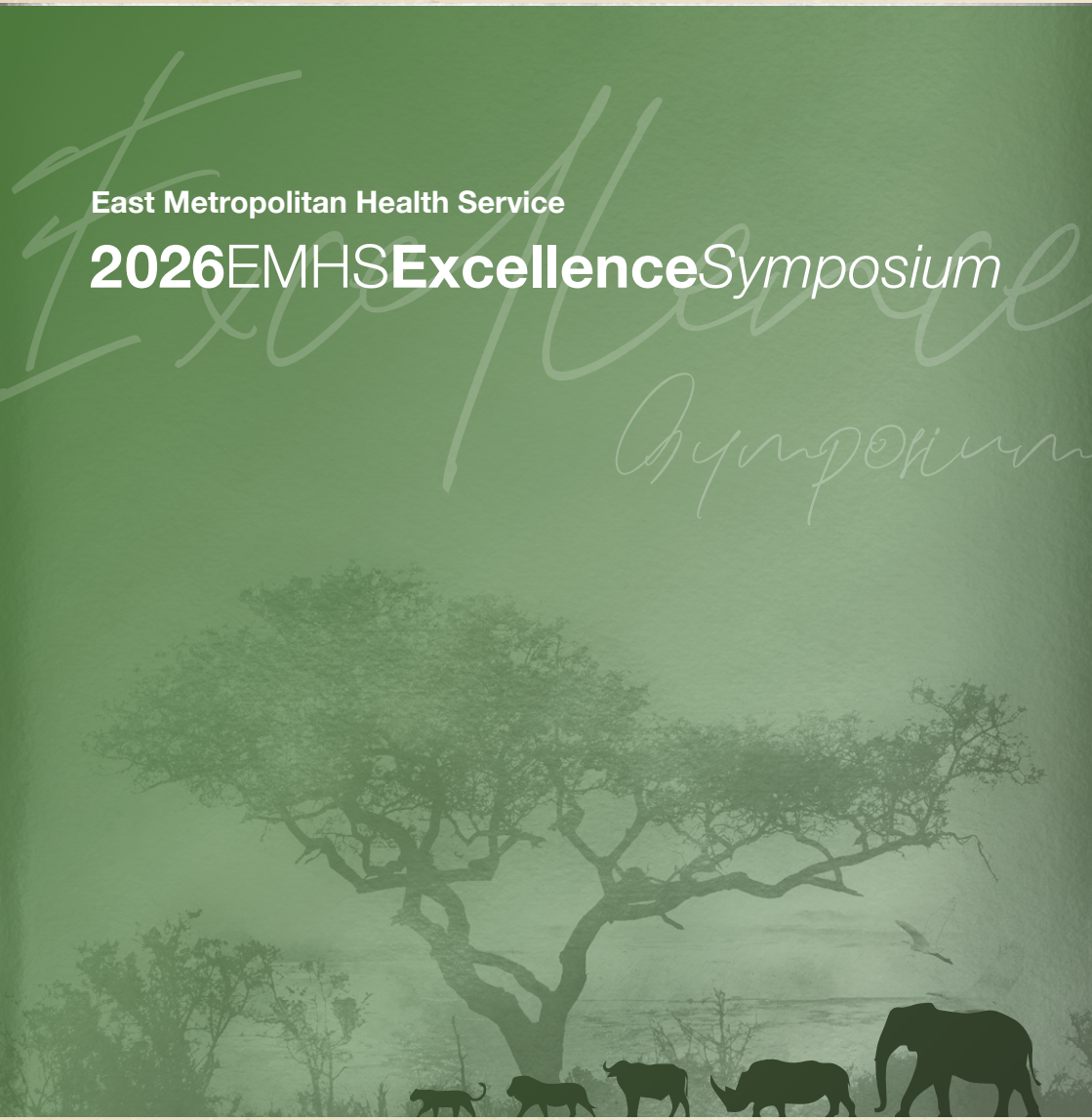
Government of **Western Australia**
East Metropolitan Health Service

East Metropolitan
Health Service

East Metropolitan Health Service

2026EMHS**Excellence***Symposium*



Welcome

Our 2026 EMHS Excellence Symposium for East Metropolitan Health Service (EMHS) provides an opportunity to celebrate services and initiatives that strive to deliver on our purpose – Healthy people, amazing care; Koorda moort, moorditj kwabadak – and reflect our value of excellence.

Our keynote speaker is Amy Carter-James, once named UK's Young Social Entrepreneur of the Year. Her first venture at age 22, was building an eco-lodge in Mozambique which pulled 60,000 people out of poverty.

She led community health programs on malaria, nutrition and HIV prevention in rural areas, learning how grassroot interventions can deliver value for money. She now lives in WA and still builds ventures that drive real change.

Hear the full story from Amy herself.

Across East Metro, we have our own stories of finding new ways to tackle problems. Read overleaf about the breadth of projects underway to streamline services, taking new approaches to traditional ways of doing things, and making the most of our staff expertise.

The future of our health service is being built on the excellent work being done today. Join us in acknowledging those who continuously strive for our value of excellence within EMHS.

Kind regards

Joel Gurr
Chief Executive
East Metropolitan Health Service

Thank you all for attending our special breakfast at the Westin Perth, 20 August 2026

ORDER OF EVENTS

7.30am — **Arrival of guests**

8.00am — **Guests are seated**

- Welcome from host Deborah Kennedy
- EMHS Chief Executive, Joel Gurr
- Keynote speech by Amy Carter-James
- Questions from the floor

8.30am — **Video presentations from 5 Excellence Symposium submissions**

- Museum: Excellence in preserving RPH's history
- Early episode psychosis intervention
- Wungen Kartup Aboriginal community mental health service
- Voice banking clinical pilot
- Outcomes from RPH Complex Dysphagia Multidisciplinary Clinic

9.15am — **Close**

Museum: Excellence in preserving RPH's history

Sarah Toohey,
Sally Grandy,
Volunteers

The Royal Perth Hospital (RPH) Museum preserves the history of WA's longest serving public hospital, highlighting major medical advancements and celebrating the contributions of pioneering healthcare professionals.

Museum Curator Sarah Toohey is supported by 14 dedicated volunteers (aged 44 to 92) who preserve medical instruments, equipment, archives, photographs, nursing uniforms and artefacts.

Sally Grandy, a former BBC and ITV producer and journalist, who now works for EMHS Communications, attracted interest in the museum from award-winning WA presenter Pamela Medlen from ABC TV, The West Australian and Have a Go News, promoting stories such as:

- archive footage of nurses and an interview with long-serving nurse Lorna White
- a return visit by nurses who trained at RPH 65 years ago
- vases made from World War II bomb shells
- ex-patient Garry Slater and his mechanical heart valve implanted 51 years ago.

From pioneering medical procedures to the dedication of generations of healthcare workers, the museum preserves stories that might otherwise be lost.

It provides a window into the evolution of medicine and the contributions of those who have cared for the community over the decades.

By preserving and sharing these stories, the museum encourages a greater understanding of the role healthcare has played in improving lives and shaping communities. It promotes a sense of pride, trust and connection with the hospital.

The museum is the only dedicated hospital museum in WA preserving and showcasing the history of medicine through artefacts, archives and personal stories.

The museum seeks new ways to connect with audiences, resulting in increased visitation and community engagement. It is safeguarding an important part of WA's healthcare heritage by providing lasting educational, cultural and social value for current and future generations.

Key Points

- Museum at RPH preserves medical history
- Staff and volunteers
- Catalogue nursing records and instruments
- Capture medical advancements
- Foster understanding of role played by healthcare

Early episode psychosis intervention

Jolie Kremer,
Tom Lamb,
Walace Duarte,
Dr Christian Schuler,
Dr Emma O'Hara
Dr Krishna Mahadevan

Mental Health staff at Orchard Avenue in Armadale are providing a new community-based care service for vulnerable young people experiencing psychotic illness.

Typically, psychosis starts with hearing or seeing things, being suspicious, having persistent thoughts or beliefs, strong emotions, withdrawing from family and friends and a sudden decline in self-care or functioning.

The first episode can be very frightening for a young person, their family and their community.

The new Early Episode Psychosis Intervention service run by East Metropolitan Health Service (EMHS) takes a community-based, coordinated approach to treatment for young people over the age of 18.

Their treatment and recovery journey is managed by friendly and accessible care coordinators.

They organise access to psychiatric and psychological services, social and vocational rehabilitation, metabolic health monitoring, and early relapse recognition and prevention.

With a focus on minimising trauma and instilling hope, the care coordinators also look at ways to reduce stress and promote helpful behaviours.

They provide home and community-based interventions, manage drug and alcohol misuse and involve the families.

This care model is based on the early intervention principles outlined in the Australian Clinical Guidelines for Early Psychosis.

It includes ongoing risk assessment and safety planning, with psychiatrists playing a critical role in determining when hospital care may be required.

Treatment aims to use the lowest effective dose of antipsychotic medication to control symptoms, while minimising side effects.

Education also helps families understand symptoms, treatment options and relapse prevention strategies, strengthening the support network.

Key Points

- Community-based care for young people experiencing psychosis
- Treatment managed by dedicated care coordinators
- Risk assessment, safety planning and recovery support
- Key feature is family involvement
- Relapse and readmission rates reduced

Wungen Kartup Aboriginal community mental health service

Dr Dharma Sathiaseelan,
Marg Sloane,
Marra Thorne

A culturally-sensitive community outreach service across Perth is supporting Aboriginal people with complex mental illness.

Wungen Kartup – meaning *place of healthy minds* in the Noongar language – is one of the only Aboriginal tertiary-focused mental health services in Australia.

It employs Aboriginal Mental Health Liaison Officers to provide services in home or community settings. They bridge the gap between mainstream services and Aboriginal peoples, especially for those at risk of substance abuse or complex psychosocial issues.

This service run by East Metropolitan Health Service (EMHS) takes a triage role, providing brief intervention and care coordination to support adults in their recovery journey, as well as offering an activity day centre.

The model of care combines western and traditional medicine to meet the cultural and mental health needs of Aboriginal peoples.

Wungen Kartup accepts referrals from individuals, carers, GPs and other services.

Staff work closely with other services to address physical health, housing and justice concerns. This recovery-based approach caters to individual needs, choices and stage of recovery. Relationships with families are prioritised.

Wungen Kartup also provides specialist training on Aboriginal culture and mental health and is the preferred provider for training on the *Stay Strong Program.*

Key Points

- Aboriginal Mental Health Laision Officers help people in their homes
- Coordinating care with other agencies
- Culturally-sensitive approach to health care
- Prioritise relationships with families
- Training others to work with Aboriginal people

Voice banking clinical pilot

Libby Sinclair,
Ashleigh Dickson,
Chris Renton

WA patients at risk of losing their speech now have a chance to 'bank their voice', thanks to an innovative clinic based at Royal Perth Hospital (RPH).

In its first five months, 35 patients have enrolled to store and clone their own voice to use later when they may have trouble speaking.

Some of these patients may experience voice loss due to head and neck cancer, Motor Neurone Disease and other neurological conditions – all affecting the larynx (voice box).

Patients are given the equipment and support to record and clone their voices at home or in the voice-banking clinic.

Artificial intelligence is then used to generate a realistic digital copy of their voice for future use on communication devices. This preserves their identity and sense of self for when they can no longer speak.

Some patients can source samples of their voice from videos and recordings if their voice has already changed, broadening the reach of the service.

The idea was generated as part of an internship in the Innovation Hub at East Metropolitan Health Service. The clinic is now operated by staff from the Communication and Assistive Technology Service.

Staff in the Health Technology Management Unit developed an in-house AI audio editing and voice-cloning tool for use in the clinic, along with commercial AI and voice banking products.

The voice-banking service was designed with input from patients and referrers.

Key Points

- Patients record their own voice for later use when their voicebox deteriorates
- Innovative project uses AI to establish patient 'voice bank'
- Options for voice recording or extraction from existing media
- Preserves identity for patients at risk of speech loss
- Synthesised voice created for use on communication devices

Outcomes from RPH Complex Dysphagia Multidisciplinary Clinic

Hannah Reinders,
Gemma Pattison,
Dr Niroshan Muwanwella,
Lauren Lefroy,
Dr Chiang Siah,
Wayne Epton,
Professor Krish Ragunath,
Dr Jee Kong

A WA-first clinic at Royal Perth Hospital (RPH) for people with complex swallowing disorders (dysphagia) has allowed patients to eat and drink again, for some of them for the first time in 10 years.

For these dysphagic patients, this service has resulted in dramatic improvements in quality of life after years of fear of choking, dependence on pureed food and tube feeding.

While dysphagia is well known and treated by Speech Pathologists in the stroke population, people with neurological disorders such as Parkinson's disease and myositis are also at risk of long-term difficulties.

Until now, these patients have had few options for treatment.

The breakthrough for them has been the collaboration of this team uising multiple assessments to determine treatment pathways.

These include videofluoroscopy and two new procedures known as:

- High Resolution Pharyngeal Manometry with impedance (HRPM-i) for diagnosis
- Cricopharyngeal Per Oral Esophageal Myotomy (C-POEM) for treatment

Collaboration between dietetics, gastroenterology, nursing and speech pathology has provided detailed swallow analysis which enables precise planning to treat patients.

The resulting gains in nutrition and hydration have given patients a complete turnaround in quality of life with the ability to eat and drink again, interact socially and return to their previous lifestyles.

This has shifted the trajectory for these patients from stalled management and little hope — to successful oral intake.

EMHS is collaborating with the Perron Institute and sharing a passion to cure dysphagia in the context of progressive neurological disease.

Key Points

- Patients can eat and drink for first time in a decade
- Streamlined assessment and new surgical treatment
- Collaborating with Perron Institute
- Shared passion to cure dysphagia

RPH FirstHand Clinic

Dana Parkin,
Adele Young,
Judith Talbot,
Ben Noteboom

The new FirstHand Clinic at RPH is significantly reducing plastic surgery wait times and enhancing outcomes for patients with chronic hand conditions.

The clinic – the first of its kind in WA – treats specific conditions such as carpal tunnel syndrome, trigger finger and forms of tenosynovitis and osteoarthritis.

About one-third of patients are successfully managed by the Occupational Therapy (OT) team and discharged after just one visit.

This has reduced wait times for those needing intervention, ensuring they are "surgery-ready" when they do meet the consultant.

It has transformed the traditional care pathway by establishing an advanced scope occupational therapist role as the first point-of-contact for these patients.

Working in consultation with plastic surgery clinics, Advanced Scope OT Dana Parkin conducts comprehensive clinical assessments, organises diagnostic imaging and formulates targeted treatment goals.

By triaging and managing these cases early, she can identify patients who can be managed successfully through conservative therapy versus those requiring surgical escalation.

This service was established as an innovation project to address the 12-month wait times for a specialist review.

Now funded on an ongoing basis, this early intervention clinic has streamlined patient care and prevented condition deterioration.

Bridging the gap between referral and specialist review has resulted in high patient satisfaction and reduced the administrative and clinical burden on plastic surgery departments.

Key Points

- New clinic treats chronic hand conditions
- A first for WA, run by Occupational Therapists
- One-third of patients discharged after first visit
- Reduced wait times for plastic surgery
- Conditions such as carpal tunnel syndrome

Giant Cell Arteritis Fast Track Clinic

Dr Helen Keen,
Dr Julia Murdoch,
Dr Zia-Ur Rehman,
Jane Kahn,
Dr Jean Louis DeSousa

RPH's Rheumatology and Opthalmology departments have joined forces to fast track the review of people with a potentially life-changing condition known as Giant Cell Arteritis (GCA).

This inflammatory autoimmune disease affects large blood vessels, primarily in the head, neck and arms. If left untreated, it can result in permanent blindness or stroke.

The only multidisciplinary point of care service in Australia, the GCA Fast Track Clinic at RPH reviews potential cases within 72 hours of referral.

Clinical assessment, ultrasound and biopsy can be arranged in one visit, ensuring those who need further intervention are seen much faster.

This patient-centric service reduces the number of presentations to emergency departments and avoids unnecessary hospital admissions, over-diagnosis and over-treatment.

It also allows more people to be assessed and treated —where necessary — and provides ongoing support for GPs who provide continuity of care.

The aim is to avoid unnecessary inpatient admission whilst ensuring gold standard investigation and care of these patients. It is modelled on successful European models that have demonstrated improved healthcare outcomes and cost effectiveness.

The new Fast Track service has been welcomed by patients, who are extremely grateful for the urgent assessment and diagnosis.

Key Points

- Fast track service for patients with Giant Cell Arteritis
- Partnership between eye and rheumatology experts
- New clinic allows more people to be assessed and treated
- Clinical assessment, ultrasound and biopsy occur in one visit
- Reduced wait times and hospital admissions

Co-HIVE (Community Health in a Virtual Environment)

Dr Richelle Douglas,
Dr Zarrin Allam,
Lincy Plackal Varghese,
Diane Morris,
Aj Rajagopal,
Jacinta Berlingeri

A geriatrician-led virtual care model at EMHS is transforming specialist care for older adults living in residential aged care facilities.

A first for WA, Co-HIVE draws on the combined expertise of consultant geriatricians, palliative care physicians, psychiatrists and specialist older adult nurses to deliver virtual services to aged care residents with complex conditions.

These include frailty, dementia and Parkinson's care, as well as advance care planning, behavioural and medication management, and end-of-life care.

Based in the HIVE command centre at RPH, Co-HIVE supports patients aged 65 or older, or 45 if they identify as Aboriginal or Torres Strait Islander.

Co-HIVE also receives referrals from GPs and residential aged care staff, with the virtual consultation avoiding the need for emergency patient transfers.

This allows patients to remain in a familiar environment while being assessed and treated, preserving their dignity, independence and choice while reducing the need for hospital admissions.

In the four years to January 2026, the service supported more than 2,500 patients across nearly 300 residential aged care facilities.

Of these, more than 2,000 were Supported Discharge Pathway patients and 275 were managed via the Pre-Emergency Pathway.

Not only are aged care residents reporting high rates of satisfaction with the service, Co-HIVE also enables families and primary care providers to be more involved in patient care.

Initially targeting our EMHS catchment area, this service is now being expanded across WA.

Key Points

- Virtual specialist care for aged care residents in nursing homes
- Led by specialist geriatricians
- Support for more than 2,500 patients and their families over four years
- Patients can stay in familiar surroundings
- Avoids unnecessary transfers and hospital admissions

Ward-based Geriatric Assistants in Nursing (GAIN)

Linda Brearley,
Rebecca Streeton,
Isabelle Brewer,
Lalita Subba,
Fiona MacDonald

A pilot project has shown that patient and staff wellbeing in RPH's geriatric unit can be improved with ward-based Assistants in Nursing.

This trial allocated Assistants in Nursing (AINs) to the ward nursing team. It expanded their role from passive companion and embraced their full scope, helping to deliver a high standard of care to the most frail and vulnerable patients.

Working in a multidisciplinary team, these nursing assistants perform simple dressings and help with showering, dressing and toileting. They promote nutrition and hydration and mobilisation.

They engage patients in meaningful activities and provide an increased level of observation for those who require additional support to maintain their safety and wellbeing. Their inclusion in the Team Nursing Model further enhanced the inclusive ward culture.

They are trained in multiple areas including dementia and delirium management, creating a workforce which can establish rapport and trust with patients at their bedside and in the activity room.

This role, combined with increased patient supervision, has reduced the number of hospital-acquired complications among elderly patients in the trial ward.

The GAIN project aligns with the goal of becoming a Dementia Friendly Healthcare Service. It has shown that patient outcomes can be improved by embedding nursing assistants who are familiar with their ward, staff and patients and enhancing their knowledge of individual patient risks.

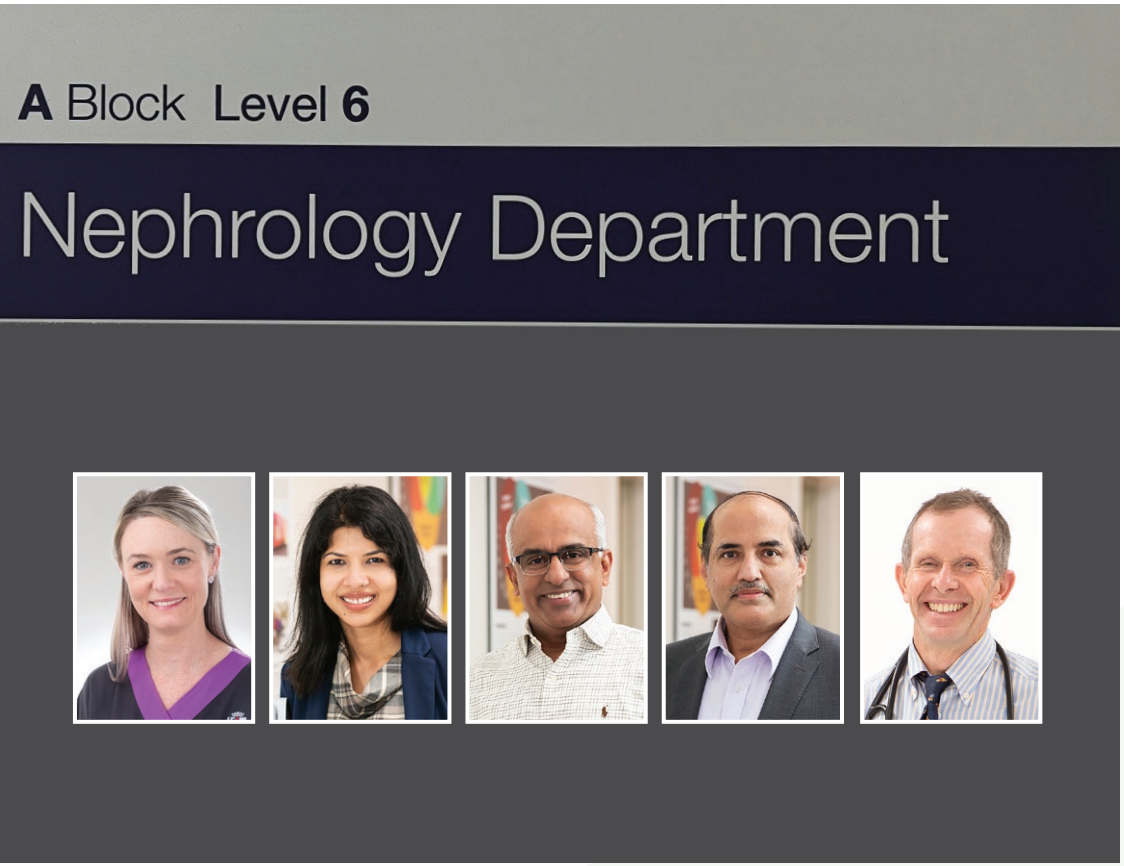
This knowledge led to better risk assessment and management of patients at risk of falls and delirium/ cognitive impairment. Staff reported higher job satisfaction, staff morale, teamwork and communication.

Key Points

- Pilot project hires ward-based nursing assistants for elderly patients
- Assistants in Nursing working at full scope
- Less hospital-acquired complications in geriatric wards
- Number of patient incidents reduced
- Improved staff knowledge, morale and job satisfaction

Renal Outpatient Clinical Pharmacist

Nicola Bond,
Dr Khalil Patankar,
Professor Mark Thomas,
Dr Anoushka Krishnan,
Dr Hemant Kulkarni



The introduction of a new Outpatient clinical pharmacist at RPH has boosted outcomes for high-risk renal patients and reduced wait times for specialist review.

This service allows transplant patients and people with high-risk kidney disease to be seen first by a clinical pharmacist, before seeing the specialist.

The pharmacist provides advice on medication and ensures blood tests are completed before the next appointment, arming the specialist with up-to-date information.

The service uses pharmacogenomic screening for patients awaiting kidney transplant which allows more understanding about how genetic variations of individual people can influence how drugs are absorbed.

As a result, wait times for specialist six-month reviews have been reduced by eight per cent and 12-month reviews by almost 20 per cent.

For patients new to the hospital, the wait time has reduced by four days. Up to 15 new patients are now seen every month.

Since the service began, 95 per cent of patients have reported that it has improved their experience, while 92 per cent said they felt more confident managing their medications after speaking with the pharmacist.

The RPH Nephrology Department provides treatment and education for people with kidney disease and other renal disorders.

Clinics are staffed by consultant physicians in nephrology, dialysis nurses, chronic kidney disease educators, social workers, pharmacists and dieticians.

Key Points

- New outpatient pharmacy service for renal patients
- Renal patients seen first by pharmacist.
- Arms the specialist with up-to-date results
- Earlier attention to bloodwork and medication
- Reduced waiting times for specialist reviews

State Toxicology Alert Reporting System (STARS)

Dr Jessamine Soderstrom,
Chloe McLean

RPH has been developing a State Toxicology Alert Reporting System (STARS) in WA that enables weekly review of all toxicology blood results to detect patterns, signals and clusters of drug-related poisonings.

It is helping doctors respond to patients who are severely poisoned by recreational drugs and substances.

It brings together emergency departments, PathWest, ChemCentre and public health stakeholders to combine clinical surveillance with advanced toxicology testing.

Samples are tested for stimulants, hallucinogens, sedatives and opioids using liquid and gas chromatography.

STARS emerged from research conducted by the Emerging Drugs Network of Australia (EDNA) and is an example of translating clinical research into practice.

STARS will be the clinical arm of the Early Warning system for WA.

Information is used to inform public health and for harm reduction responses to emerging drug-related threats in the community.

Methamphetamines and GHB (gamma hydroxybutyrate) remain the most frequently detected substances.

Novel benzodiazepines sold as “Xanax” remain predominant novel psychoactive drugs, with bromazolam being the most commonly identified in WA.

Novel opioids, including ethyl etonitazene, are starting to appear. These patterns highlight the need for active surveillance.

The expansion of STARS to seven sites, with the proposed involvement of WA Country Health Service, has strengthened surveillance capability across WA.

It is leading to improved patient outcomes, with enhanced toxicology analysis giving clinicians valuable information to guide assessment, management and harm minimisation strategies.

Key Points

- Helping emergency doctors respond to drug-related harm
- RPH toxicology service aids drug detection and response
- Detecting new and emerging drugs
- Coordinated response across seven hospital sites
- Improving public health awareness and reducing harm

HealthCare to Community and Home Hospital collaboration

Alex Gaskin-Holland,
Home Hospital team,
Megan Olive,
Dr Luke Willis

Collaboration between two Armadale Hospital teams treating heart failure is reducing pressure on the ED, bypassing traditional admission pathways and allowing people to be treated in their own home.

The two teams are:

- HealthCare to Community operates a nurse-led outpatient service that specialises in heart failure, working with the cardiology team to treat cardiac care and optimise heart failure treatment.
- Home Hospital service, launched in June 2025, delivers acute care to patients by visiting them in their home or by virtual appointments.

The two services have collaborated in the care of many patients with heart failure, particularly those requiring intravenous medicine to reduce fluid overload.

This gives heart patients the chance to be assessed and treated as inpatients in their own home. Previously, they would have been admitted to an acute medical ward at the hospital.

In one special case, they helped organise remote treatment for a patient who wanted one last holiday with his family.

This patient was given access to intravenous medication at various health centres in the State's north-west, enabling him to reach Kalbarri to spend a few cherished days with his family.

Home Hospital patients have access to clinical support 24-hours a day, 7-days a week, with after-hours provided by the HIVE clinical team.

Clinicians conduct daily home visits to complete face-to-face clinical assessments and provide treatment. Care is supported by daily medical consultations via telehealth.

With an aging population putting increased pressure on the health system, this collaboration has flow-on benefits for productivity and efficiency.

Staff in both teams enjoy providing a patient-centred service, while patients appreciate the opportunity to sleep in their own beds.

Key Points

- Tailored care for patients with acute heart failure
- Two services working together for outpatient and home-based care
  - HealthCare to Community is a nurse-led outpatient service
  - Home Hospital service
- Previously these patients would have been admitted to hospital

e-Roster REVOLUTION

Sophie Lane,
Kandy Connell

RPH's ED has embraced digital technology and revolutionised its staff rostering system.

The e-Roster Revolution project allows staff requests to be submitted and recorded in a central place, replacing paper-based processes.

This structured, transparent and data-driven approach to workforce planning and rostering is strengthening the management of staffing levels, skill mix and pre-planning.

It has eliminated the need to collect and scan forms across multiple locations.

The system and daily staff allocations are accessible remotely and maintained within a secure Microsoft Teams channel, accessible to shift coordinators and key senior staff.

Dedicated channels allow staff to request shift swaps and log overtime.

This new system has improved staff wellbeing by providing fair and flexible rostering that supports work-life balance.

Higher standards of patient care have been achievable with an appropriate skill mix of staff on every shift.

Overall, it has improved roster accuracy, visibility of staffing needs, equitable shift allocation and governance.

Key Points

- RPH ED adopts electronic rostering system
- Staff know their rosters in advance
- Supports work-life balance
- More predictable working hours improves staff wellbeing
- Appropriate skill mix on each shift

Electronic Medication Management (EMM)

Simon Scholes,
Natasa Trajanoski,
Sandra Miller,
Dori Lombardi

EMHS has launched the first, fully-integrated electronic system to track controlled medicines from the pharmacy to the wards.

Breaking new ground in Australia, the Electronic Medication Management system has increased the security, traceability and real-time oversight of controlled medications, including Schedule 8 and Schedule 4R drugs.

The system uses unique identifiers for patients, medications and users involved in all drug transactions and maintains an accurate, electronic record of when doses are given.

It has reduced the administrative burden across clinical areas and released up to 20 full-time staff to return to roles providing vital patient care.

The system enhances the control, security and recording of controlled substances and gives staff greater oversight of medication expiration dates.

It produces alerts when medication stocks need replenishing, allowing for improved stock control and reduced waste.

This system has also improved patient care by enhancing the safety, accuracy and timeliness of treatment.

Further improvement is anticipated through full integration with Electronic Medical Records (EMR).

The first two stages of the project were rolled out in mid-2023 and stage three was completed in December 2025.

Thank you to all team members who were involved in the project during the three stages.

Key Points

- First integrated electronic medicine management system in Australia
- Pharmacy-to-ward controls provide greater oversight of drug transactions
- Reduces admin tasks and releases up to 20 staff for patient care
- Automatic alerts when stock runs low

Moorditj Djena (Strong Feet)

Kevin Pennington,
Cara Westphal

Our Moorditj Djena health service is improving the lives of Aboriginal people across Perth, growing its reach to deal with diabetes and podiatry conditions.

Since 2011, the service has supported more than 5,500 people through community clinics and mobile outreach vans, making care accessible. Staff help prevent serious foot complications linked to diabetes, cardiovascular and kidney disease.

Recently, the service has focused on strengthening patient engagement to improve attendance rates by more than 36 per cent, ensuring more clients remain connected for ongoing support.

This improves the continuity of care, identifies risks at an earlier stage and allows for timely intervention, such as escalation to foot ulcer clinics instead of emergency departments.

More than just a health program, Moorditj Djena is an Aboriginal-led model of care that integrates podiatry, diabetes education and holistic support to strengthen long-term health and wellbeing.

Aboriginal health liaison officers are the first point of contact, leading with cultural knowledge, compassion and respect.

Through strategies such as social yarning, personalised follow-up and culturally-respectful communication, they engage with patients outside the clinical setting.

This helps address barriers to attendance, including the mistrust of health services, competing priorities and previous negative healthcare experiences.

The program is available to Aboriginal people living in or visiting Perth, including those from rural and remote communities.

Key Points

- Moorditj Djena offered diabetes and podiatry services to more than 5,500 Aboriginal people
- Aboriginal health liaison officers see people in community clinics and mobile vans
- Refer patients to foot clinics rather than EDs
- Fewer hospital presentations for avoidable conditions
- Continuity of care and culturally safe preventive podiatry in the community

Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) program

Lola Sikora,
Shannon Goodwin,
Madison Broun,
Olivia Rice,
Hayley McLaurin,
Laura Fleury,
Paige Costello,
Lilian Camilleri

The P.A.R.T.Y. program is raising awareness about the real and lifelong consequences of preventable trauma to more than 6,000 teenagers in WA each year.

The program brings the reality of car accidents and other tragedy to help moderate risky behaviour.

Young people hear from injured peers, grieving parents and clinicians about the journey of a trauma patient from pre-hospital care to the ED, intensive care, rehabilitation, disability, family impact and recovery.

After 20 years, RPH has the longest running P.A.R.T.Y. program in Australia.

This year the program has been restructured to expand its reach, strengthen partnerships, improve governance, enhance evaluation and support peer-reviewed research.

RPH not only delivers its own in-hospital and outreach sessions; it also coordinates programs across six other WA sites, including prisons.

Its scope now covers road trauma, alcohol and drug-related harm, e-scooters, distraction, water safety and peer influence.

In future, the service will reach out to rural and remote communities, and is exploring virtual reality to create memorable education tools.

Key Points

- RPH has the longest-running P.A.R.T.Y. program in Australia
- 6,000 teenagers a year learn about lifelong consequences of trauma
- Reducing harm among at-risk teenagers
- Expanding into juvenile justice and rural areas
- Grieving parents and clinicians tell their stories

P.A.R.T.Y Program virtual reality

Shannon Goodwin,
Ashleigh Dickson

Cutting edge technology is helping the P.A.R.T.Y. program educate young people about alcohol-related trauma using more engaging content.

Using virtual reality, young people are invited to a party where they make decisions about alcohol and drug use. They then explore the potential consequences of each choice.

A second program has replaced a slide presentation with a virtual reality "rollercoaster-style" experience, which shows young people how different parts of the brain are affected by alcohol.

The new content has been introduced in partnership with the EMHS innovation team and Griffith University.

Feedback from students suggest the tools should be permanently included in the program, with three-quarters saying they now feel more confident to make safe party choices.

They liked how realistic and interactive the sessions were, allowing them to make their own choices and see real-life outcomes.

Not only has this project elevated health education for young Western Australians, it has increased the capability and confidence for EMHS in delivering virtual reality-enabled programs.

By making smart use of existing hardware and identifying free or low-cost virtual reality products, the team proved that innovation doesn't have to be costly.

Key Points

- Young people invited to "virtual" party to make choices about alcohol and drug use
- Encouraging safe partying and knowledge about consequences
- Replacing slide presentations with more engaging content
- Young people feel more confident to make safer choices

Long Stay enhancement

Charlotte Pittman,
Ashleigh Dickson,
Claire Bertola,
Taylavie Frost-Kelemete,
Briony Allen,
Nadia Sharpe

In the past year, the expanded Long Stay service at RPBG has saved at least 7,500 bed days and reduced the number of unnecessary hospital stays.

The service aims to reduce the amount of time a patient remains in hospital after they have been medically cleared for discharge.

Originally managed by a single coordinator, the service now functions with a small team of clinical experts from social work and occupational therapy backgrounds.

The service has been redesigned with the EMHS Innovation team to apply a Human-Centred Design Thinking lens and identify improvements.

The team worked with local experts to map the typical long stay patient experience.

They identified solutions to challenges faced along this journey, addressing factors such as accommodation, disability needs and aged care placements.

The savings in bed days were achieved through a combination of admission avoidance and earlier discharge initiatives.

For example, a bariatric patient with complex health, psychosocial and housing needs had spent 75 days in hospital and required intensive case management support.

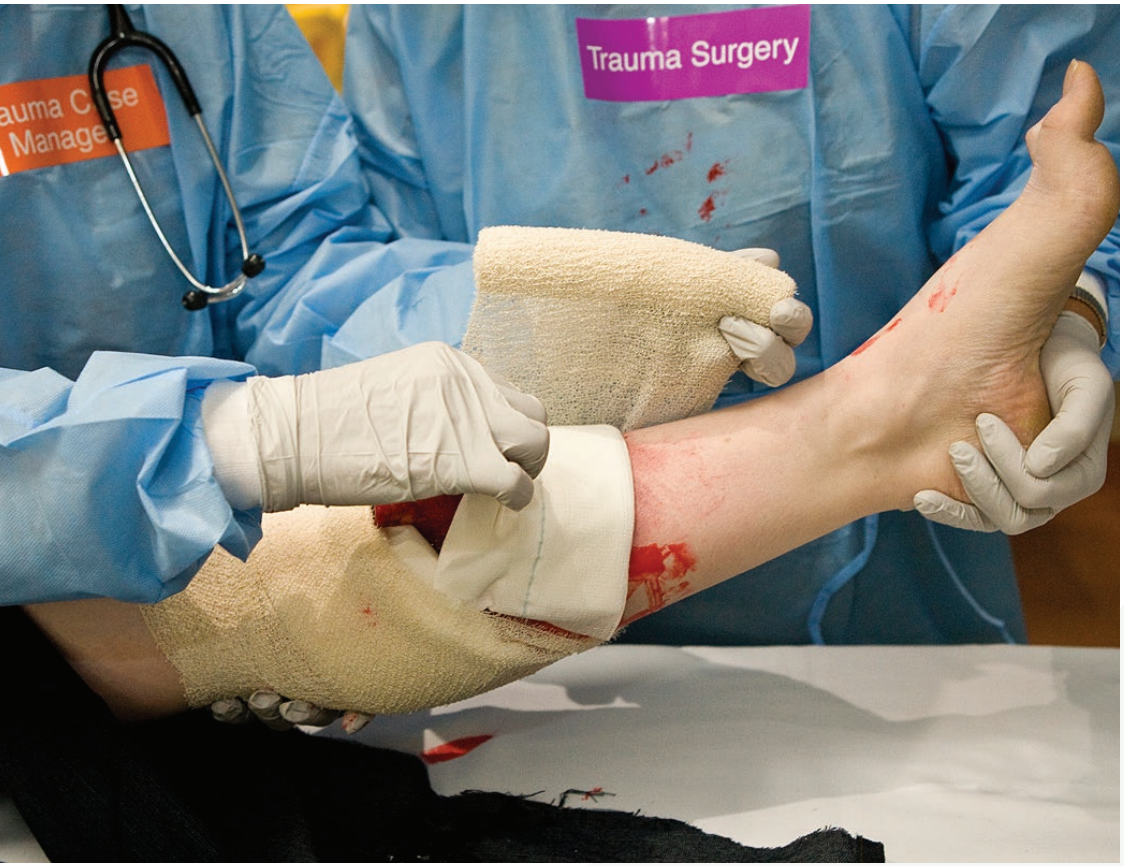
We were able to reduce the patient's ED presentations from 11 in one month to zero since discharge in September 2025.

Key Points

- Long stay service looks at barriers to discharge after medical clearance
- Reducing unnecessary hospital stays
- 7,500 bed days saved in the past year at RPH
- The right care delivered in the right place
- Small team has redesigned the service

Stop the bleed

Lola Sikora,
Dr Dieter Weber,
Jessica Spicer



RPH's trauma team is improving patient care by promoting simple techniques to control life-threatening bleeding before professional help arrives.

Rolled out in 2025 in collaboration with Queensland Health, Stop the Bleed encourages bystanders to become immediate responders and helps to avoid delays in emergency treatment.

Uncontrolled bleeding is the leading cause of preventable death in trauma-related accidents, so bystanders are encouraged to use these life-saving techniques:

- **Applying direct pressure** to control bleeding
- **Packing wounds** with gauze or clean cloth
- **Using a tourniquet,** if advised by emergency services (dial 000)

These methods are easy to learn and proven to save lives. In critical moments, these actions can make all the difference.

These principles are being incorporated into first aid training, workplace safety programs, emergency preparedness and community education.

They have been shared with officers from St John Ambulance and the Department of Fire and Emergency Services, and attendees at the State Trauma Symposiums in 2024 and 2025.

These skills are important in rural and remote regions, where long distances, challenging geography and limited access to healthcare can result in delayed medical response times.

It helps bridge critical gaps in access to emergency care, strengthens local resilience and has the potential to improve outcomes for seriously-injured patients.

Stop the Bleed was launched in response to a school shooting at Sandy Hook, Connecticut, USA.

For more information, visit https://www.stopthebleed.org

Key Points

- Life-saving training on how to stop bleeding in an emergency
- Apply direct pressure, pack the wound and use a tourniquet
- Vital skills for clinicians and communities, especially in rural and remote regions
- Bridging the gap in access to emergency care
- Improving outcomes for seriously-injured patients

Bidi Wungen Kaat Centre: Suicide Intervention Program

Susan Greenhatch,
Dr Madhavan Seshardri,
Chelsea Gray

An award-winning suicide intervention program being run by the EMHS Bidi Wungen Kaat Centre is helping participants feel more confident and prepared to create a safety plan.

WA's first mental health transitional care unit, Bidi Wungen Kaat is run as a partnership with Mind Australia.

Opened in St James in 2022, it provides residential mental health support for up to 40 adults.

The Suicide Intervention Program supports the high number of residents who are at risk of suicide.

Delivered by clinical staff and peer practitioners across three sessions, it helps residents understand the personal experience of suicide, including the impact of barriers, stigma and underlying causes.

They develop the practical skills and resources to manage risk when in the community.

Early data showed that a high percentage of participants knew how to create a safety plan, identify early warning signs of relapse and use personal strategies to manage any ongoing risk.

Participants discuss suicide in a supportive space and feel empowered to rediscover hope, navigate systems and become experts in their own journeys.

The program won the Excellence in Injury Recovery award at the 2025 Injury Prevention and Safety Promotion awards and received the 2026 Western Australia LiFE Award for Innovative Practice and Research.

Key Points

- Intervention program helps prepare adults to manage suicidal risk
- Improved confidence in developing a safety plan
- Participants feel more prepared to plan and seek help
- Aims to reduce ongoing risk of suicide
- Award winning program

National Partnership Agreement for Comprehensive Palliative Care in Aged Care

Kelly Oakley,
Anne Bartle,
Casey Martin,
Dr Ailbhe McAlister

East Metropolitan Health Service (EMHS) has embraced a new approach to identifying patients with life-limiting illness, delivering end-of-life care that better aligns with the wishes of older people.

This aligns with the 2018–2026 National Partnership Agreement on Comprehensive Palliative Care in Aged Care which supports improvements in palliative care across residential aged care facilities.

Since 2023, EMHS has piloted the use of the Supportive and Palliative Care Indicators Tool (SPICT) and the Symptom Assessment Scale (SAS) to improve care for older patients.

The aim was to promote early identification of patients with life-limiting illness, improve care planning and communication, and enable consistent assessment of symptoms.

Funded by WA Health, it supports aged care residents as they move through the hospital setting.

It offers a way to identify deteriorating health and clinical review as patients' symptoms worsen.

The tools were embedded into clinical workflows through staff education, bedside coaching, decision-support resources and integration into clinical documentation and dashboards.

As a result, it has improved early recognition of deterioration, Goals of Patient Care documentation, staff confidence and referrals to specialist palliative care – all supporting more proactive, patient-centred care.

Integrating the two tools shifted care from reactive to proactive and in doing so, strengthened care planning, symptom management and coordination between hospitals and residential aged care facilities.

Thank you to everyone who has been involved in the project and the implementation of the new tools.

Key Points

- New approach to identify patients with life limiting illness
- Supporting residential aged care residents as they move through the hospital setting
- Tools help to identify deteriorating health
- Earlier referral to specialist services reduces need for hospital admission
- Better end-of-life outcomes for patients

Moorditj Wirrin Koolangkas *(Strong Spirit Kids)*

Jordan Gliddon,
Paige Walley

More than 1,600 students have worked with the EMHS Moorditj Wirrin Koolangkas program to learn about themselves, their family and culture, and risk-taking.

Delivered by Aboriginal health promotion officers, this free program features six sessions covering tobacco, vaping and alcohol-related harm, sexual health, healthy relationships, puberty and consent.

Aboriginal and Torres Strait Islander students aged 10 to 18 track their family tree, explore their identity and identify language group, totem, skin group and family connections. This encourages conversations to be continued at home.

Since 2018, this program has delivered more than 700 sessions to 1,600 young people, leading to more than 30 ongoing partnerships with schools.

At the end of the program, three-quarters of students feel more confident to make healthy and informed decisions about tobacco, alcohol, relationships, puberty and sexual health. Importantly, they report an increased connection to their identity.

Most participants say they don't intend to smoke or vape in the future, or drink alcohol before 18, and know how to seek support and identify trusted people and services.

Schools may request further sessions about Noongar knowledge, language and artefacts.

Key Points

- Free program encourages Aboriginal students to learn about their kin
- Delivered in schools by Aboriginal health promotion officers
- Raising awareness of risks to help young people make healthy and informed decisions
- More than 30 ongoing school partnerships
- Increased connection to their identity

RPH Emergency Department wellbeing and incident response program

Shannon Goodwin,
Sophie Lane,
Melanie Kirk

Emergency Departments (EDs) are unpredictable, high-pressure environments where staff are regularly exposed to distress and trauma.

In response, ED staff at Royal Perth Hospital (RPH) have developed a practical program to embed psychological safety into every day operations. It strengthens how staff are supported following traumatic clinical events and cumulative workplace stress.

This represents a cultural shift from passive incident reporting to proactive wellbeing management, ensuring staff are not left to manage distressing events alone.

For example, staff can use a QR code to access the ED Incident Response Tool, offering a fast and accessible way to report incidents, request support and be linked directly to wellbeing resources.

A dedicated tracking dashboard provides visibility of incidents, recurring risks, hotspots, repeat exposures and follow-up actions, identifying staff who submit more than two reports within 30 days and prompting early wellbeing review.

The program includes post-incident support packs for violence and aggression, medical or traumatic incidents, psychological first aid principles, debriefs, wellbeing resources tailored to staff groups, and morale and stress indicators within shift coordinator reporting.

RPH ED can identify trends earlier, recognise repeat exposure and guide meaningful interventions. The program supports safer systems, improved reporting culture, better escalation pathways and a more coordinated response to occupational violence, distressing incidents and staff wellbeing risk.

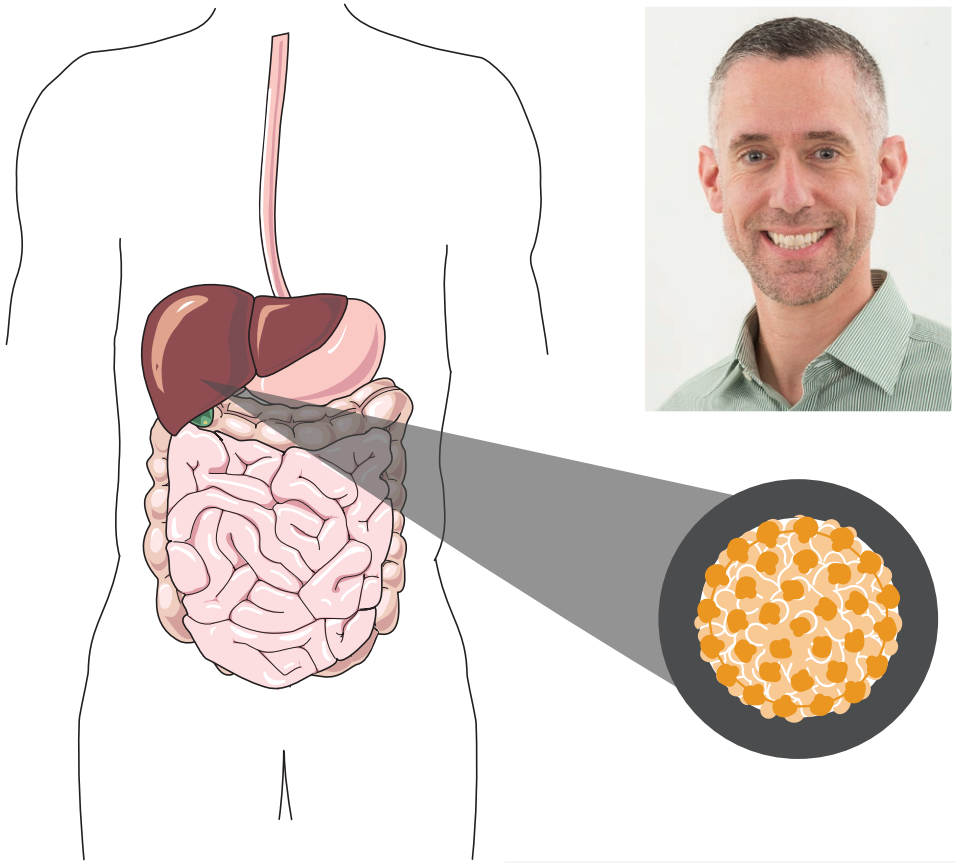
When staff feel protected, heard and supported, they are better able to recover, remain engaged and continue providing high-quality care for patients in a demanding environment.

Key Points

- Helping ED staff deal with workplace distress
- Turns incident reporting into active wellbeing support
- Staff safety is essential to safe patient care
- Practical program with ease of reporting
- Follow-up flags to identify staff facing repeated incidents

Hep B Hub WA

Adam Gregson,
Dr Tim Mitchell,
Professor Wendy Cheng



Royal Perth Hospital (RPH) has launched a service to build the knowledge and confidence of GPs to safely care for Hepatitis B patients within their own practice, without having to refer them to hospital.

Hepatitis B is a serious viral infection that affects the liver, potentially leading to chronic disease and severe health complications.

The two-pronged approach, set up in December 2024 with WA Health funding, includes:

- outreach clinics in nine Perth practices so far where patients are seen by a hepatology-specialist Nurse Practitioner and the local GP who learns how to safely manage and treat Heb B in a community setting
- a state-wide clinical advice service where GPs send questions and seek clinical guidance via a dedicated email inbox and receive a response by email, phone or video call within two business days.

As well as reducing GP referrals, the intent is that hospitals can transfer the care of some patients from outpatient clinics back to their GPs, improving access for those on the waitlist.

Hospital doctors and nurses can then focus on more complex hepatology patients, as well as allowing them to work to their full scope and increase their knowledge and skills.

This initiative builds on RPH's reputation as being a leader and innovator in the viral hepatitis sector.

It allows EMHS to contribute to, and influence state and national policy through invitations to consult and participate in consultations, steering committees and working groups.

For patients, it means more accessible and timely care provided closer to home by a doctor they know, with the opportunity for more holistic and coordinated management of their other chronic diseases.

It addresses known shortfalls in current service provision, ensuring flexibility, responsiveness and a focus on capacity-building.

Key Points

- Supporting GPs to manage and treat hepatitis B
- Taking specialist knowledge outside the hospital walls and directly to patients in the community
- Prevents delays in diagnosis, monitoring and starting treatment
- A platform to advocate for patient needs and policy change

Mount Lawley Transition Program

Susan Mylne,
Transition team

This complex project involves the coordinated commissioning and transition of private hospital services, facilities and staff from St John of God Mount Lawley Hospital into East Metropolitan Health Service (EMHS) public system by 1 September 2026.

It is a time-critical, whole-of-system transition of private hospital capacity into public operations, with less than 12 months from announcement to transition date.

The goal is to:

- transition 196 beds into public operations
- transition all clinical and patient support services, facilities and asset management, and contracted service providers
- recruit and onboard more than 450 staff
- make critical repairs and other works to enable public outpatient and surgical services
- service redesign, clinical and non-clinical planning, governance and ICT strategies.

The program team works collaboratively across clinical, operational and corporate areas to align resources, manage logistical challenges and ensure regulatory and safety requirements are met.

Transition plans are underway for each service stream.

The program is underpinned by three key principles:

- Operations: Focus on transition-critical activities
- Service continuity: Maintain care and service delivery for patients and staff
- Phased transition: Safely commencing and scaling patient care.

The transition is expected to deliver broader benefits for EMHS, including reduced waiting times and better access to planned elective and subacute care.

Key Points

- Bring Mount Lawley hospital into EMHS in less than 12 months
- Transition 196 beds into public operations
- Transfer staff into public sector
- Continuity of services

Pulmonary Embolism Response Team (PERT) and Large Bore Mechanical Thrombectomy service (LBMT)

Dr Claire Tobin,
Dr Nishath Altaf,
Dr Irene Moore,
Dr Fernando Picazo Pineda

A new life-saving interventional service at Royal Perth Hospital (RPH) which removes blood clots is helping patients with intermediate to high-risk cases of acute pulmonary embolism (PE).

PE is a common, often fatal, diagnosis.

Staff in RPH Respiratory Medicine and Vascular Surgery have collaborated to provide a Large Bore Mechanical Thrombectomy (LBMT) service under local anaesthetic.

This procedure removes blood clots from the pulmonary arteries, often in emergency situations.

A large bore catheter suctions out the clot, restoring blood flow to vital organs. It is particularly effective for PE, helping prevent serious complications and patients often improve rapidly.

To assess patients for this treatment, a PE Response Team (PERT) formulates a management plan for the patient with input from a Respiratory Physician, Vascular Surgeon, Cardiologist, Intensive Care Unit representative and the referring doctor.

The service began in January 2026 after 15 months of stakeholder meetings to obtain approvals and establish guidelines. So far, there have been 13 PERT discussions and two successful LBMT cases. Both patients were discharged within 36 hours of intervention.

The service showcases collaborative, multidisciplinary working at its best, relying on combined expertise from Respiratory, Vascular, ICU, Cardiology and ED clinicians.

It translates research, continuous improvement and innovation into evidence-based healthcare for patients in need.

For EMHS, it means less use of high dependency beds and Health In a Virtual Environment (HIVE) monitoring, reduced length-of-stay and fewer readmissions.

Patients are evaluated by an expert team with streamlined diagnostics, standardised rapid response protocols, and accelerated access to intervention where appropriate.

Key Points

- Two cases so far, discharged from hospital within 36 hours
- Collaboration between respiratory and vascular surgery
- Reduces length-of-stay, readmissions and hospital transfers
- Lifesaving treatment for patients with limited other options

Acute Pain Service - ward round application

Dr Donald Johnson,
Doreen Cox,
Ben Davies,
Dr Chui Chong,
Russi Travlos,
Shiv Meka,
Bobae Bak,
Armanda Franchina,
Kalpesh Sanghavi

A digital solution is helping doctors at the Royal Perth Bentley Group (RPBG) monitor and follow-up the pain levels of hospital patients across multiple wards.

The Acute Pain Service ward round application has replaced manual processes and allows doctors to update records on their phones or computers-on-wheels at the patient's bedside.

A multidisciplinary working group of pain medicine and anaesthesia clinicians, East Care Connect (ECC) data scientists and Strategic Projects staff collaborated to create an app hosted on the ECC 'Kimchi' platform.

This is a clinician-informed application which integrates real-time patient data, QR referrals and automated workflows into a single platform, using the in-house expertise of the ECC team.

Now they can generate an automated ward round and access key clinical information in real time.

This ensures accurate patient locations and a central repository for patient information across multidisciplinary teams.

Clinicians can make better informed decisions at point-of-care and write digital handovers to clinicians working the next day.

During a ward round, staff can enter clinical updates or modify the patient's next review date and designate a reviewer – such as the Pain Fellow or Consultant.

Patients are automatically added to lists based on their clinical needs and review timeframes.

Enhanced referral pathways improve the quality and completeness of referrals, supporting safer and more coordinated pain management intervention.

The app has improved overall efficiency, reduced overtime, offered improved visibility of patients requiring review and streamlined workflows through a reliable single source of truth.

Key Points

- Automated list of patients in pain and access to clinical information
- Enter clinical updates at the bedside
- Accessible on phones and computers on wheels
- Replaces manual processes
- Team effort for better pain management

Non-orthopaedic surgical robot commissioning

Russi Travlos,
Ben Davies,
Medical team

By introducing robot-assisted surgery, Royal Perth Hospital (RPH) has significantly expanded its surgical capabilities, enabling surgeons to perform complex procedures with greater precision and control.

The non-orthopaedic surgical robot, funded by the RPH Research Foundation, represents a broader organisational commitment to surgical excellence and enhancing safety, quality, and efficiency.

Surgeons operate from a console, using intuitive hand controls to manipulate instruments with extreme precision.

This is supported by high definition, three-dimensional vision to provide excellent clarity and depth perception.

Patients now have access to advanced technology in the public system to minimally invasive procedures that deliver greater clinical outcomes including reduced post-operative pain, lower risk of complications, faster recovery time and shorter hospital stays.

Its successful commissioning represents a significant milestone in the advancement of surgical capability, innovation, and patient-centred care.

This ensures the full scope of practice of multiple surgeons is realised, allowing them to operate at the top of their scope, transfer their expertise into the public sector, and attract junior doctors to work with them.

The complex commissioning process required collaboration across a wide range of stakeholders, including executives, surgeons, anaesthetists, nursing staff, Health Technology Management Unit, facilities management and many more.

They worked tirelessly on procurement, theatre renovations, infrastructure upgrades, workflow development and staff training.

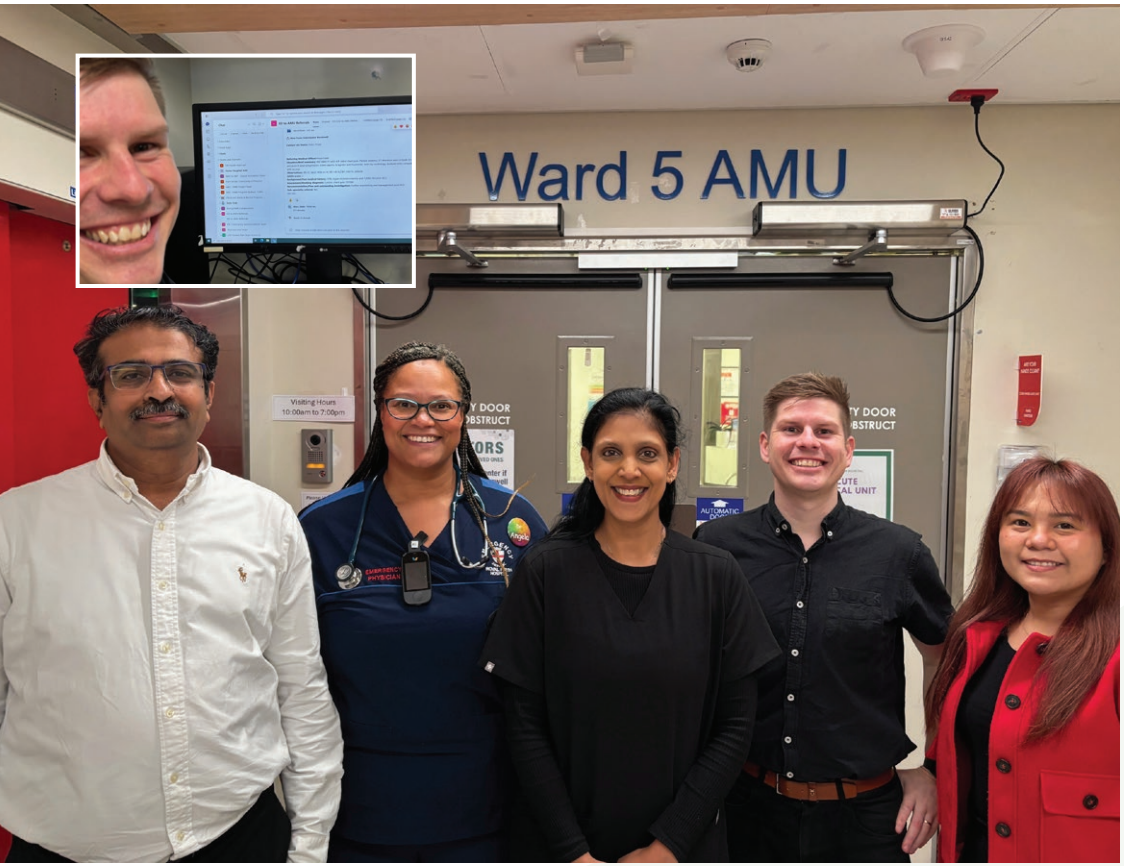
This achievement positions RPH at the forefront of modern surgical practice and reflects the commitment to delivering world-class health care to patients in the public system.

Key Points

- First non-orthopaedic surgical robot at RPH
- Surgeons can perform complex procedures with greater precision and control
- Contributes to reduced length of stay, better patient flow and bed availability
- Funded by RPH Research Foundation

Reimagining ED to Acute Medical Unit referrals: A collaborative approach to excellence

Dr Karthik Natarajan,
Dr Angela Okereafor,
Dr Shital Amin,
Theo Shaw,
Roselle Lydick,
Sarah Al Zaim



Since August 2025, more than 7,800 referrals have been coordinated through a new digital workflow on Microsoft Teams, allowing clinicians to refer patients from the Emergency Department (ED) to the Acute Medical Unit (AMU) at Royal Perth Hospital.

Historically, referrals relied on phone calls and handwritten tracking, resulting in missed calls, interruptions to admitting registrars managing competing clinical demands, and limited visibility of patients awaiting review. This is important because AMU receives up to 30 referrals each day.

An initial eReferral trial improved documentation but identified practical workflow limitations. Clinicians and project staff then redesigned the process around how staff work in a busy acute environment.

Referral information is now standardised and automatically delivered into a dedicated AMU Teams channel. This provides medical, nursing and operational staff with clearer oversight of pending referrals while maintaining direct escalation pathways for clinically unstable patients.

The model was designed around existing clinical workflows, making it easy for staff to adopt.

It also required no additional funding or software procurement.

The new process has strengthened communication, improved coordination and supported more timely patient flow. Referral activity data can also be captured for the first time, helping the service better understand demand and inform future planning.

Clinicians no longer need to interrupt patient care to answer routine referral phone calls, allowing more time for clinical decision making and direct patient care.

The success of the model has also generated interest from other health service providers exploring similar approaches to referral coordination.

Key Points

- Using Microsoft Teams to communicate between ED and AMU
- ED doctors refer patients to AMU electronically
- Frees up time for decision making and direct patient care
- Fewer phone interruptions for doctors
- Frontline doctors and project staff led this improvement

Clinical physics support in Y-90 selective internal radiation therapy

Jan Boucek,
Sini Kavungal Abraham,
Emily Her,
Chris Leatherday

Patients with liver tumours are being treated with radioactive therapy under a collaboration between clinical physicists, interventional radiologists, nuclear medicine experts and gastroenterologists at Royal Perth Hospital (RPH).

Since 2014, the Y-90 Selective Internal Radiation Therapy (SIRT) has seen radioactive doses delivered into the hepatic artery and become lodged in the tumour. The dose is delivered close to the tumour while sparing the rest of the liver.

Clinical Physicists at RPH play a continuous role across treatment planning, procedural support and post-therapy dosimetry. They order therapeutic doses from the supplier, coordinate regulatory permits, prepare the doses and provide radiation safety and regulatory oversight throughout the procedure.

After surgery, they use PET imaging to verify the distribution of the dose and accuracy of the treatment. They quantify how much has been absorbed in the tumour and normal liver tissue, comparing the planned versus delivered distribution of the dose and providing information for patient-care decisions.

The collaborative workflow is highly regarded, knowing the therapy is delivered with the highest degree of excellence, precision and accountability.

The treatment has been refined since 2014, reflecting advances in patient selection, planning, and accuracy of doses.

Clinical Physics maintains high technical standards by continuously identifying and resolving practical challenges, adapting workflows in line with evolving industry practice, and incorporating advances in technology and published evidence.

This strengthens technical rigour and clinical confidence, ensuring high-quality service delivery is maintained.

Key Points

- Radioactive therapy for liver tumours
- Physicists provide vital support
- Treatment planning, correct dose preparation and imaging to see how dose was delivered
- Technical rigour and clinical confidence

Patient blood management

Alun Thomas,
Russi Travolos,
Pauline Coutts,
Jessica O'Sullivan,
Kerry Hodgkinson,
Alison Taylor

Royal Perth Hospital has halved the number of patients who require blood transfusions during surgery for knee and hip replacements.

Over 17 months since 2023, the percentage of patients has fallen from 11.6 per cent to 5.3 per cent.

The improvement, given the current critical blood supply shortage, involves the hiring of a clinical nurse consultant specifically for patient blood management and a database developed in-house with the EMHS Data and Digital Innovation team.

The purpose-built database pulls waitlist and pathology data, checks for low iron levels and anaemia, and generates alerts for patients who may need an iron transfusion.

These patients attend a pre-anaesthetic blood management clinic and those with low iron are referred to the RPH Ambulatory Unit for iron infusions.

For patients, the outcome has seen better management of their health, fewer days in hospital after surgery and shorter recovery times.

The pathway is now being expanded from knee and hip surgery into other higher-risk surgical groups.

Overall, it brings together clinical, digital and operational changes to track patients from waitlist through to surgery to reduce transfusions, improve health outcomes and support more consistent perioperative care.

Key Points

- Halved the number of hip and knee surgery patients needing blood transfusions
- Specific nurse and database to identify patients at risk
- Check for low iron levels and offer iron infusions pre-surgery
- Timely, given current critical blood supply shortage

Personify Care outpatient over boundary waitlist auditing

William Nourish,
Ben Davies,
Merlin Kunnel Joseph,
Ros Jones

Royal Perth Bentley Group (RPBG) has improved its customer service to patients on outpatient surgery waitlists by replacing a manual process with a digital tool.

The Personify Care digital platform has been offered to 5,000 patients from 30 specialties at Royal Perth and Bentley hospitals. It has improved outcomes for patients and reduced the administrative burden for staff.

Patients can use the tool to confirm or cancel their appointment, or update demographic information.

It has also improved the auditing process from six weeks to two weeks. RPBG must report to WA Health about wait times for outpatient appointments.

Overall, this innovative digital transformation has improved efficiency, patient experience and equitable access to outpatient care across Royal Perth and Bentley hospitals during 2026.

Further, the combination of innovation, quality, and efficiency has resulted in improved timeliness of care for patients.

It combines a fully digital, end-to-end outpatient audit process with real-time patient engagement.

Overall, the initiative represents a transition towards digital platforms with the aim of innovating and improving existing processes.

Further, the combination of innovation, quality, and efficiency results in better health outcomes for patients.

Key Points

- Reporting on outpatient surgery waitlists
- Changed from manual process to digital tool
- Patients can cancel or confirm appointments
- Used by 5,000 patients from 30 specialties

RPH Endoscopy Suite - Personify Care implementation

Marie Schmidt,
Russi Travlos,
Ben Davies

Patients in the Royal Perth Hospital (RPH) Endoscopy Suite can now arrive 30 minutes later for their appointments, knowing that all the administration has been completed using a new digital tool.

Personify Care is a digital platform that replaces paper-based workflows and guides patients through their pre-admission and preparation processes.

Tailored questionnaires, education and reminders are delivered to patients via SMS or email at timepoints throughout their care journey and their responses are captured.

As a result, pre-admission processes have been redesigned to reduce administrative burden, minimise duplication and support earlier identification of clinical risks.

A key feature was the digitisation of the core clinical document, including the first two pages of the Endoscopy Day Procedure Multidisciplinary Comprehensive Care Plan, ensuring consistent, accessible and patient-centred records.

Patients can update demographic details and input information at a time that suits them, minimising repetition.

They can access information about their procedure, thereby improving understanding, preparation and confidence throughout their care journey.

Feedback shows that 95 per cent of patients found the pre-procedure information helpful in preparing for their procedure, while 94 per cent reported overall satisfaction with their experience.

A critical success factor was collaboration with the Endoscopy Unit team, whose input ensured the solution was clinically appropriate, user-friendly and aligned with the needs of patients and staff.

The initiative represents a significant advancement in modernising pre-admission processes and enhancing patient experience with contemporary solutions.

Key Points

- Endoscopy patients complete pre-admission tasks online
- New digital tool called Personify Care
- Collaboration with endoscopy team to reduce admin burden and identify patient risks
- High satisfaction rate from patients

Improving patient flow to relieve pressure on ED and improve patient care

Sarah-Louise Laing,
Russell Colyer-Cockburn

Armadale Kalamunda Group (AKG) has implemented a suite of measures to improve patient flow, relieving pressure on the Emergency Department (ED) and resulting in better patient experience and outcomes.

These include:

- the SpotFire rapid testing platform in ED, detecting up to 15 viral and bacterial respiratory pathogens within 15 minutes, compared to six hours or more. With 80 tests per week, about 43 per cent of patients test positive
- a PathWest officer in ED for blood collection, improving diagnostic efficiency
- earlier transfer of young patients from ED to the children's ward
- new short-stay pathway for hip and knee replacement for 166 patients since February 2026. So far, 45.6 per cent of suitable patients discharged on the first day and a further 25.3 per cent on the second day
- new hysterectomy surgery without external incisions
- an advanced physiotherapist offers early identification of older patients needing geriatric assessment
- Comprehensive Care Plans for each speciality to individualise admission risk screening and assessment, including one for palliative care
- a maternity-specific triage score and streamlined labour induction processes in the Antenatal Assessment Unit
- since June 2025, the Armadale Hospital in the Home service (governed by East CareConnect) has delivered acute inpatient care to more than 400 patients in their homes.

The changes integrate advanced diagnostics with redesigned, patient-centred pathways to deliver faster, more personalised and coordinated care across the patient journey, from presentation through to recovery at home.

Key Points

- Suite of measures to improve patient flow
- Diagnostic tools and new processes to avoid admissions into wards
- Short-stay surgery
- Earlier identification of older patients needing extra care

EMHS Aftercare for patients in suicidal crisis

Sarah Mackinnon,
Rebecca Sagar-Bond,
Aimee Smith,
Blessing Zvinairo

Patients who present to the Emergency Department (ED) at Royal Perth Hospital (RPH) in suicidal crisis now have access to an additional follow-up service after discharge to check on their wellbeing.

The EMHS Aftercare service operates seven days a week. It provides assessment, referral, safety planning and follow-up phone support from a Nurse Practitioner in liaison with the ED Mental Health Liaison Team and Neami Perth (which provides rehabilitation and recovery support).

The model recognises the heightened risk of suicide in the immediate period following a crisis and aims to bridge the critical transition gap between hospital and the community.

The Aftercare team, led by Nurse Practitioner Rebecca Sagar-Bond, has so far received about 60 referrals, and Neami Perth has seen 25 patients.

They deliver targeted interventions that promote safety, autonomy and meaningful connection to longer-term treatment and support services.

This works in tandem with the EMHS Aftercare outpatient clinic which runs three days per week, providing follow-up for care planning, prescribing and therapeutic intervention.

For EMHS, it has strengthened options for safe and supported discharge plans from the ED and our mental health services.

One patient summed it up by saying: “Just from that first phone call, I finally felt heard, like I was communicating with someone who actually cared.”

Key Points

- First Nurse Practitioner for EMHS Mental Health team
- Offering post-discharge support to ED patients in suicidal crisis
- Aftercare team has received 60 referrals so far
- Partnered with Neami Perth
- Outpatient clinic

Collaborating for every breath

Gillian Watt,
Chelsea Russell,
Anna Connor,
Ian Woodhead

For the first time in two years, a Royal Perth Hospital (RPH) patient with a complex medical condition has forgotten he was on oxygen, so elated that a new breathing device had given him the ability to speak and a renewed quality of life.

The patient helped design his individualised device, working with the RPH Respiratory, Speech Pathology and Physiotherapy Departments, Biomedical Engineering and external collaborators to find a custom-made solution.

The man presented to hospital last year with respiratory decline following the removal of his cancerous voice box (larynx), compounded by severe hypertension, heart failure, emphysema and other disease.

As his condition deteriorated, he returned to hospital 13 times since the start of 2025, requiring urgent care.

Despite trialling all options for delivering oxygen to him, no device was suitable for his needs.

They leaked, were uncomfortable, noisy and easily displaced at night — leaving him without reliable oxygen or humidification when sleeping. This reduced his quality of life and restricted his communication.

The solution was to develop a custom-made 3D-printed connector to attach directly to his stoma baseplate, creating a sealed and stable interface for oxygen delivery.

This allowed standard oxygen tubing to connect directly to the stoma, eliminating major leaks and enabling predictable oxygen flow.

Importantly, the design accommodated his voice prosthesis and his heat and moisture exchanger, ensuring optimal humidification, airway protection and the ability to communicate verbally.

This oxygen-delivery connector has the potential to significantly reduce ED and inpatient admissions for specific patients.

The solution was a patient-driven innovation that fostered cross team collaboration to create the first piece of equipment in Australia enabling laryngectomy patients to have a consistent oxygen supply, humidification and use alongside a voice prosthesis.

It used technology and clinical problem solving, and helped improve the patient's life.

While the patient has since died, he was glad to know his experience could help others in the future who may be faced with a similar situation.

Key Points

- New custom-made 3D device delivers oxygen
- Allows patient to speak and breathe again
- Improved quality of life
- Complex laryngectomy patient

Closing the gap: Improving outcomes for patients with interstitial lung disease (ILD) through nurse-led care

Gillian Watt,
Dr Irene Moore,
Lucy Huang

A nurse-led support service has been introduced at Royal Perth Hospital (RPH) to provide support for patients with interstitial lung disease (ILD).

ILD describes a group of conditions which cause inflammation and progressive scarring of lung tissue.

The tissue thickens and stiffens, making it hard for the lungs to expand and fill with air.

At some point, the scarring makes it harder to breathe and get enough oxygen into the bloodstream.

Patients face a life-limiting condition. Therapies can slow disease progression, however treatment is often hindered by side effects, patient uncertainty and the need for structured support.

This structured support is now in place, with an ILD multidisciplinary team implementing a nurse-led treatment support service.

They now provide patients with education, treatment counselling and coordinated support during the critical period between the treatment recommendation and commencement.

Patients receive structured telephone follow-up at key treatment milestones with a focus on proactive management of side effects and early identification of concerns.

Patients have open access to contact the service between scheduled reviews, ensuring timely advice, reassurance and escalation of issues when required.

The service was designed around patient needs and informed by feedback from patients, nurses, and medical staff.

It demonstrates how nursing-led innovation within a multidisciplinary framework can address identified service gaps, strengthen continuity of care, and improve access to evidence-based treatment.

Key Points

- Nurse support for patients with lung disease
- Proactive and structured service
- Designed around patient needs
- Timely advice and escalation of issues

St John of God Midland eReferrals initiative

Hayley Wickes,
Lisa Burnette,
Grace Hockey,
Kim Deane,
Wicky Srichu,
Gavin Saul,
Ros Jones

More than 360 referrals a month are being submitted electronically to St John of God Hospital in Midland after the introduction of a system that allows health service providers to digitally refer patients to WA Health outpatient care.

The initiative stems from the high volume of referrals and patient demand between this hospital and other WA Health sites using a manual process with emails and faxes.

This has been replaced by a digital platform, with reporting functionality, that enhances the quality of incoming and outgoing referrals.

A pilot was started allowing the hospital's physiotherapy and podiatry services to receive digital referrals from other WA hospitals.

Due to the overwhelming success, all outpatient services at the hospital are now using eReferrals.

Since January 2026, the hospital has processed more than 1,400 eReferrals, with about 1,000 from EMHS sites.

The new system allows them to track, report and monitor individual patient referrals, referral volumes and service demand.

It has templated referrals with automatic population of patient and referrer information, allowing referring and receiving sites to track referral status.

Clinicians at Midland now want to send eReferrals to other WA Health sites so a trial with Podiatry started in April 2026 and will soon expand to the hospital's ED.

The hospital's ED provides a high volume of referrals to other hospital outpatient services and this initiative saves significant clinician time by using a simpler and integrated referral system.

Thank you to those departments involved in the early stages of the project – the physiotherapy and podiatry departments at both SJoG Midland and RPH.

Key Points

- Electronic referrals
- More than 1,400 since January 2026
- Replacing manual process
- Eager take-up by specialties
- Podiatry and physiotherapy first to try new system

ePrescription pilot project – smarter prescribing, safer and faster discharges

Lee Nguyen,
Su-Lyn Kombe,
Dr Mohan Raghavan,
Ros Jones

A project at Royal Perth Hospital (RPH) to dispense pharmacy scripts electronically has seen almost 5,000 prescriptions processed during the eight-week pilot in mid-2025.

RPH implemented a fully digital, end-to-end process for prescribing and supplying inpatient discharge medicines.

The time taken to prepare discharge medicines has been reduced by 30 percent, helping patients leave hospital sooner.

For many patients, the final barrier to going home is not medical readiness, but waiting for discharge medicines to be prescribed, checked, corrected and supplied.

The RPH ePrescription Pilot Project replaced paper-based prescribing with a digital workflow linking WA Health's eMedication prescribing platform with iPharmacy, the hospital pharmacy dispensing system used across Australia.

Doctors now prescribe electronically, pharmacists review prescriptions digitally for safety and accuracy, and pharmacy receives one consolidated digital medication handover called the Discharge Dispensing Plan.

This project did more than digitise paper. It redesigned the discharge medication process around patient safety, hospital flow and real clinical practice.

The pilot expanded from 10 to 33 wards, with 100 per cent of hospital-supplied discharge prescriptions issued digitally.

This EMHS-led innovation has created a scalable national model for safer, faster and more transparent hospital discharge prescribing.

Thank you to the fabulous clinical teams on these wards for your involvement – AMU, ASU, 4 ABG, 4F Cardiology, 5AB, 6H, 10C and RPH Pharmacy.

Key Points

- Electronic prescriptions for pharmacy
- 5,000 scripts during eight-week pilot
- Redesigned the discharge medication process
- Focus on patient safety, hospital flow and clinical practice
- Helping patients leave hospital sooner

Excellence in research reporting – from the bench to the bedside

Deanie Carbon,
Rachel Way,
Nikita Thomas,
Mark Woodman,
Claire Badenhorst

RPH Research Foundation

Spotlight on Research: EMHS team helps in Staphylococcus treatment breakthrough

Carbon, Deanie
Public Relations Coordinator

Published 13/03/2026 · 2 min read

Without medical research, advances in diagnosis and treatment would not occur. At EMHS, we are unlocking new discoveries to improve the quality of healthcare available to all West Australians, with exciting implications for patients across the world.
To find out more, follow our *Spotlight on Research* series about our latest investigations.

Two East Metropolitan Health Service hospitals are involved in a worldwide trial which has found that the broad-spectrum antibiotic Cefazolin is the best first option for treating all susceptible Staphylococcus cases.

The finding has been submitted for publication in the prestigious *New England Journal of Medicine*.

Staphylococcus aureus, commonly known as golden Staph, is one of the most serious bloodstream bacterial conditions, with about 5000 infections a year in Australia.

Associate Professor Owen Robinson said the SNAP trial (Staphylococcus aureus Network Adaptive Platform) has, so far, involved 265 patients at Royal Perth Hospital and 33 patients at Armadale Hospital – as well as patients from two other WA hospitals – and its findings have dramatically changed clinical practice.

"Our main aim has been to establish which "backbone" antibiotic is the best," Owen said.

Dr David New, Dr Katherine Norton and Dr Tim Whitmore are involved at RPH and AHS in the worldwide trial for the

For 2025/26, East Metropolitan Health Service (EMHS) Communications team has focussed on excellence in research reporting by sharing stories of clinical work underway in our hospitals.

Teamwork between Communications, the RPH Research Foundation, EMHS Allied Health and Royal Perth Hospital's Innovation and Research team has placed a spotlight on research stories of a national and world nature.

The partnership has allowed the sharing of resources, ideas and knowledge to expose opportunities for researchers and promote the work they are doing.

The impact for this fledgling project will be known in future years as more researchers win grants, the Foundation attracts more donations from patients for EMHS research, and research can translate from the laboratory to the bedside.

Projects highlighted so far include:

- Intensive Care researchers at RPH have joined an international trial to see if a drug injection can lower death or serious disability in trauma patients by helping protect tissues and cells as the body repairs itself.
- RPH researchers are monitoring patients with elevated levels of this cholesterol at regular intervals after surgery to determine the likelihood of them needing a further procedure.
- Two hospitals are involved in a worldwide trial which found that the broad spectrum antibiotic Cefazolin is the best first option for treating all susceptible Staphylococcus cases.

Research is the key to improving patient outcomes and it is important to promote the need for funding to continue world-class research right here in WA.

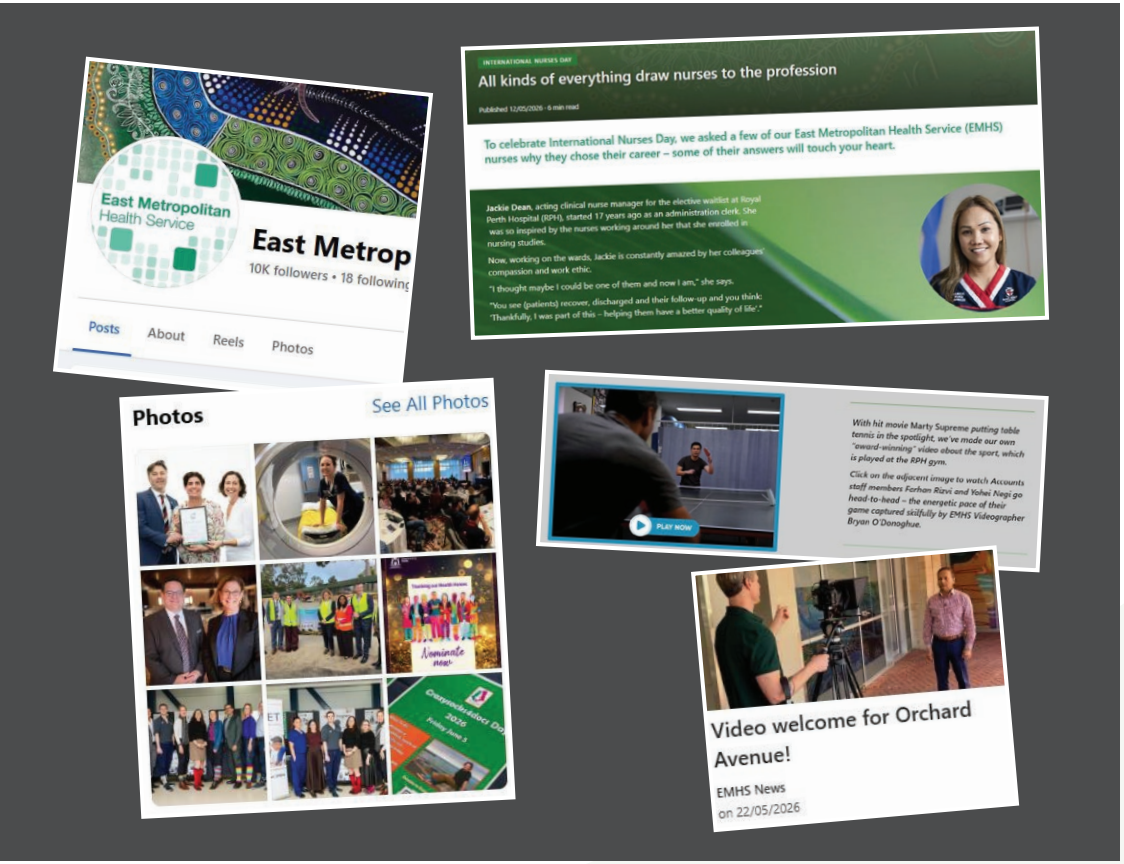
Without research, advances in diagnosis and treatment would not occur.

Key Points

- Highlighting research at EMHS
- Spotlight on research stories of a national and world nature
- Research is the key to improving patient outcomes
- Stories of laboratory discoveries

Excellence in visual communications – telling healthcare stories through videography and other means

Communications Team



EMHS Communications has focussed on excellence in storytelling by sharing healthcare stories via visual means including videography, social media, television screens and screensavers.

Facebook numbers for July 2025 to May 2026 show a strong reach (5.4 million views) with significant growth in engagement, website traffic and audience size, through the use of video and photography.

Such initiatives shift the emphasis from written to visual communications to provide accessible and meaningful information for staff and patients.

This transcends language barriers and engages audiences on an emotional and intellectual level. It steers communication in a direction that allows real staff at EMHS to tell their stories authentically.

EMHS Communications has provided an in-house video production service since December 2022.

There has been a renewed focus since July 2025 when Communications hired a fulltime videographer to produce specific videos for internal and external communications, sharing messages on topics ranging from mental health to cardiology to wellbeing.

Other staff in Communications now also produce short videos, using a lightweight hand-held device, captioning and editing software.

Contributions from the entire Communications team in terms of script writing, logistics in finding relevant guest speakers for the videos, filming and editing has provided high-quality products.

Since July 2025, Communications alone has produced more than 80 videos. Overall, staff and the public are watching and hearing about EMHS healthcare stories in a positive, informative and high-quality way.

Key Points

- Using visual means to tell stories
- Facebook success
- Videography
- Engage audience on emotional and intellectual level
- Reducing literacy barriers

EMHS Excellence Symposium

HallofFame

Highlighted projects:

2025
- Injectable HIV Therapy, Royal Perth Hospital (RPH)
- Palliative Care Centre of Excellence, Kalamunda Hospital (KH)
- Contemporary healthcare security practices, St John of God Midland Public Hospital (SJGMPH)
- Peripheral Intravenous Catheter (PIVC) Review, Remove, Replace service, Armadale Hospital (AH)
- Midwifery Birth Centre, Bentley Hospital (BH)

2023
- eMedication Project, Royal Perth Bentley Group (RPBG)
- The Health Justice Partnership, RPBG/EMHS
- Every Week Counts, AH
- Ambulatory Emergency Care Unit, SJGMPH
- The Centre of Wellbeing & Sustainable Practice, EMHS

2022
- Voluntary Assisted Dying Service, EMHS
- Sonographer-led Valvular Heart Disease Clinic, RPH
- Geriatric Emergency Department Team, SJGMPH
- Geriatric Assessment Team, RPH
- Animal Assisted Therapy, RPBG
- Intensive Care Unit follow-up clinic, AHS

2021
- Data and Digital Innovation COVID App, EMHS
- Green Team, RPH Theatres
- Nurse-led Glaucoma Clinic, RPH
- Medical Multimedia Design, EMHS
- Early Intervention Physiotherapy Program, EMHS
- Go Share tailored messaging to improve care, SJGMPH
- Health in a Virtual Environment (HIVE), EMHS

2020
- Mental Health Homeless Pathways, RPBG
- Hospital Avoidance Response Team, SJGMPH
- Bentley Safety After-hours for Everyone (BeSAFE), BH
- Safe Peripheral Intravenous Cannulation team, RPH
- Organ and Tissue Donation Service, Armadale Kalamunda Group (AKG)

2019
- Multidisciplinary Diabetic Foot Clinic, RPBG
- Boodjari Yorgas Midwifery Group Practice, AH
- Complex Care Coordination Service, AKG
- Cell and Tissues Therapies WA, RPH
- Forget Me Not Program, RPBG

Index of Nominations

Thank you to all participants in the 2026 EMHS Excellence Symposium

M260714005