers Cancer Services - Home dialysis and supportive care models embedded - BHS Birthing Centre working to full capability - Maternity services capability and capacity expanded at AHS and SJGMPH - Grow paediatric capability and capacity in partnership with CAHS - EMHS Rehabilitation Model - BHS Secure Extended Care Unit (SECU) open - AHS MHEC open	EMHS Specialist Care Services meet the contemporary health needs of the population	

Supporting Documentation

The *EMHS CSP Companion Document* is intended to be read in conjunction with this EMHS CSP, providing further detail, data and other supplementary information. The Companion Document includes details of other EMHS plans/strategies specifically related to the Clinical Priority Areas, e.g. the *EMHS Cancer Plan Towards 2035*.

Health Service Chapters for each of the EMHS sites have also been developed which provide further detail and context to each of the sites within the EMHS tiered healthcare network.

References

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