



Government of **Western Australia**
Department of **Health**

OFFICIAL

2025-26 Outcome Based Management Key Performance Indicator Data Definition Manual



Classification: Official

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Version	Date	Author	Comments	Approved by
1.0	9 April 2026	Analytics and Performance Reporting, ISPD	Definition manual updated to align with the 2025-26 OBM framework, known changes to service delivery and feedback from Department of Health and HSP stakeholders.	Deputy Director General, Purchasing and System Performance

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1.0 Introduction

1.1 Background

As per Section 61 of the *Financial Management Act 2006*, Annual Reports are required to be produced for an Agency that is a department or statutory authority (including any affiliated or related body).

Annual Reports are an important tool in assisting the public's understanding of the operations of government agencies, as well as ensuring financial and performance accountability to Parliament.

On 1 July 2016, amendments to the governance structure for the Western Australian (WA) health system, under the *Health Services Act 2016*, resulted in the establishment of Health Service Providers as statutory entities and the WA Department of Health, led by the Director General, as the System Manager.

All statutory entities are responsible for producing their Annual Reports:

- WA Department of Health
- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service
- Health Support Services
- PathWest Laboratory Medicine WA and
- Quadriplegic Centre.

1.2 Purpose

This document applies to the 2025-26 suite of Key Performance Indicators (KPIs) required to be reported in Annual Reports for the WA health system. These KPIs have been approved by the Under Treasurer and will be audited by the Office of the Auditor General (OAG).

Information and System Performance, Purchasing and System Performance, WA Department of Health is responsible for the development and maintenance of the KPI definition manual on behalf of all entities. Before referencing this manual, please ensure you have the latest version from the [Policy Frameworks website](#).

The KPI definition manual provides information on how KPIs are calculated for use in the WA health system Annual Reports, with the intent to:

- ensure accuracy and consistency in data collection, collation and analysis
- support the interpretation of what a KPI measures
- allow comparison across WA health system services and
- support the audit process conducted by the OAG.

The manual contains definitions for all KPIs including:

- WA health system Outcomes (all KPIs) and Services (efficiency KPIs only)
- the methodology/calculation used to construct the KPI result

- data sources and systems used to calculate the KPI
- data quality statements
- performance targets and target rationales that have been set to assess performance by key stakeholders and
- the reporting cycle/period.

A reference list denoting the reporting of KPIs by Health Service Provider/entity can be seen in Addendum 1 of the *Outcome Based Management Policy*.

1.3 KPI Manual template and business rules

The KPI Manual template and business rules are based on the Australian Institute of Health and Welfare's (AIHW) national metadata standards¹ and modified to align with data standards specific to the WA health system. The Department of Health acknowledges the assistance of the AIHW for services provided in relation to METEOR, Australia's repository for national metadata standards for the health, community services, early childhood, homelessness, and housing assistance sectors, which is owned by the AIHW.

There are eight sections which include:

- Identifying and definitional attributes
- Collection and usage attributes
- Representational attributes
- Indicator conceptual framework
- Data source attributes
- Accountability attributes
- Source and reference attributes and
- Registry management attributes.

The *KPI Manual template and business rules* document is located in Appendix A.

1.4 The 2025-26 KPI Manual

The KPI Manual was drafted in accordance with the Annual Report and Budget Paper KPI definitions. Data providers are consulted to review and update the draft KPI Manual based on the business rules in Appendix A.

¹ Australian Government, Australian Institute of Health and Welfare, Metadata Online Registry (METEOR) [‘Indicator template with business rules.pdf’](#)

2.0 WA health system Annual Reporting Requirements for 2025-26

The WA health system comprises of nine legal entities that are required under the Financial Management Act 2006 to produce an annual report, as a means of disseminating performance information, to the Minister for Health, the State Government, Parliament, and the public. The legal entities are:

- Department of Health
- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service
- Health Support Services
- PathWest Laboratory Medicine WA
- Quadriplegic Centre.

WA health system annual reports must include reporting KPIs to enable stakeholders to assess the WA health system's performance in achieving government desired outcomes and the delivery of services.

3.0 WA health system Outcomes and Services

To comply with its legislative obligation as a Western Australian government agency, the WA health system operates under the Outcome Based Management (OBM) Framework. This framework describes how Outcomes, Services and KPIs are used to measure agency performance towards achieving the relevant overarching whole-of-government goal. The WA health system's KPIs measure the effectiveness and efficiency of the health services provided by the WA health system in achieving agreed outcomes.

All WA health system reporting entities contribute to the achievement of these outcomes through health services delivered directly by the entities or indirectly through contracts with non-government organisations.

The WA health system's outcomes and 2025-26 Annual Report Key Performance Indicators are shown in Addendum 1 of the *Outcome Based Management Policy*.

4.0 WA health system Key Performance Indicators

The suite of 2025-26 KPIs consists of effectiveness and efficiency indicators that cover each outcome and each service, respectively.

When interpreting the KPI definitions, the following should be considered with respect to assigned targets and reporting requirements.

4.1 Performance targets

Effectiveness indicator targets have been based on:

- existing legislated, national, state or best practice benchmarks
- approved or aspirational targets based on local policy
- evidence based literature
- historical performance
- discussion with stakeholders and subject matter experts and decision by management.

Efficiency indicator targets are derived from the 2025-26 Government Budget Statements (GBS).

4.2 KPI reporting requirements

- The WA health system is required under an Act of Parliament, as well as the Treasurer's Instructions, to present KPIs to Parliament.
- The OAG will perform an interim audit of information systems, followed by a final audit of KPIs.
- The WA health system is required to report actual results against targets.

5.0 Common Terms

Information on common terms used within the KPI definition manuals can be found in the Australian Institute of Health and Welfare [Hospitals A-Z Glossary](#) and the general [Australia's health glossary](#).

6.0 Acronyms

ABF	Activity Based Funding
ABS	Australian Bureau of Statistics
AECC	Australian Emergency Care Classification
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AIR	Australian Immunisation Register
AMI	Acute Myocardial Infarction
AP	Accounts Payable
ATS	Australasian Triage Scale
CAHS	Child and Adolescent Health Service
CHes	Contracted Health Entities
DAMA	Discharged against medical advice
DenIM PMS	Dental Information Management Patient Management System
DHS	Dental Health Services
EDDC	Emergency Department Data Collection
EMHS	East Metropolitan Health Service
ESWLDC	Elective Services Wait List Data Collection
FNOF	Fractured Neck of Femur
FTE	Full-time equivalent
GBS	Government Budget Statement
GL	General Ledger
GP	General Practitioner
HA-SABSI	Healthcare-associated Staphylococcus aureus bloodstream infection
HaDSCO	Health and Disability Services Complaints Office
HATH	Hospital at the Home (Silver Chain)
HSS	Health Support Services
HISWA	Healthcare Infection Surveillance WA
HITH	Hospital in the Home
HMDC	Hospital Morbidity Data Collection
HPV	Human Papilloma Virus
HSP	Health Service Provider
ICT	Information and communications technology
ICU	Intensive Care Unit
IHD	Ischaemic heart disease
IHACPA	Independent Health and Aged Care Pricing Authority

ISPD	Information and System Performance Directorate
JHC	Joondalup Health Campus
KPI	Key Performance Indicator
LP	Linkage Project
MBI	Modified Barthel Index
METEOR	Metadata Online Registry (AIHW)
MITH	Mental Health in the Home
MNS	Midwives Notification System
MTD	Month to date
NADC	Non-Admitted Data Collection
N/A	Not Applicable
NMHS	North Metropolitan Health Service
No.	Number
NSDS	National Standards for Disability Services
OAG	Office of the Auditor General
OBD	Occupied Bed Days
OBM	Outcome Based Management
OHCWA	Oral Health Centre of Western Australia
OGS	Other Goods & Services
PATS	Patient Assisted Travel Scheme
PHC	Peel Health Campus
PHU	Public Health Unit
PSOLIS	Psychiatric Services On Line Information System
QC	Quadriplegic Centre
RoGS	Report on Government Services
SA2	Statistical Area Level 2
SDS	School Dental Service
SJOG	St John of God
SMHS	South Metropolitan Health Service
TCP	Transition Care Program
UDG	Urgency Disposition Group
UMRN	Unit Medical Record Number
WA	Western Australia
WACHS	WA Country Health Service
WAU	Weighted Activity Unit
webPAS	web based Patient Administration System
YTD	Year to date

7.0 Key Performance Indicator Definitions

7.1 Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians

7.1.0 Performance indicator contributing to Outcome 1

Percentage of emergency department patients seen within recommended times: (a) % Triage Category 1 (2 minutes); (b) % Triage Category 2 (10 minutes); (c) % Triage Category 3 (30 minutes); (d) % Triage Category 4 (60 minutes); (e) % Triage Category 5 (2 hours)

Identifying and definitional attributes

Metadata item type: Indicator.

Synonymous names: Waiting times for emergency hospital care.

Catalogue identifier: Nil.

Reporting scope/entities: NMHS, SMHS, EMHS, CAHS, WACHS

Hospitals in scope for this indicator are those with a publicly funded Level 3B Emergency Service or above (as defined in the IHACPA Definition of Emergency Services for ABF), including CHEs.

Description: The percentage of all Emergency Department (ED) Triage 1, 2, 3, 4 or 5 patients seen within the required timeframe for medical assessment and treatment, according to their triage category.

Rationale: The Australasian College for Emergency Medicine developed the Australasian Triage Scale (ATS) to ensure that patients presenting to Emergency Departments are medically assessed, prioritised according to their clinical urgency and treated in a timely manner².
This performance indicator measures the percentage of patients being assessed and treated within the required ATS timeframes. This provides an overall indication of the effectiveness of WA's Emergency Departments which can assist in driving improvements in patient access to emergency care.

Indicator set: Annual Reports 2025-26: Performance Indicator.

Frequency: Annual, by financial year.

Outcome area: **Annual Reports 2025-26:**

- Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.
- Effectiveness.

Collection and usage attributes

² Australasian College for Emergency Medicine. (2023) Policy on the Australasian Triage Scale, Australasian College for Emergency Medicine, Melbourne. Available from: <https://acem.org.au/getmedia/484b39f1-7c99-427b-b46e-005b0cd6ac64/P06-Policy-on-the-ATS-Jul-13-v04.aspx>

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by [Denominator] multiplied by 100 (expressed as percentage).

General Notes

Please note;

- {Arrival Date} and {Arrival Time} are derived fields based on [Arrival Datetime],
- {Triage Date} and {Triage Time} are derived fields based on [Triage Datetime],
- {Discharge Date} and {Discharge Time} are derived fields based on [Discharge Datetime],
- {Presentation Datetime}, {Presentation Date} and {Presentation Time} are derived fields based on [Arrival Datetime] and [Triage Datetime].

ED waiting times by triage category are calculated by subtracting the time at which the patient presented at the ED (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) from the time of commencement of service by a treating medical officer or nurse. Patients who do not wait for care after being triaged or clerically registered are excluded from the data (as no clinical care commenced).

Triage 1, 2, 3, 4 and 5 attendances are counted from event records in the EDDC using {Presentation Date} and {Presentation Time}, [Triage category], [Doctor Seen Datetime], [Nurse Seen Datetime] and [Departure Status].

{Presentation Date} and {Presentation Time} and {Clinical Care Commencement date} and {Clinical Care Commencement time} are used to calculate {Wait time to be seen}.

{Presentation Date} and {Presentation Time} are the earlier of [Arrival Date] and [Arrival Time] and [Triage Date] and [Triage Time].

ED clinical care can be commenced by a doctor, nurse, mental health practitioner or other health professional, when investigation, care and/or treatment is provided in accordance with an established clinical pathway defined by the ED. Individual ED Heads of Department determine valid clinical pathways for their own hospitals and decide who can use a pathway and under what circumstances.

Placement of a patient in a cubicle and observations taken to monitor a patient pending a clinical decision regarding commencement of a clinical pathway, do not constitute commencement of care.

Patients with a [Departure Status] of 'Did not wait to be attended by medical officer' should not have a clinical care commencement date, because they left before investigation, care and/or treatment was commenced by a health professional.

In the EDIS enterprise system, there is currently no capacity to record every individual staff member's name, so a senior doctor "staff name" of "ZZ_CLINICAL_CARE_COMMENCED" was created in the senior doctor palette. Any non-medical/non-Nurse Practitioner staff member who starts treatment on a pathway is to use that entry to designate that they commenced clinical care and to enter the time they commenced the pathway (i.e. the [Doctor Seen Datetime]) in the [PP_SNR_DOC_DATE] field. The staff member's name is to be entered into the EDIS [Clinical Comments] field and this information is not to be erased.

The following business rules apply for the recording of clinical care commencement:

- For EDIS sites (excluding Bunbury Hospital): {Clinical Care Commencement date} and {Clinical Care Commencement time} are recorded in the [Doctor Seen Datetime] field in the EDDC. This field is automatically populated with the earliest time that clinical care was commenced; whether this is the EDIS field [Treating doctor time] or the [Senior doctor time].
- For SJOG Midland Public Hospital: Clinical care begins when treatment or a diagnostic service (via a recognised clinical pathway) is commenced by the doctor. The [Clinical Care Commencement date] and [Clinical Care Commencement time] is recorded in the EDDC in the [Seen by doctor] field.
- For PHC prior to transitioning to EDIS (08/09/20): The Rapid Assessment Team (RAT) icon in the Meditech ED Module is used to record the time to commencement of clinical care by staff disciplines other than a senior doctor as per this definition. For PHC the earlier of [Seen by doctor] or [Seen by Rapid Assessment Team] is used as the time clinical care commenced.
- For all WACHS sites (including Bunbury Hospital): clinical care begins when treatment or a diagnostic service (via a recognised clinical pathway) is commenced by either the doctor, nurse or other health professional. The {Clinical Care Commencement date} and {Clinical Care Commencement time} is recorded in the EDDC in the [Doctor Seen Datetime] or [Nurse Seen Datetime] field. The {Clinical Care Commencement date} and {Clinical Care

Commencement time} is the earlier of [Doctor Seen Datetime] or [Nurse Seen Datetime].

Inclusions

- [Triage Category] = 1 (Resuscitation)
- [Triage Category] = 2 (Emergency)
- [Triage Category] = 3 (Urgent)
- [Triage Category] = 4 (Semi-urgent)
- [Triage Category] = 5 (Non-urgent).

Exclusions

- {Presentation Date} or {Presentation Time} values are invalid or null; or
- {Clinical Care Commencement date} or {Clinical Care Commencement time} values are invalid or null; or
- {Wait time to be seen} < 0; or
- [Discharge Date] is invalid or null.

Computation:

$(\text{Numerator} / \text{Denominator}) \times 100$

{Proportion Seen within recommended time} = Numerator for each [Triage category], divided by the Denominator for each same [Triage category], expressed as a percentage by each [Triage category], with all exclusions applied to both Numerator and Denominator.

- Calculated separately for each triage category.
- Results are presented as a percentage.

Numerator:

The number of Triage 1, 2, 3, 4 or 5 patients seen within recommended time is a count of the number of records where:

- [Triage Category] = 1 and {Wait time to be seen} is ≤ 2 minutes, or
- [Triage Category] = 2 and {Wait time to be seen} is ≤ 10 minutes, or
- [Triage Category] = 3 and {Wait time to be seen} is ≤ 30 minutes, or
- [Triage Category] = 4 and {Wait time to be seen} is ≤ 60 minutes, or
- [Triage Category] = 5 and {Wait time to be seen} is ≤ 120 minutes.

{Wait time to be seen} = {Clinical Care Commencement date} and {Clinical Care Commencement time} minus {Presentation Date} and {Presentation Time}.

Numerator data elements:

Data Elements

[Triage Category]

{Wait time to be seen}

{Clinical Care Commencement date}

{Clinical Care Commencement time}

{Presentation Date}

{Presentation Time}

Data Source

EDDC.

Guide for use

Nil.

Denominator:

Total Triage 1, 2, 3, 4 or 5 patients

Denominator data elements:

Data Elements

[Triage Category]

{Clinical Care Commencement date}

{Clinical Care Commencement time}

{Presentation Date}

{Presentation Time}

Data Source

EDDC.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

[Triage Category]

[Establishment Code]

Data Source

See Numerator and/or Denominator.

Guide for use

Nil.

Comments:

The Australasian College of Emergency Medicine has provided recommendations regarding the proportion of patients seen within the benchmarked time for each triage category:³

Australasian Triage Scale Category	Treatment Acuity (Maximum waiting time for medical assessment and treatment)	Performance Indicator Threshold
Triage 1	Immediate*	100%
Triage 2	10 minutes	80%
Triage 3	30 minutes	75%
Triage 4	60 minutes	70%
Triage 5	120 minutes	70%

³ <https://acem.org.au/getmedia/484b39f1-7c99-427b-b46e-005b0cd6ac64/P06-Policy-on-the-ATS-Jul-13-v04.aspx>

*A time interval of less than or equal to 2 minutes is used to identify those Triage 1 patients seen within time.

These recommended times and categories are used both locally by the WA Department of Health and nationally by the Department of Health and Ageing, and the Australian Institute of Health and Welfare.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

EDDC.

Data provider

System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

Due to the rapid ED work environment and patient care being the priority of ED staff, the source data systems do not always have robust, complete data. Some fields may be left blank or contain illogical date/time data values. There may also be a delay or lag in data entry due to the primary requirement to deliver time critical patient care.

A national definition exists for this indicator, although differences in the exclusion criteria can result in different figures being reported locally and nationally.

The national definition is available on the METEOR website under the National Healthcare Agreement Indicator Set 'National Healthcare Agreement: PI 21a - Waiting times for emergency hospital care: Proportion seen on time, 2022' <https://meteor.aihw.gov.au/content/740840>

Accountability attributes

Benchmark:

Targets:

- Triage 1 ≤ 2 minutes: 100%
- Triage 2 ≤ 10 minutes: 80%
- Triage 3 ≤ 30 minutes: 75%
- Triage 4 ≤ 60 minutes: 70%
- Triage 5 ≤ 120 minutes: 70%

These target values apply to all reporting entities for this KPI.

Sourced from: Targets are based on national best practice recommendations proposed by the Australasian College of Emergency Medicine. These recommended times and categories are used both locally by the WA Department of Health and nationally by the Department of Health and Ageing, and the Australian Institute of Health and Welfare.⁴

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Due to quality assurance processes, historical figures may be subject to change.

A lag is included in data reporting to allow for coding of information.

Source and reference attributes

Reference documents:

Report on Government Services (RoGS)

Part E Health, Section 12 Public Hospitals, Indicator - Emergency department waiting times, “Emergency department waiting times by triage category – proportion of patients seen on time”

<https://www.pc.gov.au/ongoing/report-on-government-services>

National Healthcare Agreement

PI 21a - Waiting times for emergency hospital care: Proportion seen on time, 2022

<https://meteor.aihw.gov.au/content/740840>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

⁴ <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Triage>

7.1.1 Key effectiveness indicators contributing to Outcome 1

Unplanned hospital readmissions for patients within 28 days for selected surgical procedures: (a) knee replacement; (b) hip replacement; (c) tonsillectomy & adenoidectomy; (d) hysterectomy; (e) prostatectomy; (f) cataract surgery; (g) appendicectomy

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Unplanned Readmissions, 28-day readmission rate
<i>Catalogue identifier:</i>	0001
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS (c and g only), WACHS
<i>Description:</i>	<p>Unplanned hospital readmissions to the same or another public hospital or CHE (CHE; public activity only) within 28 days for selected surgical procedures (as a <i>Principal Procedure</i> or in any <i>Additional Procedure</i> fields):</p> <ul style="list-style-type: none"> (a) knee replacement, (b) hip replacement, (c) tonsillectomy & adenoidectomy, (d) hysterectomy, (e) prostatectomy, (f) cataract surgery, (g) appendicectomy. <p>This KPI measures the proportion of patient separations from all WA Health public hospitals for the above surgical procedures that are followed by an unplanned readmission to any public hospital within 28 days of discharge. Readmissions are reported against the hospital where the initial admission occurred (index admission).</p> <p>Unplanned readmissions are those readmissions where the principal diagnosis and readmission interval (i.e. within 28 days) indicate that the readmission may be related to the care provided by the hospital in an index surgical episode of care.</p>
<i>Rationale:</i>	<p>Unplanned hospital readmissions may reflect less than optimal patient management and ineffective care pre-discharge, post-discharge and/or during the transition between acute and community-based care⁵. These readmissions necessitate patients spending additional</p>

⁵ Australian Institute of Health and Welfare (2009). Towards national indicators of safety and quality in health care. Cat. no. HSE 75. Canberra: AIHW. Available at: <https://www.aihw.gov.au/reports/health-care-quality-performance/towards-national-indicators-of-safety-and-quality/summary>

periods of time in hospital as well as utilising additional hospital resources.

Readmission reduction is a common focus of health systems worldwide as they seek to improve the quality and efficiency of healthcare delivery, in the face of rising healthcare costs and increasing prevalence of chronic disease⁶.

Readmission rate is considered a global performance measure, as it potentially points to deficiencies in the functioning of the overall healthcare system. Along with providing appropriate interventions, good discharge planning can help decrease the likelihood of unplanned hospital readmissions by providing patients with the care instructions they need after a hospital stay and helping patients recognise symptoms that may require medical attention.

The seven surgeries selected for this indicator are based on those in the current National Healthcare Agreement Unplanned Readmission performance indicator (NHA PI 23)⁷.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by calendar year

Outcome area: **Annual Reports 2025-26:**

- Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.
- Effectiveness.

Collection and usage attributes

Population group age from: All ages.

Population group age to: All ages.

Computation description: [Numerator] divided by the [Denominator], multiplied by 1,000 (expressed as a rate per 1,000 separations).

General Notes

Unplanned readmissions are those readmissions where the principal diagnosis indicates an adverse event.

Limited to surgeries at, and readmissions to, WA health system hospitals. This includes all admissions for in-scope procedures at WA public hospitals (regardless of financial

⁶ Australian Commission on Safety and Quality in Health Care. Avoidable Hospital Readmissions: Report on Australian and International indicators, their use and the efficacy of interventions to reduce readmissions. Sydney: ACSQHC; 2019. Available at:

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/avoidable-hospital-readmission-literature-review-australian-and-international-indicators>

⁷ <https://meteor.aihw.gov.au/content/index.phtml/itemId/742756>

election) and public patients at CHEs (i.e., JHC, PHC (noting that from 13 August 2024 PHC transitioned to the governance of South Metropolitan Health Service and therefore is no longer a CHE), and St. John of God Midland Hospital).

All readmissions that meet the readmission criteria are included in the calculation, e.g., if a patient readmits to hospital for complications following surgery twice within 28 days, both readmissions are counted in the numerator.

Note: As of the 2024-25 reporting period, updates to Aged Care Resident, Flexible Care and Resident separations relates to removal of aged care data from HMDS.

Exclusions are no longer required because this data is no longer present in the dataset.

Principal diagnoses codes

A principal diagnosis for the readmission has one of the ICD-10-AM (8th, 9th, 10th, 11th, 12th and 13th editions) codes in the table below. Please note that the below includes all sub codes, for example, E89 includes sub codes E89.0 to E89.79 as appropriate.

Diagnosis code	Description
E89	Intraoperative and postprocedural disorders of endocrine and metabolic system, not elsewhere classified.
G97	Intraoperative and postprocedural disorders of nervous system, not elsewhere classified.
H59	Intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified.
H95	Intraoperative and postprocedural disorders of ear and mastoid process, not elsewhere classified.
I97	Intraoperative and postprocedural disorders of circulatory system, not elsewhere classified.
J95	Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified.
K91	Intraoperative and postprocedural disorders of digestive system, not elsewhere classified.
M96	Intraoperative and postprocedural complications and disorders of

	musculoskeletal system, not elsewhere classified.
N99	Intraoperative and postprocedural disorders of genitourinary system, not elsewhere classified.
T80	Complications following infusion, transfusion and therapeutic injection.
T81	Complications of procedures, not elsewhere classified.
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts.
T83	Complications of genitourinary prosthetic devices, implants and grafts
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts.
T85	Complications of other internal prosthetic devices, implants and grafts.
T86	Failure and rejection of transplanted organs and tissues.
T87	Complications peculiar to reattachment and amputation.
T88	Other complications of surgical and medical care, not elsewhere classified.

Procedure codes

The following is a list of the specific Australian Classification of Health Interventions (ACHI - 8th, 9th, 10th, 11th, 12th and 13th editions) procedure codes (Principal Procedure or Additional Procedure) which are included in the specifications for each of the selected surgical procedures.

Knee replacement

Procedure Code	Description
49518-00	Total arthroplasty of knee, unilateral
49519-00	Total arthroplasty of knee, bilateral
49521-00	Total arthroplasty of knee with bone graft to femur, unilateral
49521-02	Total arthroplasty of knee with bone graft to tibia, unilateral
49524-00	Total arthroplasty of knee with bone graft to femur and tibia, unilateral

Hip replacement

Procedure Code	Description
49318-00	Total arthroplasty of hip, unilateral
49319-00	Total arthroplasty of hip, bilateral

Tonsillectomy and adenoidectomy

Procedure Code	Description
41789-00	Tonsillectomy without adenoidectomy
41789-01	Tonsillectomy with adenoidectomy
41801-00	Adenoidectomy without tonsillectomy

Hysterectomy

Procedure Code	Description
35653-00	Subtotal abdominal hysterectomy
35653-01	Total abdominal hysterectomy
35653-05	Laparoscopic subtotal abdominal hysterectomy
35653-07	Laparoscopic total abdominal hysterectomy
35657-00	Vaginal hysterectomy
35667-00	Radical abdominal hysterectomy
35667-01	Radical vaginal hysterectomy
35750-00	Laparoscopically assisted vaginal hysterectomy
90443-00	Other excision of uterus
Note that below codes may not be contained in the latest the National Healthcare Agreement Performance Indicator 23 - Unplanned hospital readmission definition but are retained for historical reporting.	
35653-04	Total abdominal hysterectomy with removal of adnexa
35661-00	Abdominal hysterectomy with extensive retroperitoneal dissection
35664-00	Radical abdominal hysterectomy with radical excision of pelvic lymph nodes
35664-01	Radical vaginal hysterectomy with radical excision of pelvic lymph nodes
35670-00	Abdominal hysterectomy with radical excision of pelvic lymph nodes

35673-02	Vaginal hysterectomy with removal of adnexa
90448-01	Total laparoscopic abdominal hysterectomy
90448-02	Total laparoscopic abdominal hysterectomy with removal of adnexa

Prostatectomy

Procedure Code	Description
37200-03	Suprapubic prostatectomy
37200-04	Retropubic prostatectomy
37200-05	Other open prostatectomy
37203-06	Other closed prostatectomy
37209-00	Radical prostatectomy
37209-01	Laparoscopic radical prostatectomy
37210-00	Radical prostatectomy with bladder neck reconstruction
37210-01	Laparoscopic radical prostatectomy with bladder neck reconstruction
37211-00	Radical prostatectomy with bladder neck reconstruction and pelvic lymphadenectomy
37211-01	Laparoscopic radical prostatectomy with bladder neck reconstruction and pelvic lymphadenectomy
37224-00	Endoscopic destruction procedures on prostate
37224-03	Endoscopic resection of prostate
90407-00	Excision of other lesion of prostate
90408-00	Destruction procedures on prostate
90408-02	Other closed destruction procedures on prostate
Note that below codes may not be contained in the latest the National Healthcare Agreement Performance Indicator 23 - Unplanned hospital readmission definition but are retained for historical reporting.	
37201-00	Transurethral needle ablation of prostate [TUNA]
37203-00	Transurethral resection of prostate [TURP]
37203-02	Transurethral electrical vaporisation of prostate

37203-03	Cryoablation of prostate
37203-04	Microwave thermotherapy of prostate
37207-00	Endoscopic laser ablation of prostate (includes TULIP)
37207-01	Endoscopic laser excision of prostate
37224-01	Endoscopic resection of lesion of prostate

Cataract surgery

Procedure Code	Description
42698-05	Other extraction of crystalline lens
42698-06	Intracapsular extraction of crystalline lens
42698-07	Phacoemulsification of crystalline lens
42698-08	Other extracapsular extraction of crystalline lens
42731-01	Extraction of crystalline lens with removal of vitreous
Note that below codes may not be contained in the latest the National Healthcare Agreement Performance Indicator 23 - Unplanned hospital readmission definition but are retained for historical reporting.	
42698-00	Intracapsular extraction of crystalline lens
42698-01	Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique
42698-02	Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract
42698-03	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract
42698-04	Other extracapsular extraction of crystalline lens
42702-00	Intracapsular extraction of crystalline lens with insertion of foldable artificial lens
42702-01	Intracapsular extraction of crystalline lens with insertion of other artificial lens
42702-02	Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique with insertion of foldable artificial lens

42702-03	Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique with insertion of other artificial lens
42702-04	Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with insertion of foldable artificial lens
42702-05	Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with insertion of other artificial lens
42702-06	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract with insertion of foldable artificial lens
42702-07	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract with insertion of other artificial lens
42702-08	Other extracapsular extraction of crystalline lens with insertion of foldable artificial lens
42702-09	Other extracapsular extraction of crystalline lens with insertion of other artificial lens
42702-10	Other extraction of crystalline lens with insertion of foldable artificial lens
42702-11	Other extraction of crystalline lens with insertion of other artificial lens

Appendicectomy

Procedure Code	Description
30571-00	Appendicectomy
30572-00	Laparoscopic appendicectomy

Hospitals contributing to this KPI

EMHS

Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Hospital and St John of God Midland Hospital (public patients).

NMHS

King Edward Memorial Hospital, Osborne Park Hospital, Sir Charles Gairdner Hospital and Joondalup Health Campus (public patients).

SMHS

Fiona Stanley Hospital, Fremantle Hospital, Murray Hospital, Rockingham General Hospital and Peel Health Campus (public patients, noting that from 13 August 2024 Peel Health Campus transitioned to the governance of South Metropolitan Health Service and therefore is no longer a CHE and all patients are public).

CAHS (c and g only):

Perth Children's Hospital

WACHS

Great Southern

Albany Hospital, Denmark Hospital, Gnowangerup Hospital, Katanning Hospital, Kojonup Hospital, Plantagenet Hospital, Ravensthorpe Hospital.

Goldfields

Esperance Hospital, Kalgoorlie Hospital, Laverton Hospital, Leonora Hospital, Norseman Hospital.

South West

Augusta Hospital, Bridgetown Hospital, Boyup Brook Soldiers Memorial Hospital, Bunbury Hospital, Busselton Hospital, Collie Hospital, Donnybrook Hospital, Harvey Hospital, Margaret River Hospital, Nannup Hospital, Pemberton Hospital, Warren Hospital.

Kimberley

Broome Hospital, Derby Hospital, Fitzroy Crossing Hospital, Halls Creek Hospital, Kununurra Hospital, Wyndham Hospital.

Pilbara

Hedland Health Campus, Newman Hospital, Karratha Health Campus, Onslow Health Service, Paraburdoo Hospital, Roebourne Hospital, Tom Price Hospital.

Midwest

Carnarvon Hospital, Dongara Multi-Purpose Health Centre, Exmouth Hospital, Geraldton Hospital, Kalbarri Health Centre, Meekatharra Hospital, Morawa Hospital, Mullewa Hospital, Northampton Hospital, North Midlands Hospital.

Wheatbelt

Beverley Hospital, Boddington Hospital, Bruce Rock Memorial Hospital, Corrigin Hospital, Cunderdin Health Centre, Dalwallinu Hospital, Dumbleyung Memorial Hospital, Goomalling Hospital, Jurien Bay Health Centre, Kellerberrin Memorial Hospital, Kondinin Hospital,

Kununoppin Hospital, Lake Grace Hospital, Merredin Hospital, Moora Hospital, Narembeen Memorial Hospital, Narrogin Hospital, Northam Hospital, Pingelly Health Centre, Quairading Hospital, Southern Cross Hospital, Wagin Hospital, Wongan Hills Hospital, Wyalkatchem-Koorda Hospital, York Hospital.

Computation:

(Numerator / Denominator) x 1,000.

Calculated separately for each of the specified procedures.

Results are presented as a rate and expressed as per 1,000 separations.

Numerator:

Number of separations for public hospitals which meet all the following criteria:

- The episode is a readmission to the same or another public hospital (or by a public patient at a CHE) following a separation in which one of the following procedures was performed (referred to as the 'index separation): knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery or appendectomy (see procedure codes in Computation Description).
- The readmission is for the same individual as the index separation; that is,
 - the Root LP number for the readmission is the same as the Root LP number for the index separation,
 - or if Root LP number is blank, a concatenation of [Establishment Code] and [UMRN] is the same as the index separation.
- The [Admission Date] for the readmission is within 28 days of the [Separation Date] of the index separation.
- The [Principal Diagnosis] for the readmission is listed in the principal diagnoses' codes table under Computation Description.
- The [Source of Referral – Professional] is not 7 (Statistical admission/type change).
- The [Source of Referral – Location] is not 4 (Acute Hospital) or 5 (Psychiatric Hospital).
- The [Admission Status] is not 3 (Elective – waitlist) or 4 (Elective – not waitlist).
- HMDC exclusions have been applied (see Exclusions below).
- Note: The rules for counting contiguous admission(s)⁸ following the index separation in the numerator are detailed in the Appendix to this indicator.

⁸ Contiguous admissions are where the separation of one inpatient event is the same as the admission date for a subsequent inpatient event, for the same person. The inpatient events may occur at different hospitals.

All readmissions occurring within the 28-day readmission interval are counted. If there is more than one surgical procedure category applicable in the index episode of care, then the readmission is counted for each surgical procedure category.

Readmission Period

The 28-day readmission interval is measured from the separation date of the index episode of care. Where there are contiguous separations following the index admission, the readmission interval is measured from the separation date of the last contiguous admission that meets the selection criteria described below.

Inclusions

All WA Health public hospital separations.

For JHC, PHC (Noting that from 13 August 2024 PHC transitioned to the governance of South Metropolitan Health Service and therefore is no longer a CHE and all patients are public and in scope from that date) and SJOG Midland Hospital, only public patients are selected – i.e. those with a funding source of Australian Health Care Agreement or Reciprocal Health Care Agreement.

For reporting purposes, the readmission is counted against the year in which the initial separation occurred (even if a separation for a contiguous admission occurs in the following year).

Exclusions

The following Inpatient Data Collections standard exclusions are applied to both the numerator and denominator:

[Patient Type]:

- 3 (Boarder),
- 5 (Contracted Service)⁹, or
- 7 (Organ Procurement),

Care Type:

- 27 (Organ Procurement), or
- 28 (Boarder).

Note: Standard exclusions changed for separations in 2021-22 due to changes in reporting requirements. From 1 July 2021, separations where [Patient Type] = 0 are no

⁹ Except where Contract Type = (A)B. Contract Type (A)B reflects a situation where Hospital A contracts Hospital B to provide a whole episode of care and the patient does not attend Hospital A for any part of the episode of care. For more information please see the Admitted Patient Activity Data Business Rules: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

longer excluded, but separations where [Patient Type] = 5 (Contracted Service) are excluded in some circumstances.

Separations prior to 1 July 2021 still apply the previous standard exclusion method; that is, data is excluded where [Patient Type] = 0 and not excluded when [Patient Type] = 5.

Numerator data elements:

Data Elements

[Patient Type]

[Care Type]

[Establishment (Hospital) Identifier]

[Client Identifier (Unit Medical Record Number)]

[Principal Diagnosis]

[Funding Source for Hospital Patient]

[Admission Date]

[Separation Date]

[Admission Time]

[Separation Time]

[Source of Referral – Professional]

[Source of Referral – Location]

[Admission Status]

[Account Number]

[Mode of Separation]

{Length of Stay}

Data Source

HMDC

Guide for use

See Patient Activity Data (PAD) Policy - Admitted Activity (link in *Reference Documents* section).

Data Element

Root LP Number

Data Source

WA Data Linkage System

Guide for use

See Data Linkage WA website (link in *Reference Documents* section)

Denominator:

Number of separations from public hospitals which meet all of the following criteria:

- One of the following procedures was performed; knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery, or appendectomy as a [Principal Procedure] or in any [Additional Procedure] fields (see procedure

codes in Computation description). This is the index separation,

- HMDC exclusions have been applied (see Exclusions below), and
- The [Mode of Separation] is not 8 or 80 (Deceased).

Note: If there is/are contiguous admission(s) following the index separation, use the final [Separation Date] of any subsequent admission(s) as the starting point for counting the readmission days, where the subsequent admissions meet the following criteria:

- The subsequent [Admission Date] is equal to the [Separation Date] of the preceding separation (the preceding separation can be the index separation, or another acute admission that follows the index separation where all events are contiguous and meet the criteria described here),
- The subsequent admission [Care Type] is 21 (Acute),
- The [Source of Referral – Location] for the subsequent admission is 4 (Acute Hospital) or 5 (Psychiatric Hospital), and
- The [Source of Referral – Professional] for the subsequent admission is not 7 (Statistical admission/type change).

These rules for counting contiguous admission(s) following the index separation in the denominator are further described in the Appendix.

Inclusions

All WA health system public hospital separations.

For JHC, PHC (Noting that from 13 August 2024 PHC transitioned to the governance of South Metropolitan Health Service and therefore is no longer a CHE and all patients are public and included from that date), and SJOG Midland Hospital, only public patients are selected, that is, those with a funding source of Australian Health Care Agreement or Reciprocal Health Care Agreement.

Exclusions

The following Inpatient Data Collections standard exclusions are applied to both the numerator and denominator:

[Patient Type]:

- 3 (Boarder)
- 5 (Contracted Service)¹⁰ or

¹⁰ Except where Contract Type = (A)B. Contract Type (A)B reflects a situation where Hospital A contracts Hospital B to provide a whole episode of care and the patient does not attend Hospital A for any part of the episode of care. For more information please see the Admitted Patient Activity Data Business Rules: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

- 7 (Organ Procurement)

[Care Type]:

- 27 (Organ Procurement) or
- 28 (Boarder).

Note: Standard exclusions changed for separations in 2021--22 due to changes in reporting requirements. From 1 July 2021, separations where [Patient Type] = 0 are no longer excluded, but separations where [Patient Type] = 5 (Contracted Service) are excluded in some circumstances.

Separations prior to 1 July 2021 still apply the previous standard exclusion method; that is, data is excluded where [Patient Type] = 0 and not excluded when [Patient Type] = 5.

Denominator data elements:

Data Element/Data Set

[Patient Type]

[Care Type]

[Establishment (Hospital) Identifier]

[Client Identifier (Unit Medical Record Number)]

[Funding Source for Hospital Patient]

[Admission Date]

[Separation Date]

[Admission Time]

[Separation Time]

[Principal and Additional Procedures]

[Source of Referral – Professional]

[Source of Referral – Location]

[Mode of Separation]

[Account Number]

[Mode of Separation]

{Length of Stay}

Data Source

HMDC

Guide for use

See Hospital Morbidity Data System Reference Manual (link in *Reference Documents* section).

Data Element

Root LP Number

Data Source

WA Data Linkage System

Guide for use

See Data Linkage WA website (link in *Reference Documents* section)

*Disaggregation data elements:***Data Element/Data Set**

[Establishment (Hospital) Identifier]
 [Separation Date]
 [Principal Procedure] or [Additional Procedure]

Data Source

HMDC

Guide for use

Reported separately for each procedure type.

Cases for inclusion in calendar year determined by:

- Denominator: Separation date between 1 January and 31 December in reference year.
- Numerator: Denominator time period plus 28 days.

Comments:

A change in data collection and reporting practices for contracted care activity, implemented from 1 July 2021, removes the requirement for public hospital funding sites to report an admission where the patient has not physically been admitted to the funding site. These changes also result in a single admission being reported where patient care is split between the funding hospital and contracted service. These changes impact only a very small proportion of cases and any impacts are expected to be very small or negligible.

This reporting definition is dependent on coded data and linked data; therefore, the indicator is reported by calendar year to take into account the delay for complete coded data.

Health Service Providers are required to clinically code and submit inpatient data to the HMDC, WA Department of Health. The Inpatient Data Collections calculate this indicator using the HMDC data and Root LP Numbers.

Not all procedures are conducted at all hospitals. For example, knee replacement, hip replacement, hysterectomy, cataract surgery and prostatectomy are rarely conducted within CAHS.

CAHS are only required to report on unplanned hospital readmissions for the following surgical procedures from 2020-21 onwards:

- (c) tonsillectomy & adenoidectomy; and
- (g) appendicectomy.

Prostatectomy procedure codes included under the prostatectomy heading are based on the National Healthcare Agreement Performance Indicator 23 - Unplanned hospital readmission but not all procedures always result in a prostatectomy.

Representational attributes

<i>Representation class:</i>	Rate
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person
<i>Format:</i>	NN.N

Indicator conceptual framework

Framework and dimensions: 2025-26 Based Management Framework

Data source attributes

Data sources:

Data Source

Hospitalisation data

HMDC

Root LP numbers

WA Data Linkage System

Data provider

Hospitalisation data

System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Root LP numbers

Data Engineering, Data and Information Systems Unit, Information & System Performance, Purchasing and System Performance, WA Department of Health.

Data custodian

Hospitalisation data

Principal Data Management Officer, Data Management, Information & Performance Governance, Information & System Performance, WA Department of Health.

Quality statement:

This methodology is based on the National Healthcare Agreement Performance Indicator 23 - Unplanned hospital readmission rates, 2022. However, the following modifications have been made to ensure reporting of readmissions is as accurate as possible:

- Inclusion of readmissions to any public hospital (not just the hospital where the initial separation occurred),
- The exclusion of separations with an [Admission Status] of 3 (Elective – Waitlist) or 4 (Elective – not waitlist) from the numerator,
- Consideration of contiguous hospital separations, i.e. where a patient is transferred from the hospital where surgery was performed to another hospital, the readmission interval begins from the last contiguous acute separation.

Direct comparisons should not be made with national figures due to the above differences.

In-scope readmissions are limited to those with a principal diagnosis that is indicative of a post-operative adverse event. Episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included.

The Root LP (Linkage Project) number is generated by Data Engineering and uses probabilistic matching to match cases. This is a 'best estimate' used to match cases based on a series of patient identifying information; however, false matches are possible.

Accountability attributes

Benchmark:

Targets:

- (a) Knee replacement: ≤ 18.8 per 1,000 separations
- (b) Hip replacement: ≤ 18.3 per 1,000 separations
- (c) Tonsillectomy & adenoidectomy: ≤ 79.2 per 1,000 separations
- (d) Hysterectomy: ≤ 44.1 per 1,000 separations
- (e) Prostatectomy: ≤ 37.5 per 1,000 separations
- (f) Cataract surgery: ≤ 2.2 per 1,000 separations
- (g) Appendicectomy: ≤ 27.8 per 1,000 separations

Sourced from: Targets are updated every financial year and based on the average statewide results achieved over the five most recent calendar years, excluding the most recent calendar year due to the required data lag and data linkage process. Methodological differences implemented locally (to increase accuracy of reporting) means national data is not comparable and cannot be used for target setting or benchmarking.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

Further data development/ collection required:

National work is underway to improve the methodology for National Healthcare Agreement Performance Indicator 23.

Other issues / caveats:

Note where a patient has multiple in-scope procedures within the same period (e.g. hysterectomy followed by an appendicectomy) and then readmits, a readmission is recorded against each index procedure.

Source and reference attributes

Reference documents:

Report on Government Services (RoGS)

Part E Health, Public Hospitals Section 12, Indicator – Selected unplanned hospital readmission rates

<https://www.pc.gov.au/ongoing/report-on-government-services>

Hospital Morbidity Data System Reference Manual

<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

WA Data Linkage website

<https://www.datalinkage-wa.org.au/>

National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2022

<https://meteor.aihw.gov.au/content/742756>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Appendix to KPI 0001 Unplanned Readmissions: Treatment of contiguous hospital separations for denominator and numerator.

Note:

DOA – date of admission

DOS – date of separation

PDx – principal diagnosis

Scenario 1

Separation A	Separation B	Separation C
Procedure performed	Care type: Acute	Care type: Non-acute

DOS Separation A = DOA Separation B **AND**

DOS Separation B = DOA Separation C

Denominator – Index episode of care	Numerator – Readmission
<ul style="list-style-type: none"> • Include Separation A in the denominator • Include Separation B in the index episode of care if: <ul style="list-style-type: none"> - DOS Separation A = DOA Separation B <u>AND</u> - Source of Referral-Location for Separation B is 4 (<i>acute hospital</i>) or 5 (<i>psychiatric hospital</i>) and Source of Referral-Professional is not 7 (<i>statistical admission/type change</i>). 	<ul style="list-style-type: none"> • Include Separation B in the numerator as a readmission for Separation A if: <ul style="list-style-type: none"> - (Source of Referral-Location for Separation B is not 4 or 5) or (Source of Referral-Professional is not 7) <u>AND</u> - PDx is a readmission PDx as per inclusions <u>AND</u> - Admission Status is not 3 or 4. • Include Separation C in the numerator as a readmission for Separation B if: <ul style="list-style-type: none"> - Separation B is in denominator <u>AND</u> - (Source of Referral-Location for Separation C is not 4 or 5) or (Source of Referral-Professional is not 7) <u>AND</u> - PDx is a readmission PDx as per inclusions <u>AND</u> - Admission Status is not 3 or 4.

Readmission Interval

The readmission interval applies from the DOS for Separation A to the DOA for a readmission.

If separation B is included in the index episode of care, the readmission interval for both Separations A and B applies from the DOS for separation B to the DOA for a readmission.

Scenario 2

Separation A	Separation B	Separation C
Procedure performed	Care type: Non-acute	Care type: Acute

DOS Separation A = DOA Separation B **AND**

DOS Separation B = DOA Separation C

Denominator – Index episode of care	Numerator – Readmission
<ul style="list-style-type: none"> • Include Separation A in the denominator <ul style="list-style-type: none"> - Separations B and C are <u>not</u> included in the denominator. 	<ul style="list-style-type: none"> • Include Separation B in the numerator as a readmission for Separation A if: <ul style="list-style-type: none"> - (Source of Referral-Location for Separation B is not 4 or 5) or (Source of Referral-Professional is not 7) <u>AND</u> - PDx is a readmission PDx as per inclusions <u>AND</u> - Admission Status is not 3 or 4. • Include Separation C in the numerator as a readmission for Separation A if: <ul style="list-style-type: none"> - Separation B is not in numerator <u>AND</u> - PDx is a readmission PDx as per inclusions <u>AND</u> - Admission Status is not 3 or 4.

Readmission Interval

The readmission interval is measured from the DOS for Separation A.

Percentage of elective wait list patients waiting over boundary for reportable procedures (a) % Category 1 over 30 days (b) % Category 2 over 90 days (c) % Category 3 over 365 days

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Proportion of elective wait list patients waiting over boundary. Cases on list and over boundary. Cases over clinically recommended waiting time.
<i>Catalogue identifier:</i>	0002
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Percentage of all elective patients on the wait list for a reportable procedure whose waiting time is over the clinically recommended time for their urgency category at census date, reported by urgency category. Reported as an average of weekly census data for the financial year.
<i>Rationale:</i>	<p>Elective surgery refers to planned surgery that can be booked in advance following specialist assessment, resulting in placement of the patient on an elective surgery waiting list.</p> <p>Elective surgical services delivered in the WA health system are those deemed to be clinically necessary. Excessive waiting times for these services can lead to deterioration of the patient's condition and/or quality of life, or even death¹¹. Waiting lists must be actively managed by hospitals to ensure fair and equitable access to limited services, and that all patients are treated within clinically appropriate timeframes.</p> <p>Patients are prioritised based on their assigned clinical urgency category:</p> <ul style="list-style-type: none"> • Category 1 – procedures that are clinically indicated within 30 days. • Category 2 – procedures that are clinically indicated within 90 days. • Category 3 – procedures that are clinically indicated within 365 days.
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year.

¹¹ Derrett, S., Paul, C., Morris, J.M. (1999). Waiting for Elective Surgery: Effects on Health-Related Quality of Life, International Journal of Quality in Health Care, Vol 11 No. 1, 47-57.

Reported as an average of weekly census results, extracted from source systems every Monday.

Outcome area:

Annual Reports 2025-26:

- Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.
- Effectiveness.

Collection and usage attributes

Population group age from: All ages.

Population group age to: All ages.

Computation description: [Numerator] divided by [Denominator] multiplied by 100 (expressed as percentage).

General Notes

This KPI represents the average percentage of elective patients on list waiting over boundary for the financial year (based on weekly on list census data), expressed as a percentage.

The on list census represents a snapshot of the number of patients on the wait list at a point in time. Weekly census data is used to calculate an average result for the financial year. To be reported by urgency category:

- Urgency Category 1; and
- Urgency Category 2; and
- Urgency Category 3.

Reportable cases are defined as all waiting list cases with a procedure not listed on the Elective Services Wait List Data Collection (ESWLDC) Commonwealth Non-Reportable Procedures list (see Reference Documents). This list is consistent with the Australian Institute of Health and Welfare (AIHW) list of Code 2 (other) procedures that do not meet the definition of elective surgery. It also includes additional procedure codes that are intended to better reflect the procedures identified in the AIHW Code 2 list.

As new editions of the Australian Classification of Health Interventions (ACHI) are released, the Western Australian Clinical Coding Authority reviews these procedures. Those deemed non-reportable are included in the definition. This is because the Commonwealth may not update their Non-Reportable procedures to reflect new ACHI codes.

Over boundary

A patient on the elective wait list is classified as waiting over boundary if the waiting time at census date, minus the listing date for care, minus days when the patient was not ready for care, minus days when the patient had a less urgent category, is more than the clinically

recommended time for their urgency category, which is:

- Category 1 – 30 days; and
- Category 2 – 90 days; and
- Category 3 – 365 days.

Time not ready for care

Permissible values for [Client listing status] are:

- 1 – Ready for Care,
- 2 – Not Ready for Surgery (Staged/ Periodical/ Planned),
- 5 – Not Ready for Surgery (Pending Improvement of Clinical Condition), or
- 6 – Not Ready for Surgery (Deferred for Personal Reasons).

All values other than '1 – Ready for Care' are considered 'not ready for care'.

Days when the patient was not ready for care is obtained from the {Time not ready} field. This field is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

Days on list

No change in urgency category

If the patient is on the wait list at a web-based Patient Administration System (webPAS) site, SJOG Midland Hospital, or PHC (from 2015/16 onwards, noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date) and is in the same urgency category at census date as when they were added to the wait list (i.e., if [Urgency Reassignment Date] = [Listing Date for Care]) then {Days on list} is calculated by subtracting the listing date for care from the census date **minus** days when the patient was 'not ready for care'.

Change in urgency category

If the patient is on the wait list at a webPAS site, SJOG Midland Hospital or PHC (from 2015/16 onwards, noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date) and is in a different urgency category at census date from the date they were added to the wait list, then {Days on list} is calculated by summing the number of days waited for the urgency category the patient is in at census date, plus the number of days waited where the patient was in a higher urgency category (e.g., see the table below).

Urgency Category	Days on List calculation
1	[Urgency 1 days]
2	[Urgency 1 days] + [Urgency 2 days]
3	[Urgency 1 days] + [Urgency 2 days] + Urgency 3 days]

Note that [Urgency 1/2/3 Days] is the number of days the patient has been on the wait list in each urgency category, less any days that they were not ready for care. Therefore [Time Not Ready for Care] does not need to be further subtracted.

If the patient is on the wait list at JHC, the {Days on list} is equal to the {List Days} field, which is the number of days the patient has been on the wait list, less days that they were not ready for care.

Calculation for Days on list

If ([Feeder System] = (webPAS or PHC (from 2015/16 onwards, noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date) or SJOG Midland Hospital) and [Urgency Reassignment Date] = [Listing Date]), then {days on list} = [Census Date] minus [Listing Date], minus [Time Not Ready for Care].

If [Feeder System] = (webPAS or PHC (from 2015/16, noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date) or SJOG Midland Hospital) and [Urgency Reassignment Date] ≠ [Listing Date] then {days on list} =

- If [Urgency Category] = 1 then {days on list} = [Urgency Category 1 Days]
- If [Urgency Category] = 2 then {days on list} = [Urgency Category 1 Days] + [Urgency Category 2 Days]
- If [Urgency Category] = 3 then {days on list} = [Urgency Category 1 Days] + [Urgency Category 2 Days] + [Urgency Category 3 Days]

Note: [Urgency Category 1/2/3 Days] excludes time not ready for care, therefore [Time Not Ready for Care] does not need to be further subtracted.

If [Feeder System] = (JHC), then {days on list} = {List Days}.

Calculation

For cases where [Census Date] is within/equal to the start and end date of the reference period, identify cases where ({days on list} > number of clinically recommended days by

urgency category) and [Event Type] = 'ONL' and [Client Listing Status] = 1 and

((If [Procedure Code] not null, and [Procedure Code] not on the Excluded Procedures List (MDG-03-012)), or

(If [Procedure Code] is null and [Wait List Type] = 2 and [Wait List Category] = 1)).

Inclusions

All cases in metropolitan and rural public hospitals, as well as public patients at PHC (Noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date) and JHC and SJOG Midland Hospital.

- All cases on list – i.e. [Event Type] = ONL
- [Urgency Category] = 1, 2 or 3
- [Client Listing Status] = 1 (Ready for Care)
- Cases where [Census Date] is within/equal to the start and end date of the reference period

For cases with a procedure code:

Include cases with procedure codes that are not on the Elective Services Wait List Commonwealth Non-Reportable Procedures list (MDG-03-012).

For cases without a procedure code:

Include cases where:

- Wait List Type = 2 (Surgical), AND;
- Wait List Category = 1 (Elective)

Exclusions

Cases not ready for care, i.e. [Client Listing Status] =

- 2 – Not Ready for Surgery (Staged/Periodical/ Planned) or
- 5 - Not Ready for Surgery (Pending Improvement of Clinical Condition) or
- 6 - Not Ready for Surgery (Deferred for Personal Reasons).

Deaths – i.e. [Patient Date of Death] is not null.

Computation:

(Numerator / Denominator) x 100

Numerator:

Cases over boundary

Count of all cases (split by urgency category) at census date where days on list > clinically recommended time for the urgency category and Event Type = 'ONL' and Client Listing Status = 1 (Ready for Care).

Sum cases over boundary for each census date that falls within the financial year. Divided by the number of census

dates to obtain 'average number of cases over boundary' for the financial year.

Numerator data elements:

Data Elements

[Urgency Category]
 [Procedure Code]
 [Wait Date] (Listing Date)
 [Census Date]
 [Client Listing Status]
 [Event Type]
 [Urgency Category 1 Days]
 [Urgency Category 2 Days]
 [Urgency Category 3 Days]
 {Time Not Ready for Care}
 [Wait List Type]
 [Wait List Category]
 [Patient Date of Death]
 {Feeder system} (source system)
 {Days Waited}
 {List days}
 [Urgency Reassignment Date]
 {Reportable status}

Data Source

Elective Services Wait List Data Collection.

Guide for Use

Nil.

Denominator:

Total number of cases on list

Count of all cases (split by urgency category) at census date where Event Type = 'ONL' and Client Listing Status = 1 (Ready for Care).

Sum cases on list for each census date that falls within the financial year. Divided by the number of census dates to obtain 'average number of cases on list' for the financial year.

Denominator data elements:

Data Elements

[Urgency Category]
 [Procedure Code]
 [Wait Date] (Listing Date)
 [Census Date]
 [Client Listing Status]
 [Event Type]
 [Urgency Category 1 Days]
 [Urgency Category 2 Days]

[Urgency Category 3 Days]
 [Time Not Ready for Care]
 [Wait List Type]
 [Wait List Category]
 [Patient Date of Death]
 {Feeder system} (source system)
 {Days Waited}
 {List days}
 [Urgency Reassignment Date]
 {Reportable Status}

Data Source

Elective Services Wait List Data Collection.

Guide for Use

Nil

Disaggregation data elements:

Data Element/Data Set

[Urgency Category]
 [Establishment Code]

Data Source

Elective Services Wait List Data Collection

Guide for use

Reported by Health Service Provider and Clinical Urgency Category.

Comments:

Data provision to ESWLDC from HSPs (data extracted from webPAS by HSS) and CHEs occurs every Monday, for the preceding week (ending Sunday).

All elective surgery wait list cases which are reported to the ESWLDC are included in the calculation of this KPI, including public cases performed at SJOG Midland Public Hospital, JHC and PHC (Noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date). No public hospitals are specifically excluded from the scope of this KPI.

Representational attributes

Representation class: Percentage
Data type: Number
Unit of measure: Person
Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Based Management Framework

Data source attributes

Data sources:

Data Source

ESWLDC, which uses wait list extracts from webPAS, PHC (noting that from 13 August 2024 PHC transitioned to the governance of SMHS and therefore is no longer a CHE and all patients are public and included from that date), JHC and SJOG Midland Hospital.

Data provider

System Analytics Branch, Modelling and Analytics, ISPD, Purchasing and System Performance, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

Health service providers are responsible for developing procedures and processes to manage their wait lists and ensure compliance with the Elective Surgery Access and Management Policy.

The expected procedure code (and therefore the reportable status) indicated in the ESWLDC can be different to what is recorded in the HMDC; for example, if a clinical decision is made to perform a different procedure during the surgical episode.

Accountability attributes

Benchmark:

Target: 0%

Sourced from: Targets are based on state best practice recommendations proposed by the WA State Health Executive Forum (endorsed on 29 January 2016) and are reflected in the Elective Services Access and Management Policy (Effective from 30 September 2021). See [Elective Services Access and Management Policy](#) for further information.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

*Reference documents:***Elective Services Access and Management Policy MP 0169/21**

<https://www.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Services-Planning-and-Programs/Mandatory-requirements/Elective-Services/Elective-Services-Access-and-Management-Policy>

Report on Government Services (RoGS) 2026

Part E Health, Section 12 Public Hospitals, Indicator - Waiting times for admitted patient services, 'Elective surgery waiting times by clinical urgency category'

<https://www.pc.gov.au/ongoing/report-on-government-services/health/>

National Healthcare Agreement

PI 20b: 'Waiting times for elective surgery: proportion seen on time', 2022

<https://meteor.aihw.gov.au/content/740843>

National Elective Surgery Urgency Categorisation Guideline

<https://www.health.wa.gov.au/~media/Corp/Policy-Frameworks/Clinical-Services-Planning-and-Programs/Elective-services-access-and-management-policy/supporting/National-Elective-Surgery-Urgency-Categorisation.pdf>

ESWLDC Commonwealth Non-Reportable Procedures (MDG-03-012)

https://eswl.hdwa.health.wa.gov.au/wp-content/uploads/Reference_Documents/Elective-Services-Wait-List-Data-Collection-Commonwealth-Non-Reportable-Procedures.pdf

Registry management attributes*Version control:*

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Healthcare-associated <i>S. aureus</i> bloodstream infection
<i>Catalogue identifier:</i>	0003
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Healthcare-associated <i>Staphylococcus aureus</i> bloodstream infections (HA-SABSI) per 10,000 occupied bed-days in public hospitals that provide acute healthcare.
<i>Rationale:</i>	<p><i>Staphylococcus aureus</i> bloodstream infection is a serious infection that may be associated with the provision of health care. <i>Staphylococcus aureus</i> is a highly pathogenic organism and even with advanced medical care, infection is associated with prolonged hospital stays, increased healthcare costs and a marked increase in morbidity and mortality (SABSI mortality rates are estimated at 20-25%¹²).</p> <p>HA-SABSI is generally considered to be a preventable adverse event associated with the provision of health care. Therefore, this KPI is a robust measure of the safety and quality of care provided by WA public hospitals.</p> <p>A low or decreasing HA-SABSI rate is desirable and the WA target reflects the nationally agreed benchmark.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year.
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by [Denominator], multiplied by 10,000 (expressed as rate per 10,000 occupied bed-days).

¹² van Hal, S. J., Jensen, S. O., Vaska, V. L., Espedido, B. A., Paterson, D. L., & Gosbell, I. B. (2012). Predictors of mortality in *Staphylococcus aureus* Bacteremia. *Clinical microbiology reviews*, 25(2), 362–386. doi:10.1128/CMR.05022-11

General Notes

This KPI represents the total number of HA-SABSI patient episodes, by hospital, for the calendar year, expressed as a rate per 10,000 bed-days.

A patient episode of SABSI is defined as a positive blood culture for *Staphylococcus aureus*. For surveillance purposes only the first isolate per patient is counted, unless 14 days has passed without a positive culture, after which an additional episode is counted. A SABSI is considered to be healthcare-associated if one of the following criteria is met:

- Criterion A: The patient's first *Staphylococcus aureus* positive blood culture was collected:
 - More than 48 hours after admission, with no documented evidence that infection was present (including incubating) on admission. Incubating on admission means there were documented clinical signs or diagnostic evidence of staphylococcal infection on admission and provided there is no evidence of an association with a prior admission or medical procedure received in a healthcare facility, then the episode was likely incubating on admission and is not counted as an HA-SABSI.
 - Less than 48 hours after discharge.
- Criterion B: the patient's first positive blood culture is collected less than or equal to 48 hours after admission and one or more of the following clinical criteria was met:
 - The SABSI is a complication of the presence of an indwelling medical device e.g. intravascular device (IVD), haemodialysis vascular access, cerebrospinal fluid shunt, feeding tube.
 - The SABSI is related to a surgical site infection that occurs within 30 or 90 days of the procedure*, depending on the procedure type.
 - The SABSI is related to invasive instrumentation or incision performed within 48 hours. If greater than 48 hours, there must be compelling evidence that the infection is related to the invasive procedure.
 - The SABSI is associated with neutropenia contributed to by cytotoxic therapy and is unrelated to the presence of an indwelling medical device. Neutropenia is defined as at least two separate days with values of total white blood cell count or absolute neutrophil count (ANC) <500 cells/mm³ (0.5 x 10⁹/L) collected within a seven-day time period which includes the date of the blood stream infection (Day

1), the three calendar days before and the three calendar days after.

SABSI that arise in neonates less than 48 hours after delivery are not considered healthcare-associated infections unless there is compelling evidence that it is related to a procedure or intervention during the birth.

** Follow up periods for SABSI related to a Surgical Site Infection*

30-day surveillance	
Abdominal aortic aneurysm repair	Laminectomy
Limb amputation	Liver transplant
Appendix surgery	Neck surgery
Shunt for dialysis	Kidney surgery
Bile duct, liver or pancreatic surgery	Ovarian surgery
Carotid endarterectomy	Prostate surgery
Gallbladder surgery	Rectal surgery
Colon surgery	Small bowel surgery
Caesarean section	Spleen surgery
Gastric surgery	Thoracic surgery
Heart transplant	Thyroid and/or parathyroid surgery
Abdominal hysterectomy	Vaginal hysterectomy
Kidney transplant	Exploratory laparotomy
	Other surgery not listed
90-day surveillance	
Breast surgery	Cardiac surgery
Coronary artery bypass graft with both chest and donor site incisions	Coronary artery bypass graft with chest incision only
Craniotomy	Spinal fusion
Open reduction of fracture	Herniorrhaphy
Hip arthroplasty	Pacemaker surgery
Knee arthroplasty	Peripheral vascular bypass surgery
Refusion of spine	Ventricular shunt

Note that SABSI resulting from a surgical site infection is not limited to the commonly performed procedures listed in the above table. Other procedures are considered on a

case-by-case basis to determine if they meet the criteria for a superficial, deep or organ space infection.

Contracted services are an arrangement between a hospital that purchases care (funding hospital) and the provider of the admitted service (contract service provider). For surveillance purposes, the denominator data for contracted patients is counted for the contract service provider and is not counted in denominators of the funding hospital /establishment.

The case definition for HA-SABSI used in this report differs from the national definition for surgical site infection related SABSI surveillance periods. Nationally these are followed for a 30-day period but for this report a 90-day follow up period is utilised as per Healthcare Infection Surveillance WA (HISWA) definition.

The denominator used for OBM reporting is occupied bed days, which differs slightly from patient days used nationally.

Inclusions

Numerator

All patients (inpatients and non-inpatients) who acquire a HA-SABSI due to the provision of healthcare.

All acute care metropolitan and in-scope rural public hospitals and one acute care mental health service.

Denominator

The total number of multi-day and same-day bed-days from acute care hospitals including rehabilitation and aged care areas within an acute care hospital, Hospital In the Home, same-day admissions to wards/units, for example, haemodialysis units, day treatment wards, day-surgery or procedure units, psychiatric units/hospitals.

Qualified newborns.

Exclusions

Numerator

SABSI that arises in neonates less than 48 hours after delivery unless there is compelling evidence that the infection is related to a procedure or intervention during birth.

Cases where a known previous positive test has been obtained within the last 14 days.

Denominator¹³

¹³ As per Table 2 of Module 10 of the HISWA Surveillance Manual
https://www.health.wa.gov.au/Articles/S_T/Tools-and-Resources

Unqualified newborns (Patient Type of 2 or 10),
posthumous organ procurement and hospital boarders.

Hospitals designated as 'Small hospitals' by WACHS
(Small hospitals are defined in accordance with the [WA
Health Clinical Services Framework 2025-2035](#)) and
residential aged care/nursing home type establishments
co-located with WACHS public hospitals.

Rehabilitation in the home.

Computation:

(Numerator / Denominator) x 10,000

Numerator:

The total number of healthcare-associated *Staphylococcus aureus* blood stream infections per hospital in the reporting period.

Numerator data elements:

Data Elements

[HOSPITALID]

[HOSPITALNAME]

[INDICATORGROUPNAME] (Specified Organism
Bloodstream Infections)

[PERSONID] (Unique patient identifier)

[PRIMARYDATE] (Specimen date)

[TEXTFIELD2] (Laboratory specimen number)

[FIELD1] (Organism)

[FIELD2] (Acquisition)

Data Source

Healthcare Infection Surveillance Western Australia
(HISWA) Data Collection.

Guide for Use

See HISWA Surveillance Manual (link in Reference
Documents section).

Denominator:

The total number of multi-day and same-day (ICU, non-ICU
and psychiatric) occupied bed-days from in-scope hospitals
in the reporting period.

Denominator data elements:

Data Elements

[DENOMTYPE] (BED)

[HOSPID]

[HOSPITAL]

[ITEM1] (Bed day type)

[ITEM2] (Patient Type)

[DENOMTOTAL]

{MTH}

{QTR}

{YR}

Data Source

HISWA Data Collection

Guide for use

See HISWA Surveillance Manual (link in Reference Documents section)

Disaggregation data elements:

Data Element/Data Set

[HOSPITALNAME]

Data Source

HISWA Data Collection.

Guide for Use

Nil.

Comments:

Some strains of *Staphylococcus aureus* are resistant to commonly used antibiotics (this means the antibiotics are no longer effective) and these are known as methicillin-resistant *Staphylococcus aureus* (MRSA). Treatment is often complex and is associated with a higher mortality risk.

Staphylococcus aureus complex includes *Staphylococcus argenteus* and *Staphylococcus schweitzeri* as well as *Staphylococcus aureus*.¹⁴

The rate of HA-SABSI includes both methicillin-sensitive *Staphylococcus aureus* (MSSA) and Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections.

HA-SABSI is potentially preventable through implementation of infection prevention strategies such as compliance with the 5 Moments for Hand Hygiene, use of aseptic technique, ensuring skin antisepsis prior to invasive procedures, improved insertion and management of indwelling devices, effective antimicrobial stewardship, and regular infection surveillance. *Staphylococcus aureus* can enter the bloodstream via an existing infection or wound, or during a procedure that requires penetration of the skin, such as surgery, or the insertion of an intravascular or invasive medical device.

The WA health system has implemented significant infection prevention management practices to minimise the risk of a patient acquiring a healthcare-associated infection (HAI) including HA-SABSI. Measuring the rate of these types of infections occurring in public hospitals providing acute care is a method of assessing the effectiveness of the infection prevention practices in place as well as indicating a measure of the healthcare facility's quality and safety standards for its patients.

¹⁴ Australian Commission on Safety and Quality in Health Care (2021). Implementation Guide for the Surveillance of *Staphylococcus aureus* Bloodstream Infection. Available from: https://www.safetyandquality.gov.au/sites/default/files/2021-06/sabsi_surveillance_guide_-_june_2021.pdf

Hospitals contributing to this KPI:

EMHS

Armadale/Kelmscott District Memorial Hospital, Bentley Hospital, Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre), Kalamunda Hospital, Royal Perth Hospital.

NMHS

King Edward Memorial Hospital (excluding neonatal wards: reported under CAHS), Osborne Park Hospital, Sir Charles Gairdner Hospital (includes the Joondalup Health Campus haemodialysis unit*), North Metropolitan Mental Health Service (included as Graylands Hospital).

** The JHC haemodialysis unit is under NMHS governance and this includes employment of health care workers and management of patients. Unwell patients are generally transferred to SCGH from the unit and admitted to SCGH if required.*

SMHS

Fiona Stanley Hospital, Fremantle Hospital, Murray District Hospital, Rockingham General Hospital, Peel Health Campus (from 13 August 2024).

CAHS

Perth Children's Hospital, neonatal wards (HDU, NIS3, SCN2, SCN3, SCNM, SCNW, SCNS and 4C) at King Edward Memorial Hospital.

WACHS

Great Southern

Albany Hospital, Katanning Hospital.

Goldfields

Esperance Hospital, Kalgoorlie Hospital.

South West

Busselton Hospital, Bunbury Hospital, Collie Hospital, Margaret River Hospital, Warren Hospital.

Kimberley

Broome Hospital, Derby Hospital, Kununurra Hospital.

Pilbara

Hedland Health Campus, Newman Hospital, Karratha Health Campus.

Midwest

Carnarvon Hospital, Geraldton Hospital.

Wheatbelt

Merredin Hospital, Moora Hospital, Northam Hospital,
Narrogin Hospital

Representational attributes

<i>Representation class:</i>	Rate
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Episode
<i>Format:</i>	N.NN

Indicator conceptual framework

Framework and dimensions: 2025-26 Based Management Framework

Data source attributes

Data sources:

Data Source

HISWA Data Collection.

Please note the HISWA Data Collection utilises data entered by contributing hospitals from other sources (including webPAS Discharge extract).

Data provider

Infection Prevention, Policy and Surveillance Unit (IPPSU), Communicable Disease Control Directorate, Public and Aboriginal Health Division, WA Department of Health.

Data custodian

IPPSU, Communicable Disease Control Directorate, Public and Aboriginal Health, WA Department of Health.

Quality statement:

The indicator uses a nationally recognised definition of a patient episode of HA-SABSI agreed by all states and territories.

The IPPSU reviews all blood culture results that are positive for *Staphylococcus aureus* that are collected and processed by the state pathology service, PathWest, to determine if these are HAIs or community associated infections (CAIs). These validated cases are then checked against the HISWA database to ensure the database extract contains all HAIs, and no CAIs.

Denominator data submitted for National reporting e.g. AIHW, including MyHospitals utilises patient days rather than bed days. The yearly variance between patient days and bed-days is estimated to be less than one percent.

Accountability attributes

Benchmark: Target: ≤ 1.0 infection per 10,000 occupied bed days.

Sourced from: The target is based on a national best practice recommendation proposed by the Australian Health Ministers' Advisory Council (AHMAC) which came into effect from 1 July 2020. See [sabsi_surveillance_guide_-_june_2021.pdf](#) for further information.

Approved by: Director General, WA Department of Health.

Methodology: Nil.
Further data development/ collection required: Nil.
Other issues / caveats: Nil.

Source and reference attributes

Reference documents: **Report on Government Services (RoGS) 2026**
 Part E Health, Section 12 Public Hospitals, Indicator - Adverse Events in Public Hospitals – Selected Healthcare Associated Infections.
<https://www.pc.gov.au/ongoing/report-on-government-services/>

National Health Agreement PI 22
 'Healthcare associated infections: *Staphylococcus aureus* bacteraemia' (*Staphylococcus aureus* bacteraemia (SAB) associated with acute care public hospitals (excluding cases associated with private hospitals and non-hospital care)), 2022.
<https://meteor.aihw.gov.au/content/740834>

Australian Commission on Safety and Quality in Health Care (ACSQHC) SAB Prevention Resources
www.safetyandquality.gov.au/sab

The Australian Government's MyHospitals website (Australian Institute of Health and Welfare) Reports 'Staphylococcus aureus bacteraemia (SAB) infections' as counts and rates per 10,000 patient days under surveillance for most public hospitals and a number of private hospitals.
<https://www.aihw.gov.au/reports-data/myhospitals>

HISWA Surveillance Manual
https://www.health.wa.gov.au/Articles/S_T/Tools-and-Resources

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Survival rates for sentinel conditions: (a) Stroke; (b) Acute Myocardial Infarction; (c) Fractured Neck of Femur

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0004
<i>Reporting scope/entities:</i>	EMHS, NMHS, SMHS, WACHS
<i>Description:</i>	Percentage of patients who, following admission for a stroke, acute myocardial infarction, or fractured neck of femur, are discharged as 'alive' from a public hospital.
<i>Rationale:</i>	<p>This indicator measures performance in relation to the survival of people who have suffered a sentinel condition - specifically a stroke, acute myocardial infarction (AMI), or fractured neck of femur (FNOF).</p> <p>These three conditions have been chosen as they are leading causes of hospitalisation and death in Australia for which there are accepted clinical management practices and guidelines. Patient survival after being admitted for one of these sentinel conditions can be affected by many factors including the diagnosis, the treatment given, or procedure performed, age, co-morbidities at the time of the admission, and complications which may have developed while in hospital. However, survival is more likely when there is early intervention and appropriate care on presentation to an emergency department and on admission to hospital.</p> <p>By reviewing survival rates and conducting case-level analysis, targeted strategies can be developed that aim to increase patient survival after being admitted for a sentinel condition.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	<p>a) Stroke: 0 years of age.</p> <p>b) AMI: 0 years of age.</p> <p>c) FNOF: 70 years of age.</p>
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Population group age to: No limit.

Computation description: [Numerator] divided by the [Denominator], multiplied by 100 (expressed as a percentage).

Inclusions

Alive separations are those with [Mode of Separation] other than Deceased (8 or 80).

Patients discharged from contributory sites (below). For JHC, PHC and SJOG Midland Hospital only public patients are selected; that is, those with a funding source of Australian Health Care Agreement or Reciprocal Health Care Agreement.

a) Stroke

All admissions with a [Principal Diagnosis] in the range I60.x-I64.x (ICD-10-AM).

b) AMI

Emergency admissions with a [Principal Diagnosis] in the range I21.x-I22.x (ICD-10-AM).

- Emergency admissions: Separations with [Admission Status] of 6 (Emergency - emergency department admission) or 7 (Emergency – direct admission).

c) FNOF

All admissions with a [Principal Diagnosis] of S72.0x (ICD-10-AM).

Exclusions

Newborns (Care Type 26) with a principal diagnosis code of Z38; boarders (Patient Type 3); organ procurements (Patient Type 7); and contracted care in some circumstances¹⁵.

[Mode of Separation] of Deceased (8 or 80) is excluded from Numerator counts.

Note: Standard exclusions changed for separations in 2021-22 due to changes in reporting requirements. From 1 July 2021, separations where Patient Type = 0 are no longer excluded, but separations where Patient Type = 5 (Contracted Service) are excluded in some circumstances.

Note: Separations prior to 1 July 2021 still apply the previous standard exclusion method; that is, data is

¹⁵ Except where Contract Type = (A)B. Contract Type (A)B reflects a situation where Hospital A contracts Hospital B to provide a whole episode of care and the patient does not attend Hospital A for any part of the episode of care. For more information please see the Admitted Patient Activity Data Business Rules: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

excluded where Patient Type = 0 and not excluded when Patient Type = 5.

Note: As of the 2024-25 reporting period, updates to Aged Care Resident, Flexible Care and Resident separations relates to removal of aged care data from HMDS. Exclusions are no longer required because this data is no longer present in the dataset.

Computation:

(Numerator / Denominator) x 100

Calculations for Stroke and AMI are as per the following age groups:

- 0 to 49 years
- 50 to 59 years
- 60 to 69 years
- 70 to 79 years
- 80 years and above.

Calculation for FNOF are as per the following age groups:

- 70 to 79 years
- 80 years and above.

Numerator:

a) Stroke

Number of hospital separations with [Principal Diagnosis] of stroke and [Mode of Separation] other than Deceased (8 or 80) at discharge (Alive).

b) AMI

Number of hospital separations with an [Admission Status] of Emergency - emergency department admission (6) or Emergency - direct admission (7), a [Principal Diagnosis] of acute myocardial infarction and [Mode of Separation] other than Deceased (8 or 80) at discharge (Alive).

c) FNOF

Number of hospital separations with [Principal Diagnosis] of fractured neck of femur and [Mode of Separation] other than Deceased (8 or 80) at discharge (Alive).

Numerator data elements:

Data Element/Data Set

[Establishment Number]

[Patient Type]

[Care Type]

[Separation Date]

[Principal Diagnosis]

[Ward on Discharge]

[Funding Source]

[Admission Status]

{Age on Admission} (calculated from Admission Date and Date of Birth)

[Mode of Separation]

Data Source

HMDC

Guide for use

See Patient Activity Data (PAD) Policy - Admitted Activity (link in Reference Documents section).

*Denominator:*a) Stroke

Total number of hospital separations with a [Principal Diagnosis] of stroke.

b) AMI

Total number of hospital separations with an [Admission Status] of Emergency - emergency department admission (6) or Emergency - direct admission emergency admission status (7) and a [Principal Diagnosis] of acute myocardial infarction.

c) FNOF

Total number of hospital separations with a [Principal Diagnosis] of fractured neck of femur.

*Denominator data elements:***Data Element/Data Set**

[Establishment Number]

[Patient Type]

[Care Type]

[Separation Date]

[Principal Diagnosis]

[Ward on Discharge]

[Funding Source]

[Admission Status]

{Age on Admission} (calculated from [Admission Date] and [Date of Birth])

[Mode of Separation]

Data Source

HMDC

Guide for use

See Patient Activity Data (PAD) Policy – Admitted Activity (link in Reference Documents section).

*Disaggregation data elements:***Data Element/Data Set**

[Separation Date]

[Establishment Code]

[Principal diagnosis]

{Age on Admission} (calculated from [Admission Date] and [Date of Birth])

Data Source

HMDC

Guide for use

See Hospital Morbidity Data System Reference Manual (link in Reference Documents section).

Comments:

Codes for sentinel conditions were reviewed by the WA Clinical Coding Authority in September 2023 who noted that the ICD-10-AM codes listed for stroke, acute myocardial infarction, and fractured neck of femur are correct and complete and the codes are applicable from 1 July 1999 until current. Codes will be reviewed as necessary (i.e. when updated ICD is released).

A change in data collection and reporting practices for contracted care activity, implemented from 1 July 2021, removes the requirement for public hospital funding sites to report an admission where the patient has not physically been admitted to the funding site. These changes also result in a single admission being reported where patient care is split between the funding hospital and contracted service.

These changes will impact only a very small proportion of cases and any impacts are expected to be very small or negligible.

Contributory Sites**NMHS**

King Edward Memorial Hospital (excluding neonatal wards), Osborne Park Hospital, Sir Charles Gairdner Hospital (including SCGH Mental Health Service until 5/9/18), Joondalup Health Campus, Graylands Hospital (including Selby Inpatient Unit and State Forensic Unit).

SMHS

Fiona Stanley Hospital, Fremantle Hospital, Murray Hospital, Peel Health Campus, Rockingham General Hospital.

EMHS

Armadale/Kelmscott Memorial Hospital, Bentley Hospital, Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital.

WACHSGreat Southern

Albany Hospital, Denmark Hospital, Gnowangerup Hospital, Katanning Hospital, Kojonup Hospital, Plantagenet Hospital, Ravensthorpe Hospital.

Goldfields

Esperance Hospital, Kalgoorlie Hospital, Laverton Hospital, Leonora Hospital, Norseman Hospital.

South West

Augusta Hospital, Bridgetown Hospital, Boyup Brook Soldiers Memorial Hospital, Bunbury Hospital, Busselton Hospital, Collie Hospital, Donnybrook Hospital, Harvey Hospital, Margaret River Hospital, Nannup Hospital, Pemberton Hospital, Warren Manjimup Hospital.

Kimberley

Broome Hospital, Derby Hospital, Fitzroy Crossing Hospital, Halls Creek Hospital, Kununurra Hospital, Wyndham Hospital.

Pilbara

Hedland Health Campus, Karratha Health Campus, Newman Hospital, Onslow Health Service, Paraburdoo Hospital, Roebourne Hospital, Tom Price Hospital.

Midwest

Carnarvon Hospital, Dongara Health Centre, Exmouth Hospital, Geraldton Hospital, Kalbarri Health Centre, Meekatharra Hospital, Morawa Hospital, Mullewa Hospital, North Midlands Hospital, Northampton Hospital.

Wheatbelt

Beverley Hospital, Boddington Hospital, Bruce Rock Memorial Hospital, Corrigin Hospital, Cunderdin Health Centre, Dalwallinu Hospital, Dumbleyung Hospital, Goomalling Hospital, Jurien Bay Health Centre, Kellerberrin Memorial Hospital, Kondinin Hospital, Kununoppin Hospital, Lake Grace Hospital, Merredin Hospital, Moora Hospital, Narembeen Memorial Hospital, Narrogin Hospital, Northam Hospital, Pingelly Health Centre, Quairading Hospital, Southern Cross Hospital, Wagin Hospital, Wongan Hills Hospital, Wyalkatchem-Koorda Hospital, York Hospital.

Note that CAHS is out of scope for this indicator due to its paediatric cohort, resulting in negligible or no in-scope cases for the relevant conditions.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Separation
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

*Data sources:***Data Source**

HMDC

Data provider

System Analytics Branch, Reporting, Analytics, Modelling and Analytics, ISPD, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

Nil.

Accountability attributes*Benchmark:*

Targets:

Age Group	Stroke (%)	AMI (%)	FNOF (%)
0-49 years	95.3	98.9	N/A
50-59 years	94.7	99.0	N/A
60-69 years	94.3	98.3	N/A
70-79 years	92.4	96.9	98.9
80+ years	87.2	93.1	97.0

Sourced from: Targets are updated every financial year and based on the average statewide results achieved over the five most recent calendar years, excluding the most recent calendar year due to the required data lag. No national, state or best practice targets exist for this indicator.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Due to the small numbers of separations on which some findings are calculated, caution should be taken in the interpretation of the overall performance of health services.

This indicator is reported by calendar year to allow for the lag associated with clinical coding of medical records and the GBS target setting process.

Source and reference attributes*Reference documents:*

Patient Activity Data available from <https://ww2.health.wa.gov.au/About-us/Policy->

[frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data](#)

Information & Performance Governance, ISPD, WA
Department of Health.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of admitted patients who discharged against medical advice: a) Aboriginal patients; and b) Non-Aboriginal patients

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Discharged against medical advice, DAMA, Discharge at Own Risk, Left Against Medical Advice
<i>Catalogue identifier:</i>	0005
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	The percentage of admitted patient episodes that ended in discharge against medical advice (DAMA) during the reporting period, disaggregated by Aboriginal status.
<i>Rationale:</i>	<p>DAMA refers to patients leaving hospital against the advice of their treating medical team or without advising hospital staff (e.g. take own leave, left without notice, missing and not found or discharge at own risk). Patients who do so have a higher risk of readmission and mortality¹⁶ and have been found to cost the health system 50% more than patients who are discharged by their physician.¹⁷</p> <p>The national Aboriginal and Torres Strait Islander Health Performance Framework reports discharge at own risk under the heading 'Self-discharge from hospital'. Between July 2019 and June 2021 Aboriginal patients (4.4%) in WA were 7.5 times more likely than non-Aboriginal patients (0.6%) to discharge at own risk, compared with 5.2 times nationally (3.8% and 0.7% respectively)¹⁸. This statistic indicates a need for improved responses by the health system to the needs of Aboriginal patients. This indicator is also being reported in the Report on Government Services under the performance of governments in providing acute care services in public hospitals¹⁹.</p> <p>This indicator provides a measure of the safety and quality of inpatient care. Reporting the results by Aboriginal status measures the effectiveness of initiatives within the WA health system to deliver culturally responsive services to Aboriginal people. While the aim is to achieve equitable treatment outcomes, the targets reflect the need for a long-</p>

¹⁶ Yong et al. Characteristics and outcomes of discharges against medical advice among hospitalised patients. *Internal medicine journal* 2013;43(7):798-802.

¹⁷ Aliyu ZY. Discharge against medical advice: sociodemographic, clinical and financial perspectives. *International journal of clinical practice* 2002;56(5):325-27.

¹⁸ See Table D3.09.3 <https://www.indigenoushpf.gov.au/measures/3-09-self-discharge-from-hospital/data#DataTablesAndResources>

¹⁹ For more information see <https://www.pc.gov.au/ongoing/report-on-government-services>

term approach to progressively closing the gap between Aboriginal and non-Aboriginal patient cohorts.

The discharge against medical advice performance measure is also one of the key contextual indicators of Outcome 1 “Aboriginal and Torres Strait Islander people enjoy long and healthy lives” under the National Agreement on Closing the Gap, which was agreed to by the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments in July 2020²⁰.

<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] multiplied by 100 (expressed as a percentage).

General Notes

This indicator is calculated from the HMDC, using the [Mode of Separation] field to identify separations where the patient left against medical advice.

This indicator is based on the Aboriginal and Torres Strait Islander Health Performance Framework indicator 3.09 Self-discharge from hospital

(<https://www.indigenoushpf.gov.au/measures/3-09-self-discharge-from-hospital>) with the following modifications:

- Mental Health separations are included,
- Chemotherapy separations are excluded.

Inclusions (HMDC values in parentheses):

Consider all patients at public hospitals and only public patients at CHEs. Public patients are identified using [Funding Source]:

- Australian Health Care Agreement (21),
- Reciprocal Health Care Agreement (30).

Exclusions (HMDC values in parentheses):

[Principal Diagnosis] of:

²⁰ <https://www.closingthegap.gov.au/national-agreement>

- Dialysis (Z49) or
- Chemotherapy (Z51.1).

[Care Type]:

- Newborns (26) with principal diagnosis code of Z38
- Organ Procurement (27) or
- Boarder (28)

[Patient Type]

- Boarder (3)
- Contracted Service (5)²¹ or
- Organ Procurement (7).
- Non-inpatient care (e.g. nursing home, residential aged care).
- Non-WA facilities.

Note:

- Standard exclusions changed for separations in 2021-22 due to changes in reporting requirements. From 1 July 2021, separations where [Patient Type] = 0 are no longer excluded, but separations where [Patient Type] = 5 (Contracted Service) are excluded in some circumstances.
- Note that separations prior to 1 July 2021 still apply the previous standard exclusion method; that is, data is excluded where [Patient Type] = 0 and not excluded when [Patient Type] = 5.
- Note: As of the 2024-25 reporting period, updates to Aged Care Resident, Flexible Care and Resident separations relates to removal of aged care data from HMDS. Exclusions are no longer required because this data is no longer present in the dataset.

Computation:

(Numerator / Denominator) x 100

Numerator:

- (a) Number of separations for Aboriginal patients as per Denominator, and where the [Mode of Separation] is recorded as 'Left against medical advice/discharge at own risk' (HMDC [Mode of Separation] value = 6 or 60) during the reporting period, from hospitals within each Health Service Provider's catchment.
- (b) Number of separations for non-Aboriginal patients as per Denominator, and where the [Mode of Separation] is recorded as 'Left against medical advice/discharge at own risk' (HMDC [Mode of Separation] value = 6 or 60) during the reporting period, from hospitals within each Health Service Provider's catchment.

²¹ Except where Contract Type = (A)B. Contract Type (A)B reflects a situation where Hospital A contracts Hospital B to provide a whole episode of care and the patient does not attend Hospital A for any part of the episode of care. For more information please see the Admitted Patient Activity Data Business Rules: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

*Numerator data elements:***Data Elements**

[Patient Type]
 [Care Type]
 [Establishment Code]
 [Separation Date]
 [Funding Source]
 [Aboriginal Status]
 [Principal Diagnosis]
 [Mode of Separation]

Data Source

HMDC

Guide for use

See Patient Activity Data (PAD) Policy – Admitted Activity (link in Reference Documents section).

Denominator:

- (a) Total number of separations for Aboriginal patients during the reporting period, for each Health Service Provider.
- (b) Total number of separations for non-Aboriginal patients during the reporting period, for each Health Service Provider.

*Denominator data elements:***Data Elements**

[Patient Type]
 [Care Type]
 [Establishment Code]
 [Separation Date]
 [Funding Source]
 [Aboriginal Status]
 [Principal Diagnosis]

Data Source

HMDC.

Guide for use

See Patient Activity Data (PAD) Policy - Admitted Activity (link in Reference Documents section).

*Disaggregation data elements:***Aboriginal Status**

Aboriginal identification uses HMDC [Aboriginal Status] of:

- Aboriginal but not Torres Strait Islander origin (1) or
- Torres Strait Islander but not Aboriginal (2) or
- Both Aboriginal and Torres Strait Islander (3).

With non-Aboriginal status identified by HMDC [Aboriginal Status] of:

- Neither Aboriginal nor Torres Strait Islander (4).

Comments:

A change in data collection and reporting practices for contracted care activity, implemented from 1 July 2021, removes the requirement for public hospital funding sites to report an admission where the patient has not physically been admitted to the funding site. These changes also result in a single admission being reported where patient care is split between the funding hospital and contracted service.

These changes will impact only a very small proportion of cases and any impacts are expected to be very small or negligible.

Contributory Sites**NMHS**

King Edward Memorial Hospital (excluding neonatal wards: reported under CAHS), Osborne Park Hospital, Sir Charles Gairdner Hospital (including SCGH Mental Health Unit until 5/9/18), Joondalup Health Campus, Graylands Hospital (including Selby Inpatient Unit and State Forensic Unit).

SMHS

Fiona Stanley Hospital, Fremantle Hospital, Murray District Hospital, Peel Health Campus, Rockingham General Hospital.

EMHS

Armadale/Kelmscott Memorial Hospital, Bentley Hospital, Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre), Kalamunda Hospital, Royal Perth Hospital, St John of God Midland Public Hospital.

CAHS

Perth Children's Hospital, neonatal wards (HDU, NIS3, SCN2, SCN3, SCNM, SCNW, and SCNS) at King Edward Memorial Hospital.

WACHSGreat Southern

Albany Hospital, Denmark Hospital, Gnowangerup Hospital, Katanning Hospital, Kojonup Hospital, Plantagenet Hospital, Ravensthorpe Hospital.

Goldfields

Esperance Hospital, Kalgoorlie Hospital, Laverton Hospital, Leonora Hospital, Norseman Hospital.

South West

Augusta Hospital, Bridgetown Hospital, Boyup Brook Soldiers Memorial Hospital, Bunbury Hospital, Busselton Hospital, Collie Hospital, Donnybrook Hospital, Harvey Hospital, Margaret River Hospital, Nannup Hospital, Pemberton Hospital, Warren Manjimup Hospital.

Kimberley

Broome Hospital, Derby Hospital, Fitzroy Crossing Hospital, Halls Creek Hospital, Kununurra Hospital, Wyndham Hospital.

Pilbara

Hedland Health Campus, Karratha Health Campus, Newman Hospital, Onslow Health Service, Paraburdoo Hospital, Roebourne Hospital, Tom Price Hospital.

Midwest

Carnarvon Hospital, Dongara Health Centre, Exmouth Hospital, Geraldton Hospital, Kalbarri Health Centre, Meekatharra Hospital, Morawa Hospital, Mullewa Hospital, North Midlands Hospital, Northampton Hospital.

Wheatbelt

Beverley Hospital, Boddington Hospital, Bruce Rock Memorial Hospital, Corrigin Hospital, Cunderdin Health Centre, Dalwallinu Hospital, Dumbleyung Hospital, Goomalling Hospital, Jurien Bay Health Centre, Kellerberrin Memorial Hospital, Kondinin Hospital, Kununoppin Hospital, Lake Grace Hospital, Merredin Hospital, Moora Hospital, Narembeen Memorial Hospital, Narrogin Hospital, Northam Hospital, Pingelly Health Centre, Quairading Hospital, Southern Cross Hospital, Wagin Hospital, Wongan Hills Hospital, Wyalkatchem-Koorda Hospital, York Hospital.

Discharge against medical advice is one of the key contextual indicators of Outcome 1 “Aboriginal and Torres Strait Islander people enjoy long and healthy lives” under the new National Agreement on Closing the Gap which has been agreed by the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments in July 2020.²²

In alignment with national reporting rules for admitted patient care, the following cases are excluded as they do not meet admission criteria: organ procurement, hospital boarders, aged care residents and flexible care. Newborns (Care Type 26) with a principal diagnosis code of Z38 are also excluded, as per national reporting rules. See also: <https://meteor.aihw.gov.au/content/index.phtml/itemId/327254>).

²² The Coalition of Peaks and Australian Governments. (2020). *The National Agreement on Closing the Gap 2020*. Canberra: Australian Government

Dialysis and chemotherapy separations are also excluded due to the large number of these separations per year. The inclusion of these separations can overly influence results.

Note: As of 2024-25 updates to Aged Care Resident, Flexible Care and Resident separations relates to removal of aged care data from HMDS. Exclusions are no longer required because this data is no longer present in the dataset.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Person

Format: NNN.NN%

Indicator conceptual framework

Framework and dimensions: Aboriginal and Torres Strait Islander Health Performance Framework.
2025-26 Outcome Based Management Framework.

Data source attributes

Data sources:

Data Source

HMDC.

Data provider

System Analytics Branch, Reporting, Analytics, Modelling and Analytics, ISPD, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

This indicator is calculated using the data from the HMDC. The HMDC is maintained by the Information and Performance Governance Unit (IPG), Information and System Performance Directorate (ISPD) of the Department of Health WA. The HMDC receives clinically coded inpatient data extracts from Web based public patient administration systems (webPAS) for public hospitals and other information systems for private hospitals in WA.

The HMDC receives clinically coded data on a daily basis for the patients discharged any time prior to the current date. Since the HMDC receives the separation data, only patients discharged from hospital are included in the indicator.

If a patient expresses a desire to discharge earlier than planned and the clinical team has assessed the patient and determined it is safe to discharge and a change in discharge plan can facilitate early discharge, then this should be recorded as a normal discharge to the appropriate destination such as home. The patient is not required to sign a DAMA form or a declaration for early discharge. This clinical decision on completion of treatment must be supported by clinical documentation to evidence safe discharge.

Accountability attributes

Benchmark:

Targets:

- (a) Aboriginal patients $\leq 2.78\%$.
- (b) Non-Aboriginal patients $\leq 0.99\%$

Sourced from: Targets are based on review of historical data including discussion with stakeholders and subject matter experts.

- (a) The target for Aboriginal patients is based on a 50% reduction in the gap between performance for WA Aboriginal and non-Aboriginal patient cohorts for 2016-17 to 2017-18.
- (b) The target for non-Aboriginal patients is the national performance for non-Aboriginal patients over the 2016-17 to 2017-18 period, as provided by the AIHW.

The targets are reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Aboriginal people are not always accurately identified in administrative collections (i.e., hospital records, birth and death registrations) due to definition variations, different data collection methods and failure to record Aboriginal status.

The incompleteness of Aboriginal identification means the number of hospital separations for Aboriginal and/or Torres Strait Islander patients is likely underestimated. In 2011-12, it was found that an estimated 4% of Aboriginal patients were either not identified or incorrectly identified in WA's public hospital records.²³

²³ Australian Institute of Health and Welfare. 2013. *Indigenous identification in hospital separations data – Quality report*. Cat. No. IHW 90. Canberra: AIHW.

Patients may identify their Aboriginal status differently across separations. For this indicator, a patient will be grouped to Aboriginal or non-Aboriginal based on how their Aboriginal status was recorded in that separation.

Source and reference attributes

Reference documents:

Aboriginal and Torres Strait Islander Health Performance Framework:

'Discharged at own risk'

<https://www.indigenoushpf.gov.au/measures/3-09-self-discharge-from-hospital>

Patient Activity Data

Available from Information & Performance Governance, ISPD, WA Department of Health.

<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Apgar score of less than 7 at 5 minutes for births at or after term.
<i>Catalogue identifier:</i>	0006
<i>Reporting scope/entities:</i>	EMHS, NMHS, SMHS, WACHS
<i>Description:</i>	The percentage of infants live-born at or after term (from 37 completed weeks gestational age) with an Apgar score of less than 7 at 5 minutes after birth.
<i>Rationale:</i>	<p>This indicator measures the condition of newborn infants immediately after birth and provides an outcome measure of intrapartum care and newborn resuscitation.</p> <p>The Apgar score is an assessment of an infant's health at birth based on breathing, heart rate, colour, muscle tone and reflex irritability. An Apgar score is applied at one, five and (if required by the protocol) ten minutes after birth to determine how well the infant is adapting outside the mother's womb. Apgar scores range from zero to two for each condition with a maximum final total score of ten. The higher the Apgar score the better the health of the newborn infant.</p> <p>This outcome measure can lead to the development and delivery of improved care pathways and interventions to improve the health outcomes of Western Australian infants and aligns to the National Core Maternity Indicators (2025) Health, Standard 04/12/2024.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	5 minutes.
<i>Population group age to:</i>	5 minutes.
<i>Computation description:</i>	[Numerator] divided by [Denominator] multiplied by 100 (expressed as a percentage)

Hospitals contributing to this KPI:

EMHS

Armadale Kelmscott Hospital, Bentley Hospital, St John of God Midland Public Hospital (public patients only).

NMHS

King Edward Memorial Hospital, Osborne Park Hospital, Joondalup Health Campus (public patients only).

SMHS

Fiona Stanley Hospital, Rockingham Hospital, Peel Health Campus (Noting that from 13 August 2024 Peel Health Campus transitioned to the governance of South Metropolitan Health Service and therefore is no longer a CHE and all patients are public and included from that date).

WACHS

Goldfields

Esperance Hospital, Kalgoorlie Hospital.

Great Southern

Albany Hospital, Katanning Hospital.

Kimberley

Broome Hospital, Derby Hospital, Kununurra Hospital.

Midwest

Carnarvon Hospital, Geraldton Hospital, SJOG Geraldton Hospital (only public patients transferred during COVID-19 response, no longer applicable since maternity services reopened at Geraldton Hospital on 14 September 2021).

Pilbara

Hedland Health Campus, Karratha Health Campus.

South West

Bridgetown, Bunbury, Busselton, Collie, Margaret River, Warren-Manjimup.

Wheatbelt

Narrogin Hospital, Northam Hospital.

Births are predominantly in the above sites, however, may occasionally occur at non-maternity sites.

Due to COVID-19, women booked at Bentley Hospital had their care transferred to KEMH or Armadale Hospital (based on patient postcode), with the last birth occurring at Bentley on 27 March 2020. A new Midwifery Birth Centre opened at Bentley Hospital in late 2024 and results will be included in this KPI.

Similarly, all women booked at Geraldton Hospital had their care transferred to SJOG Geraldton; the last birth at

Geraldton Hospital was on 6 April 2020. Maternity services reopened at Geraldton Hospital on 14 September 2021.

Inclusions

Infants included are live births of babies born at or after term at public hospital services and public births at CHEs (contributory sites listed above).

Exclusions

Infants excluded are stillbirths, and babies born before term (before 37 weeks). Infants for whom no Apgar score at 5 minutes post-delivery was recorded (e.g. Not Known).

Computation:

(Numerator / Denominator) x 100

Numerator:

The number of babies born alive at or after term (from 37 completed weeks gestational age) with an Apgar score of less than seven at five minutes post-delivery.

Numerator data elements:

Data Element/Data Set

{Product of conception—gestational age, completed weeks N[N]}
 [Birth—birth status, code N]
 [Birth—Apgar score (at 5 minutes), code NN]
 [Establishment – organisation identifier]
 [Patient election status]

Data Source

Midwives Notification System.

Guide for use

Nil.

Denominator:

The number of live-born babies born at or after term (from 37 completed weeks gestational age).

Denominator data elements:

Data Element/Data Set

Product of conception - gestational age, completed weeks N[N]
 Birth - birth status, code N
 Establishment - organisation identifier
 Patient election status

Data Source

Midwives Notification System

Guide for use

Data source type: Administrative by-product data

Disaggregation data elements:

Data Element/Data Set

Establishment – organisation identifier

Data Source

Midwives Notification System

Guide for use

Data source type: Administrative by-product data.

Comments:

For women booked at Geraldton Hospital who had their care transferred to SJOG Geraldton, data matching to morbidity data is required to identify these public patients from the birth records submitted by SJOG Geraldton.

A birth is defined as the event in which a baby comes out of the uterus after a pregnancy of at least 20 weeks gestation or if gestation was not known, weighing 400 grams or more. If the baby is alive the birth is a live birth. If the baby is not alive the birth is a stillbirth.

Gestational age is a clinical measure of the duration of the pregnancy. Gestational age is reported as completed weeks. Term is defined as gestational ages between 37 and 41 weeks.

The Apgar score is calculated by assessing the infant against five criteria (Appearance, Pulse, Grimace, Activity, Respiration) on a scale from 0-2, and then adding these values to give a score 0-10. A score of less than seven at five minutes after birth is considered to be an indicator of complications and of compromise for the baby.

This definition was compiled using information from METEOR identifier: 795473.

Metadata for the MNS data items are available on the online national metadata repository, METEOR. The metadata details for items used in producing this indicator are available in the current version National Core Maternity Indicators (PI 04–Apgar score of less than 7 at 5 minutes for births at or after term, 2024) at:

<https://meteor.aihw.gov.au/content/795473>

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Person

Format: NNN.NN%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes*Data sources:***Data Source**

Midwives Notification System.

Data provider

Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

The Apgar score measure is a consistent and well recognised clinical indicator of maternity care over time. Standard national and international indicator definitions, classifications and data recording practices are in place and regularly reviewed.

Regular validation audits are conducted to confirm that a high level of data quality is maintained, including that the low Apgar scores are clinically accurate.

Accountability attributes*Benchmark:*

Target: $\leq 1.9\%$

Sourced from: The target is based on the national average (excluding cases where Apgar is 'Not Stated') from the AIHW publication 'Australia's mothers and babies'. The most recent calendar year available from this publication is set as the target. See

<https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/data> for further information.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes*Reference documents:*

National Core Maternity Indicators: PI 04 - Apgar score of less than 7 at 5 minutes for births at or after term (2025) Health, Standard 04/12/2024. (National Core Maternity Indicators: PI 04–Apgar score of less than 7 at 5 minutes for births at or after term, 2025)

Registry management attributes*Version control:*

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Readmissions to acute specialised mental health inpatient services within 28 days of discharge

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: Nil.

Catalogue identifier: 0007

Reporting scope/entities: NMHS, SMHS, EMHS, WACHS, CAHS

Description: Percentage of in-scope overnight separations from public acute specialised mental health inpatient services that are followed by a readmission to the same or to another acute specialised mental health inpatient service within 28 days of discharge.

Rationale: Readmission rate is considered to be a global performance measure as it potentially points to deficiencies in the functioning of the overall mental healthcare system.

While multiple hospital admissions over a lifetime may be necessary for someone with ongoing illness, a high proportion of readmissions shortly after discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was not adequate to maintain the patient's recovery out of hospital²⁴. Rapid readmissions place pressure on finite beds and may reduce access to care for other consumers in need.

These readmissions mean that patients spend additional time in hospital and utilise additional resources. A low readmission rate suggests that good clinical practice is in operation. Readmissions are attributed to the facility at which the initial separation (discharge) occurred rather than the facility to which the patient was readmitted.

By monitoring this indicator, key areas for improvement can be identified. This can facilitate the development and delivery of targeted care pathways and interventions aimed at improving the mental health and quality of life of Western Australians.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by calendar year

Outcome area: **Annual Reports 2025-26:**

²⁴ Australian Health Ministers Advisory Council Mental Health Standing Committee (2011). Fourth National Mental Health Plan Measurement Strategy. Available at: <https://www.aihw.gov.au/getmedia/d8e52c84-a53f-4eef-a7e6-f81a5af94764/Fourth-national-mental-health-plan-measurement-strategy-2011.pdf.aspx>

- Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians.
- Effectiveness.

Collection and usage attributes

Population group age from: All ages.

Population group age to: All ages.

Computation description: [Numerator] divided by [Denominator] multiplied by 100 (expressed as a percentage).

General notes

The target group for this indicator includes all patients discharged from and/or readmitted to acute specialised public mental health inpatient services outlined in the Inclusions.

Readmissions are attributed to the facility from which the initial hospital separation occurred rather than the facility to which the patient was readmitted.

An acute specialised mental health inpatient service is defined as a service providing specialist psychiatric care for people with an acute episode of a mental disorder and short-term management is the focus of treatment. This category applies only to services within a mental health service setting providing overnight admitted patient care.

Inclusions

Includes planned as well as unplanned readmissions. It is acknowledged nationally and within state services that it is not possible to obtain robust and consistent information on unplanned readmissions only.

All publicly funded patients separating from CHEs (JHC and SJOG Midland Public Hospital).

All readmissions occurring within the specified readmission interval are counted. There can be multiple readmissions associated with an index separation.

Readmissions where the initial separation occurred within the reference period are in scope.

Readmissions where the person is separated and readmitted on the same day are included. Note this inclusion only applies if the inpatient episodes have not been excluded for other reasons outlined in the Exclusions section (e.g., patient was discharged / transferred to another acute hospital).

Hospital in the Home – Mental Health are considered specialised acute mental health inpatient services and separations from these services are included.

All public patient separations from designated mental health acute inpatient units within WA (refer to below list).

Facility	Hospital
NMHS	
Graylands Adult Mental Health Services	Graylands Hospital
Selby Older Adult Mental Health Service	Selby Authorised Lodge
Joondalup Mental Health Unit (excluding the MHEDA unit)	Joondalup Health Campus
Sir Charles Gairdner Hospital Adult Mental Health Services	Sir Charles Gairdner Hospital
King Edward Memorial Hospital Mother Baby Inpatient Unit	King Edward Memorial Hospital
Osborne Park Lodge	Osborne Park Hospital
The Frankland/State Forensic Mental Health Services	State Forensic Mental Health Service
SMHS	
Fiona Stanley Hospital Mental Health Inpatient	Fiona Stanley Hospital
Alma Street Centre	Fremantle Hospital
Alma Street Older Adult Mental Health Services	Fremantle Hospital
Mimidi Park Mental Health Unit	Rockingham General Hospital
CAHS	
PCH Ward 5A Inpatients	Perth Children's Hospital
EMHS	
Armadale Mental Health Service	Armadale/Kelmscott Memorial Hospital and Health Service
Bentley Mental Health Service	Bentley Hospital and Health Service
Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre)	Transitional Care Unit
Royal Perth Mental Health Service	Royal Perth Hospital
St John of God Midland Public Hospital Mental Health Services	St John of God Midland Public Hospital
WACHS	
Albany Mental Health Unit	Albany Hospital

Mabu Liyan Mental Health Unit (Broome Acute Psychiatric Unit)	Broome Hospital
Bunbury Acute Psychiatric Unit	Bunbury Hospital
Kalgoorlie Hospital Mental Health Inpatient Unit	Kalgoorlie Regional Hospital

Exclusions

For both the numerator and denominator the following exclusions apply:

- Separations from non-acute wards in psychiatric inpatient units:
 - John Milne Centre (JMC ward) (Bentley Hospital);
 - Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre) Rehabilitation ward (TCUR);
 - PLFO1, HUFO and FRAC1 wards (State Forensic Mental Health Service); or
 - Casson, Ellis and Murchison wards (Graylands Hospital)
- A [Care Type] of:
 - Newborn (26) with a principal diagnosis code of Z38;
 - Organ procurement (27); or
 - Boarder (28).
- A Patient Type of:
 - Boarder (3);
 - Contracted Service (5)²⁵ or
 - Organ Procurement (7).
- same-day separations ([Admission Date] = [Separation Date]);
- separations where the {Length of Stay} is equal to one day and a [Principal Procedure] or [Additional Procedure] code for Transcranial Magnetic Stimulation (96252-00, 96253-00, 96254-00) is recorded; or
- separations where the {Length of Stay} is equal to one day and a [Principal Procedure] or [Additional Procedure] code for Electro-convulsive Therapy (Procedure Block = 1907) is recorded.

The following separations are excluded only when calculating the denominator:

- A [Mode of Separation] of:
 - Discharge/transfer to an acute hospital (1 or 10);
 - Discharge/transfer to a psychiatric hospital (3 or 30);

²⁵ Except where Contract Type = (A)B. Contract Type (A)B reflects a situation where Hospital A contracts Hospital B to provide a whole episode of care and the patient does not attend Hospital A for any part of the episode of care. For more information please see the Admitted Patient Activity Data Business Rules: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

- Statistical discharge Type Change (5 or 50)²⁶; or
 - Deceased (8 or 80).

Note: Standard exclusions changed for separations in 2021-22 due to changes in reporting requirements. From 1 July 2021, separations where [Patient Type] = 0 are no longer excluded, but separations where [Patient Type] = 5 (Contracted Service) are excluded in some circumstances.

Note that separations prior to 1 July 2021 still apply the previous standard exclusion method; that is, data is excluded where [Patient Type] = 0 and not excluded when [Patient Type] = 5.

Computation:

(Numerator / Denominator) x 100

Numerator:

Number of in-scope overnight public separations from designated acute specialised mental health inpatient services occurring within the reference period, that are followed by a readmission to the same or other acute designated mental health inpatient unit within 28 days.

Numerator data elements:

Data Element/Data Set

[Establishment Code]

[Ward Code]

[Admission Date]

[Separation Date]

[Mode of Separation]

[Data Linkage Unique Patient Identifier]

[Unit Medical Record Number]

[Patient Type]

[Care Type]

[Principal Diagnosis]

[Funding Source]

[Principal Procedure]

[Additional Procedure]

{Length of Stay}

Data Source

HMDC (Inpatient Separations)

Guide for use

[Patient Type], [Care Type] and [Principal Diagnosis] are used to exclude boarders, organ procurements, and funding (duplicate) cases.

²⁶ Statistical discharges break a single hospital stay into multiple parts. Includes within hospital transfers or changes of care type, program classification (e.g. from acute unit to non-acute unit)

[Funding Source] is used to exclude ambulatory care and private patients in the CHEs (JHC and SJOG Midland Public Hospital).

[Principal Procedure] and [Additional Procedure] codes as well as {Length of Stay} are used to exclude separations with a length of stay of one day where ECT and TMS procedures are performed.

Denominator:

Number of in-scope overnight public separations from acute specialised mental health inpatient services occurring within the reference period.

Denominator data elements:

Data Element/Data Set

[Establishment Code]

[Ward Code]

[Admission Date]

[Separation Date]

[Mode of Separation]

[Data Linkage Unique Patient Identifier]

[Unit Medical Record Number]

[Patient Type]

[Episode of Care Type]

[Principal Diagnosis]

[Funding Source]

[Principal Procedure]

[Additional Procedure]

{Length of Stay}

Data Source

HMDC (Inpatient Separations).

Guide for use

[Patient Type], [Care Type] and [Principal Diagnosis] are used to exclude boarders, organ procurements, and funding (duplicate) cases.

[Funding Source] is used to exclude ambulatory care, private patients in the CHEs (JHC and SJOG Midland Public Hospital).

[Principal Procedure] and [Additional Procedure] codes and {Length of Stay} are used to exclude separations with a {Length of Stay} of one day and where ECT and TMS procedures are performed.

Disaggregation data elements:

Data Element/Data Set

[Establishment Code]

Data Source

See Numerator and/or Denominator.

Guide for use

Nil.

Comments:

A change in data collection and reporting practices for contracted care activity, implemented from 1 July 2021, removes the requirement for public hospital funding sites to report an admission where the patient has not physically been admitted to the funding site. These changes also result in a single admission being reported where patient care is split between the funding hospital and contracted service.

These changes impact only a very small proportion of cases and any impacts are expected to be very small or negligible.

International literature identifies the concept of one month as an appropriate defined time period for the measurement of readmissions following separation from an acute inpatient mental health service. Based on this a timeframe of 28 days for this indicator has been set and endorsed by the AHMAC Mental Health Information Strategy Standing Committee (as of 24 March 2011).

This KPI is reliant on the use of a unique patient identifier to calculate readmissions across different hospitals. The unique patient identifier uses the Unique Identifier produced by Data Engineering within the WA Department of Health.

This KPI aligns with the Fourth National Mental Health Plan Measurement Strategy indicator 'Readmission to hospital within 28 days of discharge', which the Mental Health Commission also reports in its Annual Report.

This KPI is calculated using the same methodology as published in *Key Performance Indicators for Australian Public Mental Health Services (2024)* (<https://meteor.aihw.gov.au/content/783639>) and data reported in the *Mental health services in Australia* (last updated 29 May 2024).

This KPI is reported by calendar year to allow for the lag associated with clinical coding of medical records.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Separations
<i>Format:</i>	NN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

HMDC (Inpatient Separations).

Data provider

System Analytics Branch, Reporting, Analytics, Modelling and Analytics, ISPD, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

The indicator is an underestimate of all possible unplanned/unexpected readmissions because:

- The HMDC is based on clinically coded data, which may remain incomplete for lengthy periods if HSPs do not comply with required submission and edit timeframes.
- The identification of readmissions to any hospital uses the unique patient identifier generated by Data Engineering within the Department of Health available within the HMDC. Generation of the unique patient identifier uses probabilistic matching of patient information sourced from multiple datasets held within Data Engineering. The linking process requires further delay to the time when the data become available for analysis.

Accountability attributes

Benchmark:

Target: $\leq 12\%$

Sourced from: The target is based on national best practice recommendations proposed by the Mental Health Information Strategy Subcommittee, AHMAC, Mental Health Standing Committee and published in the Fourth National Mental Health Plan Measurement Strategy (May 2011). See [Fourth National Mental Health Plan](#) for further information.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Diagnosis codes are not referenced in the calculation, so it cannot be guaranteed that the two admissions (occurring

within 28 days) are for the same or clinically related mental health conditions.

Data limitations mean planned and unplanned readmissions cannot be differentiated.

Only separations from designated acute specialised mental health units are reported for this KPI (i.e., patients admitted to an acute designated unit and subsequently transferred to a general ward and discharged from that general ward are not included).

This indicator does not track readmissions across state and territory boundaries and only tracks movement to and from publicly funded hospital services (this includes CHEs).

Source and reference attributes

Reference documents:

Report on Government Services (RoGS) 2024

Part E Health, Chapter 13 Services for mental health, Indicator – ‘Readmissions to hospital within 28 days of discharge’

<https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/services-for-mental-health>

KPIs for Australian Public Mental Health Services – PI 02J – Mental health readmissions to hospital, 2024

<https://meteor.aihw.gov.au/content/783639>

KPIs for Australian Public Mental Health Services: PI 02 – Mental health readmissions to hospital, 2021 (Service level)

<https://meteor.aihw.gov.au/content/742460>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	7 Day Community Mental Health Follow-up. Rate of post-discharge community care.
<i>Catalogue identifier:</i>	0008
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Percentage of separations from acute public mental health inpatient services where post-discharge follow-up is provided within 7 days.
<i>Rationale:</i>	<p>In 2022, one in four (6.6 million) Australians reported having a mental or behavioural condition²⁷. Therefore, it is crucial to ensure effective and appropriate care is provided not only in a hospital setting but also in the community.</p> <p>Discharge from hospital is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have increased vulnerability and, without adequate follow up, may relapse or be readmitted.</p> <p>The standard underlying the measure is that continuity of care requires prompt community follow-up in the period following discharge from hospital. A responsive community support system for persons who have experienced a psychiatric episode requiring hospitalisation is essential to maintain their clinical and functional stability and to minimise the need for hospital readmissions. Patients leaving hospital after a psychiatric admission with a formal discharge plan that includes links with public community based services and support are less likely to need avoidable hospital readmissions.</p>
<i>Indicator set:</i>	Annual Reports 2025-26.
<i>Frequency:</i>	Annual, by calendar year.
<i>Outcome area:</i>	<p>Annual Reports 2025-26</p> <ul style="list-style-type: none"> • Outcome 1: Public hospital-based services that enable effective treatment and restorative healthcare for Western Australians • Effectiveness.

²⁷ [National Health Survey, 2022](#)

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator], multiplied by 100 (expressed as a percentage).

General notes

An acute mental health inpatient service is defined as a service that provides voluntary and involuntary short-term inpatient management and treatment during an acute phase of mental illness, until the person has recovered enough to be treated effectively and safely in the community.

A community mental health service contact²⁸ is the provision of a clinically significant service by a specialised mental health service provider(s) for patients (and/or their associates), excluding service contacts delivered to patients while they are admitted to a psychiatric hospital or a designated psychiatric unit in acute care hospitals and those who are resident in 24 hour staffed specialised residential mental health services. The nature of the service contact would normally warrant a dated entry in the clinical record of the patient.

Reported at the facility (hospital) from which the patient was discharged.

Only acute mental health wards at WA public hospitals (including public patients admitted to CHEs) are included. Some specific units are excluded if they primarily provide non-acute inpatient mental health services.

Inclusions

All separations from public acute psychiatric inpatient services, irrespective of diagnosis.

Hospital in the Home – Mental Health are considered specialised acute mental health inpatient services and separations from these services are included in the denominator.

All triage service events.

Community service contacts recorded in the seven days immediately following separation where the patient and/or associate is present at the time of contact.

All WA public acute designated mental health inpatient services (as listed below):

²⁸ <https://www.health.wa.gov.au/-/media/Corp/Policy-Frameworks/Information-Management/Patient-Activity-Data/Supporting/Community-Mental-Health-Patient-Activity-Data-Business-Rules.pdf>

Facility	Hospital
North Metropolitan Health Service	
Graylands Adult Mental Health Services	Graylands Hospital
Selby Older Adult Mental Health Service	Selby Authorised Lodge
Joondalup Mental Health Unit (excluding the MHEDA unit)	Joondalup Health Campus
Sir Charles Gairdner Hospital Adult Mental Health Services	Sir Charles Gairdner Hospital
King Edward Memorial Hospital Mother Baby Inpatient Unit	King Edward Memorial Hospital
Osborne Park Lodge	Osborne Park Hospital
The Frankland/State Forensic Mental Health Services	State Forensic Mental Health Service
South Metropolitan Health Service	
Fiona Stanley Hospital Mental Health Inpatient	Fiona Stanley Hospital
Alma Street Centre	Fremantle Hospital
Alma Street Older Adult Mental Health Services	Fremantle Hospital
Mimidi Park Mental Health Unit	Rockingham General Hospital
Child and Adolescent Health Service	
PCH Ward 5A Inpatients	Perth Children's Hospital
East Metropolitan Health Service	
Armadale Mental Health Service	Armadale/Kelmscott Memorial Hospital and Health Service
Bentley Mental Health Service	Bentley Hospital and Health Service
Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre)	Transitional Care Unit
Royal Perth Mental Health Service	Royal Perth Hospital
St John of God Midland Public Hospital Mental Health Services	St John of God Midland Public Hospital
WA Country Health Service	
Albany Mental Health Unit	Albany Hospital
Mabu Liyan Mental Health Unit (Broome Acute Psychiatric Unit)	Broome Hospital
Bunbury Acute Psychiatric Unit	Bunbury Hospital
Kalgoorlie Hospital Mental Health Inpatient Unit	Kalgoorlie Regional Hospital

Exclusions

Numerator

- Mental health service contacts on the day of separation;
- Contacts where neither a client nor their associate participated; or
- The community mental health service event is not deemed as a 'service contact' (refer to the Community Mental Health Service Contact definition in General Notes).

Denominator

The following separations are excluded when calculating the denominator:

- A [Care Type] of:
 - Newborn (26) with a principal diagnosis code of Z38.
 - Organ procurement (27).
 - Boarders (28).
- A [Patient Type] of:
 - Boarder (3).
 - Contracted Care (5)²⁹.
 - Organ procurement (7).
- Same-day separations ([Admission Date] = [Separation Date]).
- Separations where the {length of stay} is equal to one day and a [Principal Procedure] or [Additional Procedure] code for Transcranial Magnetic Stimulation (96252-00, 96253-00, 96254-00) is recorded.
- Separations where the length of stay is equal to one day and a [Principal Procedure] or [Additional Procedure] code for Electro-convulsive Therapy (Procedure Block = 1907) is recorded.
- A mode of separation of:
 - separations that end by transfer to an(other) acute (1 or 10) or psychiatric hospital (3 or 30).
 - statistical and change of care type separations³⁰ (5 or 50).
- separations that end in death (8 or 80).
- Separations where the patient is discharged to residential mental health services:
 - Hampton House (22).

²⁹ Except where Contract Type = (A)B. Contract Type (A)B reflects a situation where Hospital A contracts Hospital B to provide a whole episode of care and the patient does not attend Hospital A for any part of the episode of care. For more information please see the Admitted Patient Activity Data Business Rules: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

³⁰ Statistical discharges break a single hospital stay into multiple parts. Includes within hospital transfers or changes of care type, program classification (e.g. from acute unit to non-acute unit).

- Ngulla Mia Hostel (2600).
- St Bartholomew's House (4094, 4038, 4034).
- Richmond Wellbeing (5007).
- MIND Australia (5575).
- Life Without Barriers (2601).
- Vinnies MHS (2368, 2370, 2372, 4023).
- Neami National (5633, 5008, 5009).
- Devenish Lodge (874).
- Honey Brook Lodge (161).
- Salisbury Home (519).
- Casson House (508).
- Romily House (517).
- St Jude's Hostel (315).
- BP Luxury Care (2603).
- Burswood Care (4221).
- Southern Cross Care (4077, 4061).
- Amana Living (189).
- Separations from non-acute wards in psychiatric inpatient units:
 - John Milne Centre (JMC ward) (Bentley Hospital).
 - Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre) Rehabilitation ward (TCUR).
 - PLFO1, HUFO and FRAC1 wards (State Forensic Mental Health Service).
 - Casson, Ellis and Murchison wards (Graylands Hospital).

Note: Standard exclusions changed for separations in 2021-22 due to changes in reporting requirements. From 1 July 2021, separations where Patient Type = 0 are no longer excluded, but separations where Patient Type = 5 (Contracted Service) are excluded in some circumstances.

Note that separations prior to 1 July 2021 still apply the previous standard exclusion method; that is, data is excluded where Patient Type = 0 and not excluded when Patient Type = 5.

Computation:

(Numerator / Denominator) x 100

Numerator:

Number of in-scope overnight public separations from designated acute mental health inpatient services within the reference period for which a community ambulatory service contact, in which the patient and/or associate participated, was recorded in the seven days immediately following that separation.

Numerator data elements:

Data Element/Data Set

[Service contact flag]

[Service event item code]

[Service contact start date and time]

[Service event category]

[Client present at contact]
 [Associate present at contact]
 [Data Linkage Unique Patient Identifier]
 [Unit Medical Record Number]

Data Source

Mental Health Information Data Collection (MIND)
 (Ambulatory mental health service contacts)

Guide for Use

Nil.

Denominator:

Number of in-scope overnight public separations for designated acute mental health inpatient services occurring within the reference period.

Denominator data elements:

Data Element/Data Set

[Establishment Code]
 [Ward Code]
 [Discharged To]
 [Admission Date]
 [Separation Date]
 {Length of Stay}
 [Mode of Separation]
 [Principal procedures]
 [Additional procedure]
 [Data Linkage Unique Patient Identifier]
 [Unit Medical Record Number]
 [Patient Type], [Care Type] and [Primary Diagnosis] are used to exclude boarders, organ procurements, and funding (duplicate) cases.

[Funding Source] is used to exclude ambulatory care, private patients in the CHEs (JHC and SJOG Midland Public Hospital).

[Principal and Additional Procedure codes] and {Length of Stay} are used to exclude separations with a length of stay of one day and procedures for Electro-convulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) are performed.

Data Source

HMDC (Inpatient separations)

Guide for Use

There is a lag in the availability of inpatient separations for reporting due to the time taken to clinically code the medical record of a discharged patient. There is also a lag in the data linkage required to uniquely identify the same

patient across the two data collections. For this reason, the indicator is reported by calendar year.

Disaggregation data elements:

Data Element/Data Set

Establishment Code.

Data Source

See Numerator and/or Denominator.

Guide for use

Nil.

Comments:

A change in data collection and reporting practices for contracted care activity, implemented from 1 July 2021, removes the requirement for public hospital funding sites to report an admission where the patient has not physically been admitted to the funding site. These changes also result in a single admission being reported where patient care is split between the funding hospital and contracted service.

These changes impact only a very small proportion of cases and any impacts are expected to be negligible.

This indicator was adopted as a national KPI for Australian public mental health services in 2005, incorporated in the Council of Australian Governments' Action Plan as a 'progress measure' for monitoring outcomes of the Plan and, with some modification to the specifications, continued as an indicator under the 5th National Mental Health and Suicide Prevention Plan.

This indicator is calculated using the same methodology as published in *Key Performance Indicators for Australian Public Mental Health Services (2025)* (<https://meteor.aihw.gov.au/content/784445>) and data reported in the *Mental health services in Australia* (last updated 18 June 2025). As of 2019-20, this definition includes contacts with a patient's carer or support person ('associate') in the numerator calculation.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Episode

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes*Data sources:***Data Source**Numerator

Mental Health Information Data Collection (MIND)
(Ambulatory mental health service contacts)

Denominator

HMDC (Inpatient Separations)

Root LP numbers

WA Data Linkage System

Data providerNumerator

MIND data: System Analytics Branch, Modelling and Analytics, ISPD, Department of Health WA.

Denominator

Hospitalisation data: System Analytics Branch, Modelling and Analytics, ISPD, Department of Health WA.

Root LP numbers

Data Engineering, ISPD, Department of Health WA.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement:

The indicator is likely to be an underestimate of post-discharge care within seven days as it is only based on follow-up provided by public mental health services and relies on the availability of a unique patient identifier across the HMDC (separations data) and MIND (community service contacts data).

Accountability attributes*Benchmark:*

Target: $\geq 75\%$

Sourced from: The target is based on national best practice recommendations proposed by the Mental Health Information Strategy Subcommittee, AHMAC, Mental Health Standing Committee and published in the Fourth National Mental Health Plan Measurement Strategy (May 2011). See [Fourth National Mental Health Plan](#) for further information.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Prior to 2025/26 reporting, triage events included in KPI were hard coded as patient/associate present due to limitations that existed in the source system. Patient/associate present data is now available via webPSOLIS and this hard coding has been removed from the 2025/26 reporting period.

Some public patients discharged from designated mental health inpatient services will not be followed up by a public community team. These patients may leave the State or be treated by a private mental health practitioner or a General Practitioner. As the centralised data collections do not capture the required information in these circumstances, these patients are counted as not receiving contact within 7 days.

Mental health community contacts and acute inpatient separations are sourced from two different data collection systems. Each system has a different unique patient identifier and requires the use of data linkage to allow unique tracking of consumers across all public mental health services in WA. This could result in an underestimate in the proportion of post-discharge contacts identified.

The indicator is reported by calendar year to allow for reporting period, data coding and quality checking.

Follow-up post discharge care occurs after the patient has been discharged from an acute specialised mental health inpatient service. There are occasions when the follow-up care is provided by an inpatient team and this is recorded as a community service contact.

Only separations from designated acute specialised mental health units are reported for this KPI (i.e., patients admitted to an acute designated unit and subsequently transferred to a general ward and discharged from that general ward are not included).

Source and reference attributes*Reference documents:***Report on Government Services (RoGS) 2025**

Part E Chapter 13: Services for mental health, Indicator – ‘Community follow-up after psychiatric admission/hospitalisation’.

<https://www.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health>

National Health Agreement

Indicator PI 25 ‘Rate of community follow up within first seven days of discharge from a psychiatric admission, 2022’

<https://meteor.aihw.gov.au/content/740828>

Post discharge community mental health care, 2025
<https://meteor.aihw.gov.au/content/791457>

5th National Mental Health and Suicide Prevention Plan
<https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/fifth-plan/5th-national-mental-health-and-suicide-prevention>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

7.1.2 Key efficiency indicators within Outcome 1

Average admitted cost per weighted activity unit

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0009
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Measures the costs of delivering admitted patient services using a common unit of activity, termed the estimated Weighted Activity Unit (WAU).
<i>Rationale:</i>	<p>This indicator is a measure of the cost per WAU compared with the State target, as approved by the Department of Treasury and published in the 2025-26 Budget Paper No. , Volume 1.</p> <p>The measure ensures a consistent methodology is applied to calculating and reporting the cost of delivering inpatient activity against the state's funding allocation. As admitted services received nearly half of the overall 2025-26 budget allocation, it is important that efficiency of service delivery is accurately monitored and reported.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1. Public hospital based services that enable effective treatment and restorative healthcare for Western Australians. • Service 1 – Public Hospital Admitted Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

General notes

This indicator includes all ABF-funded inpatient metropolitan and rural hospital activity, including contracted services, excluding:

- Small Country Hospitals,
- Next Step Drug and Alcohol services (East Perth), and

- Nursing posts and other non-hospital establishments.

Estimated Weighted Inpatient Activity is the result of weighting the Total Estimated Unweighted Inpatient Activity using the WA ABF Operating Model. Where data is coded this is done via the Australian Refined Diagnosis Related Group (AR-DRG) for acute activity and via the Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) for sub-acute and non-acute activity, recognising the relevant national and local adjustments. Uncoded data is weighted according to estimated specialty weights via Specialty on Admission.

Total Estimated Unweighted Inpatient Activity is counted from HMDC extracts (coded data) and hospital patient administration system discharge extracts (uncoded data) using the [Patient Type], [Separation Date], [Account Number], and [Establishment Code] fields.

This definition reflects the WA ABF Operating Model weighting mechanism as used in the Service Agreements between the Department and HSPs. The WA ABF Operating Model is essentially the national Independent Health and Aged Care Pricing Authority (IHACPA) model with adjustments to better align to WA service delivery.

Total Estimated Weighted Inpatient activity (separation-based data)

When coded information is unavailable, uncoded data is used to estimate the count via the use of hospital patient administration system discharge extracts. Care is taken to avoid over counting by comparing to the HMDC.

WAUs are influenced by several factors:

- The AR-DRG version 11.0 or AN-SNAP version 5.0 classification,
- Stay type,
- Length of stay.

and several adjustments:

- Paediatric,
- Patient Remoteness,
- Indigenous Status,
- Radiotherapy,
- Dialysis,
- Multidisciplinary clinic adjustment,
- Treatment remoteness,
- COVID-19 treatment,
- ICU,
- Private Patients,
- Hospital Acquired Complications Adjustment,
- Avoidable Hospital Readmissions.

The ICU adjustment is only relevant to specified ICUs or Paediatric ICUs as determined by IHACPA. Currently for WA, these are the ICUs at Armadale, Bunbury, Fiona Stanley, Joondalup, Rockingham, Royal Perth, Sir Charles Gairdner, Perth Children's hospital and SJOG Midland Public Hospital. Further information on the national IHACPA model, its specifications and adjustments can be found at www.ihacpa.gov.au.

Dialysis activity contracted through public hospitals is included.

Under current local definitions for admitted patients, the following patient types are not considered admitted patients – Organ Procurement, Boarders, Residential Aged Care & and Flexible Care Residents. The listed patient types are excluded from the WA ABF Operating model.

Newborn activity (care type 26) without any days of qualified care is also excluded from the WA ABF Operating model as the costs are attributed to the mother's episode of care.

Activity is always counted at the funding hospital regardless of where the activity is contracted to be delivered. Activities being funded outside the Health Service are not included.

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 1:

- 1.1 (Acute inpatient activity)
- 1.2 (Sub-acute inpatient activity)
- 1.3 (Teaching, training and research funding – inpatient)
- 2.1 (Public Private Partnership – Inpatient Activity)
- 2.2 (PPP – Teaching, training and research – inpatient)

Include (for all HSPs except for NMHS):

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 – External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts to offset Total Expenditure.

For NMHS only, include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

The above calculation applies to NMHS due to their individual cost centre structure and treatment of external revenue.

Denominator

All records from HMDC, webPAS, and CHEs* extracts.

*For CHEs only, include only public patients:

Funding Source	HMDC
Australian Health Care Agreements	21
Correctional Facility	29
Reciprocal HealthCare Agreement	30

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

For Metropolitan and Country hospitals – separation based data the following records are excluded from the HMDC extract

- Cases with a record status:
 - D (Deleted),
 - E (Data Entry),
 - I (In Progress),
 - M (Modify),
 - N (New),
 - P (Pending),
 - R (Replaced),
 - V (Removed) or
 - X (Error).
- Exclude duplicate records from within each webPAS, and HMDC extract:

- Duplicate records = [Establishment Code] and [Account Number] are identical within the HMDC and webPAS data sets.
- For webPAS records:
 - Exclude uncoded record where coded (HMDC) record has the same values for the following fields: [Establishment Code] and [Account Number]
 - Exclude uncoded record where the coded record in the HMDC Deleted, Replaced or Removed (DRV) extract* has the same values for the following fields: [Establishment Code] and [Account Number].
 - *The HMDC DRV extract is an extract of coded records with a [Record Status] of D (Deleted), R (Replaced) or V (Removed), where a matching record with a [Record Status] of C (Clean) does not exist in HMDC (records are matched using [Establishment Code] and [Account Number]).
- For HMDC and webPAS records, exclude contracted services where the [Patient Type] or [Patient type] = 'CED' in WebPAS or '5' in HMDC, respectively.
- The following patient subgroup exclusions are identified in the dataset sequentially, using if-then-else criteria, then excluded based on the values attributed to each exclusion within {Ctyp}:

Sub-group excluded:	Source system value		Group to {Ctyp} as:
	webPAS	HMDC	
Boarders			
Care Type / Episode of Care OR	BRD	28	BR
Patient Type	BDR	3	BR
Unqualified Newborns			
Care Type AND	NEW	26	UnqNB
Qualified days of care = 0			
Organ Procurement			
Care Type / Episode of Care	ORG	27	OP

- The following patient subgroup exclusions are identified in the dataset sequentially, using if-then-else criteria, then excluded based on the values attributed to each exclusion within {Ctyp}:

Hospital Name	Establishment Code	Ward
Albany Regional Hospital	201	G
		MH
	203	BANKS

Armadale Kelmscott District Memorial Hospital		KARRI
		MOOJR
		YORGM
		HITHA
		HITHC
Bentley Hospital	255	ECTD
		JMC (or 9)
		6 (or W6)
		6A (or W6A)
		7 (or W7)
		8 (or W8)
		9CP
		9CS
		10A (or W10A)
		10B (or W10B)
		10C (or W10C)
		11 (or W11)
Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre)	400	TCUP
		TCUR
Broome Hospital	206	PSYCH
Bunbury Regional Hospital	208	APU
		PICU
Fiona Stanley Hospital	106	MBU
		MHA
		MHB
		YHITH
Fremantle Hospital	102	W41
		W42
		W51
		W43
		ECT
		MHITH
Graylands Hospital	935	MITH
		PINC
		DORR
		CASS or CASA
		ELLS or
		ELLA
		MURC
		SMIT or
		SMIH
		MONT or
		MONH
MURFO		

		SEGH
Joondalup Health Campus Mental Health Unit	642	JHCLMHU
		JHCPMHU
Kalgoorlie Regional Hospital	226	MHU
King Edward Memorial Hospital	104	MBU
Osborne Park Hospital	239	OL
		OHITH
		PL
Perth Children's Hospital	107	5A
Rockingham General Hospital	277	MHAO
		MHAC
		MHEC
		MHEO
		MITH
Royal Perth Hospital	101	2K
		MHEC
		MHU
Selby Authorised Lodge	158	SELBY, SELB
		SITH
		PICU (closed Oct 2018)
Sir Charles Gairdner Hospital	105	TAN
		KAR
		JUR
		ISD
		MHOA
		YHITH
		MHITH
St John of God Midland Public Hospital	6007	4A
		4B
		4C
St John of God Mount Lawley Hospital	629	UFU
State Forensic Mental Health Service	135	FRAA1
		FRAB1
		FRAC1
		HUFO (closed July 2020)
		MURFO

Computation:

Numerator / Denominator

Numerator:

Total Expenditure for admitted patients in public hospitals and admitted public patients in CHEs.

*Numerator data elements:***Data Element/Data Set**

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Sources

OBM Allocation Application.
 Oracle 11i Financial System.

Guide for use

Nil.

Denominator:

Total weighted activity for admitted patients in public hospitals and admitted public patients in CHEs.

HMDC records:

- **Sum of (Count** of the number of records where [Separation Date] has a value that is within/equal to the reference period (i.e., calendar month).
- **Minus:**
 - Cases with a record status of D, E, I, M, N, P, R, V, X.
 - Cases where [Establishment Code] and [Account Number] are identical within the data set.
 - [Patient Type] = 5.
 - {Ctyp} = BR, OP, FCR, ACR or CES.
 - Cases with Care Type = Newborn and qualified days of care = 0.
- **Multiplied** by the corresponding WAU.

For CHEs , the above only applies where [Funding Source] = (21, 29 or 30)

Further documentation explaining the calculation of a WAU is available under Pricing at <https://www.ihacpa.gov.au>.

WebPAS, and CHEs discharge records:

- **Sum of (Count** of the number of records where [Separation Date] has a value that is within/equal to the reference period (i.e., calendar month).
- **Minus:**
 - webPAS records where [Establishment Code] and [Account Number] = records in HMDC or HMDC DRV extract.
 - Records where [Establishment Code] and [Account Number] are identical within the data sets.
 - [Patient Type] = 5.
 - {Ctyp} = BR, OP, ACR or FCR).

- Cases with Care Type = Newborn and qualified days of care = 0.
- **Multiplied** by the corresponding Specialty Weight.
- And for CHEs , the above only applies where [Funding Source] = (21, 29, or 30).

To calculate a 'Specialty on Admission' weight for an episode, as per the IHACPA model:

- 'Specialty on Admission' weight = $(Ot + MTpd \times NOS) \times (1 + Psych\ Adj) + Ind + Rem + HRem + ICU$.

Where:

- Ot is the one-time weight
- MTpd is the multi-time per diem weight
- NOS is equal to the nights of stay where a same day episode receives a score of 0 (NOS = [Separation Date] minus [Admission Date] minus [Leave days])
- Psych Adj is the Specialist Psych day loading
- Ind is the Indigenous status loading
- Rem is the patient remoteness loading
- HRem is the hospital remoteness loading
- ICU is the ICU loading

Refer to the 'Specialty on Admission' cost weight schedule, produced by Economic Modelling, Information and System Performance, Purchasing and System Performance, WA Department of Health for more information.

Denominator data elements:

Data Element/Data Set

HMDC extracts

[Care Type] (Episode of care)
 [Establishment Code]
 [Ward]
 [Patient Type]
 [Account number]
 [Principal diagnosis]
 [Funding source] (Payment classification)
 [Record status]
 [Admission date]
 [Separation date]

WebPAS, and CHEs discharge records

[Care Type] (Episode of care)
 [Establishment Code]
 [Ward]
 [Patient Type]
 [Account number]
 [Funding source] (Payment classification)
 [Admission date]
 [Separation date]

[Specialty on admission]

Data Sources

HMDC extracts.

WebPAS, and CHEs discharge extracts.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

[Establishment Code]

Data Source

See Numerator and/or Denominator

Guide for use

Nil.

Comments:

A change in data collection and reporting practices for contracted care activity, implemented from 1 July 2021, removes the requirement for public hospital funding sites to report an admission where the patient has not physically been admitted to the funding site. These changes also result in a single admission being reported where patient care is split between the funding hospital and contracted service.

These changes impact only a very small proportion of cases and any impacts are expected to be very small or negligible.

In preparation of the cost per WAU report, it is assumed that Pharmaceutical Benefits Scheme (PBS) costs match PBS revenue, thus PBS revenue figures are used to reduce the Total Expenditure in excluding the PBS costs from the calculation.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources: **Data Sources**

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

HMDC extracts.

WebPAS, CHEs discharge extracts.

Data provider

Numerator

System Business Analytics, Budget Strategy, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

WAUs: Economic Modelling, Information and System Performance, Purchasing and System Performance, WA Department of Health.

HMDC: System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Quality statement:

Admitted data is only partially coded at reporting time.

Accountability attributes

Benchmark:

Target: The state (aggregated) target as approved by the Department of Treasury for Average admitted cost per weighted activity unit is \$8,183.

Sourced from: 2025-26 Budget Paper No. 2, Volume 1, page 313.

Approved by: Director General, WA Department of Health.

Note: The target outlined above is only relevant to annual reporting and GBS. A different benchmark based on HSPs' service agreements is used for the ongoing performance management of HSPs.

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

National ABF Operating Model documentation, available under Pricing at <https://www.ihacpa.gov.au>.

Patient Activity Data Policy, available at <https://ww2.health.wa.gov.au/About-us/Policy->

[frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data.](#)

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average Emergency Department cost per weighted activity unit

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0010
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Measures the costs of delivering Emergency Department (ED) services against a common unit of activity, termed the Weighted Activity Unit (WAU).
<i>Rationale:</i>	<p>This indicator is a measure of the cost per WAU compared with the State target as approved by the Department of Treasury, which is published in the 2025-26 Budget Paper No. 2, Volume 1.</p> <p>The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering ED activity against the state's funding allocation. With the increasing demand on EDs and health services, it is important that ED service provision is monitored to ensure the efficient delivery of safe and high-quality care.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1. Public hospital based services that enable effective treatment and restorative healthcare for Western Australians. • Service 2: Public Hospital Emergency Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

General notes

This indicator includes all public hospitals with an Emergency Department (ED)/service and public activity at CHEs (i.e., JHC and SJOG Midland Hospital), excluding:

- Small Country Hospitals
- Nursing posts and other non-hospital establishments
- WA Virtual Emergency Department activity

Weighted ED Attendances are the product of the {WA Emergency Department Attendances} and the

corresponding WAU cost weights. Cost weighting is by Australian Emergency Care Classification V1.1 or Urgency Disposition Groups (UDG) version 1.3 classification and adjusted according to Indigenous status, patient remoteness, and hospital remoteness.

ED Attendances are counted from event records in the EDDC using {Presentation date and time}. {Presentation date and time} is the earlier of [Arrival date and time] and [triage date and time]. {Presentation date and time} is used to ensure that the attendance is within the desired reference period, for example, some patients may arrive before midnight and be triaged after midnight. Recording the earlier of the fields ensures the correct date and time is referenced.

An attendance at the ED is recorded when a patient is registered in any manner in one of the electronic data collection systems, that is, includes those cases that may not have been completely clerically registered or triaged. {Presentation date and time} indicates the commencement of an ED attendance. This data element encompasses all ED events regardless of whether treatment was subsequently provided in the ED, or the individual was registered for care.

'Registered for care' is determined by the allocation of an UMRN or client identifier.

For all metropolitan hospitals and large country hospitals, AECCs are used to group ED attendances. AECCs group ED attendances according to episode end status (disposition), triage category, age, transfer mode and diagnosis. Each AECC end class has a corresponding price weight WAU.

For WACHS sites (excluding Bunbury) and SJOG Midland, WA's ED model allows for records to be grouped to UDG where insufficient information is available to group to AECC (i.e. diagnosis information unavailable). The UDG groups attendances based on the patient's triage category and whether they were admitted to the hospital they attended.

AECC and UDG grouper software are produced by the Independent Health and Aged Care Pricing Authority (IHACPA).

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 2:

- 3.1 (Emergency Department Activity)

- 3.2 (Teaching, Training and Research – Emergency Department)
- 4.1 (Public, Private Partnership – Emergency Department Activity)
- 4.2 (PPP – Teaching, Training and Research – Emergency Department).

Include (for all HSPs except for NMHS):

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

For NMHS only, include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

The above calculation applies to NMHS due to their individual cost centre structure and treatment of external revenue.

Denominator

Cases are included where:

- the triage has or has not been recorded;
- the clerical registration is incomplete, that is, no UMRN allocated; and where
- patients are 'Dead on arrival', 'Did Not Wait', 'Inpatient', 'Referred at Triage to other Health Care Service' and who are direct admissions (noting inpatients and direct admissions are excluded for EDIS sites).

For SJOG Midland and all WACHS sites (excluding Bunbury) cases are included where the AECC is E990xZ, where x corresponds to 1,2,3 or 4.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses

- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

Exclude duplicate records within the EDDC extract:

- Duplicate records = [Establishment Code], [Account Number], [UMRN], [Date of Birth] and [Arrival Date and Time] are identical within the EDDC extract.

For SJOG Midland only, the following patients are excluded:

- Patients who Did Not Wait; and
- Patients with a funding source of:
 - Private Health Insurance (22);
 - Self-Funded (23);
 - Workers Compensation (24);
 - Motor Vehicle Third Part Insurance (25);
 - Other Compensation (26);
 - Ineligible (31);
 - Other (32); and
 - Ambulatory Surgery Initiative (33).

For Bunbury Hospital and Metropolitan sites, excluding SJOG Midland, only: Exclude records where AECC is E990xZ, where x corresponds to 1,2,3 or 4.

Computation:

Numerator / Denominator

Numerator:

Total Expenditure for ED patients in public hospitals and public patients in CHEs.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Sources

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Nil.

Denominator:

Total weighted activity for ED patients in public hospitals and public patients in CHEs.

{Weighted ED Attendances}

Count of the number of records where {Presentation date and time} has a value that is within/equal to the start and end date for the reference period (i.e., calendar month) minus records where [Establishment Code], [Account Number], [UMRN], [Date of Birth] and [Arrival Date and Time] are identical within the EDDC extract, minus records at SJOG Midland with a departure status of Did Not Wait, minus records at Bunbury Hospital or Metropolitan hospitals (excluding SJOG Midland) with an AECC of E990xZ where x has values 1,2,3 or 4. The corresponding WAU for each record is totalled.

Both the AECC and UDG grouper group attendances by Episode End Status (also known as disposal code or disposition code) and Triage Category.

Group [Episode end status/Disposal Code] for the AECC and UDG groupers to new field [EpiEndStat]:

[Episode End Status/Disposal Code]	EDDC Value	Group to [EpiEndStat]
Admitted to ward	1	1 (Admitted)
Admitted to ED Short Stay Unit	10	
Admitted to Hospital in the Home	11	
Returned to HITH	14	
ED service event completed; departed under own care	2	2 (Discharged)
Nursing Home	13	
Admitted Reversal	20	
Transferred to another hospital for admission	3	3 (Transferred)
Did not wait to be attended by medical officer	4	4 (Did not wait)
Left at own risk	5	5 (Left at own risk)
Died in ED	6	6 (Died in ED)
Dead on arrival, not treated in ED	7	7 (DOA)
Referred at Triage to other Health Care Service	8	9 (Other)
Unknown	9	

Group [Triage Category] for AECC and UDG grouper to new field [Triage]:

[Triage Category]	EDDC code	Group to [Triage]
Resuscitation	1	1
Emergency	2	2
Urgent	3	3
Semi-urgent	4	4
Non-urgent	5	5
Dead on arrival	6	9 (other)
Direct Admission	7	
Inpatient	8	
Not stated	9	

AECC WAUs

For records from hospitals with valid [Triage], [EpiEndStat], [Age], [Transfer mode] and [Diagnosis] (metro) or [Major Diagnostic Category] (country):

- Apply AECC grouper using [Triage], [EpiEndStat], [Age], [Transfer mode] and [Diagnosis] (metro) or [Major Diagnostic Category] (country).
- AECC grouper and documentation is available from <https://www.ihacpa.gov.au>.

UDG WAUs

- For records from public hospitals (including public patients at CHEs) with a missing or invalid [Diagnosis] (metro) or [Major Diagnostic Category] (country):
- Apply UDG grouper using [Triage] and [EpiEndStat].
- UDG grouper and documentation is available from <https://www.ihacpa.gov.au>.

Denominator data elements:

Data Element/Data Set

[Establishment code]
 {Presentation date and time}
 [Arrival date and time]
 [UMRN]
 [Account number]
 [Date of Birth]
 [Arrival Datetime]
 [Triage Category]
 [Triage]
 [EpiEndStat]
 [Diagnosis]
 [Age]
 [Transfer mode]
 [Major Diagnostic Category]

Data Source

EDDC.

Guide for use

Nil.

*Disaggregation data elements:***Data Element/Data Set**

[Establishment Code]

Data Source

EDDC.

Guide for use

Nil.

Comments:

In preparation of the cost per WAU report, it is assumed that PBS costs match PBS revenue, thus PBS revenue figures are used to reduce the Total Expenditure in excluding the PBS costs from the calculation.

Representational attributes*Representation class:* Mean (average)*Data type:* Monetary amount*Unit of measure:* Currency*Format:* \$N,NNN**Indicator conceptual framework***Framework and dimensions:* 2025-26 Outcome Based Management Framework.**Data source attributes***Data sources:***Data Source**Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

EDDC

Data providerNumerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

WAUs: Economic Modelling, Information and System Performance, Purchasing and System Performance, WA Department of Health

EDDC: System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Quality statement: Emergency department data is complete every month.

Accountability attributes

Benchmark: Target: The state (aggregated) target as approved by the Department of Treasury for Average Emergency Department cost per weighted activity unit is \$8,094.

Source from: 2025-26 Budget Paper No. 2, Volume 1, page 314.

This target applies to each of the noted reporting entities for this KPI.

Approved by: Director General, WA Department of Health.

Note: The target outlined above is only relevant to annual reporting and GBS. A different benchmark based on HSPs' service agreements is used for the ongoing performance management of HSPs.

Methodology: Nil.

Further data development/ collection required: Please note that work is currently underway to reduce the number of ED attendances that do not have a valid diagnosis code.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: **National ABF Operating Model documentation, available under Classifications**
<https://www.ihacpa.gov.au>

Patient Activity Data Policy:
<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average non-admitted cost per weighted activity unit

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0011
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Measures the costs of delivering non-admitted patient services against a common unit of activity, termed the Weighted Activity Unit (WAU).
<i>Rationale:</i>	<p>This indicator is a measure of the cost per WAU compared with the State (aggregated) target, as approved by the Department of Treasury, which is published in the 2025-26 Budget Paper No. 2, Volume 1.</p> <p>The measure ensures that a consistent methodology is applied to calculating and reporting the cost of delivering non-admitted activity against the state's funding allocation. Non-admitted services play a pivotal role within the spectrum of care provided to the WA public. Therefore, it is important that non-admitted service provision is monitored to ensure the efficient delivery of safe and high-quality care.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1. Public hospital based services that enable effective treatment and restorative healthcare for Western Australians. • Service 3 – Public Hospital Non-Admitted Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

General notes

Non-admitted patients are those who receive non-emergency care from a health service but who do not undergo a formal admission process.

Specialist mental health care and community health services are out of scope for this KPI.

Outpatient Clinic Services

The term 'clinic' describes various arrangements under which a Hospital delivers specialist services to non-admitted non-emergency department patients.

These services are provided through specific organisational units staffed to administer and provide a certain range of care in defined locations, at regular or irregular times and where one or more specialist providers deliver care to booked patients.

Generally, in such clinics, a booking system is administered, and patient care records are maintained to document patient attendances and care provided.

Note that genetics activity at PCH is mapped to KEMH as the activity reflects services provided by Genetic Services of Western Australia (KEMH).

Non-Admitted Patient Service Event

A non-admitted patient service event is an interaction between one or more healthcare provider(s) and one non-admitted patient, which must have therapeutic/clinical content and result in a dated entry in the patient's medical record.

Special case exceptions are home self-care (when no clinician is present) and multidisciplinary case conferences (when no patient is present) which are valid service events.

Outpatient services provided to admitted patients

An outpatient service delivered to an admitted patient is still to be recorded however will be excluded from Non-Admitted Patient Service Event reporting, even where the outpatient activity is not related to the reason for admission.

This outpatient service delivered to an admitted patient is funded as part of the admitted patient episode.

Weighting Methodology

To calculate {Weighted Non-Admitted Patient Service Events}, unweighted non-admitted patient service events are multiplied by their corresponding WAUs. WAUs are applied to each service event based on the Tier 2 clinic type and adjustments relating to, for example, Indigenous status, and whether the clinic is multidisciplinary, patient remoteness, the hospital remoteness level and whether the patient was treated at a paediatric hospital.

The definitions of the Tier 2 clinic categories (Non-Admitted Services Classification) are available from

<https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-version-91-2025-26>

This indicator includes all public ABF-funded non-admitted activity purchased from HSPs, as per their Service Agreements. It does not include:

- Small Country Hospitals (no activity targets)
- Nursing posts and other non-hospital establishments.
- Non-admitted activity undertaken by CHEs under contractual arrangements directly with the WA Department of Health.

Non-admitted activity at Kwinana Community Health Centre is reported under Rockingham General Hospital.

Non-admitted activity at the Oral Health Centre of Western Australia is reported under Sir Charles Gairdner Hospital.

Non-admitted activity undertaken by the Hall and Prior Aged Care Organisation is reported under Albany Hospital.

Inclusions

Numerator

- From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 3:
 - 5.1 (Non-admitted activity)
 - 5.2 (Teaching, Training and Research – Non-admitted)
 - 6.1 (Public, Private Partnership – Non-admitted Activity)
 - 6.2 (PPP – Teaching, Training and Research – Non-admitted Activity).

Include (for all HSPs except for NMHS):

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts to offset Total Expenditure.

For NMHS only, include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

The above calculation applies to NMHS due to their individual cost centre structure and treatment of external revenue.

Denominator

{Unweighted Non-Admitted Patient Service Events} for the following Non Admitted Data Collection (NADC) inclusions:

Field and value names	NADC
Appointment date	
Not missing	(DDMMYYYY)
Not invalid	
Appointment mental health flag*	
Not specialist mental health	N
Appointment attendance code*	
Attended	ATT
Multidisciplinary case conference	MCC
Appointment client type code	
Outpatient	OP
Appointment session type code*	
Individual	IND
Group session	GRP
Multidisciplinary case conference	MCC
Appointment payment classification code	
<i>For Health Service Providers</i>	
ALL Appointment payment classification codes are included.	
<i>For Contracted Health Entities</i>	
Australian Health Care Agreements	AHA
Reciprocal Health Care Agreements	REC
Clinic NMDS Tier 1 Code	
National codes	01 to 24
Clinic Tier 2 Classification Code	
Not missing	(NN.NN)
Not invalid (as per the IHACPA Tier 2 Non-Admitted Services Definitions Manual)	

Note: The derived fields listed above within the NADC are indicated by an asterisk. That is, the fields are mapped and/or calculated from the source system data (e.g. webPAS) and are not available directly from the source systems.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses

- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

{Unweighted Non-Admitted Patient Service Events} for the following NADC exclusions:

Field and value names	NADC
Appointment date	
Missing	(DDMMYYYY)
Invalid	
Appointment mental health indicator*	
Specialist mental health	Y
Appointment attendance code*	
Did not attend	DNA
Did not wait	DNW
Non-client event	NCE
Not specified	NSP
Unknown	UNK
Appointment client type code	
Inpatient	IP
Continuing Care	CC
Primary Health	PH
External/Community	EX
Emergency	ED
Not specified	NS
Unknown	UN
Appointment session type code*	
Non client event	NCE
Not specified	NSP
Unknown	UNK
Appointment payment classification code	
<i>For Health Service Providers</i>	
NO Appointment payment classification codes are excluded.	
<i>For Contracted Health Entities</i>	
NOT Australian Health Care Agreements (AHA)	
NOT Reciprocal Health Care Agreements (REC)	
Clinic NMDS Tier 1 Code	
Not National codes	0, >24

Clinic Tier 2 Classification Code
Missing
Invalid (as per the IHACPA Tier 2 Non-Admitted Services Definitions Manual)

Note: The fields listed above with an asterisk are derived fields within the NADC. That is, the fields are mapped and/or calculated from the source system data (e.g. webPAS) and are not available directly from the source systems.

{Unweighted Non-Admitted Patient Service Events} for the following [Clinic Tier 2 Classification] exclusions where the [Clinic Tier 2 Classification] (see Tier 2 classification information at <https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-version-91-2025-26>) are equal to:

General Practice and Primary care	20.06
Psychiatry	20.45
Psychogeriatric	20.50 40.37
Aged Care Assessment	40.02
Primary healthcare	40.08
Family Planning	40.27
General Counselling	40.33
Specialist Mental Health	40.34
General Imaging	30.01
Medical Resonance Imaging (MRI)	30.02
Computerised Tomography (CT)	30.03
Nuclear Medicine	30.04
Pathology (Microbiology, Haematology, Biochemistry)	30.05
Positron Emission Tomography (PET)	30.06
Mammography Screening	30.07
Clinical Measurement	30.08
COVID-19 Response (Diagnostics)	30.09
COVID-19 Response	20.57 40.63
COVID-19 Vaccination	10.21

Specialist mental health activity captured in the NADC from any feeder system is excluded from the count. This activity is to be reported to Mental Health Data Collections through Psychiatric Services On Line Information System (PSOLIS).

Computation:

Numerator / Denominator

<i>Numerator:</i>	Total expenditure for all non-admitted patient services in public hospitals and all non-admitted services provided to public patients by CHEs.
<i>Numerator data elements:</i>	<p>Data Element/Data Set</p> <p>[OBM Program Code] [Cost Centre L5 name] [Cost Centre Posting Code] [Account L2 code] {YTD amount}</p> <p>Data Sources</p> <p>OBM Allocation Application. Oracle 11i Financial System.</p> <p>Guide for use</p> <p>Nil.</p>
<i>Denominator:</i>	<p>Total non-admitted weighted activity for all patients in public hospitals and all public patients receiving non-admitted services from CHEs.</p> <p>{Unweighted Non-Admitted Patient Service events} = Count of records in NADC where:</p> <ul style="list-style-type: none"> • [Appointment date] has a value that is within/equal to the start and end date for the reference period (e.g., calendar month), and • [Appointment mental health flag]* = N, and • [Clinic Tier 2 Classification Code] not = 20.06, 20.45, 20.50, 40.02, 40.08, 40.27, 40.33, 40.34, 40.37, 30.01, 30.02, 30.03, 30.04, 30.05, 30.06, 30.07, 30.08, 30.09, 20.57, 40.63 or 10.21 and • [Appointment attendance code]* = ATT or MCC, and • [Appointment session type code]* = IND or GRP or MCC, and • [Appointment client type code] = OP, and • [Clinic NMDS Tier 1 Code] in (1 to 24), and • [Appointment payment classification code] = all codes for HSPs and AHA or REC for CHEs, and • {Weighted Non-Admitted Patient Service Events} = Apply the applicable WAU using the [NHCCDC Tier 2 clinic type]. Refer to the documentation available at https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-version-91-2025-26.
<i>Denominator data elements:</i>	<p>Data Element/Data Set</p> <p>[Establishment code] [Feeder system code]* [Appointment date] [Appointment attendance code]*</p>

[Appointment client type code]
 [Appointment session type code]*
 [Appointment payment classification code]
 [Appointment mental health flag]*
 [Clinic NMDS Tier 1 Code]
 [Clinic Tier 2 Classification Code]

Data Source

NADC.

Guide for use

Nil.

*Disaggregation data elements:***Data Element/Data Set**

Nil.

Data Source

Nil.

Guide for use

Nil.

Comments:

In preparation of the cost per WAU report, it is assumed that PBS costs match PBS revenue, thus PBS revenue figures are used to reduce the Total Expenditure in excluding the PBS costs from the calculation.

Representational attributes

Representation class: Mean (average)
Data type: Monetary amount
Unit of measure: Currency
Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes*Data sources:***Data Source**Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

NADC

Data providerNumerator

System Business Analytics, Budget Strategy, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

WAUs: Economic Modelling, Information & System Performance, Purchasing and System Performance, WA Department of Health.

NADC: System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Quality statement:

The NADC is undergoing continued development. Data are subject to change as a result of improvements in the consistency and completeness of activity recording.

Accountability attributes

Benchmark:

Target: The state (aggregated) target as approved by the Department of Treasury for average non-admitted cost per weighted activity unit is \$8,328.

Sourced from: 2025-26 Budget Paper No. 2 Volume 1, page 314.

Approved by: Director General, WA Department of Health.

Note: The above target is only relevant to annual reporting and GBS. A different benchmark based on HSPs' service agreements is used for the ongoing performance management of HSPs. Note that particular financial products included in this KPI to acquit the total appropriation of health funding are not included in the calculation of service agreement funding for hospital based services.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Patient Activity Data Policy available at <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Collection/Patient-Activity-Data>

Tier 2 Non-Admitted Services Definitions Manual 2025-26, available at <https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-version-91-2025-26>

National ABF Operating Model documentation,
available at <https://www.ihacpa.gov.au>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per bed-day in specialised mental health inpatient services

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0012
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Average cost per bed-day in specialised mental health inpatient services.
<i>Rationale:</i>	Specialised mental health inpatient services provide patient care in authorised hospitals. To ensure quality of care and cost-effectiveness, it is important to monitor the unit cost of admitted patient care in specialised mental health inpatient services. The efficient use of hospital resources can help minimise the overall costs of providing mental health care and enable the reallocation of funds to appropriate alternative non-admitted care.
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1. Public hospital based services that enable effective treatment and restorative healthcare for Western Australians. • Service 4 - Mental Health Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 4:

- 7.1 (Acute Inpatient - Mental Health)
- 7.2 (Sub-acute Inpatient - Mental Health)
- 7.3 (Teaching, Training and Research – Mental Health Inpatient)
- 8.1 (Public, Private Partnership - Inpatient Mental Health)

- 8.2 (PPP – Teaching, Training and Research – Inpatient Mental Health).

Include (for all HSPs except for NMHS):

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses.
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of External Revenue acts as an offset against Total Expenditure.

For NMHS only, include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

The above calculation applies to NMHS due to their individual cost centre structure and treatment of external revenue.

Denominator

Total bed days (occupied beds as at midnight census) of patients in all designated mental health facilities (as listed below).

BedState does not report beds being occupied if patients are on leave from hospital at the time of the census (midnight). Figures include Hospital in the Home – Mental Health.

Facility	Hospital
North Metropolitan Health Service	
Graylands Adult Mental Health Services	Graylands Hospital
Selby Older Adult Mental Health Service	Graylands Hospital
Joondalup Mental Health Unit (excluding the MHEDA unit)	Joondalup Health Campus
Sir Charles Gairdner Hospital Mental Health Unit	Sir Charles Gairdner Hospital Mental Health Service
	Sir Charles Gairdner Hospital
King Edward Memorial Hospital Mother Baby Inpatient Unit	King Edward Memorial Hospital
Osborne Park Lodge	Osborne Park Hospital

The Frankland/State Forensic Mental Health Services	State Forensic Mental Health Service
South Metropolitan Health Service	
Fiona Stanley Hospital Mental Health Inpatient	Fiona Stanley Hospital
Alma Street Centre	Fremantle Hospital
Alma Street Older Adult Mental Health Services	Fremantle Hospital
Mimidi Park Mental Health Unit	Rockingham General Hospital
East Metropolitan Health Service	
Armadale Mental Health Service	Armadale/Kelmscott Memorial Hospital and Health Service
Bentley Mental Health Services	Bentley Hospital and Health Service
East Metropolitan Youth Unit	Bentley Hospital and Health Service
Royal Perth Bentley Group Transitional Care Centre (Bidi Wungen Kaat Centre)	Transitional Care Unit
Royal Perth Mental Health Service	Royal Perth Hospital
St John of God Midland Public Hospital Mental Health Services	St John of God Midland Public Hospital
CAHS	
PCH Ward 5A Inpatients	Perth Children's Hospital
WACHS	
Albany Mental Health Unit	Albany Hospital
Mabu Liyan Mental Health Unit (Broome Acute Psychiatric Unit)	Broome Hospital
Bunbury Acute Psychiatric Unit	Bunbury Hospital
Kalgoorlie Hospital Mental Health Inpatient Unit	Kalgoorlie Regional Hospital

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;

- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation: Numerator / Denominator

Numerator: Total expenditure for the specialised mental health units.

Numerator data elements: **Data Element/Data Set**
 [OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source
 OBM Allocation Application.
 Oracle 11i Financial System.

Guide for use
 Nil.

Denominator: Total occupied bed days of patients in specialised mental health units.

Denominator data elements: **Data Element/Data Set**
 [Hospital Code]
 [Ward Code]
 [Total Beds Occupied]
 [Census Date]

Data Source
 BedState.

Guide for use
 Includes occupied beds (as at midnight census) in all specialised mental health inpatient services (including non-authorized mental health services and Hospital in the Home – Mental Health).

Disaggregation data elements: **Data Element/Data Set**
 [Establishment Code]

Data Source

OBM Allocation Application.
 Oracle 11i Financial System.
 BedState.

Guide for use

Nil.

Comments:

Explanatory information for JHC contract:

- Payments are invoiced on the actual volume (in particular units - Weighted separations, Occasions of Service and Bed days), multiplied by the price for each type of unit under the contract.
- The activity is paid in arrears on the actual volume provided.
- As such, end of year accruals are required for the activity provided in June, or months prior to June, that are not yet invoiced for that year, as this is paid in the following financial year. The majority of this is paid in July.
- Prior year adjustments are also invoiced during the year (when cases are coded).
- Activity, invoicing, coding and other contractual requirements are independently audited.
- End of year adjustments are calculated based on:
 - the estimated activity that will be provided in June (note that this estimate is calculated while the activity is taking place before the end of June and before coding is completed)
 - any activity that is not coded for months prior to June
 - any activity that has not been invoiced for months prior to June
 - For the above three factors the Operator provides their best estimate)
 - the Maximum Payment Amount (there are a number of clauses that also can impact on this calculation).
- The contractual agreement relates to a reconciliation of the price to the derived price, which occurs in February, and is based on the costs at the benchmark hospitals most recently audited.

Representational attributes

Representation class: Mean (average)
Data type: Monetary amount
Unit of measure: Currency
Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data SourceNumerator

OBM Allocation Application.
Oracle 11i Financial System.

Denominator

BedState.

Data providerNumerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Targets: Individual targets calculated as part of the 2025-26 GBS process for Average cost per bed-day in specialised mental health inpatient services:

Reporting Entity	Target
NMHS	\$TBC
SMHS	\$TBC
EMHS	\$TBC
CAHS	\$TBC
WACHS	\$TBC

Sourced from: Sourced from: 2025-26 GBS process and Mental Health Commission Service Agreements (CSA). At the time of publication, the CSAs had not been finalised with health service providers and targets are 'To Be Confirmed'.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per treatment day of non-admitted care provided by mental health services

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0013
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Average cost per treatment day of non-admitted care provided by public mental health services.
<i>Rationale:</i>	<p>Public community mental health services consist of a range of community-based services such as emergency assessment and treatment, case management, day programs, rehabilitation, psychosocial, residential services and continuing care. The aim of these services is to provide the best health outcomes for the individual through the provision of accessible and appropriate community mental health care.</p> <p>Public community-based mental health services are generally targeted towards people in the acute phase of a mental illness who are receiving post-acute care.</p> <p>Efficient functioning of public community mental health services is essential to ensure that finite funds are used effectively to deliver maximum community benefit. This indicator provides a measure of the cost-effectiveness of treatment for public psychiatric patients under public community mental health care (non-admitted/ambulatory patients).</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 1: Public hospital based services that enable effective treatment and restorative healthcare for Western Australians. • Service 4 – Mental Health Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.

Computation description: [Numerator] divided by the [Denominator] (expressed as \$)

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 4:

- 9.1 (Non-Admitted Patients - Mental Health)
- 10.1 (Mental Health Specific Programs)

Include (for all HSPs except for NMHS):

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of External Revenue acts as an offset against Total Expenditure.

For NMHS only, include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

The above calculation applies to NMHS due to their individual cost centre structure and treatment of external revenue.

Denominator

Community treatment days from public mental health ambulatory care services within the National Minimum Data Set organisations listed below:

Child And Adolescent Health Services
Community Child and Adolescent Mental Health Service
PCH Child and Adolescent Mental Health Service
Specialised Child and Adolescent Mental Health Service
North Metropolitan Health Service
Statewide Specialised Mental Health Service
Stirling Catchment Mental Health Service
Joondalup Catchment Mental Health Service
Lower West Catchment Mental Health Service
Youth Mental Health Service
Women And Newborn Health Service
South Metropolitan Health Service
Fremantle Mental Health Service
Park Mental Health Service
Fiona Stanley Hospital Mental Health Service
East Metropolitan Health Service

Armadale Mental Health Service
Bentley Mental Health Service
Midland Mental Health Service
Royal Perth Hospital Mental Health Service
St John of God Midland Public Hospital Mental Health Services
Western Australian Country Health Service (WACHS)
WACHS Telehealth Mental Health Service
South West Mental Health Service
Wheatbelt Mental Health Service
Midwest Mental Health Service
Great Southern Mental Health Service
Goldfields and South East Mental Health Service
Kimberley Mental Health Service
Pilbara Mental Health Service

Community treatment service types include assessments, counselling and therapy sessions provided by specialised community mental health services, irrespective of whether the client is present at the time of the service contact or the medium by which the contact was delivered.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

The number of treatment days excludes the service contacts provided to unknown/unregistered clients.

Computation:

Numerator / Denominator

<i>Numerator:</i>	Total expenditure on mental health non-admitted care services within the reference period.
<i>Numerator data elements:</i>	<p>Data Element/Data Set</p> <p>[OBM Program Code] [Cost Centre L5 name] [Cost Centre Posting Code] [Account L2 code] {YTD amount}</p> <p>Data Source</p> <p>OBM Allocation Application. Oracle 11i Financial System.</p> <p>Guide for use</p> <p>Nil.</p>
<i>Denominator:</i>	Total number of community treatment days provided to non-admitted mental health patients within the reference period.
<i>Denominator data elements:</i>	<p>Data Element</p> <p>[Mental Health Region] [Organisation] [Program] [Service Contact Date] [Unique Patient Identifier]</p> <p>Data Source</p> <p>Mental Health Information Data Collection.</p> <p>Guide for use</p> <p>Nil.</p>
<i>Disaggregation data elements:</i>	<p>Data Element/Data Set</p> <p>[Establishment Code]</p> <p>Data Source</p> <p>OBM Allocation Application. Oracle 11i Financial System. Mental Health Information Data Collection.</p> <p>Guide for use</p> <p>Nil.</p>
<i>Comments:</i>	The term 'non-admitted' is used rather than 'ambulatory' care as a more contemporary, transparent description of the type of care provided. This includes inpatient services providing outreach services to non-admitted patients and

community services in-reaching to patients within mental health inpatient and residential services.

The method for calculation of this indicator is aligned with the national definition provided in *Key Performance Indicators for Australian Public Mental Health Services (2025)* <https://meteor.aihw.gov.au/content/791446>

A treatment day refers to any day on which one or more community service contacts (direct or indirect) are recorded for a consumer during a non-admitted/ambulatory care episode. Multiple service contacts provided by the same mental health organisation on the same day are counted as one treatment day.

A community service contact is the provision of a clinically significant service by a specialised Mental Health service provider(s) for patients/clients.

Representational attributes

<i>Representation class:</i>	Mean (average)
<i>Data type:</i>	Monetary amount
<i>Unit of measure:</i>	Currency
<i>Format:</i>	\$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation Application.

Oracle 11i Financial System.

Denominator

Mental Health Information Data Collection.

Data provider

Numerator

System Business Analytics, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Targets: Individual targets calculated as part of the 2025-26 GBS process for Average cost per treatment day of non-admitted care provided by public clinical mental health services:

Reporting Entity	Target
NMHS	\$TBC
SMHS	\$TBC
EMHS	\$TBC
CAHS	\$TBC
WACHS	\$TBC

Sourced from: 2025-26 GBS process and Mental Health Commission Service Agreements (CSA). At the time of publication, the CSAs had not been finalised with health service providers and targets are 'To Be Confirmed'.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

Further data development/ collection required: Nil.

Other issues / caveats: Figures produced within 3 months from the end of the reporting period are subject to change due to lag in data entry.

Source and reference attributes

Reference documents: **Report on Government Services (RoGS) 2025**
Part E, Chapter 13 Mental Health Management
<https://www.pc.gov.au/ongoing/report-on-government-services/>

KPIs for Australian Public Mental Health Services
PI 07J – Average cost per community mental health treatment day, 2025
<https://meteor.aihw.gov.au/content/791446#>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

7.2 Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

7.2.0 Key effectiveness indicators contributing to Outcome 2

Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Programme

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: Nil.

Catalogue identifier: 0014

Reporting scope/entities: Department of Health

Description: Percentage of transition care clients whose functional ability was either maintained or improved during their utilisation of the Transition Care Programme.

Rationale: The Transition Care Programme³¹ is a joint federal, state and territory initiative that aims to optimise the functioning and independence of eligible clients after a hospital stay and enable them to return home or allow time to make decisions on longer term care arrangements, including residential care.

The Transition Care Programme services take place in either a residential or a community setting, including a client's home. A number of care options are available, designed to be flexible in helping meet individual needs. Services may include:

- case management, including establishing community support and services, and where required, identifying residential care options
- medical services provided by a general practitioner
- low intensity therapy such as physiotherapy and occupational therapy
- emotional support and future care planning via a social worker
- nursing support
- personal care
- domestic help
- other therapies as required.

This indicator measures the effectiveness of the Transition Care Programme by measuring functional ability improvements in clients utilising the program. Monitoring the success of this indicator can enable improvements in service planning and the development of targeted

³¹ <https://www.health.gov.au/initiatives-and-programs/transition-care-programme>

strategies and interventions that focus on improving the program's effectiveness and ensuring the provision of the most appropriate care to those in need. This enhances the health and wellbeing of Western Australians.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

Collection and usage attributes

Population group age from: Aged 65 years and over or 50 years and over for Aboriginal people.

Population group age to: No upper limit.

Computation description: [Numerator] divided by [Denominator] multiplied by 100 (expressed as a percentage).

Exclusions

Numerator and Denominator

Transition care clients with an MBI Exit score of zero and/or a Discharge Code of 'Death'.

Exclude all records with date of departure ('TCP DOD') outside the reporting period i.e. before 1-JUL-24 or after 30-JUN-25.

Exclude all records with 'Status' = ACTIVE.

Computation: (Numerator / Denominator) x 100

Numerator: Total number of discharges from Transition Care Programme service providers contracted by the WA Department of Health where the client either maintained or improved their functional ability during the care period.

Numerator data elements: **Data Element/Data Set**

[MBI Result] calculated from [MBI Entry] minus [MBI Exit] (Modified Barthel Index).

Data Source

Transitional Care Program database.

Guide for use

The Modified Barthel Index (MBI) is widely used to assess changes in self-care and mobility activities of daily living. Information is gained from observation and the results are

recorded at entry and exit for all transition care clients. A score out of 100 is required.

Upon Entry

As part of the Commonwealth Government's requirements for TCP, an MBI assessment must be conducted as soon as possible following a client's entry to the program. The MBI is conducted by a clinical member of the Provider's TCP team and the resulting score must be entered in this field in the TCP Portal within two days of TCP admission.

Upon Exit

An MBI assessment must be completed just prior to the client's discharge from the Programme and the score entered in this field in the TCP Portal within two days of TCP discharge.

- If a client died – a "0" is entered for MBI Exit score and the discharge code is entered as 'Death'.
- If a client is returned unexpectedly to hospital for more than 24 hours and had to be discharged from TCP, an estimated MBI Exit score of the client's function 24 hours prior to the readmission is entered.
- If a client self-discharges, an estimated MBI Exit score of the client's function 24 hours prior to the self-discharge is entered.

MBI Result

This indicator compares admission and discharge results from the MBI and determines the percentage of discharges where clients demonstrate maintained or improved MBI results due to utilisation of the TCP.

A greater percentage of transition care clients with stable or improved functional ability than the target would indicate good performance.

Guidelines for Providers

TCP Contract Management Guidelines for Providers includes correct entry of MBI scores on the TCP Portal. These Guidelines were issued from September 2023. Checking MBI data forms for completeness and accuracy forms part of the data checks completed by the contract manager before payments are made to TCP providers each month.

Treatment of Deceased

Deceased clients are removed from the computation, noting that this will likely have a small effect on the result.

Denominator:

Total number of discharges from TCP service providers contracted by the WA Department of Health.

Denominator data elements:

Data Element/Data Set

[Actual TCP DOD] (Date of Discharge)

Data Source

TCP database.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This measure is a statewide indicator as the WA Department of Health (as the Approved Provider) subcontracts the provision of TCP services to non-government organisation (NGO) providers.

Comments:

About the Transition Care Programme³²

The program provides short-term care for older people to help them recover after a hospital stay. Transition care can last up to 12 weeks and take place in:

- an aged care (nursing) home,
- a person's home,
- a combination of the two.

The program provides up to 12 weeks of transition care to help older people:

- fully recover after a hospital stay,
- regain functionality or mobility,
- finalise ongoing care arrangements.

This can help participants:

- remain independent in their homes,
- delay their entry into an aged care home for as long as possible, and
- avoid the need for long-term care.

In WA, the TCP is available to eligible persons over 65 years of age; and over 50 years of age for Aboriginal people.

To be considered for TCP, referring hospitals should be able to demonstrate that the patient has restorative goals and is likely to be able to maintain or improve their functioning for the duration of TCP.

³² <https://www.health.gov.au/our-work/transition-care-programme>

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Person

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

TCP database (for both numerator and denominator).

Data is provided by the following contracted TCP providers:

- Aegis Aged Care Group
- Amana Living Incorporated TCP
- Brightwater Care Group
- Hall & Prior Health and Aged Care
- Juniper
- Silver Chain
- Southern Cross Care
- WA Country Health Service (Midwest Transition Care)
- South West Aboriginal Medical Service
- Broome Regional Aboriginal Medical Service
- Moorditj Koort Aboriginal Corporation

Data provider

Community Programs, Strategy and Governance, WA Department of Health.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Target: ≥88%

Sourced from: The target set with TCP service providers is 80%; however, given service providers regularly exceeded this target, it was decided in consultation with stakeholders and subject matter experts, to base the target on the average of five financial years of data (2019-20 to 2023-24). The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

*Further data development/
collection required:*

Target will be reviewed and revised as necessary as further data becomes available.

Other issues / caveats:

When using the MBI, the following limitations may apply:

- Where a person scores in the lowest categories in most items in the MBI, and in the event of deterioration, there is no possibility to score their function any lower; and
- The sensitivity to change is limited, and important improvements do not necessarily result in a change in score.

Source and reference attributes

Reference documents:

Transition Care Programme

<https://www.health.gov.au/initiatives-and-programs/transition-care-programme>

Transition Care Programme Guidelines

<https://www.health.gov.au/resources/publications/transition-care-programme-guidelines>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of patients satisfied with patient care at the Quadriplegic Centre

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0015
<i>Reporting scope/entities:</i>	Quadriplegic Centre
<i>Description:</i>	Percentage of patients satisfied with patient care at the Quadriplegic Centre.
<i>Rationale:</i>	<p>The Quadriplegic Centre is Quality Endorsed under International Quality Standard ISO AS/NZS 9001:2015.</p> <p>To ensure compliance with this Quality Standard, the Quadriplegic Centre is audited by external auditors from SAI Global.</p> <p>The resident satisfaction survey is conducted by an independent third party, who is independently contracted on a biennial basis. The policy and procedure is externally audited by SAI Global.</p> <p>The survey is designed to gauge the level of satisfaction with resident care, provide feedback on level of care relative to the National Standards for Disability Services (NSDS) and communicate residents' suggestions and feedback for improvement.</p> <p>The content themes for the survey relate to the NSDS:</p> <ul style="list-style-type: none"> • Standard One: Rights • Standard Two: Participation and Inclusion • Standard Three: Individual Outcomes • Standard Four: Feedback and Complaints • Standard Five: Service Access • Standard Six: Service Management.
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Biennial, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	18 years.
<i>Population group age to:</i>	No upper limit.

Computation description: [Numerator] divided by the [Denominator] multiplied by 100 (expressed as a percentage).

General notes

The survey consists of 31 closed ended questions (Responses = Yes or No) and one opened ended question for suggested improvements.

The responses to the survey are used to enable production of an accurate correction plan.

The survey responses are captured in an interview.

The survey was last completed in June 2024, with a 91.0% patient satisfaction rate. The next survey is due to be undertaken in June 2026.

Inclusions

Total patient population is in scope.

Exclusions

Nil.

Computation: (Numerator / Denominator) x 100

Numerator: Sum of 'Yes' responses for all survey participants.

Numerator data elements: **Data Element/Data Set**

Nil.

Data Source

Refer to Data Source Attributes.

Guide for use

Nil.

Denominator: 31 (total number of possible responses for each survey) multiplied by the number of survey participants.

Denominator data elements: **Data Element/Data Set**

Nil.

Data Source

Refer to Data Source Attributes.

Guide for use

Nil.

Disaggregation data elements: **Data Element/Data Set**

Nil.

Data Source

Nil.

Guide for use

Nil.

Comments: Quadriplegic Centre residents are highly dependent individuals with quadriplegia, often with co-morbidity, who are unable to live independently in the community due to the extent of medical, nursing and personal care requirements.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Person

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework.

Data source attributes

Data sources:

Data Source

Raw data and summary statistics are provided to the Quadriplegic Centre by an independent third party, who is independently contracted to conduct the survey on a biennial basis.

Data provider

Quadriplegic Centre.

Quality statement: A 4-week lag is required for surveying, collation of results, analysis and reporting of the survey.

Accountability attributes

Benchmark: Target: ≥80%

Sourced from: The target was agreed between the Quadriplegic Centre Chief Executive and the Department of Treasury using historical data. No national, state or best practice target exists for this indicator. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

Further data development/ collection required: Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of people accessing specialist community-based palliative care who are supported to die at home

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0016
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	The percentage of people in the Perth metropolitan area accessing community in-home - specialist palliative care services whose wish to die at home was successfully supported.
<i>Rationale:</i>	<p>The preference of the majority of Australians to die in their home and not in a hospital has been well documented. While between 60 and 70 per cent of people state they want to die at home, only about 14 per cent do so.³³ In addition to potential distress for patients and families, acute hospital admissions in some patients' final days of life may create avoidable pressures on the hospital system. This is likely to become an increasingly significant issue as the population ages and as an increasing proportion of people live with chronic disease.</p> <p>This indicator aims to measure the effectiveness of these services in allowing patients to die in the comfort of their home, where it is their wish to do so. A high proportion of people realising their wish to die at home indicates that the service has appropriate strategies in place to provide in-home care appropriate to patients' needs and to avoid unplanned hospital admissions.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.

³³ *Dying Well*, Grattan Institute Report No. 2014-10, September 2014, 2. Available from: <http://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>

Computation description:

[Numerator] divided by the [Denominator] multiplied by 100 (expressed as a percentage)

General notes

Data are collected by Silver Chain via their client administration system ComCare.

ComCare is a satellite information system for the purposes of collecting non-admitted activity data.

Data are reported monthly to the Department of Health as patient-level records which are transferred to the department securely via the department's secure file transfer site and incorporated into the Non-Admitted Data Collection (NADC).

Inclusion criteria for this indicator are based on the Silver Chain contract:

- People living in the Perth metropolitan area who have an active, progressive and advanced disease, who require access to specialist palliative care services, Although not explicitly selected based on address, Silver Chain only provide services in the greater metropolitan area
- Access to services where a medical opinion has been obtained resulting in the client being referred for specialist palliative care
- Select individual clients (using unique client identifiers) who have [Community - Service] of HC (Hospice Care) and [Community - Place of Death] recorded and [Community - Desired Place of Death] of HM (Home) or if [Community - Desired Place of Death] is NULL, [Community - Desired Place of Death 1st Assessment] of HM (Home) and who died in the reporting period
- As of 2022-23 Palliative Respite (PAR) is no longer a distinct service provided by Silver Chain and is an element of the HC service, therefore this data element is no longer needed.

InclusionsNumerator

Cases where;

- [Feeder_system_code] = SC (Silver Chain)
- [Community - Service] = HC (Hospice Care)
- [Community - Desired Place of Death] = HM (Home) OR if [Community - Desired Place of Death] is NULL, [Community - Desired Place of Death 1st Assessment] = HM (Home)
- [Community - Desired Place of Death] = HM (Home) or [Community - Desired Place of Death 1st Assessment] = HM

- [Community - Place of Death] = HM (Home).

Denominator

Cases where;

- Feeder_system_code = SC (Silver Chain)
- [Community - Service] = HC (Hospice Care)
- [Community - Desired Place of Death] = HM (Home)
OR if [Community - Desired Place of Death] is NULL,
[Community - Desired Place of Death 1st Assessment
] = HM (Home).

Exclusions

For both the Numerator and Denominator, cases where;

- [Person - Date of Death] is missing or outside reference period
- [Community - Desired Place of Death] and [Community - Desired Place of Death 1st Assessment] are both not equal to HM (Home) (including both being missing).

Computation:

(Numerator / Denominator) x 100

Numerator:

Number of people in the Perth metropolitan area who accessed the community palliative care service provided by Silver Chain and who died at home after nominating this as their desired place of death.

Numerator data elements:

Data Element/Data Set

[Community - Service]

[Community Desired Place of Death]

[Community Desired Place of Death 1st Assessment]

[Person - Date of Death]

[Community - Place of Death]

[Feeder_system_code]

Data Source

NADC

Guide for use

A patient's desired place of death is recorded at the time of initial assessment by Silver Chain. This may be subsequently updated if the patient's wishes change. Therefore, [Community - Desired Place of Death] is used where it is not NULL, otherwise [Community - Desired Place of Death 1st assessment] is used.

[Community - Place of Death] is not recorded if a patient dies after exiting the Silver Chain community palliative care service.

Denominator:

Number of people in the Perth metropolitan area who accessed the community palliative care service provided

by Silver Chain and who died (at home or elsewhere) after nominating home as their desired place of death.

Denominator data elements:

Data Element/Data Set

[Community - Service]
 [Community - Desired Place of Death]
 [Community - Desired Place of Death 1st Assessment)]
 [Person - Date of Death]
 [Feeder_system_code]

Data Source

NADC.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

As Silver Chain provide a metropolitan-wide community palliative care service, it is not appropriate to disaggregate performance by health service provider. Thus, this indicator is reported in the WA Department of Health annual report only.

Comments:

Specialist palliative care is undertaken by a professional palliative care team or service with recognised qualifications or accredited training in palliative care. The role of specialist palliative care services includes providing consultation services to support, advise, educate and mentor specialist and non-specialist teams to provide end-of-life and palliative care and/or to provide direct care to people with complex palliative care needs.

Recognising that a person is entering the last months or year of life can be difficult to determine. Being able to recognise that a person may be dying can also be difficult, but is an essential requirement for clinicians. Recognising that a person is entering the last months or year of life enables purposeful conversations with people and their families/carers to discuss their preferences and what matters to them. While there are some services providing specialist community-based palliative care outside of the Perth metropolitan area, data regarding desired place of death for these services is not available.

Recommended to have a 3-month lag in the reference period for the data, to allow sufficient time for data receipt and quality checking.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

<i>Data sources:</i>	Data Source NADC
	Data provider System Analytics Branch, Reporting, Analytics, Modelling and Analytics, ISPD, WA Department of Health.
<i>Quality statement:</i>	Nil.

Accountability attributes

<i>Benchmark:</i>	Target: $\geq 76\%$ Sourced from: This target is based on performance over two financial years (2018-19 and 2019-20) extracted from the NADC. No national, state or best practice target exists for this indicator. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts. Approved by: Director General, WA Department of Health
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Methodology: Nil.

Further data development/ collection required: Note that the NAP DC was replaced by the NADC as of December 2024. At the time, there was no impact on numerator and denominator counts as a result of this change in database.

Other issues / caveats: It should be noted that for some people receiving specialist community-based palliative care, death in hospital may be unavoidable despite the provision of specialist community-based palliative care that aligns with best practice.

Additionally, where a patient's wishes change close to their death, it may not be practicable to facilitate their wish to die at home.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Potential years of life lost for selected common causes of premature death: (a) Lung cancer; (b) Ischaemic heart disease; (c) Malignant skin cancers; (d) Breast cancer; (e) Bowel cancer

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Loss of life from premature death for selected diseases.
<i>Catalogue identifier:</i>	0017
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Loss of life from premature death due to identifiable causes of preventable disease: (a) Lung cancer; (b) Ischaemic heart disease; (c) Malignant skin cancers; (d) Breast cancer and (e) Bowel cancer.
<i>Rationale:</i>	<p>This indicator measures the rate of potential years of life lost for selected common causes of premature death. The WA health system aims to reduce the loss of life from health conditions that are potentially preventable and/or treatable by facilitating improvements in health behaviours and environments, and through early detection and disease management.</p> <p>The rates of potential years of life lost from premature death are measured for lung cancer, ischaemic heart disease, malignant skin cancer, breast cancer (females only) and bowel cancer.</p> <p>These conditions contribute significantly to the fatal burden of disease within the community. The department contributes to preventive health via early detection and health promotion and prevention activities which encourage healthy environments, communities and behaviours to reduce the risk of developing these conditions. The department also supports self-management programs to aid those living with these conditions to prevent, delay or minimise the effects and progression of the disease.</p> <p>Results from this key performance indicator enable the department to monitor the effectiveness of health promotion, prevention and early intervention activities that in turn contribute to a reduction in premature deaths due to these preventable and treatable conditions.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	Annual Reports 2025-26:

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

Collection and usage attributes

Population group age from: ≥0

Population group age to: <75

Computation description: Division of the numerator (the potential years of life lost) by the denominator (the population) results in a potential years of life lost rate. This rate is then age-standardised to assure comparison over years.

General notes

The life table method is used to calculate the potential years of life lost.

The life table depicts the mortality experience of a hypothetical group of newborn babies throughout their entire lifetime. It is based on the assumption that this group is subject to the age-specific mortality rates of the reference period. For more information, see:

<https://www.abs.gov.au/methodologies/life-tables-methodology>

Age-standardisation is to the Australian 2001 population. In Australia, the convention followed by the AIHW and the ABS is to use the Australian 2001 census data for age-standardisation. Age-standardisation allows comparison of the estimates produced for the different time periods and geographical regions (i.e. between the state and the national target) as it removes variability in the results that are due to underlying differences in population age structure.

Inclusions

Records with ICD-10 codes as the underlying cause of death for the following conditions:

- Lung cancer: C33.0-C34.9
- Ischaemic heart disease: I20.0-I25.9
- Malignant skin cancers: C43.0-C44.9
- Breast cancer: C50.0-C50.9 (females only)
- Bowel cancer: C18.0-C21.8, C26.0

Lung cancer, ischaemic heart disease, malignant skin cancers and bowel cancer: only cases who died aged less than 75 years.

Breast cancer: only female cases who died aged less than 75 years.

Only cases who were WA residents at the time of death by year of occurrence.

Exclusions

Cases aged 75 years or more at death and non-WA residents who died in WA.

Computation:

[Numerator] divided by [Denominator] age-standardised (expressed as potential years of life lost standardised rate).

Numerator:

Number of potential years of life lost due to each condition (lung cancer, ischaemic heart disease, malignant skin cancers, breast cancer and bowel cancer) that occurred in the 2023 calendar year.

Potential years of life lost are calculated as: the sum of the years from age of death to age less than 75 years, adjusted by all-cause deaths for the likelihood of death from another cause during this period.

Numerator data elements:

Data Element/Data Set

Aggregated number of deaths (by condition and for all cause deaths) by:

- [Year of Death]
- [5 year Age Group]

Data Source

Cause of Death by Unit Record File by year of occurrence from the ABS.

Guide for use

Nil.

Denominator:

WA Estimated Resident Population

Denominator data elements:

Data Element/Data Set

WA Estimated Resident Population by:

- [Year]
- [5 year Age Group]

Data Source

Estimated Resident Population for 2015 to -2024 as provided by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health, sourced from the ABS website.

Guide for use

Estimated Resident Population estimates from the ABS are downloaded and retained.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This measure is a statewide indicator for WA. The Epidemiology Directorate does not recommend further disaggregating this key performance indicator. Disaggregation results in small numbers that may result in potential issues with data quality and patient confidentiality.

Comments:

In 2022-23 the indicator was amended to;

- include 'Bowel cancer';
- remove 'Falls'; and
- change 'Melanoma' to 'Malignant Skin Cancers'.

Historical data for this indicator is refreshed with each submission to maintain internal consistency within each submission. Therefore, caution should be taken when comparing results across years provided in different reports.

Representational attributes

<i>Representation class:</i>	Rate
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Potential years of life lost per 1,000 person-years
<i>Format:</i>	N.N

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

Cause of Death Unit Record File 2015-2024 custom report from the ABS.

Denominator

WA Estimated Resident Population.

Data provider

Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Quality statement:

Death information for this performance indicator comes from the Cause of Death Unit Record File, which is the most comprehensive record of deaths that occur in WA. The dataset combines data and information from the Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the National Coronial Information

System and the Victorian Department of Justice and Community Safety.

The coding of the cause of death in the Causes of Death Unit Record File is conducted nationally by the ABS, which results in a time lag of up to two years in reporting death data.

The data used in this indicator are subject to revisions. From 2008 the ABS has revised the process of coding the cause of death from coronial cases to allow for revisions based on the coroner's findings. The cause of death coding for the most recent year of data available is considered preliminary, which is revised in the release the following year, and then finalised the year after that. In addition, changes to ICD-10 coding practices over time and updates to the Estimated Resident Population occur. To overcome this, historical data for this indicator are refreshed with each submission.

Accountability attributes

Benchmark:

Targets:

- (a) Lung cancer: TBC
- (b) Ischaemic heart disease: TBC
- (c) Malignant skin cancers: TBC
- (d) Breast cancer: TBC
- (e) Bowel cancer: TBC

Sourced from: Targets are based on national figures from the most recent revised National potential years of life lost per 1,000 population estimates, derived from data provided by the ABS. These targets are calculated each year by the Epidemiology Directorate at the same time the data is calculated for annual reporting; that is for the 2025-26 Annual Report, 2023 national potential years of life lost (targets) are provided in June 2026.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Although not all cases of these conditions will be avoidable, it is very difficult to assess what proportion was avoidable without an extensive review of the literature.

Although the WA Department of Health has or contributes to programs specifically targeted at reducing the impact of these diseases, not all of the reduction in potential years of life lost can be attributed to these programs, as other influences outside of the department's jurisdiction may be contributing factors. It is also important to note that positive

impacts of health promotion programs on health outcomes can only be realised over the long term.

Minor methodological improvements and updates to death data mean that figures are not directly comparable with previous reports. As such, comparative data is presented for 10 years (the current year of calculation plus the previous 9 calendar years).

Deaths are extracted by year of occurrence, to account for deaths occurring late in a year that may not be registered until the following year. Coding of the cause of death is conducted nationally by the ABS, which results in a time lag of up to 2 years in reporting death data. Also, from 2008 the ABS revised the process of coding the cause of death from coronial cases to allow for revisions based on the coroner's findings. The cause of death coding for 2024 is considered preliminary, for 2023 considered revised and for 2022 and earlier considered final. The Epidemiology Directorate recommends comparing the national target with the same year of state data (i.e. 2023) to ensure the most meaningful comparison and the use of revised data. For the 2025-26 annual report, revised data will be available for 2023.

Source and reference attributes

Reference documents:

National Healthcare Agreement: PI 16–Potentially avoidable deaths, 2022.

<https://meteor.aihw.gov.au/content/740864>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of fully immunised children (a) 12 months; (b) 2 years; (c) 5 years

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Childhood immunisation
<i>Catalogue identifier:</i>	0018
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	<p>For Aboriginal and non-Aboriginal children:</p> <p>(a) Percentage of children fully immunised in the 12 to <15 month age cohort, as registered on the Australian Immunisation Register (AIR)</p> <p>(b) Percentage of children fully immunised in the 24 to <27 month (2 years) age cohort, as registered on the AIR</p> <p>(c) Percentage of children fully immunised in the 60 to <63 month (5 years) age cohort, as registered on the AIR.</p>
<i>Rationale:</i>	<p>In accordance with the Essential Vaccines Schedule of the Federation Funding Agreement – Health (EVS), the WA health system aims to minimise the incidence of major vaccine preventable diseases in Australia by sustaining high levels of immunisation coverage across Western Australia, with equity of access to vaccines and immunisation services.</p> <p>Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease. Without access to immunisation, the consequences of illness are likely to be more disabling and more likely to contribute to a premature death.</p> <p>This indicator measures the percentage of fully immunised children that have received age-appropriate immunisations in order to facilitate the effectiveness of strategies that aim to reduce the overall incidence of potentially serious disease.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

Population group age from: 12 months

Population group age to: <63 months

Computation description: [Numerator] divided by [Denominator], multiplied by 100 (expressed as a percentage).

General notes

The cohort method is used for calculating coverage at the population level (national and state/territory). Each cohort is defined by date of birth in 3-month age groups (i.e. 12 to <15 month age cohort, 24 to <27 month age cohort, 60 to <63 month age cohort). Cohort immunisation status is assessed per quarter at:

- 12 months of age for vaccines due to be given up to 6 months
- 24 months of age for vaccines due to be given up to 18 months
- 60 months of age for vaccines due to be given up to 4 years.

Note: only immunisations given on or before the 1st, 2nd and 5th birthdays are considered.

'Fully immunised' for children in the above age groups refers to vaccine antigens required at these age points to be considered fully vaccinated for Australian Government Department of Health and Aged Care coverage calculations: <https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/method-to-calculate-childhood-immunisation-coverage-rates>.

Data is disaggregated by Aboriginal and non-Aboriginal population and summarised by total metropolitan Public Health Units (PHUs), total WACHS PHUs and WA total.

For metropolitan and country area figures, the AIR PHU-level reports for the four quarters comprising data from the relevant calendar year are combined to produce an annual coverage figure.

For state figures, the AIR state level reports for the four quarters comprising data from the relevant calendar year are combined to produce an annual coverage figure.

Inclusions

Children who are registered for Medicare.

Only those immunisation services a child has received up to 12 months, 2 years and 5 years of age.

Exclusions

Non-WA residents.

Children who are not registered with Medicare.

Computation:

(Numerator / Denominator) x 100

Numerator:

The number of children registered on the AIR and assessed as fully immunised in the:

- (a) 12 to <15 month age cohort,
- (b) 24 to <27 month age cohort,
- (c) 60 to <63 month age cohort.

Numerator data elements:

Data Element/Data Set

[Person—date of birth, DDMMYYYY]

[Service contact—service contact date, DDMMYYYY]

[Indigenous indicator]

Data Source

Australian Immunisation Register quarterly coverage reports provided to the WA Department of Health by Services Australia. Equivalent data is reported at:

<https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage>

and

<https://www.health.gov.au/node/38782/childhood-immunisation-coverage/current-coverage-data-tables-for-all-children>

Guide for use

Nil.

Denominator:

Total number of children registered on the AIR in the:

- (a) 12 to <15 month age cohort,
- (b) 24 to <27 month age cohort,
- (c) 60 to <63 month age cohort.

Disaggregated by Aboriginal population and non-Aboriginal population.

Denominator data elements:

Data Element/Data Set

Person - date of birth, DDMMYYYY

Data Source

Australian Immunisation Register quarterly coverage reports provided to the WA Department of Health.

Equivalent data can be viewed at:

<https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/current-coverage-data-tables-for-all-children>

Guide for use

Nil.

*Disaggregation data elements:***Data Element/Data Set**

[Person – Aboriginal status]

[Person – Address]

Data Source

See Numerator and/or Denominator.

Guide for use

The data is collected based on children's residential postcodes and aggregated to Health Service region:

- Metropolitan
 - North Metropolitan Health Service
 - South Metropolitan Health Service
 - East Metropolitan Health Service
- Country
 - Goldfields
 - Great Southern
 - South West
 - Wheatbelt
 - Midwest
 - Pilbara
 - Kimberley
- State (Metropolitan plus country).

Comments:

The proportion of Aboriginal and non-Aboriginal children who are considered fully immunised are calculated by the AIR. This data is provided to the Communicable Disease Control Directorate, WA Department of Health.

Immunisation service providers are required to send details of all vaccinations given to the AIR.

Medicare registration includes the postcode of residence of each child.

Individuals enrolled in Medicare are automatically included on the AIR. Individuals who are not registered for Medicare are not included in AIR quarterly coverage reports used to produce this KPI.

This KPI also aligns to the WA Health Immunisation Strategy 2024-2028. See

https://www.health.wa.gov.au/~/_media/Corp/Documents/Reports-and-publications/wa-immunisation-strategy-2024-28/wa-immunisation-strategy-2024-28.pdf

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Person

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Australian Immunisation Register

AIR data is used as it is the only collection representative of all service providers including general practitioners, public immunisation clinics and others.

Data provider

Communicable Disease Control Directorate, Public and Aboriginal Health Division, WA Department of Health.

Quality statement:

The number of children in the population should be taken into account when interpreting rates, and changes over time.

These data are the most reliable indicator available for immunisation coverage rates at a population level and use the standard national definition.

Data cleansing does occur at AIR to ensure records are complete; however, a failure to capture vaccinations that have been given overseas or that have not been reported by an immunisation provider may lead to inaccuracies in coverage data.

Accountability attributes

Benchmark:

Target: ≥95% (all age cohorts)

Sourced from: The target is based on national best practice recommendations proposed by Immunise Australia Program, Australian Government Department of Health. The target is considered aspirational and has been set at 95%. See [Essential Vaccines Schedule - Variation to June 2025 - Signed .pdf](#) for further information. As this target is aligned to national agreements, the target will be updated in accordance with changes at the national level.

Further information can be found in the National Immunisation Strategy for Australia (2025–2030): <https://www.cdc.gov.au/sites/default/files/2025-11/national-immunisation-strategy-for-australia-2025-to-2030.pdf>

Approved by: Director General, WA Department of Health

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

This indicator is reported by calendar year to allow for late notification of immunisations to be registered on the AIR.

Those with duplicate records in AIR, or those who are incorrectly reported as residing in WA may incorrectly appear in the WA data, although this is not thought to be a large number of children.

Source and reference attributes

Reference documents:

Essential vaccines: performance report 2023-24

<https://www.aihw.gov.au/reports/immunisation/essential-vaccines-performance-report-2023-24/summary>

Australian Technical Advisory Group on Immunisation (ATAGI) website

<https://www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi>

Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra

<https://immunisationhandbook.health.gov.au/>

Australian Immunisation Register

<https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals>

Immunise Australia Program, National Immunisation Program Schedule

<https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>

WA Immunisation Strategy

<https://www.health.wa.gov.au/~media/Corp/Documents/Reports-and-publications/wa-immunisation-strategy-2024-28/wa-immunisation-strategy-2024-28.pdf>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of 15 year olds in Western Australia vaccinated for HPV

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	HPV vaccination rates for 15 year olds
<i>Catalogue identifier:</i>	0019
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	The percentage of male and female Western Australians aged 15 years that are vaccinated for HPV.
<i>Rationale:</i>	<p>This indicator measures uptake of the human papilloma virus (HPV) vaccination among youth, which is the most effective public health intervention for reducing the risk of developing HPV-related illnesses, including cancer.</p> <p>HPV is a common virus that affects both females and males and is associated with HPV-related illnesses including cancer of the cervix. HPV vaccination can significantly decrease the chances of people developing HPV-related illnesses. As HPV is primarily sexually transmitted both males and females should have the HPV vaccine, preferably before they become sexually active. Providing vaccination at 14 years and under is also known to increase antibody persistence.</p> <p>The HPV vaccine is provided free in schools to all males and females in year 7 under the Western Australian school-based immunisation program. General practitioners, community health clinics and pharmacies also offer vaccination to maximise coverage of older adolescents or those who opted out of the school program.</p> <p>This indicator measures the effectiveness of the WA health system's delivery of vaccination programs and health promotion strategies in maximising the proportion of adolescents who are vaccinated for HPV.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	15 years of age (defined as those turning 15 during the 2025 calendar year).
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Population group age to: 15 years of age (defined as above).

Computation description: [Numerator] divided by the [Denominator] multiplied by 100 (expressed as percentage).

General notes

Data is disaggregated by Aboriginal and non-Aboriginal population and summarised by total metropolitan Public Health Units (PHUs), total WACHS PHUs and WA total.

For metropolitan and country area figures, the Australian Immunisation Register (AIR) PHU-level reports for the four quarters comprising data from the relevant calendar year are combined to produce an annual coverage figure.

For state figures, the AIR state level reports for the four quarters comprising data from the relevant calendar year are combined to produce an annual coverage figure.

Inclusions

Males and females who turned 15 years of age by 31 December of the reporting year.

Exclusions

Non-WA residents.

Individuals who were not 15 years of age by 31 December of the reporting year.

Computation: (Numerator / Denominator) x 100

Numerator: Notified number of males and females (reported separately) who were 15 years of age by 31 December, registered on the AIR and vaccinated for HPV.

Note that as of 6 February 2023 the definition for fully vaccinated changed from two doses to one dose.

Numerator data elements: **Data Element/Data Set**

[Person – sex]

[Person – date of birth]

[Service contact – service contact date]

[HPV dose 1 completion date]

Data Source

[Australian Immunisation Register](#) quarterly coverage reports provided to the WA Department of Health by Services Australia.

Guide for use

Males and females reported separately.

Denominator: All WA males and females who turned 15 years of age in the 2025 calendar year and were registered in the AIR.

<i>Denominator data elements:</i>	<p>Data Element/Data Set</p> <p>[Person – sex] [Person – date of birth] [Person – Aboriginal status]</p> <p>Data Source</p> <p>Australian Immunisation Register quarterly coverage reports provided to the WA Department of Health by Services Australia.</p> <p>Guide for use</p> <p>Males and females reported separately.</p>
<i>Disaggregation data elements:</i>	<p>Data Element/Data Set</p> <p>[Person – sex] [Person – Aboriginal status] [Person – address]</p> <p>Data Source</p> <p>See Numerator and/or Denominator.</p> <p>Guide for use</p> <p>This KPI relates to a statewide service for WA, therefore this indicator is only reported for the Department of Health.</p> <p>Results in the annual report are disaggregated by sex (male/female), location (metropolitan/non-metropolitan) and Aboriginal status (Aboriginal/non-Aboriginal).</p>
<i>Comments:</i>	<p>This data is the most reliable indicator available for HPV vaccine coverage in WA. All vaccination providers report each given dose to the AIR database.</p> <p>This indicator is based on 15-year-olds who are registered on the AIR. All individuals enrolled in Medicare are automatically registered on the AIR.</p> <p>The Essential Vaccines Schedule, Federation Funding Agreement – Health was previously known as the National Partnership on Essential Vaccines, or NPEV.</p> <p>As of 6 February 2023, the definition for fully vaccinated changed from two doses to one dose.³⁴</p>
Representational attributes	
<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person

³⁴ <https://www.health.gov.au/sites/default/files/2023-02/hpv-vaccine-fact-sheet-outlining-changes-under-the-national-immunisation-program-in-2023.pdf>

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

[Australian Immunisation Register](#) quarterly coverage reports provided to the WA Department of Health by Services Australia.

Data provider

Communicable Disease Control Directorate (CDCD), Public and Aboriginal Health Division, WA Department of Health.

Data from the AIR is provided to the CDCD via quarterly reports produced by Services Australia.

Quality statement:

Only those individuals registered on the AIR can be monitored. All individuals enrolled in Medicare are automatically registered on the AIR.

While all doses given outside of schools (i.e. at GP practices) should be reported into the AIR database, any failure to submit the necessarily records will result in under-reporting.

Accountability attributes

Benchmark:

Target: Females \geq 80%; Males \geq 80%

Sourced from:

- The Australian Institute of Health and Welfare (AIHW) report Australia's Health 2024 in brief reported that 83.5% of girls and 83.1% of males had received at least one dose of vaccination against Human papillomavirus.³⁵
- The Essential Vaccines Schedule (EVS), Federation Funding Agreement – Health includes a performance benchmark for HPV coverage by age 15 and the reference period is from 1 January to 31 December of each calendar year. The first year of assessment was 2018.
- Healthy People 2030, Increase the proportion of adolescents who get recommended doses of the HPV vaccine — IID-08 lists a target of 80.0%, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services.

³⁵ <https://www.aihw.gov.au/reports/australias-health/australias-health-2024-in-brief/summary>

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

Only those individuals registered on the AIR can be monitored.

School students are typically vaccinated in Year 7 but fully immunised status is determined in the year the student turns 15. This aligns with national reporting by the AIHW and EVS.

The Department of Health and Aged Care commenced public reporting of HPV coverage in 2023 [Human papillomavirus \(HPV\) immunisation data | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/human-papillomavirus-(hpv)-immunisation-data-australian-government-department-of-health-and-aged-care)

There may be discrepancies in coverage reporting in the annual report due to differences in AIR database access.

Source and reference attributes

Reference documents:

Australia’s health 2024 (AIHW):
<https://www.aihw.gov.au/reports/australias-health/immunisation-and-vaccination>

Essential Vaccines Schedule of the Federation Funding Agreement – Health (EVS):
<https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2025-07/Essential%20Vaccines%20Schedule%202025-28%20-%20NT%20and%20WA.pdf>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Rate of women aged 50 – 69 years who participate in breast screening

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0020
<i>Reporting scope/entities:</i>	NMHS
<i>Description:</i>	Rate of women aged 50 – 69 years who participate in breast screening as a proportion of the overall target population.
<i>Rationale:</i>	<p>BreastScreen Australia aims to reduce illness and death resulting from breast cancer through organised screening to detect cases of unsuspected breast cancer in women, thus enabling early intervention which leads to increased treatment options and improved survival. It has been estimated that breast cancer detected early is considerably less expensive to treat than when the tumour is discovered at a later stage. Mass screening using mammography can improve early detection by as much as 15-35%.³⁶</p> <p>High rates reported against this KPI will reflect the efficient use of the physical infrastructure and specialist staff resources required for the population-based breast cancer screening program. High rates will also be an indication of a sustainable health system as early detection reduces the cost to hospital services at the later stages of a patient's journey.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, for most recent two calendar years
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	50 years
<i>Population group age to:</i>	69 years
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as percentage).
	General notes

³⁶ Elixhauser A, Costs of breast cancer and the cost-effectiveness of breast cancer screening, Int J Technol Assess Health Care. 1991; 7(4):604-15. Review.

Age is calculated as the age of the date of first attendance of the screening episode selected.

ABS data is used to estimate resident female population (Australian Demographic Statistics; Catalogue 3101.0). This value will represent the estimated population at the midpoint of the reference period.

Inclusions

Count is of individual women, not screening episodes.

If a woman has been screened more than once in a 24-month period, then only the last screening episode is to be counted.

Both symptomatic and asymptomatic women are counted in the numerator.

Exclusions

BreastScreen WA will screen all women over the age of 40 years; however, some women are better managed in other services like the high-risk clinics operating at tertiary hospitals.

Women living interstate.

Computation:

(Numerator / Denominator) x 100

Numerator:

Number of individual WA women aged 50 – 69 years screened by BreastScreen Western Australia.

Numerator data elements:

Data Element/Data Set

[Age at screening]
[Date of screen]
[Sequence number]
[Client ID]

Data Source

BreastScreen WA register

Data provider: Manager, Information and System Performance, BreastScreen WA.

Guide for use

Women who screen more than once in the reporting period have only their last screen included in the numerator.

Age is calculated as the age of the date of first attendance of the screening episode selected.

Denominator:

Estimated number of women aged 50 – 69 years resident in WA.

Denominator data elements:

Data Element/Data Set

[Average Estimated Resident Population]

Data Source

ABS publication 3101.0 - Australian Demographic Statistics.

Data provider: Epidemiology Directorate, Aboriginal and Public Health Division, WA Department of Health.

Guide for use

Average Estimated Resident Population for women aged 50-69 years for the two-year period (if available). Where the most up-to-date Estimated Resident Population figure is unavailable from the ABS, earlier estimates may be used.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

The budget for BreastScreen WA is received by NMHS, so only NMHS will report this KPI in their Annual Report.

Comments:

This measure counts individual women screened within a 24-month period, as it is recommended that women in the relevant cohort attend free screening biennially.

Count is of individual women, not screening episodes.

Women are only counted once in the 24-month period.

National Australian Standard definitions of the target cohort for breast screening participation rates are 50 – 69 years and from mid-2014 would also include 70-74 years as a separate recruitment cohort and monitoring measurement. However, under National Accreditation Standards Annual Data Report measure 1.1.1(b) the national target has remained applicable only to the 50 – 69 years cohort. BreastScreen WA will continue to report against 1.1.1b for 2025-26. Participation rate data is available May/June each year for the previous calendar year.

Representational attributes

<i>Representation class:</i>	Rate
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes*Data sources:***Data Source**Numerator

BreastScreen WA register

Denominator

ABS publication 3101.0 - Australian Demographic Statistics.

Data providerNumerator

Data and Information Services, BreastScreen WA, North Metropolitan Health Service (NMHS).

Denominator

Epidemiology Directorate, Public and Aboriginal Health, WA Department of Health.

Quality statement:

BreastScreen WA has an extensive quality assurance program on all aspects of data collection and reporting. This is in response to service accreditation requirements in providing quality screening and assessment care. The comprehensive quality assurance program addresses quality issues including service management, staff training, data audit, case review, data verification and service improvement. Review of the National Accreditation Standards and the Quality Improvement plan is provided by the State Quality Committee.

Accountability attributes*Benchmark:*

Target: $\geq 70\%$ of women aged 50 – 69 years participating in screening in the most recent 24-month period.

Sourced from: The target is based on national best practice recommendations proposed by the National Accreditation Standards Annual Data Report measure 1.1.1(b). This target is applicable for all women in the age cohort, regardless of indigenous, socio-economic or linguistic status. See [breastscreen-australia-national-accreditation-standards-nas.pdf](#) for further information.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

An updated BreastScreen Australia Data Dictionary (version 1.4) was published in December 2025 which consolidates the National Accreditation Standards Annual Data Report measures 1.1.1a and 1.1.1b into a single measure – 1.1.1. The new measure will report the target population of women aged 50-74 who participated in

screening in the most recent 24-month period (changed from women aged 50-69). Reporting against this revised measure is due to commence in the 2026-27 Annual Report.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: **Report on Government Services (RoGS) 2026**
 Volume E: Health, Chapter 10 Primary and community health, 10.7 Key performance indicator results – ‘Participation for women in breast cancer screening’ (Participation in BreastScreen Australia screening programs — women aged 50–74 years (24-month period) <https://www.pc.gov.au/ongoing/report-on-government-services/>

Australian Institute of Health and Welfare (AIHW) website
 Breast cancer screening participation rates <https://www.aihw.gov.au/reports-data/health-welfare-services/cancer-screening/overview>

BreastScreen WA Annual Data Report to BreastScreen Australia

National Accreditation Standards Annual Data Report measure 1.1.1(b)
<https://www.health.gov.au/sites/default/files/2023-04/breastscreen-australia-national-accreditation-standards-nas.pdf>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Response times for road-based ambulance services in the metropolitan area: a) Percentage of priority 1 calls attended to within 15 minutes; b) Percentage of priority 2 calls attended to within 25 minutes; c) Percentage of priority 3 calls attended to within 60 minutes

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: Nil.

Catalogue identifier: 0021

Reporting scope/entities: Department of Health

Description: Percentage of priority 1, 2 and 3 incidents attended to within 15, 25 and 60 minutes respectively in the metropolitan area of Western Australia by the contracted service provider.

Rationale: To ensure Western Australians receive the care and medical transport services they need, when they need it, the Department of Health has entered into a collaborative arrangement with a service provider to deliver emergency road-based patient transport in Western Australia. This collaboration ensures that patients have access to an effective and rapid response ambulance service to ensure the best possible health outcomes for patients requiring medical treatment.

Response times for emergency ambulance services have a direct impact on the speed with which a patient receives appropriate medical care and can provide a good indication of the effectiveness of road-based ambulance services. It is understood that adverse effects on patients and the community are reduced if response times are decreased.

This indicator measures the timeliness of attendance by an ambulance service vehicle and crew for the following priority calls in the metropolitan area of Western Australia:

- Attend to 90 per cent of priority 1 (emergency) calls within 15 minutes,
- Attend to 90 per cent of priority 2 (urgent) calls within 25 minutes, and
- Attend to 90 per cent of priority 3 (non-urgent) calls within 60 minutes.

Through surveillance of this measure over time, the effectiveness of emergency road-based ambulance services can be monitored. This facilitates further development of targeted strategies and improvements to operational management practices aimed at ensuring

optimal restoration to health for patients in need of emergency medical care.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

Collection and usage attributes

Population group age from: All ages

Population group age to: All ages

Computation description: [Numerator] divided by the [Denominator] multiplied by 100 (expressed as a percentage)

General Notes

This KPI is based on the priority assigned to incidents (1-emergency, 2-urgent or 3-non-urgent) when first saved in the Computer Aided Dispatch (CAD) system (TimeFirstSavedinCAD) and the time elapsed between TimeFirstSavedinCAD and when the ambulance service vehicle and crew arrive on the scene (TimeFirstArrivedOnScene).

In the calculation of the KPI, priority 1, 2 or 3 refers to the original priority [PriorityOriginal] assigned to an incident when it is first saved in the CAD system (TimeFirstSavedinCAD). [PriorityOriginal] is used to determine the target response time i.e. time elapsed between TimeFirstSavedinCAD and TimeFirstArrivedOnScene.

To note: At any time prior to the first crew arriving at the scene (at TimeFirstArrivedOnScene) the priority assigned to an incident may change as available information is received that indicates a change to incident requirements. This may include a priority upgrade (e.g. a [PriorityOriginal] = 2 upgraded to [Priority] = 1) or downgrade (e.g. [PriorityOriginal] 1 to [Priority] = 2). If this occurs the final incident priority assigned is recorded in CAD at [Priority] and means the original priority assigned may be above or below the final priority recorded.

Priority downgrades are excluded from the calculation of the KPI as assessing performance against a quicker response time would be inappropriate as the ambulance crew is no longer able to respond to the incident under the higher priority conditions. That is, a [PriorityOriginal] of 1 would be assessed against a response time target of ≤ 15

minutes even if downgraded to a [Priority] of 2, which has a response time target of ≤25 minutes. Conversely, Priority upgrades (where [Priority] > [PriorityOriginal]) are included, as they are assessed against the original, slower response time target of [PriorityOriginal].

Inclusions

- Priority 1 incidents requiring emergency attention, i.e. [PriorityOriginal] = 1 and [Priority] = 1, or
- Priority 2 incidents requiring urgent attention, i.e. [PriorityOriginal] = 2 and [Priority] ≤ 2, or
- Priority 3 incidents requiring non-urgent attention, i.e. [PriorityOriginal] = 3 and [Priority] ≤ 3

and

- Metropolitan Perth road-based ambulance services, i.e. [RegionalOrMetro] = 'Metro'

Exclusions

- Country road-based ambulance services, i.e. [RegionalOrMetro] = 'Regional'
- Priority downgrades i.e. [PriorityOriginal] < [Priority]

Computation:

(Numerator / Denominator) x 100

Numerator:

Priority 1 - Emergency

Number of eligible Priority 1 incidents in the metropolitan area in the past 12 months where the time elapsed between [PriorityOriginal] and TimeFirstSavedinCAD and TimeFirstArrivedOnScene (or DOH_AdjustedResponseMins) is less than or equal to 15 minutes.

Priority 2 - Urgent

Number of eligible Priority 2 incidents in the metropolitan area in the past 12 months where the time elapsed between TimeFirstSavedinCAD and TimeFirstArrivedOnScene (or DOH_AdjustedResponseMins) is less than or equal to 25 minutes.

Priority 3 – Non-urgent

Number of eligible Priority 3 incidents in the metropolitan area in the past 12 months where the time elapsed between TimeFirstSavedinCAD and TimeFirstArrivedOnScene (or DOH_AdjustedResponseMins) is less than or equal to 60 minutes.

- {DOH_AdjustedResponseMins} is a derived field which adjusts the response time calculation by the time in minutes, for which a review by a team within the Clinical Hub was in progress. This includes time

reviewing the incident and associated calls and may include any welfare checks conducted. The time of review is calculated where the review time overlaps with the period between [TimeAnswer] and [TimeFirstArrivedOnScene] and subtracted from the final response time calculation.

- Note a referral of a patient from the call centre to a Clinical Hub that encompass the Secondary Triage Team (STT) and the WA Virtual Emergency Department (WAVED) may occur if deemed clinically appropriate.

Numerator data elements:

Data Element/Data Set

[IncidentNumber]
 [CaseDate]
 [TimeAnswer]
 [TimeFirstSavedinCAD]
 [TimeFirstArrivedOnScene]
 [PriorityOriginal]
 [Priority]
 [RegionalOrMetro]
 {DOH_AdjustedResponseMins}

Data Source

Contracted service provider's Ambulance Activity Data Extract

Guide for use

N/A

Denominator:

Total number of eligible [OriginalPriority]

- 1 - Emergency,
- 2 - Urgent, or
- 3 – Non-urgent

incidents respectively in the metropolitan area in the past 12 months.

Denominator data elements:

Data Element/Data Set

[PriorityOriginal]
 [Priority]
 [RegionalOrMetro]

Data Source

Contracted service provider's Ambulance Activity Data Extract.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

[PriorityOriginal]

Data Source

Nil.

Guide for use

Nil.

Comments:

The priority allocation associated with an incident can change throughout the course of the incident.

The calculation of priority 1 response times in this KPI differs from that in the Report on Government Services (RoGS). RoGS indicators define response times as the time between the arrival of the first responding ambulance resource at the scene of an emergency code 1 incident, and the initial receipt of the call for an emergency ambulance at the communications centre.

Urban centre response times applied for each jurisdiction's capital city boundaries are based on the Australian Bureau of Statistics Urban Centres Localities.

Measures in RoGS are provided for the 50th and 90th percentile, however this effectiveness indicator differs in that it provides a percentage of all incidents attended.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Episode

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data source

Contracted service provider's Ambulance Activity Data Extract

Data provider

System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health.

Data custodian

Principal Data Management Officer, Data Management, Information & Performance Governance, ISPD, WA Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Priority 1 (within 15 minutes): ≥90%
 Priority 2 (within 25 minutes): ≥90%
 Priority 3 (within 60 minutes): ≥90%

Sourced from: This target is specified in the service agreement with the contracted service provider.

The target value is provided by the WA Department of Health’s contract manager each reporting year.

Approved by: Director General, WA Department of Health

Methodology: Nil.

Further data development/ collection required: Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Response times for emergency air-based patient transport services (Percentage of emergency air-based inter-hospital transfers meeting the state-wide contract target response time for priority 1 calls)

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0022
<i>Reporting scope/entities:</i>	WACHS
<i>Description:</i>	Percentage of emergency air-based inter-hospital transfers meeting the state-wide contract target response time for priority 1 calls.
<i>Rationale:</i>	<p>To ensure Western Australians receive the care and medical transport services they need, when they need it, WA Country Health Service (WACHS) has entered a contractual relationship to deliver emergency air-based patient transport services to the WA public. This collaboration ensures that patients have access to an effective aeromedical and inter-hospital patient transfer service to ensure the best possible health outcomes for patients requiring urgent medical treatment through rapid response.</p> <p>Response times for patient transport services have a direct impact on the speed with which a patient receives appropriate medical care and provide a good indication of the efficiency and effectiveness of patient transport services. Adverse effects on patients and the community are reduced if response times are reduced.</p> <p>Transfers are assigned a clinical priority (1 to 5) via the WACHS Acute Patient Transfer Coordination (APTC) Service, to ensure that conflicting flight requests are dealt with in order of medical need and to allow operations coordinators to task aircraft and crews in the most efficient means possible to meet these needs. The priority system in place is as follows:</p> <ul style="list-style-type: none"> • Priority 1 refers to immediate life-threatening emergencies. • Priority 2 refers to emergency medical transfer. • Priority 3 refers to urgent transfer. • Priority 4 refers to semi-urgent transfer. • Priority 5 refers to non-urgent transfer or repatriation. <p>Through surveillance of this measure over time, the effectiveness of patient transport services can be determined. This facilitates further development of targeted strategies and improvements to operational management</p>

practices aimed at ensuring optimal restoration to health for patients in need of urgent medical care.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

Collection and usage attributes

Population group age from: All ages.

Population group age to: All ages.

Computation description: [Numerator] divided by the [Denominator] multiplied by 100 (expressed as a percentage).

General notes

Contract target patient response time for priority 1 calls time is measured from the point in time that WACHS Acute Patient Transfer Coordination (APTC) Service issues the referral, to arrival at nearest airstrip to sending healthcare facility, crewed and ready to load patient within 4 hours (“doors open”).

Data is provided to WACHS as a percentage by the contracted service provider.

Inclusions:

- Eligible priority 1 patients.

WA inter-hospital transfers from a:

- Private hospital to a public hospital
- Public hospital to a private hospital
- Public hospital to a public hospital, nursing home or psychiatric hospital, including both admitted patients and those who are non-admitted patients treated in public emergency departments prior to transfer.
- Private hospital to private hospital as identified in Schedule 9 of the Contract.
- Eligible patients transferred from the Kimberley region to and from the Royal Darwin Hospital, as contracted under a service agreement with the Northern Territory government.

Exclusions:

Transfers from a hospital that is co-located with an air base.

Transfer to or from outpatient services.

Private patients transferred between private facilities.

Repatriation-transfer of a patient to their home (including interstate).

Primary retrievals which is the primary evacuation or retrieval including patient assessment, treatment and transfer prior to the assessment and care at a health facility. Primary evacuation is provided under funding arrangements with the Australian Government Department of Health and Aged Care.

Computation:

(Numerator / Denominator) x 100

Numerator:

Number of eligible priority 1 cases meeting the target contract response time (measured from time of WACHS APTC referral to arrival at nearest airstrip to sending healthcare facility within 4 hours).

Numerator data elements:

Data Element/Data Set

Transport Activity Data Set provided to WACHS monthly

Data Source

Contract Performance Report provided to WACHS monthly.

Guide for use

Data is provided as a percentage by the contracted service provider.

Denominator:

Total number of Priority 1 emergency air-based inter-hospital transfers completed.

Denominator data elements:

Data Element/Data Set

Transport Activity Data Set provided to WACHS monthly.

Data Source

Contract Performance Report provided to WACHS monthly.

Guide for use

Data is provided as a percentage by the contracted service provider.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

The service contract is managed by WACHS as a statewide service and is only reported by WACHS.

Comments: Transfers are assigned a clinical priority (1 to 5) via the WACHS Acute Patient Transfer Coordination (APTC) Service Consultation is undertaken with the Service Provider, to ensure that conflicting flight requests are dealt with in order of medical need and to allow operations coordinators to task aircraft and crews in the most efficient means possible to meet these needs. The priority system in place is as follows:

- Priority 1 Immediate
- Priority 2 Emergency
- Priority 3 Urgent
- Priority 4 Semi-urgent
- Priority 5 Non-urgent or repatriation

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Episode

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework.

Data source attributes

Data sources:

Data Source

Contract performance reports provided to WACHS on a monthly basis (data for the report is sourced from the service provider).

Data provider

System Performance And Reporting WACHS.

Quality statement:

The data is reviewed by WACHS Procurement and Contract Management Directorate and validated against a full dataset that is provided by the Service Provider.

Accountability attributes

Benchmark:

Nil.

Methodology:

Target: ≥90%

Sourced from: This target is as specified in the Contract between WACHS and the service provider which commenced 1 July 2024. This target is as specified in the Service Agreement between WACHS and the service provider.

The target value is provided by WACHS (contract manager) each reporting year.

Approved by: Director General, WA Department of Health.

Further data development/ collection required:

The current WACHS contract commenced 1 July 2024.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Service Agreement: Contract Interhospital Patient Transport Services (WACHS20226760)³⁷

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

³⁷ Note a new Aeromedical Interhospital Patient Transport Services Service Agreement commenced 1 July 2024 and a new $\geq 90\%$ target has been implemented for the 2024-25 reporting period.

Percentage of PathWest test results available to Emergency Departments within the required timeframe (in lab to verified time): (a) Haemoglobin (40 minutes); (b) Potassium (40 minutes); (c) Troponin (50 minutes)

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: PathWest turnaround times

Catalogue identifier: 0023

Reporting scope/entities: PathWest

Only selected public hospitals with emergency departments and on-site PathWest laboratories are in scope for this KPI – refer to *Comments* section for a full list of hospitals.

Description: The percentage of pathology tests completed by PathWest on samples from Emergency Departments (EDs) that have results verified and available within the target time, for haemoglobin, potassium and troponin.

Rationale: PathWest is the main provider of pathology services within the WA health system, servicing all public hospitals in Western Australia.

Turnaround times for pathology tests are widely used as an indication of overall pathology service performance. In an Emergency Department, timely availability of pathology test results is crucial for accurate diagnosis and commencement of appropriate treatment. Improvements in pathology turnaround times can also impact the overall functioning of EDs by reducing the length of patient stays and improving throughput³⁸.

This performance indicator is based on three indicators produced by the Australian Council on Healthcare Standards (ACHS). The selection of these specific tests is due to their critical role in diagnosing potentially life-threatening conditions in an emergency setting.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

³⁸ Kaushik et al (2018). Reduction in laboratory turnaround time decreases emergency room length of stay. *Open Access Emergency Medicine*: OAEM, 10, 37–45. <http://doi.org/10.2147/OAEM.S155988>

Collection and usage attributes*Population group age from:* All*Population group age to:* All*Computation description:* [Numerator] divided by the [Denominator], multiplied by 100 (expressed as a percentage)**Inclusions**

All completed pathology requests received by PathWest from in-scope hospitals, where:

- [v_s_lab_clinic].[type] = E (denotes an Emergency Department as the ordering ward)
- [v_p_lab_test_result].[test_id] =
 - a) HGBR (Haemoglobin)
 - b) POT (Plasma Potassium) or
 - c) 'TROP','TROP1','TROP2','TROP3','TROP4','TROP5' (Troponin I)
 Note that the list of test codes may change/expand over time
- [v_p_lab_test_result].[state] = 'Final' (include only completed tests)
 - [v_p_lab_test_result].[test_performing_location] in ('RPLB', 'AKLB', 'FSLB', 'RKLB', 'QELB', 'PQLB', 'ALLB', 'BYLB', 'KELB', 'GHLB', 'KGLB') (only Health Service Provider Reporting performing labs)
 - substr(v_p_lab_order.ordering_clinic_id,1,2) =v_s_lab_location.performing_lab_id (performing lab is at same site as the requesting ward)

Exclusions

- ISTAT tests and Point of Care testing
- [lab_ordt].[cancelled_flag] = 0 (Cancelled)
- not exists (select 1 from [v_p_lab_cancellation] where v_p_lab_cancellation.[test_result_aa_id] = [v_p_lab_test_result].[aa_id]) (orders with null result or errors in testing)
- [v_p_lab_ordered_test].[bill_type] != 1 (bills only orders)
- [v_p_lab_test_result].[not_report_test] = 'N' (tests marked as not to be reported)
- cast([v_p_lab_ordered_test].received_dt as timestamp) >= cast([v_p_lab_test_result].verified_dt as timestamp) (invalid time interval; specimens verified at the same time or before they were received)
- [v_p_lab_ordered_test].[ordering_dt] and [v_p_lab_test_result].[verified_dt] are not null (invalid time intervals)
- substr([v_p_lab_ordered_test].[parent_order], 1, 1) != 'A' (orders which have parent order, indicating recurring orders)

- tat.addon_ind = 'N' (add on tests)
- lab_ordt.redundant_flag = 0 (redundant tests)

Computation: (Numerator / Denominator) x 100

Numerator: Total number of Emergency Department pathology tests verified and available within the required timeframe – that is:

- Haemoglobin: ≤ 40 minutes
- Plasma Potassium: ≤ 40 minutes
- Troponin: ≤ 50 minutes

The calculation to determine if a test is verified and available within the timeframe = [verified] time minus [received] time.

Numerator data elements: **Data Elements**

[indicator]
[hospital]
[patient_type]
[lab]
[lab_perform]
[received]
[verified]

Data Sources

SCC Soft, Laboratory Information Systems (LIS), via the PathWest Data Warehouse.

Guide for use

Nil.

Denominator: Total number of Emergency Department pathology tests completed at in-scope hospitals for:

- Haemoglobin
- Plasma Potassium
- Troponin

Denominator data elements: **Data Element/Data Set**

[indicator]
[hospital]
[patient_type]
[lab]
[lab_perform]
[received]
[verified]

Data Source

SCC Soft Laboratory Information Systems, via the PathWest Data Warehouse.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

[indicator]

[hospital]

Data Source

SCC Soft Laboratory Information Systems, via the PathWest Data Warehouse.

Comments:

For PathWest's internal reporting on this indicator, data exceeding an upper bound to the turnaround time calculation is excluded. The default upper threshold is 1,440 minutes for Plasma Potassium and Haemoglobin, and 600 minutes for Troponin.

This KPI is based on ACHS indicators which are specific to pathology requests from Emergency Departments only. Due to the inconsistent classification of emergency activity in smaller regional hospitals (i.e., Public acute groups C and D³⁹); these sites are excluded from this KPI.

PHC, SJOG Midland Public Hospital and JHC are out of scope as PathWest does not provide routine pathology services for these hospitals.

Hospitals in scope for this KPI are:

- **EMHS** - Royal Perth Hospital, Armadale-Kelmscott District Memorial Hospital
- **SMHS** - Fiona Stanley Hospital, Rockingham Hospital
- **NMHS** - Sir Charles Gairdner Hospital, King Edward Memorial Hospital for Women
- **CAHS** - Perth Children's Hospital
- **WACHS** - Albany Hospital, Bunbury Hospital, Geraldton Hospital, Kalgoorlie Hospital

Tests which require offsite transport are not in scope due to the impact of transport time on overall turnaround time.

The timeframe relevant to this KPI ("in lab" to "verified" time) commences when the pathology sample is received in the laboratory and ends when the test result is available to the requesting party. The available time is calculated by the "verified" time minus the "received" time. This reflects the difference (in minutes) between when the specimen is received (in the lab) and the time the result is reported and available to the requesting party.

Point-of-care testing (POCT) is often performed within EDs to expedite clinical decision making. Although this is supported by PathWest through provision and

³⁹ As defined by the Australian Institute of Health and Welfare's *Australian hospital peer groups* at <https://www.aihw.gov.au/getmedia/79e7d756-7cfe-49bf-b8c0-0bbb0daa2430/14825.pdf.aspx?inline=true>.

maintenance of equipment, only laboratory-tested samples are in scope for this indicator.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Episode
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework.

Data source attributes

Data sources:

Data Source

As per numerator and denominator data elements.

Data provider

PathWest Data & Analytics Services.

Quality statement:

This performance indicator is based on three indicators produced by the Australian Council on Healthcare Standards (ACHS). The selection of these specific tests is due to their critical role in diagnosing potentially life-threatening conditions in an emergency setting.

Turnaround time for in-lab to verified time for Haemoglobin, Potassium and Troponin I is defined and reported nationally in the ACHS Clinical Indicator User Manual (Pathology Version 4.1)

LIS downtime may delay the transmission of results from instruments to the SCC Soft and impact on the resulted time. Results are available to be provided to clinicians but may show an extended TAT.

Instrument down time due to instrument, power or IT issues will affect TATs and operational issues may delay the in-lab receipt time.

Accountability attributes

Benchmark:

Targets:

- (a) Haemoglobin: $\geq 88\%$
- (b) Plasma Potassium: $\geq 67\%$
- (c) Troponin I: $\geq 74\%$

Sourced from: The targets were set based on an aggregate of results from all participating Australian Principal Referral hospitals (as defined by the AIHW) with data supplied by the ACHS Pathology Peer Group Reports. The target is reviewed annually taking into consideration historical data

and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

A new Laboratory Information System (SCC Soft) was implemented during the 2020 calendar year, meaning data in the 2020-21 reporting year is sourced from two different systems to report the indicator. From 2020-21 onwards, the indicator is reported from SCC Soft only.

Source and reference attributes

Reference documents:

**Australian Council on Healthcare Standards (ACHS)
Clinical Indicator User Manual 2016, v4.1**

**ACHS Australasian Clinical Indicator Report 2016-
2023, 25th Edition, Pathology Clinical Indicators v4.1**
<https://www.achs.org.au/news/acir2016-23>

Australian hospital peer groups, AIHW 2015
<https://www.aihw.gov.au/getmedia/79e7d756-7cfe-49bf-b8c0-0bbb0daa2430/14825.pdf>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of PathWest Pathology Quality Assurance Program results within an acceptable range

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: PathWest test quality

Catalogue identifier: 0024

Reporting scope/entities: PathWest

All 27 PathWest laboratories that participate in the Royal College of Pathologists of Australasia (RCPA) Quality Assurance Programs (QAP).

Description: The percentage of pathology RCPA QAP test results that are within the acceptable range defined by the RCPA.

Rationale: PathWest is the statewide provider of public pathology services within the WA health system, servicing all public hospitals in Western Australia. PathWest performs over 13 million tests per year.

Pathology testing is used to:

- diagnose 70% of all diseases and 100% of cancers,
- predict susceptibility to disease,
- prevent disease by identifying risk factors in patients that can be modified,
- determine patient prognosis,
- identify the presence or absence of infection,
- monitor disease, identifying whether treatments are effective, and
- personalise treatment to achieve the best clinical outcomes.

Tests that fail quality assurance may produce erroneous results. Inaccurate results can lead to misdiagnosis and mistreatment of patients and delays in diagnosis or treatment, leading to increased morbidity or mortality.

PathWest is enrolled in a broad range of external Quality Assurance Programs to meet their mandatory accreditation requirements. The RCPA has the most extensive Quality Assurance Program in Australasia and receives over 1,000 submissions from laboratories.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.

- Effectiveness.

Collection and usage attributes

Population group age from: All.

Population group age to: All.

Computation description: [Numerator] divided by [Denominator] multiplied by 100 (expressed as percentage).

Inclusions

Every PathWest laboratory is enrolled in the RCPA Quality Assurance Program although the specific enrolments vary by laboratory and specialty or discipline. The laboratories are:

- Albany
- Armadale
- Bentley
- Broome
- Bunbury
- Busselton
- Carnarvon
- Collie
- Derby
- Esperance
- Fiona Stanley Hospital
- Fremantle
- Geraldton
- Kalgoorlie
- Karratha
- Katanning
- Kununurra
- Manjimup
- Merredin
- Narrogin
- Northam
- Osborne Park
- King Edward Memorial Hospital
- Port Hedland
- QEII Medical Centre
- Rockingham
- Royal Perth Hospital

Details of enrolments by laboratory are contained within each discipline's Standard Operating Procedure (SOP).

Exclusions

PHC, SJOG Midland Public Hospital and JHC are out of scope as PathWest does not provide routine pathology services for these hospitals.

Computation: (Numerator / Denominator) x 100

Numerator: Number of test results received from the RCPA QAP that fall within the RCPA defined acceptable range for these tests.

[Due Date] must fall within the reporting period for the test to be included.

Numerator data elements:

Data Elements

[Specialty]

[Participant No]

[Program]

[Cycle]

[Survey]

[Due date]

[Specimens]

{Total number of test results passed}

Data Source

RCPA Quality Assurance Program Final Reports

Guide for use

Nil.

Denominator: Total possible score for test results received from the RCPA during the reporting period.

Denominator data elements:

Data Element/Data Set

[Specialty]

[Participant No]

[Program]

[Cycle]

[Survey]

[Due date]

[Specimens]

{Total possible score}

Data Source

RCPA Quality Assurance Program Final Reports.

Guide for use

The denominator is the aggregate of total possible scores for test results that meet the target results or are within the limits of performance as determined by the RCPA QAP.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

For annual reporting purposes, this KPI is reported at entity level only, therefore disaggregation is not required.

Comments:

Quality Assurance Programs are provided for all disciplines of pathology and are developed with assistance from professional bodies and with significant input from participating laboratories.

Based on analysis of 2023 data, the RCPA provides a Quality Assurance Program for 90% of the diverse types of pathology tests performed by PathWest to which Pathwest subscribes. RCPA distributes QAP material according to an annual timetable based on calendar year. Frequency depends on the program (e.g. Fortnightly, monthly, quarterly, annually). More common tests have a QAP cycle twice a month and esoteric tests may have only 1 cycle per annum. QAP material is distributed to each of PathWest's 27 laboratories, however some sites have more than one instrument that performs a test and the laboratory must submit a result for every analyser producing that test result.

The RCPA evaluates performance against the specifications for all participants and for all instrumentation and methodologies. The acceptable variance for quantitative analysis is determined as having a coefficient of variation within the 90th percentile of all nationally enrolled laboratories. The acceptable variance for qualitative analysis is concordance with the RCPA's defined result for the control sample.

Each RCPA QAP final report provides a peer comparison of the PathWest results against other Pathology services using the same testing platform and reagents / test method. Where an interpretive comment or diagnostic comment is being compared, PathWest's result is compared with the target diagnosis or consensus result that is determined by the RCPA QAP.

For qualitative results (e.g., Anatomical Pathology) RCPA indicates that PathWest's result is either concordant or discordant.

QAP results are used by PathWest to assess the precision and accuracy of test results based on the RCPA's acceptable result variance of their control sample and by comparison to analytical performance specifications set by the RCPA. Failed QAP result(s) prompt the laboratory to check internal quality control and internal processes to identify if patient results may also have been affected.

Only results received up to and including 30 June are included.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Test
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

RCPA Quality Assurance Program Final Reports.

Frequency

Annually, by financial year.

Data provider

PathWest Data & Analytics Services

Quality statement:

Nil.

Accountability attributes

Benchmark:

Target: 100%

Sourced from: The target was agreed with the Department of Treasury and is considered aspirational in order to drive performance improvements. No national, state or best practice target exists for this indicator. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

There is no industry defined target, PathWest uses the theoretical target of 100% passed to drive continuous quality improvement across the organisation.

Source and reference attributes

Reference documents:

[RCPA QAP Product Catalogue](#)

PathWest SOP for:

- Anatomical Pathology
- Biochemistry and Toxicology
- Diagnostic Genomics
- Haematology

- Immunology
- Microbiology

Registry management attributes*Version control:*

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of (a) adults and (b) children who have a tooth retreated within six months of receiving initial restorative dental treatment

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: Nil.

Catalogue identifier: 0025

Reporting scope/entities: NMHS

Description: The percentage of (a) adults and (b) children who have a tooth retreated within six months of receiving initial restorative dental treatment.

Rationale: This KPI is used to assess, compare and determine the potential to improve dental care for WA clients. This KPI represents the growing recognition that a capacity to evaluate and report on quality is a critical building block for system-wide improvement of healthcare delivery and patient outcomes.

A low unplanned retreatment rate suggests that good clinical practice is in operation. Conversely, unplanned returns may reflect:

- less than optimal initial management
- development of unforeseen complications
- treatment outcomes that have a direct bearing on cost, resource utilisation, future treatment options and patient satisfaction.

By measuring and monitoring this KPI, the level of potentially avoidable unplanned returns can be assessed in order to identify key areas for improvement (i.e. cost-effectiveness and efficiency, initial treatment and patient satisfaction). This KPI is nationally reported in the Australian Council on Healthcare Standards Oral Health Indicators⁴⁰. Its inclusion provides opportunity for benchmarking across jurisdictions.

Indicator set: Annual Reports 2025-26

Frequency: Annual, for previous financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

Collection and usage attributes

⁴⁰ [Australasian Clinical Indicator Report](#)

<i>Population group age from:</i>	a) Adults – 18 years. b) Children – Zero years.
<i>Population group age to:</i>	a) Adults – No upper limit. b) Children – 17 years.
<i>Computation description:</i>	[Numerator] divided by [Denominator] multiplied by 100 (expressed as percentage).

General notes

Information taken from Oral Health Clinical Indicator User Manual v5.3, The Australian Council on Healthcare Standards – Adults CI 1.1: Restorative treatment – teeth retreated within 6 months; Children CI 3.1: Restorative treatment (children) – teeth retreated within 6 months.

The calculation will be performed in its entirety by the DHS. The average is calculated across two 6 month periods (previous financial year) to produce an annual report KPI.

The following common dental terms are interchangeable: Permanent Teeth/Dentition and Secondary Teeth/Dentition;

- Describes the teeth notated as FDI code 11-18, 21-28, 31-38, and 41-48
- General common usage ‘Adult Teeth’, Permanent and Secondary Teeth or dentition are interchangeable terms
- This document uses Permanent to describe these specific teeth.

The following common dental terms are interchangeable: Deciduous Teeth/Dentition and Primary Teeth/Dentition;

- Describes the teeth notated as FDI code 51-55, 61-65, 71-75 and 81-85,
- General common usage ‘Baby Teeth’, ‘Deciduous’ and ‘Primary Teeth’ are interchangeable terms,
- This document uses ‘Deciduous’ to describe these specific teeth.

Inclusions

Only procedures performed by ‘in-house’ public sector staff are included in the denominator, but retreatments performed by undergraduate and postgraduate students are counted in the numerator.

Private sector contracted retreatment work is included in the numerator.

For children - retreatment refers to any treatment provided to the same tooth or for the same condition within the study period and includes:

- Repeat of the same treatment, e.g. replacement of any filling on either deciduous or permanent tooth for a child (less than 18 years).

For adults - Retreatment refers to any treatment provided to the same tooth or for the same condition within the study period and includes:

- Repeat of the same treatment, e.g. replacement of an amalgam restoration.

Australian Dental Association (ADA) item codes applicable to the Oral Health Indicator set, Service item numbers – 13th Edition ADA Item Code.

Please refer to the Australian Council on Healthcare Standards Oral Health Clinical Indicator User Manual v5.3 for numerator and denominator item numbers – Adults CI 1.1: Restorative treatment – teeth retreated within 6 months; Children CI 3.1: Restorative treatment (children) – teeth retreated within 6 months.

Exclusions

Public sector work where the initial treatment is provided by undergraduate and postgraduate students is excluded from the initial count (denominator) but included in any retreatments (numerator).

Private sector contracted work is excluded from the initial count (denominator).

Computation:

$(\text{Numerator} / \text{Denominator}) \times 100$

Numerator:

- Adults: Total number of permanent teeth retreated within 6 months of an episode of restorative treatment, across two 6 month reporting periods.
- Children: Total number of teeth retreated within 6 months of an episode of restorative treatment, across two 6 month reporting periods.

Note: Retreatments performed by undergraduate and postgraduate students and private clinicians working under subsidy schemes are included in the numerator.

Numerator data elements:

Data Element/Data Set

[Patient ID]
 [Treatment Date]
 [Treatment Code]
 [Tooth Code]
 [Operator Code]
 [Clinic Code]

Data Source

Dental Information Management Patient Management System (DenIM PMS).

Guide for use

Nil.

Denominator:

- a) Adults: Total number of permanent teeth restored, across two 6 month reporting periods.
- b) Children: Total number of teeth restored, across two 6 month reporting periods.

Note: Initial treatment items provided by undergraduate and postgraduate students and private clinicians working under subsidy schemes are to be excluded from the denominator.

Denominator data elements:

Data Element/Data Set

[Patient ID]
 [Treatment Date]
 [Treatment Code]
 [Tooth Code]
 [Operator Code]
 [Clinic Code]

Data Source

DenIM PMS.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

- a) DenIM Clindicator1.1. report extract (adults).
- b) DenIM Clindicator3.1. report extract (children).

Data Source

See Numerator and/or Denominator.

Guide for use

This statewide service is provided by the DHS. The budget for the DHS is received by NMHS, so only NMHS will report this KPI in their Annual Report.

Comments:

DHS is the primary (but not sole) provider of public general dental services in Western Australia.

Re-restoration, endodontic treatment or extraction after placement of dental fillings (restorations) may cause patient inconvenience and decrease patient satisfaction. As well, they decrease cost effectiveness and efficiency.

Representational attributes

Representation class:

Percentage.

<i>Data type:</i>	Number.
<i>Unit of measure:</i>	Person.
<i>Format:</i>	NNN.NN%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

DenIM PMS.

Data provider

DHS, NMHS.

Quality statement:

Data is collected and reported in accordance with the definitions set out in the Oral Health v5.3 Clinical Indicator User Manual, The Australian Council on Healthcare Standards.

The collection of patient record-level data through the statewide DenIM system allows unique identification of public patients and each individual tooth being retreated across both public and private sector dental providers. Clinical audits to verify this data are conducted by senior clinical managers as part of a regular quality assurance process.

A long lag period (6 months) is required to allow for re-treatments to occur, and then additional time is required for data transfer and quality checking. There may be delays of up to 3 months in the collection of data due to processing of manual claims from external private clinics. Delays may also be experienced in submission of itemised activity reports from external outreach services.

This long lag necessitates the use of previous financial year rather than latest financial year or previous calendar year data for this KPI (i.e. 2024-25 data is reported in the 2025-26 reporting year).

Accountability attributes

Benchmark:

Targets:

- a) Adults: <6.05%
- b) Children: <2.11%

Sourced from: Although national data is available via the Australian Council on Healthcare Standards (<https://www.achs.org.au/>) Dental Health Services regularly outperform these benchmarks. As a result, in 2022-23 a new target methodology was introduced, using a five year

calendar year average (2016 to 2020) of WA results. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Oral Health Clinical Indicator User Manual v5.3, The Australian Council on Healthcare Standards.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of eligible school children who are enrolled in the School Dental Service program

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0026
<i>Reporting scope/entities:</i>	NMHS
<i>Description:</i>	The percentage of eligible school children who are enrolled in the School Dental Service (SDS) program.
<i>Rationale:</i>	<p>Early detection and prevention of dental health problems in children can ensure better health outcomes and improved quality of life throughout the crucial childhood development years and into adult life. While dental disease is common in children, it is largely preventable through population based interventions and individual practices such as personal oral hygiene, better diet and regular preventive dental care.</p> <p>The School Dental Service program ensures early identification of dental problems and, where appropriate, provides treatment. By measuring the percentage of school children enrolled, the number of children proactively involved in publicly funded dental care can be determined in order to gauge the effectiveness of the program. This in turn can help identify areas that require more focused intervention and prevention and health promotion strategies to help improve the dental health and well-being of children.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by calendar year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

<i>Population group from:</i>	Pre-primary (see General notes)
<i>Population group to:</i>	Year 11 (see General notes)
<i>Computation description:</i>	[Numerator] divided by [Denominator] multiplied by 100 (expressed as percentage).
	General notes:

All school children starting pre-primary until the end of year 11 who attend a Western Australian Department of Education recognised school are eligible for the SDS. A parent/guardian is required to consent to dental examination and screening of their child in the SDS program.

Inclusions:

Children eligible for the SDS Program (see General notes).

Exclusions:

Any service provided through the Oral Health Centre of Western Australia (OHCWA) and other hospital-run dental facilities (e.g. Perth Children's Hospital).

Students attending TAFE are not eligible for the SDS.

Computation:

$(\text{Numerator} / \text{Denominator}) \times 100$

Numerator:

Number of school children enrolled in the SDS program.

Numerator data elements:

Data Element/Data Set

[School Grade]

[SDS Enrolled Students]

Data Source

DenIM PMS

Guide for use

Reported from DHS SDS enrolment figures in November of each year (post SDS annual data entry intake).

Public school student class list data is now provided electronically by the Department of Education rather than via paper class lists being provided to each dental clinic. Enrolment data for existing students is regularly updated with students who are no longer eligible removed regularly from the database rather than annually as occurred in previous years. New students are identified centrally (not by clinics), enrolment applications are created and sent to schools for distribution, completion and return. Upon return of enrolment forms, students are manually enrolled.

Denominator:

The number of school children eligible for enrolment in the SDS program.

Denominator data elements:

Data Element/Data Set

[School students]

[School Level (Grade)]

Data Source

Department of Education of WA.

Guide for use

Published by Department of Education in September of each year (post census).

The Department of Education conducts a student census at the beginning of each semester. Census is the broad term used for the coordinated collection of various data at a particular point in time. The census data includes the number of primary and full-time secondary students by year level attending public and non-government schools.

Student census data is available on the Department of Education's website www.education.wa.edu.au/school-data-and-performance.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

DHS is a publicly funded statewide service. This KPI is reported at State level in the NMHS annual report.

Comments:

DHS is the primary (but not sole) provider of public general dental services in Western Australia.

'Enrolled in program' - Where a parent/guardian has consented to dental examination and screening of their child in the SDS program.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Person

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Refer to Numerator and Denominator

Data provider

DHS, NMHS

Quality statement:

The collection of the SDS patient record-level data through the statewide DenIM system allows unique identification of public patients being treated throughout Western Australia.

Clinical audits to verify this data are conducted by senior clinical managers as part of a regular quality assurance process.

To ensure consistency, the SDS enrolment data and Department of Education school census data should always be sourced from the same calendar year.

Accountability attributes

Benchmark:

Target: Rate of enrolment: $\geq 74\%$.

Sourced from: The target was amended in 2025-26, decreasing from 78% to 74%, based on the most recent five financial years of data. This decrease reflects ongoing workforce shortages and changing health care access patterns in the wider community. No national, state or best practice target exists for this indicator. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of eligible people who accessed Dental Health Services

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: Nil.

Catalogue identifier: 0027

Reporting scope/entities: NMHS

Description: The percentage of eligible people who accessed DHS. Eligible people are defined as those who hold a current Pension Concession Card (Centrelink) or Health Care Card.

Rationale: Oral health, including dental health, is fundamental to overall health, wellbeing and quality of life, with poor oral health likely to exist when general health is poor and vice versa. This makes access to timely dental treatment services critical in reducing the burden of dental disease on individuals and communities, as it can enable early detection, diagnosis and the use of preventive interventions rather than extensive restorative or emergency treatments.

To facilitate equity of access to dental health care for all Western Australians, dental treatment services (including both emergency care and non-emergency care) are provided through subsidised dental programs to eligible people in need. This indicator measures the level of access to these subsidised dental health services by monitoring the proportion of all eligible people receiving the services.

Measuring the use of dental health services provided to eligible people can help identify areas that require more focused intervention and prevention and health promotion strategies to help ensure the improved dental health and wellbeing of Western Australians with the greatest need.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Effectiveness.

Collection and usage attributes

Population group age from: 0 years

Population group age to: No upper limit

<i>Computation description:</i>	[Numerator] divided by [Denominator] multiplied by 100 (expressed as percentage).
	General notes:
	Nil.
	Inclusions:
	Eligible people are defined as those who hold a current Pension Concession Card (Centrelink) or Health Care Card. Eligible people who access a public dental service or receive treatment through a participating private dental practitioner. Children aged 0 to 4 whose name appears on their parent's Health Care or Pension Concession Card, are also eligible to attend a general dental clinic for care.
	Exclusions:
	Australian Government funded dental health services provided through the National Partnership Agreement.
	Services provided through the Oral Health Centre of Western Australia (OHCWA) and other hospital run dental facilities (e.g. Perth Children's Hospital).
<i>Computation:</i>	$(\text{Numerator} / \text{Denominator}) \times 100$
<i>Numerator:</i>	Number of individual/unique people who accessed DHS.
<i>Numerator data elements:</i>	<p>Data Element/Data Set</p> <p>[Scheme] [Treatment Payment Date] [Financial Year]</p> <p>Data Source</p> <p>DHS DenIM database</p> <p>Guide for use</p> <p>Nil.</p>
<i>Denominator:</i>	Number of Pension Concession Card (Centrelink) and HealthCare Card holders in Western Australia.
<i>Denominator data elements:</i>	<p>Data Element/Data Set</p> <p>[State] [Payment recipients] [Payment type]</p> <p>Data Source</p> <p>Department of Social Services (DSS), Australian Government Payment Demographic Data</p> <p>https://data.gov.au/search?q=dss-payment-demographic-data</p> <p>Guide for use</p>

	Nil.
<i>Disaggregation data elements:</i>	<p>Data Element/Data Set</p> <p>Nil.</p> <p>Data Source</p> <p>Nil.</p> <p>Guide for use</p> <p>DHS is a publicly funded statewide service. This KPI is reported at State level in the NMHS annual report.</p>
<i>Comments:</i>	DHS is the primary (but not sole) provider of public general dental services in Western Australia.
Representational attributes	
<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person
<i>Format:</i>	NNN.N%
Indicator conceptual framework	
<i>Framework and dimensions:</i>	2025-26 Outcome Based Management Framework
Data source attributes	
<i>Data sources:</i>	<p>Data Source</p> <p><u>Numerator</u></p> <p>DHS DenIM database.</p> <p><u>Denominator</u></p> <p>Services Australia “DSS Demographics” report downloaded from webpage https://data.gov.au/search?q=dss-payment-demographic-data</p> <p>Data provider</p> <p>DHS, NMHS</p>
<i>Quality statement:</i>	<p>This KPI measures the access to State Government funded public dental services by eligible individuals seeking this service. Patients who receive services funded under the National Partnership Agreement (NPA) on Public Dental Services for Adults are excluded from this count. There are significant external factors which may lead to fluctuations in this indicator from year to year, including economic climate, disease incidence levels, public dental funding levels, dental workforce levels and access to facilities.</p>

There may be delays of up to 3 months in the collection of data due to processing of manual claims from external private clinics at completion of each course of subsidised treatment. This is mitigated by totalling the number of patients based on the financial year in which claims from external providers are processed rather than the date of treatment. Delays may also be experienced in submission of activity from some external outreach services.

Accountability attributes

Benchmark: Target: ≥15%

Sourced from: The target was developed using historical data and in consultation with stakeholders and subject matter experts. No national, state or best practice target exists for this indicator. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

Further data development/ collection required: Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of patients who access emergency services at a small rural or remote Western Australian hospital and are subsequently discharged home

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0028
<i>Reporting scope/entities:</i>	WACHS
<i>Description:</i>	The percentage of patients who access emergency services at a small rural or remote Western Australian hospital and have an outcome of discharged home.
<i>Rationale:</i>	<p>Small country hospitals provide emergency care services, residential aged care services and limited acute medical and minor surgical services in locations close to home for country residents and the many visitors to the regions.</p> <p>This indicator measures whether small rural and remote hospital emergency services provide the level of care required to meet the needs of the community. Accessing health services with the outcome of returning home (where clinically justified) is indicative of effective service delivery.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as percentage).
	<p>Inclusions</p> <p>{Presentation Date} and {Presentation Time} are valid, not missing and within the reference period.</p> <p>[Discharge Date] and [Discharge Time] are not missing and are valid.</p> <p>[Triage Category] = 1 (Resuscitation) or 2 (Emergency) or 3 (Urgent) or 4 (Semi-urgent) or 5 (Non-urgent).</p>

[Departure Status] = ED service event completed; departed under own care (2) or Nursing Home (13).

Included sites are:

Goldfields

Laverton Hospital, Leonora Hospital, Norseman Hospital.

Great Southern

Denmark Hospital, Gnowangerup Hospital, Kojonup Hospital, Plantagenet Hospital, Ravensthorpe Hospital.

Kimberley

Fitzroy Crossing Hospital, Halls Creek Hospital, Wyndham Hospital.

Midwest

Dongara Health Centre, Exmouth Hospital, Kalbarri Hospital, Meekatharra Hospital, Morawa Hospital, Mullewa Hospital, North Midlands Hospital, Northampton Hospital.

Pilbara

Onslow Hospital, Paraburdoo Hospital, Roebourne Hospital, Tom Price Hospital.

South West

Augusta Hospital, Boyup Brook Hospital, Bridgetown Hospital, Donnybrook Hospital, Harvey Hospital, Nannup Hospital, Pemberton Hospital.

Wheatbelt

Beverley Hospital, Boddington Hospital, Bruce Rock Hospital, Corrigin Hospital, Cunderdin Health Centre, Dalwallinu Hospital, Dumbleyung Hospital, Goomalling Hospital, Jurien Bay Health Centre, Kellerberrin Hospital, Kondinin Hospital, Kununoppin Hospital, Lake Grace Hospital, Narembeen Hospital, Pingelly Health Centre, Quairading Hospital, Southern Cross Hospital, Wagin Hospital, Wongan Hills Hospital, Wyalkatchem Hospital, York Hospital.

Exclusions

Patients with the following [Departure Status] (from both numerator and denominator)

-
- Did not wait to be attended by medical officer (4)
- Left at Own Risk (5)
- Died in ED (6)
- Dead on arrival, not treated in ED (7)
- Unknown (9)
- Returned to Hospital in the Home (14)
- Admitted Reversal (20)
- Virtual Emergency Care Completed at Home (21)

- Transfer to another Hospital Emergency Department (22)

{Presentation Date} and/or {Presentation Time} are missing or invalid.

[Discharge Date] and/or [Discharge Time] are missing or invalid.

Computation: (Numerator / Denominator) x 100

Numerator: Number of presentations to emergency services in small rural hospitals who have been discharged home i.e. (Departed under their own care).

Numerator data elements: **Data Element/Data Set**

[Establishment Code]

{Presentation Date}

{Presentation Time}

[Arrival Date]

[Arrival Time]

[Triage Date]

[Triage Time]

[Discharge Date]

{Departure Status}

[Discharge Time]

[Triage Category]

Data Source

(EDDC

Guide for use

Nil.

Denominator: The total number of triaged Emergency Services presentations in Small Rural Hospitals.

Denominator data elements: **Data Element/Data Set**

[Discharge Date]

[Discharge Time]

[Departure Status]

[Triage Category]

Data Source

EDDC

Guide for use

Nil.

Disaggregation data elements: **Data Element/Data Set**

Nil.

Data Source

Nil.

Guide for use

An aggregated result for WACHS will be reported.

Comments:

WACHS Service Agreement includes hospitals that under the current National Efficient Cost Determination published by the Independent Health and Aged Care definition are treated as small rural hospitals.⁴¹

Small rural hospitals are block funded and do not receive activity based funding. For this reason, small rural hospitals are excluded from service lines 1 – 3 of the proposed Outcome Based Management Framework.

WACHS operates within the WA Health Clinical Service Framework and WACHS Emergency Care Capability Framework for delivery of emergency department services.

Small rural hospitals within WACHS provide a range of services including emergency department services, outpatient services, inpatient services and aged care services. This may vary site-to-site depending on staffing profiles, clinic service framework and hospital classification.

Representational attributes

<i>Representation class:</i>	Percentage
<i>Data type:</i>	Number
<i>Unit of measure:</i>	Person
<i>Format:</i>	NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

EDDC.

Data provider

Emergency Department Data Collection, Information and System Performance Directorate, Purchasing and System Performance Division, WA Department of Health.

Quality statement:

Due to the rapid ED work environment and patient care being the main priority of ED staff, the source data systems

⁴¹<https://www.ihacpa.gov.au/resources>

are not always robust in terms of completeness of mandatory and logical date/time fields' data values.

The procedure for the collection and management of statewide ED data into the EDDC does not include a complete comprehensive data quality/audit process. However, a Quality Assurance Program, known as the Edits program, has been established at four metropolitan EDs, initially focusing on 23 critical errors primarily related to National ABF and National Minimum Data Set (NMDS) data submissions. This program will be rolled-out across the state and additional errors examined in due course.

Due to the migration from HCARE to webPAS between November 2012 and April 2017, data from this period will have been sourced from either HCARE or webPAS. Caution should be exercised in the interpretation of data spanning across these two source systems.

Accountability attributes

Benchmark:

Target: 84.7%

Sourced from: The target is updated every financial year and based on the average statewide results achieved over the five most recent calendar years, excluding the most recent calendar year due to the required data lag . No national, state or best practice target exists for this indicator.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Please note that work is underway to reduce the number of ED attendances that do not have a valid [Departure Status] also known as Episode End Status / Disposal code.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

7.2.1 Efficiency indicators within Outcome 2

Average cost of a transition care day provided by contracted non-government organisations/service providers

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0029
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Average cost of a transition care day provided by non-government organisation/service providers contracted by the Department of Health.
<i>Rationale:</i>	<p>The Transition Care Programme is a joint federal, state and territory initiative that aims to optimise the functioning and independence of eligible clients after a hospital stay and enable them to return home or allow time to make decisions on longer term care arrangements, including residential care. Transition Care Programme services take place in either a residential or a community setting, including in a client's home.</p> <p>The Transition Care Programme is tailored to meet the needs of the individual and aims to facilitate a continuum of care for eligible clients in a non-hospital environment.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and continuing care services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	50 years (see Comments)
<i>Population group age to:</i>	No upper limit
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

Inclusions

Numerator

From Department of Health cost centres mapped to the following Department of Health Outcome Based

Management (OBM) Programs under Service 5, Sub-service 11. Aged and Continuing Care Services:

- 11.3 (Transition Programs)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

Transition Care Program care days delivered.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total accrued expenditure for delivery of WA Department of Health Transition Care programme 11.3 (Transition Programs).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Sources

OBM Allocation application.

Oracle 11i financial system.

Guide for use

Nil.

Denominator:

Total Transition Care Programme care days delivered.

Denominator data elements:

Data Element/Data Set

[TCP DOA] (Date of admission)

[TCP DOD] (Date of discharge)

Data Source

Transition Care Program database.

Guide for use

Days of care within the financial year need to be calculated based on [TCP DOA] (Date of admission) and [TCP DOD] (Date of discharge).

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

Community Programs manages these contracts on a statewide basis; hence disaggregation is not applicable and this indicator is only reported by the Department of Health.

Comments:

About the Transition Care Programme⁴²

The program provides short-term care for older people to help them recover after a hospital stay. Transition care can last up to 12 weeks and take place in:

- an aged care (nursing) home,
- a person's home,
- a combination of the two.

The program provides up to 12 weeks of transition care to help older people:

- fully recover after a hospital stay,
- regain functionality or mobility,
- finalise ongoing care arrangements.

This can help participants:

- remain independent in their homes,

⁴²<https://www.health.gov.au/our-work/transition-care-programme>

- delay their entry into an aged care home for as long as possible, and
- avoid the need for long-term care.

TCP is available to eligible persons over 65 years of age; and over 50 years of age for Aboriginal people.

Cost Centres

Cost centres allocated to this indicator, as well as the proportion allocated, are subject to change.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

<i>Representation class:</i>	Mean (average)
<i>Data type:</i>	Monetary amount
<i>Unit of measure:</i>	Currency
<i>Format:</i>	\$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources: Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Transition Care Program database.

Data is provided by the following contracted Transition Care Programme providers:

- Aegis Aged Care Group
- Amana Living Incorporated TCP Brightwater Care Group
- Brightwater Care Group
- Hall & Prior Health and Aged Care
- Juniper TCP
- Silver Chain
- Southern Cross Care
- WA Country Health Service
- South West Aboriginal Medical Service – South West region
- Broome Regional Aboriginal Medical Service – Broome region
- Moorditj Koort Aboriginal Corporation

Data providerNumerator

System Business Analytics, Financial Policy and Reform,
Purchasing & System Performance, WA Department of
Health

Denominator

Community Programs, Strategy and Governance, WA
Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$519
Sourced from: 2025-26 WA Budget Statements. Budget
Paper No. 2, Volume 1, page 316.
Approved by: Director General, WA Department of Health

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per bed-day for specified residential care facilities, flexible care (hostels) and nursing home type residents

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0030
<i>Reporting scope/entities:</i>	WACHS
<i>Description:</i>	Average cost per bed day for specified residential care homes, short term and ongoing flexible residential care (Multi-Purpose Service sites).
<i>Rationale:</i>	WACHS provides short term (respite) and ongoing (permanent) residential aged care services through specialised residential care homes and Multi-Purpose Service sites. Short term and ongoing residential aged care services constitutes a significant proportion of the activity within WACHS, where access to non-government alternatives is limited.
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and Continuing Care Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).
	<p>General notes:</p> <p>The allocation of accrued expenditure is to be calculated in accordance with the KPI financial distribution model agreed by WACHS Finance Managers.</p> <p>Inclusions:</p> <p><u>Numerator</u></p> <p>From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 5:</p> <ul style="list-style-type: none"> • 11.5 Residential and respite care

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

- Care type is Flexible Care (Multi-Purpose Sites), Aged Care or Boarder; or
- Patient Type is Boarder, Nursing Home Type or Resident; or
- Team is Care Awaiting Placement or PAACS (Patient Awaiting Aged Care Services), or contains the word 'respite' or 'hostel'.

Included sites are:

Goldfields

Laverton Hospital, Leonora Hospital, Norseman Hospital.

Great Southern

Denmark Hospital, Gnowangerup Hospital, Katanning Hospital, Kojonup Hospital, Plantagenet Hospital, Ravensthorpe Hospital.

Kimberley

Wyndham Hospital, Fitzroy Crossing Hospital, Halls Creek Hospital.

Midwest

Carnarvon Hospital, Dongara Health Centre, Exmouth Hospital, Kalbarri Health Centre, Meekatharra Hospital, Morawa Hospital, Mullewa Hospital, Northampton Hospital, North Midlands Hospital.

Pilbara

Karlarra House Aged Care, Newman Hospital, Paraburdoo Hospital, Roebourne Hospital, Tom Price Hospital, Onslow Health Service.

South West

Augusta Hospital, Boyup Brook Soldiers Memorial Hospital, Bridgetown Hospital, Collie Hospital, Donnybrook Hospital, Harvey Hospital, Margaret River Hospital, Nannup Hospital, Pemberton Hospital, Warren Hospital.

Wheatbelt

Beverley Hospital, Boddington Hospital, Bruce Rock Memorial Hospital, Corrigin Hospital, Dalwallinu Hospital, Dumbleyung Memorial Hospital, Goomalling Hospital, Kellerberrin Hospital, Kondinin Hospital, Kununoppin Hospital, Lake Grace Hospital, Merredin Hospital, Moora Hospital, Narembeen Memorial Hospital, Quairading Hospital, Southern Cross Hospital, Wagin Hospital, Wongan Hills Hospital, Wyalkatchem-Koorda and Districts Hospital, York Hospital.

Exclusions:

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

Boarders in Residential Aged Care facilities.

Computation:

Numerator / Denominator

Numerator:

Total accrued expenditure for WACHS residential care services relating to Program 11.5 Residential and respite care.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Sources

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Program 11.5 is defined in the OBM Allocation application.

Denominator: Total number of occupied bed-days for WACHS residential care services.

Denominator data elements: **Data Element/Data Set**

[Occupied Bed-Day]

Data Source

Occupied Bed-Day (OBD) Data Warehouse sourced from Patient Administration System.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This is a statewide service provided by WACHS only to rural and remote populations in WA, hence disaggregation is not applicable.

Comments: WACHS residential care services include:

- short term residential aged care (respite)
- Ongoing residential aged care (permanent).

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources: **Data Source**

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

OBD Data Warehouse.

Data providerNumerator

Budget Strategy, Resourcing & Purchasing, Purchasing and System Performance Division, WA Department of Health.

WACHS Finance.

Denominator

System Performance and Reporting, WACHS.

Quality statement:

The Patient Administration System (PAS) records all admissions to dedicated residential care facilities, flexible care hostels and nursing homes which result in occupied bed days (OBDs).

Bed day information is captured through the PAS as a calculation of days residents have been in a dedicated care facility. OBDs are validated at time of data extraction to verify the correct split between residential care and acute bed days.

Accountability attributes*Benchmark:*

Target: \$485

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 316.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes*Reference documents:*

Nil.

Registry management attributes*Version control:*

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per bed-day for WA Quadriplegic Centre specialist accommodation

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0031
<i>Reporting scope/entities:</i>	Quadriplegic Centre
<i>Description:</i>	Average cost per bed-day for WA Quadriplegic Centre specialist accommodation.
<i>Rationale:</i>	This KPI measures how efficiently the WA Quadriplegic Centre delivers its entire suite of services to its clients, whilst at the same time recognising best practice standards and in a manner that maintains quality care for all clients.
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and Continuing Care Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	18 years
<i>Population group age to:</i>	No upper limit
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 5:

- 11.8 (Quadriplegic Centre – Inpatient Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

Quadriplegic Centre’s invoiced bed days.

Exclusions

Numerator:

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a ‘1’).

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets - Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation: Numerator / Denominator

Numerator: Quadriplegic Centre’s total accrued expenditure for the nominated period related to Program 11.8 (Quadriplegic Centre – Inpatient Services).

Numerator data elements: **Data Element/Data Set**

- [OBM Program Code]
- [Cost Centre L5 name]
- [Cost Centre Posting Code]
- [Account L2 code]
- {YTD amount}

Data Sources

OBM Allocation application.
Oracle 11i financial system.

Guide for use

Program 11.8 is defined in the OBM Allocation application.

Denominator: Quadriplegic Centre’s total invoiced bed days for the nominated period.

Denominator data elements: **Data Element/Data Set**

Nil.

Data Source

Daily census records maintained in a spreadsheet.

Guide for use

Includes all residents who were inpatients at the Quadriplegic Centre during the year.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This service is specific to the Quadriplegic Centre only; hence disaggregation is not applicable.

Comments:

Quadriplegic Centre residents are highly dependent individuals with quadriplegia, often with co-morbidity, who are unable to live independently in the community due to the extent of medical, nursing and personal care requirements.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Daily census records maintained in a spreadsheet.

Data provider

Quadriplegic Centre.

Quality statement:

Nil.

Accountability attributes

Benchmark: Target: \$1,224
 Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2-Volume 1, page 316.
 Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
 collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per (a) home-based hospital day of care and (b) occasion of service

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0032
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Average cost per home-based hospital day of care and occasion of service.
<i>Rationale:</i>	<p>Home-based hospital services have been implemented as a means of ensuring patients have timely access to effective health care. These services aim to provide safe and effective medical care for WA patients in their homes, where they may otherwise require a hospital admission.</p> <p>The Department of Health has entered into collaborative arrangements with service providers to provide home-based hospital services that may be delivered as in-home acute medical care, measured by days of care, or as post-discharge, acute or sub-acute medical and nursing intervention, delivered as occasions of service.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Report 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and continuing care services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

General notes

Hospital At The Home (HATH) is a hospital substitution program providing acute care for patients in their home environment that would otherwise be provided at a public hospital (not an emergency service). Referrals are received by the Service Provider 24 hours per day, 7 days a week in the Perth metropolitan area. This service component is measured in days of care.

Post-Acute Care (PAC) provides nursing services to patients in the immediate post-discharge period from a public hospital or HATH episode. Referrals are received by the Service Provider 24 hours per day, 7 days a week in the Perth metropolitan area. This service component is measured in occasions of service.

Priority Response Assessment (PRA) services provide advanced clinical assessment and commencement of care for acute care patients with eligible health conditions within 4 hours of a referral being received for patients referred by General Practitioners (GPs). This service component is measured in occasions of service.

Hospital Discharge Support (HDS) is a program of up to 6 weeks of home support, primarily involving support workers and allied health services in the community. This service component is measured in occasions of service.

Complex Nursing (CN) services are provided via referrals from GPs or hospital-based doctors and provide services for clients who may otherwise need to access public hospital services (principally wound care). Referrals are received by the Service Provider 24 hours per day, 7 days a week in the Perth Metropolitan area and some rural and remote areas across the state. This service component is measured in occasions of service.

Inclusions

Numerator

From Department of Health cost centres mapped to the following Outcome Based Management programs under Service 5, Sub-service 11. Aged and Continuing Care Services:

- 11.4 (Home Care Programs - (a) days of care)
- 11.10 (Home Care Programs - (b) occasions of service)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure

Denominator

- Total of days of HATH care
- Total of occasions of PAC/PRA/HDS/CN services

Exclusions**Numerator**

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

- a) Total delivered HATH expenditure (Program 11.4 – Home Care Programs - (a) days of care).
- b) Total delivered PAC/PRA/HDS/CN expenditure (Program 11.10 – Home Care Programs - (b) occasions of service).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Sources

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Programs 11.4 and 11.10 are defined in the Outcome Based Management allocation application

Denominator:

- a) Total HATH days of care
- b) Total number of occasions of PAC/PRA/HDS/CN services

Denominator data elements:

Data Element/Data Set

Nil.

Data Sources

Report on Home Hospital Services (Home Hospital HDS report) – provided by contractor to contract manager on a monthly basis.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data SetNumerator

- a) Total delivered HATH expenditure (Program 11.4 – Home Care Programs - (a) days of care).
- b) Total delivered PAC/PRA/HDS/CN expenditure (Program 11.10 – Home Care Programs - (b) occasions of service).

Denominator

- a) Total HATH days of care.
- b) Total number of occasions of PAC/PRA/HDS/CN services.

Data Source

See Numerator / Denominator

Guide for use

Nil.

Comments:

Days of care are defined in the contract as the number of days where a patient has received one or more occasions of care. HATH patients receive contact in the form of an occasion of care at least five days in a week by clinical staff providing acute care intervention. The occasion of care must be either a face-to-face visit or phone call with significant clinical content and is recorded in the patient record. A leave day is any day with no service events. Leave days are not counted as days of care.

Commercial in-confidence precludes specifying individual contract details at reporting, including the name of the organisation(s) and the expenditure values.

Cost centres allocated to this indicator, as well as the proportion allocated, are subject to change.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

Representation class:

Mean (average)

Data type:

Monetary amount

Unit of measure:

Currency

Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Sources

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Report on Home Hospital Services (Home Hospital HDS report) – provided by contractor to contract manager on a monthly basis.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing & System Performance, WA Department of Health.

Denominator

Purchasing & Contracting Unit, Resourcing & Purchasing, Purchasing & System Performance, WA Department of Health.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Targets:

a) Day of care: \$350

b) Occasion of service: \$166

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 316.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

*Further data development/
collection required:*

The term 'occasions of service' is currently used in the service contract. Further development of the contract (when renewed) is required to align with the National Health data dictionary in replacing 'occasions of service' with 'service events'.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per client receiving contracted palliative care services

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0033
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Average cost per client receiving contracted palliative care services.
<i>Rationale:</i>	<p>Palliative care is an approach that improves the quality of life of individuals, including their family/carer, facing problems associated with a life-threatening illness/condition, through the prevention and relief of suffering.</p> <p>Palliative care recognises the person and the importance and uniqueness of their family/carer. It serves to maximise the quality of life and considers physical, social, financial, emotional, and spiritual distress. Such distress not only influences the experience of having a life-limiting illness but also influences treatment outcomes.</p> <p>In addition to palliative care services that are provided through the public health system, the Department of Health has entered into collaborative arrangements with service providers to provide palliative care services for those in need.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Report 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and continuing care services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages (see Comments).
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

General notes

Effective palliative care requires a broad multidisciplinary approach and may be provided in hospital or at home. The services include nursing and medical services at home,

respite care, care in designated inpatient palliative care facilities and community care and support.

The WA Department of Health currently contracts palliative care services from the following providers, who comprise the total activity data for this measure:

- Silver Chain Group – Palliative Care - statewide (WA Department of Health)
- SJOG Health Care Inc [Murdoch] - south metropolitan area (South Metropolitan Health Service)
- SJOG Health Care [Bunbury] - south west region (WA Country Health Service)
- Bethesda Hospital (non-hospital component) - north metropolitan area (North Metropolitan Health Service)

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) programs under Service 5, Sub-service 12. Palliative & Cancer Care Services:

- 12.2 (Contracted Palliative & Cancer Care Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

Number of clients who have received contracted palliative care services during the reporting period.

- Silver Chain Group: Unique clients who have [Community - Service] of HC (Hospice Care), who received at least one active day of care during the reporting period. Inclusion criteria for this indicator are based on the Silver Chain contract.
- SJOG Health Care [Bunbury]: Unique clients who have [Claim Type] of Public and [Care Type] of PAL (Palliative).
- SJOG Health Care Inc [Murdoch]: Unique clients as per supplementary data provided with contract reporting.
- Bethesda Hospital (non-hospital component): Episodes of care are determined by total bed days divided by average length of stay, as per contract reporting. Total

bed days include pre-purchased bed days and annual bed days.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

Silver Chain Group: bereavement clients are not included.

SJOG Health Care Inc [Murdoch]: activity for patient transport services is not included.

Bethesda Hospital: ABF funded hospital activity is not included.

Computation:

Numerator / Denominator

Numerator:

Total expenditure for delivery of contracted palliative care and other expenditure supporting service delivery.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Sources

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Nil.

Denominator: Number of clients who have received contracted palliative care services during the reporting period.

Denominator data elements: **Data Element/Data Set**

Silver Chain Group
[COMMUNITY SERVICE]
[DwPersonId]
[APPOINTMENT DATE]

St John of God Health Care Inc [Bunbury]
[UR]
[ADMISSION_DATE]
[DISCHARGE_DATE]
[CLAIM_TYPE]
[CARE_TYPE]

St John of God Health Care Inc [Murdoch]
[URN]
[DISCHARGE DATE]

Data Sources

Silver Chain Group
NADC.

St John of God Health Care Inc [Murdoch]
Supplementary data from monthly contract activity reports.

St John of God Health Care [Bunbury]
Annual activity report.

Bethesda Hospital
Monthly contract activity reports (aggregated data).

Guide for use

A client is considered a public patient, inclusive of the patient's family members or carers accessing support services. Support services provided to family members or carers of the patient are in scope for this indicator, however these recipients are not counted as separate clients to the patient.

As new suppliers of contracted palliative care services are onboarded their data will be scoped for inclusion in this definition.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

Nil.

Comments:

Palliative care is an approach that improves the quality of life of individuals, including their family/carer, facing problems associated with a life-threatening illness/condition, through the prevention and relief of suffering. Palliative care recognises the person and the importance and uniqueness of their family/carer. It serves to maximise the quality of life and considers physical, social, financial, emotional, and spiritual distress. Such distress not only influences the experience of having a life-limiting illness but also influences treatment outcomes.

Contracted palliative care includes both admitted and non-admitted services, and can include support and therapy services and patient transfer services.

Palliative care services include support and therapy services which can be provided to the patient and their family members or carers. Support and therapy services can be delivered independent of the patient.

The cost of delivering admitted patient care is inclusive of support and therapy services provided to the patient and their family members or carers.

SJOG Health Care Inc [Murdoch] and SJOG Health Care [Bunbury] provide palliative care services to admitted public patients over 18 years of age.

SJOG Health Care Inc [Murdoch] provides patient transport services. The cost for patient transport services is captured in the expenditure for this indicator. The activity for patient transport is not included.

The indicator does not capture contracted palliative care services that are funded on an ABF basis.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

<i>Representation class:</i>	Mean (average)
<i>Data type:</i>	Monetary amount
<i>Unit of measure:</i>	Currency
<i>Format:</i>	\$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes*Data sources:***Data Sources**Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Silver Chain Group: NADC.

St John of God Health Care Inc [Murdoch]: supplementary data provided with monthly contract activity reports.

St John of God Health Care [Bunbury]: annual activity report.

Bethesda Hospital: monthly contract activity reports.

Data providersNumerator

System Business Analytics, Financial Policy and Reform, Purchasing & System Performance, WA Department of Health.

Denominator

System Analytics Branch, Modelling and Analytics, ISPD, WA Department of Health (Silver Chain Group – Palliative Care).

SMHS Contract Management, South Metropolitan Health Service (St John of God Health Care Inc [Murdoch]).

Clinical Contracts Management, WA Country Health Service (St John of God Health Care [Bunbury]).

NMHS Procurement and Contract Management, North Metropolitan Health Service (Bethesda Hospital).

Quality statement:

Activity data reported by Bethesda Hospital under this indicator is estimated using total bed days and average length of stay, which likely results in a slight overcount of unique clients given some patients receive more than one episode of care.

Accountability attributes*Benchmark:*

Target: \$11,773

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 316.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per day of non-acute bed-based continuing support

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0034
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Average cost per day of non-acute bed-based continuing support delivered by contracted non-government organisations.
<i>Rationale:</i>	<p>The goal of non-acute support is the prevention of deterioration in the functional and health status of individuals, such as adults with a complex disability.</p> <p>Non-acute bed-based support is typically provided in specialist facilities where individuals with complex needs receive support to prepare and/or optimise their ability to enter long term supported accommodation or return to their own home.</p> <p>Historically, non-acute bed-based support needed to be provided in a hospital, as no other options were available, while individuals awaited community-based supports such as supported accommodation, respite, home modification or support in their home.</p> <p>The department has entered into collaborative partnerships with several service providers to deliver non-acute bed-based programs within the community.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Report 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and continuing care services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages (see Comments).
<i>Population group age to:</i>	All ages (see Comments).
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

General notes

Non-acute bed-based facilities in the non-government sector offer transitional accommodation and supports for

individuals with a complex disability whilst their long term community based needs can be secured.

In certain facilities, some specialist rehabilitation and restorative care services are provided to improve functional ability associated with activities of daily living and enhance quality of life.

Inclusions

Numerator

From Department of Health cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 5, Sub-service 11. Aged and Continuing Care Services:

- 11.11 (Continuing Care - Non-acute admitted)

Include

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue act as an offset against Total Expenditure.

Denominator

- Long stay individuals with a complex disability

Exclusions

Numerator:

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator: Total accrued expenditure for delivery of non-acute admitted continuing care (OBM program 11.11 - Continuing Care - Non-acute admitted).

Numerator data elements: **Data Element/Data Set**
 [OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application.

Oracle 11i financial system.

Guide for use

Program 11.11 Continuing Care - Non-acute admitted is defined in the OBM Allocation application.

Denominator: Total number of bed days contracted with the service provider for long stay individuals with a complex disability.

Denominator data elements: **Data Element/Data Set**
 Nil.

Data Source

Contract manager provides activity data from contractor report titled 'Long Stay Younger Patients Outcomes Report'.

Contract manager provides activity data collated from each 'From Hospital to Home' pilot program.

Guide for use

Nil.

Disaggregation data elements: **Data Element/Data Set**
 Nil.

Data Source

Nil.

Guide for use

Purchasing & Contracting, WA Department of Health manages these contracts on a statewide basis, hence disaggregation is not applicable and this indicator is only reported by the Department of Health.

Comments: The WA Department of Health has entered into collaborative arrangements with service providers to provide continuing support to individuals with complex needs.

Contracted services reported in this indicator are typically provided to individuals aged 16-65 years.

Cost centres allocated to this indicator, as well as the proportion allocated, are subject to change.

Commercial in-confidence precludes specifying individual contract details at reporting, including the name of the organisation(s) and the expenditure values.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

From Hospital to Home program

The department has entered into collaborative partnerships with several service providers to deliver the pilot 'From Hospital to Home Program' (the Program).

This Program provides support services in interim accommodation which meets the needs of people with disability (e.g. physical, intellectual, cognitive, psychosocial or an acquired brain injury etc.), including disability related health and social support needs, whilst longer term supports are arranged utilising funding from the National Disability Insurance Scheme and/or other sources.

Representational attributes

<i>Representation class:</i>	Mean (average)
<i>Data type:</i>	Monetary amount
<i>Unit of measure:</i>	Currency
<i>Format:</i>	\$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Contract manager provided activity data from contractor report titled 'Long Stay Younger Patients Outcomes Report'.

Contract manager provided activity data collated from each 'From Hospital to Home' pilot program.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing & System Performance, WA Department of Health.

Denominator

Purchasing & Contracting, Resourcing & Purchasing, Purchasing & System Performance, WA Department of Health.

Disability Program Team, Intergovernmental Relations and Community Programs, Strategy and Governance, WA Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$787
 Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 316.
 Approved by: Director General, WA Department of Health

Methodology: Nil.

Further data development/ collection required: Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost to support patients who suffer specific chronic illness and other clients who require continuing care

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0035
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Cost of supporting patients who suffer specific chronic illness and other clients who require continuing care.
<i>Rationale:</i>	<p>Chronic conditions pose a significant burden on the healthcare system in WA. Chronic conditions describe a broad range of health conditions including chronic and complex health conditions and disability. Chronic conditions often require ongoing treatment, health care and can lower a person's quality of life and may affect their independence.</p> <p>To support people with chronic conditions, the Department of Health has entered into collaborative arrangements with service providers to provide care to optimise their quality of life and support independent living.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Report 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 5: Aged and continuing care services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages
<i>Population group age to:</i>	All ages
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)

General notes

This indicator accounts for the cost of infrastructure, resource management, policy, governance, workforce, and information systems provision. A lower result indicates greater technical efficiency in governing and sustaining activities to ensure those with chronic illness and other individuals who require continuing care or long-term disability are appropriately supported.

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 5, Sub-service 11. Aged and Continuing Care Services:

- Program 11.12 (Continuing Care - Chronic illness and other clients)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 – External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue act as an offset against Total Expenditure.

Denominator

WA people with profound, severe, moderate or mild core activity limitation, or long term health condition but no reported disability.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total accrued expenditure on supporting chronically ill and those requiring continuing care (OBM program 11.12 - Continuing Care - chronic illness and other clients).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application
 Oracle 11i financial system

Guide for use

Program 11.12 is defined in the Outcome Based Management Allocation application.

Denominator:

Estimated number of people in WA with profound, severe, moderate or mild core activity limitation or long term health condition but no disability.

[% of people with profound core activity limitation] + [% of people with severe core activity limitation] + [% of people with moderate core activity limitation] + [% of people with mild core activity limitation] + [% people with long term health condition but no disability] multiplied by [WA Population estimates].

Population used for the 2025-26 financial year is the projected population for the 2025 calendar year.

Denominator data elements:

Data Element/Data Set

See Denominator

Data Source

Population data applied to the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers: Summary of Findings – 2022 (SDAC).

Estimated Resident Populations for 2020–2024 as provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Projection of 2025 population by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Guide for use

The SDAC is conducted every three years and results are released the following year, the latest results (2022) were released in July 2024. A date for the next release has not been provided by the ABS.⁴³

⁴³ <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

The Estimated Resident Population estimates from the Epidemiology Directorate are based on data provided by the ABS.

2025 population is projected based on prior years' population numbers.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

Purchasing & Contracting, WA Department of Health manages these contracts on a statewide basis, hence disaggregation is not applicable and this indicator is only reported by the Department of Health.

Comments:

Cost centres allocated to this indicator, as well as the proportion allocated, are subject to change.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually

Coding of long-term health conditions:

- The code list underwent a category label change in the 2022 SDAC, which is where the label of one or more response category was updated to better reflect the data. A concordance file is available from the ABS (Health Conditions Concordance 2018 to 2022). <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#data-downloads>
- Conditions were categorised for the Survey of Disability, Ageing and Carers based on the International Classification of Diseases: 10th Revision (ICD-10-AM). The classification hierarchy was updated for the 2022 SDAC to improve use of condition data. COVID-19 codes have been included in the classification in line with the World Health Organization adaptation of the ICD.
- A total of 231 conditions/condition groups were listed in the 2022 SDAC Data Item List.

Representational attributes

Representation class:

Mean (average)

Data type:

Monetary amount

Unit of measure:

Currency

Format:

\$NN.NN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data SourceNumerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

ABS Survey of Disability, Ageing and Carers: Summary of Findings – 2022.

<https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings>

Estimated Resident Populations for 2024 as provided by the Epidemiology Directorate.

Projection of 2025 population.

Data providerNumerator

System Business Analytics, Financial Policy and Reform, Purchasing & System Performance, WA Department of Health.

Denominator

Epidemiology Directorate, Public & Aboriginal Health Division, WA Department of Health.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Target: \$19

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 316.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Disability, Ageing and Carers, Australia: Summary of Findings methodology:

<https://www.abs.gov.au/methodologies/disability-ageing-and-carers-australia-summary-findings-methodology/2022>

National Strategic Framework for Chronic Conditions
<https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions?language=en>

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per person of delivering population health programs by population health units

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0036
<i>Reporting scope/entities:</i>	NMHS, SMHS, EMHS, CAHS, WACHS
<i>Description:</i>	Average cost per person of delivering population health programs by population health units.
<i>Rationale:</i>	<p>Population health units support individuals, families and communities to increase control over and improve their health.</p> <p>Population health aims to improve health by integrating all activities of the health sector and linking them with broader social and economic services and resources as described in the WA Health Promotion Strategic Framework 2022-2026.⁴⁴ This is based on the growing understanding of the social, cultural and economic factors that contribute to a person's health status.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Report 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 6: Public and Community Health Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	CAHS and WACHS: ≥ 0 years All other Health Service Providers: ≥19 years
<i>Population group age to:</i>	CAHS: < 19 years All other Health Service Providers: no upper age limit.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) programs under Service 6, Sub-service 13. Public Health Services:

- 13.1 (Health Promotion, Primary Care, Education and Research)
- 13.2 (Health Protection and Screening Services).

Include (for all HSPs except for NMHS):

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of External Revenue acts as an offset against Total Expenditure.

For NMHS only, include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

The above calculation applies to NMHS due to their individual cost centre structure and treatment of external revenue.

Denominator

Included health regions (aggregated from SA2s):

- SMHS
- NMHS
- EMHS
- CAHS
- WACHS: Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West, Wheatbelt.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses

- 372802 – Variable Lease Expenses
- 372803 – Lease Maintenance Expense

<i>Computation:</i>	Numerator / Denominator
<i>Numerator:</i>	Total accrued expenditure allocation per Population Health Unit from Health Service Provider programs 13.1 (Health Promotion, Primary Care, Education and Research) and 13.2 (Health Protection and Screening Services).
<i>Numerator data elements:</i>	<p>Data Element/Data Set</p> <p>[OBM Program Code] [Cost Centre L5 name] [Cost Centre Posting Code] [Account L2 code] {YTD amount}</p> <p>Data Sources</p> <p><u>Numerator</u></p> <p>OBM Allocation application. Oracle 11i financial system.</p> <p>Guide for use</p> <p>Programs 13.1 and 13.2 are defined in the OBM Allocation application.</p>
<i>Denominator:</i>	<p>Projected Estimated Resident Populations of health services containing the population health unit.</p> <p>Population used for 2025-26 Financial Year is the projected population for the 2025 calendar year.</p>
<i>Denominator data elements:</i>	<p>Data Element/Data Set</p> <p>WA Estimated Resident Populations by:</p> <ul style="list-style-type: none"> • [Year] • [5 year Age Group] <p>Data Source</p> <p>Estimated Resident Populations for 2020–2024 as provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.</p> <p>Projection of 2025 population by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.</p> <p>Guide for use</p> <p>Estimated Resident Population estimates from the Epidemiology Directorate are based on data provided by the ABS.</p> <p>2025 population is projected based on prior years' population numbers.</p>

Disaggregation data elements:

Data Element/Data Set

Establishment (Hospital) Identifier

Data Source

See Numerator and/or Denominator.

Guide for use

Nil.

Comments:

Population Health Units function within area boundaries defined by Statistical Area Level 2 units.

Representational attributes

Representation class: Average (mean)

Data type: Monetary amount

Unit of measure: Currency

Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Estimated Resident Populations for 2020–2024 as provided by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Projection of 2025 population.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance Division, WA Department of Health.

Health Service Providers' Finance.

Denominator

Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Australian Bureau of Statistics.

Quality statement: Nil.

Accountability attributes

Benchmark: Individual targets:

Reporting Entity	Target
NMHS	\$47
SMHS	\$24
EMHS	\$31
CAHS	\$318
WACHS	\$353

Sourced from: 2025-26 GBS process.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Cost per person of providing preventive interventions, health promotion and health protection activities that reduce the incidence of disease or injury

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0037
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Cost per person of providing preventive interventions, health promotion and health protection activities that reduce the incidence of disease or injury.
<i>Rationale:</i>	<p>To improve, promote and protect the health of Western Australians it is critical that the WA health system is sustainable by providing effective and efficient care that best uses allocated funds and resources.</p> <p>The delivery of effective targeted preventive interventions, health promotion and health protection activities aims at reducing disease or injury within the community and fostering the ongoing health and wellbeing of Western Australians.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 6: Public and community health services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

General notes

Cost centres allocated to this KPI, as well as the proportion allocated, are subject to change.

Inclusions

Numerator

From Department of Health cost centres mapped to the following Department of Health Outcome Based Management (OBM) Programs under Service 6, Sub-service 13. Public Health Services:

- 13.1 (Health Promotion, Primary Care, Education and Research)
- 13.2 (Health Protection and Screening Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of external revenue acts as an offset against Total Expenditure.

Note that total expenditure includes resources received free of charge (RRFOC) provided by PathWest.

Denominator

Estimated resident population for WA.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total illness prevention, health promotion and protection activity expenditure (including salary and on-costs) incurred by the Department of Health (Programs 13.1 -

Health Promotion, Primary Care, Education and Research, and 13.2 - Health Protection and Screening Services).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Programs 13.1 and 13.2 are defined in the OBM Allocation application.

Denominator:

Estimated Residential Population 2020–2024.

Population used for 2025-26 Financial Year is the projected population for the 2025 calendar year.

Denominator data elements:

Data Element/Data Set

WA Estimated Resident Population by:
 [Year]
 [5 year Age Group]

Data Source

Estimated Resident Populations for 2020–2024 as extracted by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Projection of 2025 population by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Guide for use

The Estimated Resident Population from the Epidemiology Directorate are based on data provided by the ABS.

2025 population is projected based on prior years' population numbers.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

Statewide indicator that applies to the system manager only, hence disaggregation is not applicable.

Comments: Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

Representation class: Average (mean)
Data type: Monetary amount
Unit of measure: Currency
Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Estimated Resident Populations for 2020–2024 as extracted by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Projection of 2025 population by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance Division, WA Department of Health.

Denominator

Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Australian Bureau of Statistics.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$70

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 317.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents:

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per breast screening

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0038
<i>Reporting scope/entities:</i>	NMHS
<i>Description:</i>	Average cost per breast screening.
<i>Rationale:</i>	Breast cancer remains the most common cause of cancer death in women under 65 years. Early detection through screening and early diagnosis can increase the survival rate of women significantly. Breast screening mammograms are offered through BreastScreen WA to women aged 40 years and over as a preventive initiative.
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 6: Public and community health services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	40 years.
<i>Population group age to:</i>	No upper limit.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

General notes

Nil.

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 6:

- 13.3 (BreastScreen WA)

Include:

- Total Expenditure, defined as (Account L5)
- AAA300 - Total Expenses

Denominator

Statewide screenings at BreastScreen WA.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e., starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total accrued expenditure of breast screening program 13.3 - BreastScreen WA.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Program 13.3 is defined in the OBM Allocation application.

Denominator:

Total number of breast screenings at BreastScreen WA.

Denominator data elements:

Data Element/Data Set

[Client ID]
 [Screening Date]

Data Source

Mammography Screening Register, Breast Screen WA.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

Indicator reported at Statewide level for 40+ age cohort in NMHS annual report. No disaggregation.

Comments:

Data is extracted by the BreastScreen WA Data Manager and NMHS Finance and Business Services.

BreastScreen WA has an extensive quality assurance program on all aspects of data collection and reporting. This is in response to service accreditation requirements in providing quality screening and assessment care. The comprehensive quality assurance program addresses quality issues including service management, staff training, data audit, case review, data verification and service improvement.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Mammography Screening Register.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

BreastScreen WA, North Metropolitan Health Service.

Quality statement:

BreastScreen WA has operated a successful program since 1989. It operates screening services from eleven fixed sites and four mobile units. It provides breast assessment in four assessment centres of which one is located in a regional area (Bunbury).

Performance indicators in screening services are well established and a comprehensive data dictionary of data elements and performance indicators is published by BreastScreen Australia.

BreastScreen WA has an extensive quality assurance program on all aspects of data collection and reporting. This is in response to service accreditation requirements in providing quality screening and assessment care. The comprehensive quality assurance program addresses quality issues including service management, staff training, data audit, case review, data verification and service improvement.

Accountability attributes

Benchmark:

Target: \$176

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 317.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Cost per trip for road-based patient transport services, based on the total accrued costs of these services for the total number of trips

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0039
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	<p>Cost per trip for metropolitan and regional road-based patient transport services (which are contracted to external providers), based on the total accrued costs of these services for the total number of trips.</p>
<i>Rationale:</i>	<p>To ensure Western Australians receive the care and ambulance and patient transport services they need, when they need them, the Department of Health has entered into collaborative arrangements with service providers to deliver road-based patient transport services in WA. This collaboration ensures that patients have access to effective ambulance and patient transport services to ensure the best possible health outcomes for patients who may require medical treatment.</p> <p>This includes emergency transport via ambulance and non-emergency transport which can be carried out in patient transport vehicles (which are not ambulances but can be stretcher fitted vehicles, wheelchair accessible vehicles or standard vehicles).</p> <p>Transport of non-emergency patients includes non-emergency inter-hospital patient transports, non-emergency mental health patient transports and community patient transports.</p> <p>The accrued costs include all costs borne by the department for the provision of ambulance and non-emergency patient transport programs, including costs associated with the provision of operations centres responsible for ambulance/vehicle dispatch, and funding model elements associated with the provision of inter-hospital patient transports, but does not include the trip related costs which are borne by health service providers for the provision of inter-hospital patient transport.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	Annual Report 2025-26

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Service 6: Public and community health services.
- Efficiency.

Collection and usage attributes

Population group age from: All ages.

Population group age to: All ages.

Computation description: [Numerator] divided by the [Denominator] (expressed as \$)

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) programs under Service 6, Sub-service 15. Patient Transport Services:

- 15.1 (Emergency Road Based Ambulance Services).

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 – External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of External Revenue acts as an offset against Total Expenditure.

Denominator

Road-based transport services trips.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses

- 372802 – Variable Lease Expense
- 372803 – Lease Maintenance Expense

Denominator

Cancelled transports.

Computation: Numerator / Denominator

Numerator: Total accrued expenditure under contract for this service.

Numerator data elements: **Data Element/Data Set**

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Program 15.1 is defined in the OBM Allocation application.

Denominator: Total number of road-based transport services trips.

Denominator data elements: **Data Element/Data Set**

Reported contracted activity.

Data Source

Contracted service provider's Patient Activity Data Extracts.

Guide for use

Nil.

Disaggregation data elements: **Data Element/Data Set**

Nil.

Data Source

Nil.

Guide for use

This is a statewide service.

Comments: The costs for these contracts may be calculated based on a funding model which is partly fixed as base funding, with additional variable funding calculated from the volume of services provided.

The accrued costs include all costs borne by the department for the provision of ambulance and non-emergency patient transport programs, including costs

associated with the provision of operations centres responsible for ambulance/vehicle dispatch, and funding model elements associated with the provision of interhospital patient transports, but does not include the trip related costs which are borne by health service providers for the provision of inter-hospital patient transport. Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

<i>Representation class:</i>	Mean (average)
<i>Data type:</i>	Monetary amount
<i>Unit of measure:</i>	Currency
<i>Format:</i>	\$NNN

Indicator conceptual framework

<i>Framework and dimensions:</i>	2025-26 Outcome Based Management Framework
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Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Monthly and annual contract performance reports.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing & System Performance, WA Department of Health.

Denominator

Purchasing & Contracting Unit, Resourcing & Purchasing, Purchasing & System Performance, WA Department of Health.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Target: Cost per trip \$659

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 317.

Approved by: Director General, WA Department of Health

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Cost per trip of patient emergency air-based transport, based on the total accrued costs of these services for the total number of trips

Identifying and definitional attributes

Metadata item type: Indicator

Synonymous names: Nil.

Catalogue identifier: 0040

Reporting scope/entities: WACHS

Description: Cost per trip of patient emergency air-based country transport, based on the total accrued costs of these services for the total number of trips.

Rationale: To ensure Western Australians in rural and remote areas receive the care they need, when they need it, strong partnerships have been forged within the healthcare community through a collaborative agreement between WA Country Health Service and the contracted service provider. This collaboration ensures that patients in rural and remote areas have access to an effective emergency air-based transport service that aims to ensure the best possible health outcomes for country patients requiring urgent medical treatment and transport services.

Indicator set: Annual Reports 2025-26

Frequency: Annual, by financial year

Outcome area: **Annual Reports 2025-26:**

- Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives.
- Service 6: Public and community health services.
- Efficiency.

Collection and usage attributes

Population group age from: All ages.

Population group age to: All ages.

Computation description: [Numerator] divided by the [Denominator] (expressed as \$).

General notes

Nil.

Inclusions

Numerator

Total cost of contracted country emergency air services, derived from cost centres mapped to the following

Outcome Based Management (OBM) Programs under Service 6:

- 15.2 (Emergency Air Based Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

- Country patient emergency air-based transport trips.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

Repatriation flights.

Computation:

Numerator / Denominator

Numerator:

Total accrued expenditure for the contracted service provider (Program 15.2 - Emergency Air Based Services).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]

[Cost Centre L5 name]

[Cost Centre Posting Code]

[Account L2 code]

{YTD amount}

Data Sources

OBM Allocation application.

Oracle 11i financial system.

Guide for use

Program 15.2 is defined in the OBM Allocation application.

Denominator:

Total number of country patient emergency air-based transport trips.

Denominator data elements:

Data Element/Data Set

Data is provided via service agreement performance reports provided to WACHS.

Data Source

Data for the above report is sourced from activity reports provided by the service provider.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This is a statewide service provided by WACHS to rural and remote populations in WA, hence disaggregation is not applicable.

Comments:

Emergency air-based transport is provided based on the clinical needs of the patient, and to ensure the best patient outcomes for rural and remote populations. As such, any decline in the usage of this service (i.e., reduced number of trips) does not necessarily reflect a decrease in efficiency.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Service agreement performance reports provided to WACHS by the contracted service provider.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance Division, WA Department of Health.

Health Service Providers' Finance.

Denominator

System Performance and Reporting, WACHS.

Quality statement:

Air-based performance data is reviewed on receipt by WACHS Contracts and Finance departments and validated against invoices and available information.

Accountability attributes

Benchmark:

Target: \$10,354

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 317.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Service Agreement: Aeromedical Interhospital Patient Transport Services (WACHS20226760)

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per trip of Patient Assisted Travel Scheme (PATS)

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0041
<i>Reporting scope/entities:</i>	WACHS
<i>Description:</i>	Average cost per trip of Patient Assisted Travel Scheme (PATS).
<i>Rationale:</i>	<p>The WA health system aims to provide safe, high-quality healthcare to ensure healthier, longer, and better-quality lives for all Western Australians.</p> <p>PATS provides a subsidy towards the cost of travel and accommodation for eligible patients travelling long distances to seek certain categories of specialist medical services. The aim of PATS is to help ensure that all Western Australians can access safe, high-quality healthcare when needed.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 6: Public and community health services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

General notes

The allocation of accrued expenditure is to be calculated in accordance with the KPI financial distribution model agreed by WACHS Finance Managers.

Inclusions

Total expenditure and number of trips includes all approved trips where the first appointment for the trip falls within the defined period.

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 6, Sub-service 15. Patient Transport Services:

- 15.3 (Patients Assisted Travel Scheme)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Includes all patient and related escort expenditure, including accommodation and travel.

Denominator

Number of PATS supported trips, which includes travel by private car, public transport and air.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e., starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total PATS accrued expenditure for the financial year.

Numerator data elements:

Data Element/Data Set

- [OBM Program Code]
- [Cost Centre L5 name]
- [Cost Centre Posting Code]
- [Account L2 code]

{YTD amount}

Data Source

OBM Allocation application.

Oracle 11i financial system.

Guide for use

Nil.

Denominator:

Number of PATS trips during the reporting period (2025-26 financial year).

Denominator data elements:

Data Element/Data Set

[Episode]

Data Source

Secure Health Record Exchange (SHaRE) PATS On Line.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This is a statewide service provided by WACHS to rural and remote populations in WA hence disaggregation is not applicable.

Comments:

Nil.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Secure Health and Record Exchange (SHaRE).

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance Division, WA Department of Health.

WACHS Finance.

Denominator

Patient Assisted Travel Scheme, WACHS.

Quality statement:

The SHaRE database is the online recording system for PATS claims received by the organisation. This is accessible by PATS clerks and Coordinators and the Program Manager, PATS for data entry, and by HSS for data extracts and reports.

Accountability attributes

Benchmark:

Target: \$535

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 317.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost of pathology services per test

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Pathology cost per test
<i>Catalogue identifier:</i>	0042
<i>Reporting scope/entities:</i>	PathWest Laboratory Medicine WA
<i>Description:</i>	Average cost for PathWest Laboratory Medicine WA (PathWest) to deliver clinical pathology services to WA health, per test.
<i>Rationale:</i>	<p>PathWest is the main provider of pathology services within the WA health system, servicing all public hospitals, and the wider Western Australian community.</p> <p>The purpose of this indicator is to provide a longitudinal measure of the financial efficiency of PathWest in the delivery of clinical and health pathology services (excluding forensic services) across WA.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 7: Pathology Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All
<i>Population group age to:</i>	All
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$)
<i>Computation:</i>	Numerator / Denominator (Expressed as \$)

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Program under Service 7:

- 17.2: PathWest Clinical Pathology Services

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- External Recoup Revenue, defined as (Account L2):
 - B15000 - External Recoups

- B42000 - Services to External Health Services & Organisations
- Own source revenue, defined as (Account L2)
 - B35000 – Other Revenue
 - B20000 Specific Grants – Commonwealth
 - B22000 Other Specific Grants excepting revenue received from Department of Health for services provided
 - B36000 Net Income From Sundry Activities

*Note that the inclusion of external revenue acts as an offset against Total Expenditure incurred for non-clinical services.

Denominator

Total count of Pathology Tests with a valid ordered and verified date recorded in the PathWest Laboratory Information System, excluding forensic biology, food and waters and other nonclinical pathology activities.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e., starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

Pathology Tests that were cancelled or not completed.

Numerator:

Total accrued expenditure of PathWest cost centres relating to delivery of clinical pathology activities within the WA health system.

Numerator data elements:

Data Elements

- [OBM Program Code]
- [Cost Centre L5 name]
- [Cost Centre Posting Code]

[Account L2 code]
 {YTD amount}

Data Source

OBM Allocation Application.
 Oracle 11i Financial System.

Guide for use

Nil.

Denominator:

Total count of Pathology Tests with a valid ordered and verified date recorded in the PathWest Laboratory Information System, excluding forensic biology, forensic pathology, Food and Waters and other non-clinical activity.

*Denominator data elements:***Data Element/Data Set**

[Test Count]

Data Source

SCC Soft, via the PathWest Data Warehouse.

Guide for use

Nil.

*Disaggregation data elements:***Data Element/Data Set**

Nil.

Data Source

Nil.

Guide for use

This is an indicator that applies to PathWest only, hence disaggregation is not applicable.

Comments:

The numerator excludes by definition any expenditure not classified under Service 17.2, PathWest Clinical Pathology Services. For example, expenditure related to non-clinical activity (i.e., forensic biology, forensic pathology, research / restricted cost centres and other non-clinical pathology activities).

Financial data will be extracted from the General Ledger after it closes each month.

Representational attributes

Representation class: Mean (average)
Data type: Monetary amount
Unit of measure: Currency
Format: \$NN.NN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

See Numerator and Denominator

Data providerNumerator

PathWest Finance.

Denominator

Data and Analytics Services.

Quality statement:

Changes to the accounting standards and practices can alter expenditure allocated to the cost centres.

Adjustments to leave provision calculations can significantly alter expenditure.

Posting errors may result in non-PathWest expenditure being included in the GL.

Accountability attributes

Benchmark:

Target: \$24

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2 – Volume 1, page 318.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

*Further data development/
collection required:*

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per patient visit of WA Health provided dental health programs for (a) school children and (b) socio-economically disadvantaged adults

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0043
<i>Reporting scope/entities:</i>	NMHS
<i>Description:</i>	The average cost per patient visit of WA health system provided dental health programs for (a) school-children and (b) socio-economically disadvantaged adults.
<i>Rationale:</i>	<p>Early detection and prevention of dental health problems in children can ensure better health outcomes and improved quality of life throughout the crucial childhood development years and into adult life. The School Dental Service program ensures early identification of dental problems and, where appropriate, provides treatment.</p> <p>Dental disease places a considerable burden on individuals and communities. While dental disease is common, it is largely preventable through population-based interventions, and individual practices such as personal oral hygiene and regular preventive dental care. Costly treatment and high demand on public dental health services emphasises the need for a focus on prevention and health promotion.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 8: Community Dental Health Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	a) Children – 5 Years. b) Adults – 17 years.
<i>Population group age to:</i>	a) Children – 16 years. b) Adults – No upper limit.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 8:

- 19.1 (Community Dental Health - (a) school children)
- 19.2 (Community Dental Health - (b) socio-economically disadvantaged adults).

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses

Denominator

Contributory sites for:

- a) School children
 - SDS Clinics
- b) socio-economically disadvantaged adult patients:
 - Government Dental Clinics
 - Country Patients Dental Subsidy Scheme.
 - Metropolitan Patients Dental Subsidy Scheme.

Inclusions for:

- a) School children
 - Completed child non-specialist services
- b) Socio-economically disadvantaged adult patients:
 - Completed adult non-specialist services.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Services provided through the Oral Health Centre of Western Australia (OHCWA) and other hospital run dental facilities (e.g. Perth Children's Hospital).

Denominator

Exclusions for -

- a) School children:
 - Specialist child dental services;
 - Commonwealth funded services; and
 - Services provided through the Oral Health Centre of Western Australia (OHCWA) and other hospital run dental facilities (e.g. Perth Children's Hospital).
- b) Socio-economically disadvantaged adult patients:
 - Incomplete non-specialist treatments;
 - Specialist adult dental services; and
 - Commonwealth funded services.

Computation:

Numerator / Denominator

Numerator:

- a) Total accrued expenditure of school dental program (Program 19.1 - Community Dental Health - (a) school children).
- b) Total accrued expenditure of adult non-specialist program (Program 19.2 - Community Dental Health - (b) socio-economically disadvantaged adults).

*Numerator data elements:***Data Element/Data Set**

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation Application.
 Oracle 11i Financial System.

Guide for use

Programs 19.1 and 19.2 are defined in the Outcome Based Management (OBM) Allocation Application.

Denominator:

- a) Number of visits provided by the school dental program.
- b) Number of visits provided by the adult dental programs.

*Denominator data elements:***Data Element/Data Set**

[Scheme]
 [Datetype]
 [FinancialYear]
 [NPA]
 [Adult]
 [Patient Visits]

Data Source

DHS DenIM database.

Guide for use

Nil.

Disaggregation data elements:

Data Element/Data Set

[Adult] (disaggregated into adults and children).

Data Source

DHS DenIM database.

Guide for use

The Dental Health Service is a statewide service. This KPI is reported in the NMHS annual report.

Comments:

Dental Health Services is the primary (but not sole) provider of public general dental services in Western Australia.

Note that performance for adults can vary from target due to the timing of Commonwealth funding allocations for the Federation Funding Agreement on Public Dental Services for Adults.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation Application.

Oracle 11i Financial System.

Denominator

DHS DenIM database.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance, WA Department of Health.

NMHS Finance.

Denominator

Corporate Services, Dental Health Service, NMHS.

Quality statement:

The collection of the patient record-level data through the statewide DenIM system allows identification of each public patient visit throughout Western Australia. Clinical audits to verify this data are conducted by senior clinical managers as part of a regular quality assurance process.

Patient visit counts for services provided through the private sector subsidy schemes are derived from (1) the number of different dates of the services (treatment items) recorded and (2) estimates of the number of clinical stages in construction of any denture items recorded.

There may be delays of up to 3 months in the collection of data due to processing of manual claims from external private clinics at completion of each course of subsidised treatment. This is mitigated by totalling the number of patient visits based on the financial year in which claims from external providers are processed rather than the date of treatment. Delays may also be experienced in submission of activity from some external outreach services.

Accountability attributes

Benchmark:

Targets:

- a) Average cost per school child patient visit: \$377
- b) Average cost per adult patient visit: \$340

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2-Volume 1, page 318.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

Further data development/ collection required:

Nil.

Other issues / caveats:

Nil.

Source and reference attributes

Reference documents:

Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost per rural and remote population (selected small rural hospitals)

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0044
<i>Reporting scope/entities:</i>	WACHS
<i>Description:</i>	Average cost per rural and remote population (selected small rural hospitals).
<i>Rationale:</i>	<p>The WA health system aims to provide safe, high-quality healthcare to ensure healthier, longer, and better-quality lives for all Western Australians.</p> <p>The Independent Health and Aged Care Pricing Authority's (IHACPA) key role is to determine the annual National Efficient Price (NEP) and National Efficient Cost (NEC) for Australian public hospital services. The NEC is used when activity levels are not sufficient for funding based on activity, such as in the case of small rural hospitals. In these cases, services are funded by a block allocation based on size and location. Public hospitals are block funded where there is an absence of economies of scale that mean some services would not be financially viable under ABF.</p> <p>Small rural hospitals provide an essential level of access to services for rural and remote communities. These hospitals have relatively low patient activity and have high fixed costs therefore it is appropriate to measure efficiency based on population numbers as opposed to unit of patient activity.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 2: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives. • Service 9: Small rural hospital services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.

Computation description: [Numerator] divided by [Denominator] (expressed as \$).

Contributing Sites

Goldfields

Laverton Hospital, Leonora Hospital, Norseman Hospital

Great Southern

Denmark Hospital, Gnowangerup Hospital, Kojonup Hospital, Plantagenet Hospital, Ravensthorpe Hospital

Kimberley

Fitzroy Crossing Hospital, Halls Creek Hospital, Wyndham Hospital

Midwest

Dongara Health Centre, Exmouth Hospital, Kalbarri Health Centre, Meekatharra Hospital, Morawa Hospital, Mullewa Hospital, North Midlands Hospital, Northampton Hospital

Pilbara

Onslow Health Service, Paraburdoo Hospital, Roebourne Hospital, Tom Price Hospital

South West

Augusta Hospital, Boyup Brook Hospital, Bridgetown Hospital, Donnybrook Hospital, Harvey Hospital, Nannup Hospital, Pemberton Hospital

Wheatbelt

Beverley Hospital, Boddington Hospital, Bruce Rock Hospital, Corrigin Hospital, Cunderdin, Dalwallinu Hospital, Dumbleyung Hospital, Goomalling Hospital, Jurien Bay Hospital, Kellerberrin Hospital, Kondinin Hospital, Kununoppin Hospital, Lake Grace Hospital, Narembeen Hospital, Pingelly Hospital, Quairading Hospital, Southern Cross Hospital, Wagin Hospital, Wongan Hills Hospital, Wyalkatchem Hospital, York Hospital.

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 9, Sub-service 20. Block Funded Small Rural Hospitals:

- 20.1 (Block Funded Small Rural Hospitals)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups

- B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

Rural and remote (i.e. non-metropolitan) WA Estimated Resident Population.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e., starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total accrued annual expenditure for selected small rural hospitals (Program 20.1 - Block Funded Small Rural Hospitals).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application.

Oracle 11i financial system.

Guide for use

Program 20.1 is defined in the OBM Allocation application.

<i>Denominator:</i>	<p>Estimated Resident Population for rural and remote (i.e., non-metropolitan) WA.</p> <p>Population used for 2024-25 Financial Year is the projected population for the 2024 calendar year.</p>
<i>Denominator data elements:</i>	<p>Data Element/Data Set</p> <p>WA Estimated Resident Populations (rural and remote) by: [Year] [5 year Age Group]</p> <p>Data Source</p> <p>Estimated Resident Populations for 2020–2024 as provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health. Projection of 2025 population by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.</p> <p>Guide for use</p> <p>The Estimated Resident Population estimates from the Epidemiology Directorate are based on data provided by the ABS. The 2025 population is projected based on prior years' population numbers.</p>
<i>Disaggregation data elements:</i>	<p>Data Element/Data Set</p> <p>Nil.</p> <p>Data Source</p> <p>Nil.</p> <p>Guide for use</p> <p>Reported by WACHS only, hence further disaggregation is not applicable.</p>
<i>Comments:</i>	<p>Small rural hospitals are block funded and do not receive activity based funding. For this reason, small rural hospitals are excluded from Service Lines 1–3 of the OBM Framework.</p> <p>Rural and remote population is defined by the Australian Institute of Health and Welfare (AIHW) as all areas outside major cities, which aligns with the non-metropolitan population estimates used for this KPI.</p> <p>It is not possible to accurately estimate the specific population serviced by the in-scope block funded hospitals, due to non-alignment of SA2s and hospital catchments and provision of services by these hospitals to non-residents.</p> <p>Small rural hospitals within WACHS provide a range of services including emergency department services, outpatient services, inpatient services and aged care</p>

services. This may vary site-to-site depending on staffing profiles, clinic service framework and hospital classification.

Representational attributes

<i>Representation class:</i>	Mean (average)
<i>Data type:</i>	Monetary amount
<i>Unit of measure:</i>	Currency
<i>Format:</i>	\$NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Estimated Resident Populations for 2020–2024 as provided by the Epidemiology Directorate.

Projection of 2025 population.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$604
Sourced from: 2025-26 Budget Statements. Budget Paper No. 2, Volume 1, page 319.
Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

7.3 Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system

7.3.0 Key effectiveness indicators contributing to Outcome 3

Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding expectations of the delivery of system manager functions

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0045
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Proportion of stakeholders who indicate the Department of Health to be meeting or exceeding their expectations in the delivery of system manager functions.
<i>Rationale:</i>	<p>The Department of Health, in supporting a system manager function, is responsible for the strategic direction, oversight, management and performance of the WA health system. This includes the delivery of government priorities and responding to the emerging and current needs of the Western Australian community. Overall, the aim is to ensure the delivery of high quality, safe and timely health services.</p> <p>This indicator measures stakeholders' perceptions of the department and its delivery of system manager functions.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Report 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	Not applicable.
<i>Population group age to:</i>	Not applicable.
<i>Computation description:</i>	Numerator] divided by the [Denominator] (expressed as percentage)

General notes

The survey is conducted through Computer Assisted Telephone Interviews (CATI).

Respondents are requested to rate 12 system manager functions using the following Likert scale:

- a) 1 = well below expectations
- b) 2 = somewhat below expectations
- c) 3 = met expectations
- d) 4 = somewhat above expectations
- e) 5 = well above expectations
- f) N/A = Not applicable

System manager functions assessed using the Likert scale include:

- a) Issue of binding policy frameworks to set standards and ensure a consistent approach in health service provision
- b) Stewardship of the public health system to ensure long-term sustainability and quality of public health service care
- c) Budget and resource allocation processes for the delivery of public health services
- d) Strategic direction and leadership on behalf of the public health system
- e) Management of performance data and analysis of performance trends and issues
- f) Performance management including performance monitoring and evaluation in line with Service Agreement requirements
- g) Advice and support to Health Service Providers and other relevant service recipients
- h) Management of system wide industrial relations
- i) Regulation of the public health system
- j) Overseeing, monitoring and promoting improvements in the safety and quality of health services
- k) Advising and assisting the Minister for Health in the development and implementation of systemwide planning
- l) Strategic leadership and directions in relation to capital works, maintenance works and clinical commissioning of facilities for the provision of public health services

A section to capture respondent's comments/feedback is also included in the survey.

Responses are not weighted.

A Likert scale rating of ≥ 3 (i.e. Likert scale rating of 3, 4 or 5) chosen by a respondent against a system manager function indicates expectations have been met or exceeded.

The survey is conducted on an annual basis, preferably in the third or fourth quarter of the relevant financial year. The information collection period has been chosen as it is considered that respondents will have had sufficient contact with the department during the reporting period,

and will be able to respond accurately to the request for client satisfaction feedback.

To ensure a representative sample is achieved a response rate of 100% is required. The survey is conducted until all respondents have completed the survey.

To ensure comparability over time, the questions asked of respondents remain the same unless a change occurs to the system manager functions or further information is required of respondents to elicit the information necessary to gauge operational performance or support recommendations for improvements.

In 2024-25, the prescribed questions concerning system manager functions delivered by the department were updated to reflect the Health Services Amendment Bill 2021. As a result, an additional system manager function was included, and slight wording changes were made to a small number of existing functions.

Inclusions

Service provided	Responsible Department / statutory authority	Accountable authority
Health services in accordance with Service Agreements with the Director General including funding, performance measures and operational targets	North Metropolitan Health Service (NMHS)	Chief Executive, Health Service Board Chair
	South Metropolitan Health Service (SMHS)	Chief Executive, Health Service Board Chair
	East Metropolitan Health Service (EMHS)	Chief Executive, Health Service Board Chair
	Child and Adolescent Health Service (CAHS)	Chief Executive, Health Service Board Chair
	WA Country Health Service (WACHS)	Chief Executive, Health Service Board Chair
	Health Support Services (HSS)	Chief Executive, Health Service Board Chair
	PathWest Laboratory Medicine WA	Chief Executive, Health Service Board Chair
	Quadriplegic Centre	Chief Executive

Commission health services in accordance with Service Agreements with the Director General	Mental Health Commission	Mental Health Commissioner
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Exclusions

Nil.

Computation: (Numerator / Denominator) x 100

Numerator: [Sum of all respondents' responses for all functions (a-l) with a rating of ≥3 (met or exceeded expectations)] (excluding the N/As).

Numerator data elements: **Data Element/Data Set**

Nil.

Data Source

CATI

Guide for use

Survey items with a response of N/A are not included in the calculation of the indicator.

Denominator: [Sum of valid responses (a-l)] (excluding the N/As)

Denominator data elements: **Data Element/Data Set**

Nil.

Data Source

CATI

Guide for use

Nil.

Disaggregation data elements: **Data Element/Data Set**

Nil.

Data Source

Nil.

Guide for use

Nil.

Comments: Nil.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Percentage

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

CATI

Denominator

CATI

Data provider

Corporate Services, Office of the Director General, WA Department of Health.

Quality statement:

The dataset was collected for the first time in 2017-18; however, a significant change to the methodology in 2018-19 means results are not comparable between these years.

Treatment of this data is in line with WA Department of Health policies concerning information access, use and disclosure of data. Identifiable data is not accessible by the Department of Health as respondent feedback is considered confidential and thus all survey data is destroyed within 3 months of data collection by the independent research company contracted to conduct the survey.

Accountability attributes

Benchmark:

Target: ≥75%

Sourced from: The target was reviewed in 2022-23 and remains consistent with the with those from other examined current stakeholder satisfaction targets (and actuals) in the 2022-23 Government Budget Statements. For the majority of comparable agencies the target (and actual) was within the range of 66% and 82%. No national, state or best practice target exists for this indicator. The target is reviewed annually taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health

Methodology:

Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Percentage of responses from WA health system customers who are satisfied or highly satisfied with the overall service provided by Health Support Services

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	The percentage of HSS customers who are satisfied or highly satisfied with the overall service provided by HSS.
<i>Catalogue identifier:</i>	0046
<i>Reporting scope/entities:</i>	HSS
<i>Description:</i>	The percentage of responses from HSS customers (including HSP Chief Executives, the Department of Health Director General, the Mental Health Commissioner and Director Health and Disability Services Complaints Office) who are satisfied or highly satisfied with the overall service provided by HSS.
<i>Rationale:</i>	<p>This KPI aligns to the role of HSS in providing shared services to help solve complex problems and proactively add value to our public hospitals and health services. It reports the satisfaction levels with these services provided to its customers. On an annual basis, the lead representatives are provided with a survey to complete which includes a series of questions gauging satisfaction levels across key service delivery areas. Responses are tallied to measure the extent to which the expectations of service delivery by HSS were met.</p> <p>This KPI counts the number of respondents who are satisfied or highly satisfied with HSS overall.</p>
<i>Indicator set:</i>	Annual Reports 2025-26.
<i>Frequency:</i>	Annual, by financial year.
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Effectiveness.

Collection and usage attributes

<i>Population group age from:</i>	No age limitations applied.
<i>Population group age to:</i>	No age limitations applied.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as percentage).

General notes

The survey is directed to Tier 1 officers in health service providers and the WA Department of Health

The survey is conducted annually.

Inclusions

Health service provider Chief Executives.

WA Department of Health Director General.

Mental Health Commissioner.

Director Health and Disability Services Complaints Office.

Exclusions:

Customers not listed in the inclusions.

Computation:

(Numerator / Denominator) x 100

Numerator:

The total count of satisfied or highly satisfied survey ratings received from participants in response to the question regarding overall satisfaction with HSS.

Numerator data elements:

Data Element/Data Set

Customers, listed under inclusions, who completed and returned the survey with ratings of satisfied or highly satisfied.

Data Source

Responses to the survey, as received by HSS using Qualtrics.

Guide for use

The numerator is calculated by totalling the number of satisfied or highly satisfied responses for the question regarding satisfaction with the services provided by HSS as a whole received from all survey participants. Customers rate HSS services according to the following rating scale: Highly Unsatisfied, Unsatisfied, Neither Satisfied or Unsatisfied, Satisfied, Highly Satisfied.

Denominator:

Total count of survey ratings received from customers, listed under inclusions, in response to the question regarding overall satisfaction with HSS.

Denominator data elements:

Data Element/Data Set

Customers, listed under inclusions, who completed and returned the survey.

Data Source

Responses to the survey.

Guide for use

The count of all responses to the question regarding overall satisfaction with HSS. Customers rate HSS

according to the following rating scale: Highly Unsatisfied, Unsatisfied, Neither Satisfied or Unsatisfied, Satisfied, Highly Satisfied.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This is an indicator that applies to HSS only, hence disaggregation is not applicable.

Comments:

Participants are given approximately two weeks to complete and submit the survey. Reminders to complete the survey may be sent to participants during the data collection period.

Insufficient surveys returned will impact on the representativeness of the results.

Representational attributes

Representation class: Percentage

Data type: Number

Unit of measure: Survey responses

Format: NNN.N%

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

See Numerator and/or Denominator

Data provider

Health Support Services.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Target: $\geq 75\%$.

Sourced from: The target was amended in 2024-25, increasing from $\geq 66\%$ to $\geq 75\%$ in 2025-26 based on analysis of average performance over the most recent five financial years. No national, state or best practice target exists for this indicator. The target is reviewed annually

taking into consideration historical data and discussion with stakeholders and subject matter experts.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

7.3.1 Key efficiency indicators within Outcome 3

Average cost of public health regulatory services per head of population

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0047
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	Average cost of public health regulatory services per head of population.
<i>Rationale:</i>	<p>The Department of Health performs state wide regulatory functions including the regulation of food and water safety, vector control, waste water management, tobacco licensing, e-cigarette compliance, radiation safety, pesticides, asbestos and medicines and poisons in order to promote health in the community, prevent disease before it occurs, manage risks to human health, whether natural or man-made and collaborate with local, national and state regulatory agents and industry.</p> <p>This indicator measures the department's ability to regulate these functions in an efficient manner and aligns with a key provision of the <i>Public Health Act 2016</i> to consolidate and streamline regulatory tools to regulate any given risk to public health.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Service 10: Health System Management – Policy and Corporate Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

General notes

The numerator is based on accrued expenditure as determined using the Department of Health General Ledger as per the Oracle 11i financial system.

Regulatory services include:

- Management of the framework for risk management and enforcement of the *Food Act 2008* including the development and review of national food policy and food standards, and surveillance, audits and assessments of food businesses for compliance with the *Food Act 2008*, Food Regulations 2009 and the Australia New Zealand Food Standards Code.
- Support of the Radiological Council and management of the implementation of the *Radiation Safety Act 1975* including the issuing of licences, registrations and temporary permits.
- Radiation safety surveillance for premises where radiation and/or radiation producing equipment is used to monitor and enforce compliance with the *Radiation Safety Act 1975*, subsidiary legislation and standards.
- Management of public health-related risk, associated with the delivery of safe drinking water, disposal and management of wastewater, treatment and beneficial use of recycled water, the design, management and use of aquatic facilities, the safe use of recreational waters and the beneficial use of biosolids.
- Management of compliance and enforcement of the *Tobacco Products Control Act 2006* and associated regulations to reduce the incidence of illness and death related to the use of tobacco products.
- Management of licensing under the *Tobacco Products Control Act 2006*.
- Management of licensing and registration under the Health (Pesticides) Regulations.
- Leading the management, research and risk assessment of chemical and biological health hazards in WA.
- Administration and management of the Health (Pesticides) Regulations 2011 including the development of State policy, guidelines, compliance activities, industry training, licensing and registration.
- Administration and management of the Health (Asbestos) Regulations 1992 including the development of State and National policy and guidelines and implementation in association with other State agency legislation.
- Provide advice and comply with requirements of the MOU agreement with the Department of Water and Environmental Regulation under the Contaminated Sites Act 2003.
- Management of the implementation of the *Medicines and Poisons Act 2014* and Medicines and Poisons

- Regulations 2016 including the issue of licences, permits and authorities to prescribe controlled drugs and ensure compliance with the Act and Regulations.
- Support of the Mortality Committees under the *Health (Miscellaneous Provisions) Act 1911*, including reviewing all reported anaesthetic, maternal, perinatal and infant deaths.
 - Provide advice and support to decision making agencies on assessment and management of public health risks in planning and environmental proposals/approvals.
 - Management of WA based compliance of vaping reforms under *Therapeutic Goods Act 1989 (Commonwealth)*.
 - Management of WA based compliance of therapeutic goods under *Therapeutic Goods Law application Act 1974*.

Inclusions

Numerator

Cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 10 Health System Management – Policy and Corporate Services, Sub-service 22 Policy Services:

- 22.1 (Public Health Regulatory Unit)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of External Revenue acts as an offset against Total Expenditure.

Denominator

Total Estimated Resident Population in Western Australia (WA).

Exclusions:

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;

- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator

Numerator:

Total accrued expenditure for Public Health Regulatory Services.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation application.
 Oracle 11i financial system.

Guide for use

Nil.

Denominator:

Total Estimated Resident Population of WA.

Population used for 2024-25 Financial Year is the projected population for the 2025 calendar year.

Denominator data elements:

Data Element/Data Set

WA Estimated Resident Population by:
 [Year]
 [5 year Age Group]

Data Source

Estimated Resident Populations for 2020–2024 as provided by the Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health

Projection of 2025 population by Epidemiology Directorate, Public and Aboriginal Health Division, WA Department of Health.

Guide for use

The Estimated Resident Population from the Epidemiology Directorate are based on data provided by the ABS.

The 2025 population is projected based on prior years' population numbers.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

Statewide indicator that applies to the system manager only, hence disaggregation is not applicable.

Comments:

In 2020-21, the apportionment of cost centre expenditure associated with the delivery of public health regulatory services was reviewed to align functions more accurately to programs.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$N.NN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

Numerator

OBM Allocation application.

Oracle 11i financial system.

Denominator

Estimated Resident Populations for 2020–2024 as extracted by the Epidemiology Directorate.

Projection of 2025 population.

Data provider

Numerator

System Business Analytics, Financial Policy and Reform,
Purchasing and System Performance Division, WA
Department of Health

Denominator

Epidemiology Directorate, Public and Aboriginal Health
Division, WA Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$5
Sourced from: 2025-26 WA Budget Statements. Budget
Paper No. 2, Volume 1, page 319.
Approved by: Director General, Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost for the Department of Health to undertake system manager functions per health service provider full time equivalent

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0048
<i>Reporting scope/entities:</i>	Department of Health
<i>Description:</i>	The total cost for Department of Health (department), per health service providers (HSP) full-time equivalent (FTE), to undertake the system manager role of providing strategic leadership, planning and support services to health service providers.
<i>Rationale:</i>	<p>The Department of Health, in supporting a system manager function is responsible for the strategic direction, oversight, management and performance of the WA health system. This includes the delivery of government priorities and responding to the emerging and current needs of the Western Australian community. Overall, the aim is to ensure the delivery of high quality, safe and timely health services.</p> <p>This indicator measures the efficiency with which the department undertakes its role in supporting the system manager.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA Health system. • Service 10: Health System Management – Policy and Corporate Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	All ages.
<i>Population group age to:</i>	All ages.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

General notes

The numerator is based on accrued expenditure as determined using the Department of Health General Ledger (GL) as per the Oracle 11i financial system.

Denominator is based on average actual paid month to date full-time equivalent (FTE) from the WA Health Human Resources Data Warehouse.

Inclusions

Numerator

From cost centres mapped to the following Outcome Based Management (OBM) Programs under Service 10, Sub-service 22 Policy Services:

- 22.2 (System Manager Functions)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Revenue
 - B42000 - Services to External Health Services & Organisations (recoveries)

Note that the inclusion of External revenue acts as an offset against Total Expenditure.

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1').

Denominator

Health service providers and health support service FTE at:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- Health Support Services
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service
- PathWest

WA Department of Health FTE that provide a Public Health Regulatory function (i.e. CCs 0150015; 0150034; 0150044; 0150052; 0150092; 0150514; 0150746; 0150747; 0151644; 0151980; 0152961; 0152967; 0154022; 0154316).

Exclusions

Numerator

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;

- A77200 - Service Concession Assets - Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

WA Department of Health FTE against cost centres mapped to Program 22.2 – System Manager Functions (includes agency staff and public health staff CCs 0150372; 0152973; 0150028) and salaried officer staff (cost centres prefix '011').

Quadriplegic Centre.

QEII Medical Centre.

Mental Health Commission.

Computation:

Numerator / Denominator

Numerator:

Total expenditure assigned to Service 10, Sub-service 22 (Program 22.2 – System Manager Functions) for the financial year.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

Oracle 11i Financial system.
 OBM Allocation application.

Guide for use

Nil.

Denominator:

The average of all 12 actual paid month to date FTE.

Denominator data elements:

Data Element/Data Set

Nil.

Data Source

WA Health Human Resources Data Warehouse.

Guide for use

Month to date FTE is calculated on the last day of each month of the relevant financial year from data warehouse snapshots and averaged over the entire 12 months to correspond with the same monthly dates from which the expenditure was calculated for the relevant financial year.

FTE is calculated as the monthly average FTE and is the average hours worked during a period of time divided by the relevant pay award full time hours for the same period. Hours include ordinary time, overtime, all leave categories, public holidays, time off in lieu and workers compensation.

FTE includes WA health system staff and agency staff.

FTE figures provided are based on actual (paid) month to date FTE.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

See Numerator and/or Denominator.

Guide for use

This is a statewide indicator that applies to the system manager only, hence disaggregation is not applicable.

Comments:

As some public health regulatory functions are not defined as system manager functions, for the purposes of this KPI staff employed in specific public health regulatory roles are included in the count of HSP FTE.

In 2020-21, expenditure associated with the delivery of System Manager functions was reviewed resulting in cost centre reallocation.

Cost centre allocation and apportionment of expenditure for this indicator will be reviewed annually.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources: **Data Source**

Numerator

OBM Allocation application.
Oracle 11i financial system.

Denominator

WA Health Human Resources Data Warehouse.

Data provider

System Business Analytics, Financial Policy and Reform, Purchasing and System Performance, WA Department of Health.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$5,061
Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 319.
Approved by: Director General, WA Department of Health.

Methodology: Nil.

Further data development/ collection required: Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost of Accounts Payable services per transaction

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0049
<i>Reporting scope/entities:</i>	HSS
<i>Description:</i>	<p>Average cost for HSS to deliver Accounts Payable (AP) services to Health Service Providers per invoice line processed. Services include:</p> <ul style="list-style-type: none"> • Processing and payment of invoices • Processing reimbursements • Managing staff travel and expense claims • Processing Spectacle Subsidy Scheme claims
<i>Rationale:</i>	<p>HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.</p> <p>This KPI aligns to the role of HSS as a Health Service Provider in ensuring 'the operations of the Health Service Provider are carried out efficiently, effectively and economically' and captures the role of HSS in delivering transactional accounts payable finance services to its customers in an efficient manner.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Service 11: Health Support Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	Not applicable.
<i>Population group age to:</i>	Not applicable.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator:

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 11:

- 23.1 (Finance Accounts Payable Services).

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

All Accounts Payable invoice lines that are processed through Oracle Financials and iPharmacy (both by AP – Finance & AP – Supply) during the reporting period specified are included when calculating the Denominator.

The following Non-Health Entities are included in the transactions:

- Quadriplegic Centre;
- Health and Disability Services Complaints Office (HaDSCO); and
- Mental Health Commission.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Computation:

Numerator / Denominator (Expressed as \$).

Numerator:

Total of accrued expenditure assigned to Service Line 11 (Health Support Services), Program 23.1 (Finance Accounts Payable Services) for Staffing & OGS, either directly or indirectly associated with delivering the following

Accounts Payable services to the WA health system for the reporting period specified:

- Processing Invoices; Visiting Medical Practitioner (VMP), ORACLE & iPHARM),
- Processing Petty Cash and other Reimbursements,
- Managing Staff Travel & Expense Claims,
- Processing Spectacle Subsidy Scheme Claims.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 [YTD amount]}

Data Source

OBM Allocation Application.
 Oracle 11i Financial System.
 HSS Costing & Pricing Model.

Guide for use

Nil.

Denominator:

The total count of invoice lines processed for customers during the reporting period specified.

Denominator data elements:

Data Element/Data Set

Number of AP Invoice Lines Processed

[Period (Date)]
 [Cost Centre]
 [Site/Location]
 [AP Invoice#]
 [Count of AP Invoice Lines]

Number of Accounts Payable Invoice Lines Processed (ORACLE & iPHARM)

[Period (Date)]
 [Cost Centre]
 [Site/Location]
 [AP Invoice#]
 [Count of AP Invoice Lines]

Data Source

Oracle Financials.
 iPharmacy.

Guide for use

See Numerator and/or Denominator.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This is an indicator that applies to Health Support Services only, hence disaggregation is not applicable.

Comments:

Nil.

Representational attributes

Representation class:

Mean (average)

Data type:

Monetary amount

Unit of measure:

Currency

Format:

\$NN.NN

Indicator conceptual framework

Framework and dimensions:

2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

See Numerator and/or Denominator

Data provider

Numerator

System Business Analytics, Budget Strategy, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

Health Support Services.

Quality statement:

Nil.

Accountability attributes

Benchmark:

Target: \$6

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 320.

Approved by: Director General, WA Department of Health.

Methodology:

Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost of Employee and Payroll services to Health Support Services' clients

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0050
<i>Reporting scope/entities:</i>	HSS
<i>Description:</i>	<p>Average cost for HSS to deliver Payroll and Support Services to HSS clients. Services include:</p> <ul style="list-style-type: none"> • Recruitment and appointment • Establishment and workforce data • Process, reconcile and disburse payroll • Manage standard roster patterns • Process approved workers compensation payments • Distribute payroll certification statements and payroll employee costing reports • Casual nursing pool
<i>Rationale:</i>	<p>HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.</p> <p>This KPI aligns to the role of HSS as the WA health system's shared service provider, delivering a range of employment and payroll services for other Health Service Providers and captures the role of HSS in providing Payroll services to customers in an efficient manner.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Service 11: Health Support Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	Not applicable.
<i>Population group age to:</i>	Not applicable.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 11:

- 23.2 (Human Resources Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

All WA health system employees who incur FTE (via Alesco or Lattice) during the reporting period specified are included when calculating the Denominator.

It is anticipated that during 2025-26 health system employees will continue transferring to the HRplus payroll system. These employees will be in scope for the denominator.

The following Non-Health Entities are included in the total FTE:

- Health and Disability Services Complaints Office (HaDSCO)
- Mental Health Commission.

ExclusionsNumerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

As the Quadriplegic Centre does not use WA Health Payroll systems (Lattice or Alesco), these staff are not included in the FTE count.

Computation:

Numerator / Denominator (Expressed as \$).

Numerator:

Total accrued expenditure assigned to Service Line 11 (Health Support Services), Program 23.2 (Human Resources Services) for Staffing & OGS, either directly or indirectly associated with delivering Payroll and Associated Support Services to the WA health system for the reporting period specified.

HSS collates data from a variety of systems into their data warehouse, including Alesco, Lattice and RoStar. Data from HRplus will be in scope as this system continues to be implemented throughout 2025-26.

*Numerator data elements:***Data Element/Data Set**

[OBM Program Code]
[Cost Centre L5 name]
[Cost Centre Posting Code]
[Account L2 code]
[YTD amount]

Data Source

OBM Allocation Application.
Oracle 11i Financial System.
HSS Costing & Pricing Model.

Guide for use

Nil.

Denominator:

The total sum of WA health system FTE for the reporting period specified.

*Denominator data elements:***Data Element/Data Set**COS (Costings) FTE Metrics - Summary

[Period Name]
[Financial Year]
[Cost centre L5 Description - <All>]
[Account L2 Long Name - <All>]
[MTD FTE]

Data Source

WA Health Human Resources Data Warehouse (COS FTE Metrics – Summary)

Guide for use

For monthly reporting, the total sum of WA health system FTE for the reporting period specified is divided by 12 to distribute the FTE across the 12 months of the year. Monthly data is aggregated to produce the financial year data values.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This indicator applies to Health Support Services only; hence disaggregation is not applicable.

Comments:

Nil.

Representational attributes

Representation class: Mean (average)

Data type: Monetary amount

Unit of measure: Currency

Format: \$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

See Numerator and/or Denominator

Data provider

Numerator

System Business Analytics, Budget Strategy, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

Health Support Services.

Quality statement:

Nil.

Accountability attributes

Benchmark: Target: \$1,365

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 320.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost of Procurement and Supply services by purchasing transaction

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0051
<i>Reporting scope/entities:</i>	HSS
<i>Description:</i>	<p>Average cost for HSS to deliver Supply Services to Health Service Providers by purchasing transaction. Services include:</p> <ul style="list-style-type: none"> • Purchasing • Sourcing and category management • Warehousing and distribution • Purchasing systems and analytics • Procurement and policy advice.
<i>Rationale:</i>	<p>HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.</p> <p>HSS' role within the WA health system is to seek to improve efficiencies in supply, procurement and contract management in order to support improved value for money for the WA health system.</p> <p>This indicator measures the efficiency of HSS in their provision of the above supply chain services to Health Service Providers (HSPs).</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Service 11: Health Support Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	Not applicable.
<i>Population group age to:</i>	Not applicable.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 11:

- 23.3 (Supply Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations.

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator

Catalogue (pre-set data) and Non-Catalogue (not available via pre-set data) Purchase Order lines that are processed through Oracle during the reporting period specified are included.

The following Non-Health Entities are included in the transactions:

- Quadriplegic Centre
- Health and Disability Services Complaints Office (HaDSCO)
- Mental Health Commission.

ExclusionsNumerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

Inventory Purchase Orders (i.e. purchase orders for items shipped to the State Distribution Centre and the PathWest storeroom at QE2),

Purchase Orders for WA Country Health Services (WACHS).

Computation:

Numerator / Denominator (Expressed as \$).

Numerator:

Total accrued expenditure assigned to Service Line 11 (Health Support Services), Program 23.3 (Supply Services) for Staffing & OGS, either directly or indirectly associated with delivering the following Supply services to the WA health system for the reporting period specified:

- Purchasing (On-Catalogue & Off-Catalogue)
- Warehousing & Distribution
- Data Management & Reporting
- Facilitating Procurement Processes
- Developing, implementing & managing Whole of Health system contracts, Providing Client Support (on-site Supply Operations, off-site and Procurement support & advice).

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 [YTD amount]

Data Source

OBM Allocation Application.
 Oracle 11i Financial System.
 HSS Costing & Pricing Model.

Guide for use

Nil.

Denominator:

The total number of Purchase Order Lines (On-Catalogue & Off-Catalogue distributions) processed through the Oracle Financial System during the reporting period specified, excluding inventory orders and iPharmacy purchase orders (iPharmacy orders are non-Oracle transactions)

Denominator data elements:

Data Element/Data Set

PO Purchase Order Distribution - Extract - Driver Data report (Customised version).

[Catalogue type]
 [Account Code]
 [Entity]

[Cost Centre]
 [Purchase Order Number]
 [Purchase Order Line]
 [Source Requisition]

Data Source

Oracle Financials (PO Purchase Order Distribution - Extract - Driver Data report (HSS Customised version))

Guide for use

PO Purchase Order Distribution - Extract - Driver Data report (HSS Customised version)

1. Condition - Exclude Inventory Account <> 931101
2. Custom field - 'Catalogue Type' added
3. Parameter - SELECT Entity(s) = All entities except WACHS entities (Entity Code <> 080,180)

Parameter - SELECT Creation Date From & To = monthly reporting period.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This indicator applies to Health Support Services only; hence disaggregation is not applicable.

Comments:

Nil.

Representational attributes

Representation class: Mean (average)
Data type: Monetary amount
Unit of measure: Currency
Format: \$NN.NN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

See Numerator and/or Denominator

Data provider

Numerator

System Business Analytics, Budget Strategy, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

Health Support Services.

Quality statement: Nil.

Accountability attributes

Benchmark: Target: \$43

Sourced from: 2025-26 WA Budget Statements. Budget Paper No. 2, Volume 1, page 320.

Approved by: Director General, WA Department of Health.

Methodology: Nil.

*Further data development/
collection required:* Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Average cost of providing end to end Information and Communications Technology shared services to Health Support Services' clients

Identifying and definitional attributes

<i>Metadata item type:</i>	Indicator
<i>Synonymous names:</i>	Nil.
<i>Catalogue identifier:</i>	0052
<i>Reporting scope/entities:</i>	HSS
<i>Description:</i>	<p>Average cost for HSS to deliver Information and Communications Technology (ICT) services to HSS clients. Services include:</p> <ul style="list-style-type: none"> • Workplace services • Delivery services • Platform services • Infrastructure services
<i>Rationale:</i>	<p>HSS' role is to provide a shared service function to its customers. This includes the functions of accounts payable, payroll services, supply services and the management and delivery of the ICT network.</p> <p>HSS role within the WA health system is to seek to implement and maintain an updated computer operating environment, removing difficulties encountered by staff in using outdated operating and other systems. This indicator measures the ability of HSS to deliver ICT services to its customers in an efficient manner.</p>
<i>Indicator set:</i>	Annual Reports 2025-26
<i>Frequency:</i>	Annual, by financial year
<i>Outcome area:</i>	<p>Annual Reports 2025-26:</p> <ul style="list-style-type: none"> • Outcome 3: Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA health system. • Service 11: Health Support Services. • Efficiency.

Collection and usage attributes

<i>Population group age from:</i>	Not applicable.
<i>Population group age to:</i>	Not applicable.
<i>Computation description:</i>	[Numerator] divided by the [Denominator] (expressed as \$).

Inclusions

Numerator

From Cost Centres mapped to the following Outcome Based Management (OBM) Programs under Service 11:

- 23.4 (Information Technology Services)

Include:

- Total Expenditure, defined as (Account L5)
 - AAA300 - Total Expenses
- Internal and External Revenue, defined as (Account L2):
 - B15000 - External Recoups
 - B42000 - Services to External Health Services & Organisations

Note that the inclusion of Internal and External Revenue acts as an offset against Total Expenditure.

Denominator:

All WA health system employees who incur FTE (via Alesco or Lattice) during the reporting period specified are included when calculating the denominator. It is anticipated that during 2024-25 health system employees will continue transferring to the HRplus payroll system. These employees will be in scope for the denominator.

The following Non-Health Entities are included in the total FTE:

- Health and Disability Services Complaints Office (HaDSCO)
- Mental Health Commission.

Exclusions

Numerator

Capital expenditure, defined as Capital Works entity codes (i.e. starting with a '1')

Financial Products defined as expenditure within the following (Account Level 2):

- A77000 – Depreciation Expenses;
- A77100 – Depreciation Expenses - Leases;
- A77200 - Service Concession Assets -Depreciation & Amortisation Expenses
- A79000 - Amortisation Expenses
- A75000 - Debtors Expenses
- A76000 - Financial Expenses
- A76100 - Financial Expenses – Leases
- A78000 - Other Asset Expenses, except for Accounts:
 - 372800 – Short-Term Lease Expenses
 - 372801 – Low-Value Lease Expenses
 - 372802 – Variable Lease Expenses
 - 372803 – Lease Maintenance Expense

Denominator

As the Quadriplegic Centre does not use WA Health Payroll systems (Lattice or Alesco), these staff are not included in the FTE count.

Computation:

Numerator / Denominator (Expressed as \$).

Numerator:

Total accrued expenditure assigned to Service Line 11 (Health Support Services), Program 23.4 (Information Technology Services), for Staffing & OGS either directly or indirectly associated with delivering the following ICT services to the WA health system for the reporting period specified:

- General ICT Support Services (Service Desk, Field Support, End User Computing, Account Management, Remote Access, Email)
- Purchasing ICT Products
- Applications Management Services
- ICT Core Foundation Support Services (WAN/ LAN, Telecommunications, Data Centre, Database admin/application/web hosting, Infrastructure expansion)
- Business partnering and Consulting Services
- Standards, Policy and Governance.

Numerator data elements:

Data Element/Data Set

[OBM Program Code]
 [Cost Centre L5 name]
 [Cost Centre Posting Code]
 [Account L2 code]
 {YTD amount}

Data Source

OBM Allocation Application.
 Oracle 11i Financial System.
 HSS Costing & Pricing Model.

Guide for use

Nil.

Denominator:

The total sum of WA Health FTE for the reporting period specified.

Denominator data elements:

Data Element/Data Set

COS (Costings) FTE Metrics - Summary
 [Period Name]
 [Fin Year]
 [Cost centre L5 Description - <All>]
 [Account L2 Long Name - <All>]
 [MTD FTE]

Data Source

WA Health Human Resources Data Warehouse (COS FTE Metric – Summary)

Guide for use

For monthly reporting, the total sum of WA Health FTE for the reporting period specified is divided by 12 to distribute the FTE across the 12 months of the year. Monthly data is aggregated to produce the financial year data values.

Disaggregation data elements:

Data Element/Data Set

Nil.

Data Source

Nil.

Guide for use

This indicator applies to Health Support Services only; hence disaggregation is not applicable.

Comments:

Nil.

Representational attributes

Representation class:

Mean (average)

Data type:

Monetary amount

Unit of measure:

Currency

Format:

\$N,NNN

Indicator conceptual framework

Framework and dimensions: 2025-26 Outcome Based Management Framework

Data source attributes

Data sources:

Data Source

See Numerator and/or Denominator

Data provider

Numerator

System Business Analytics, Budget Strategy, Resourcing and Purchasing, Purchasing and System Performance, WA Department of Health.

Health Service Providers' Finance.

Denominator

Health Support Services.

Quality statement:

Nil.

Accountability attributes

Benchmark: Target: \$5,385
 Sourced from: 2025-256WA Budget Statements. Budget Paper No. 2, Volume 1, page 320.
 Approved by: Director General, WA Department of Health.

Methodology: Nil.

**Further data development/
collection required:** Nil.

Other issues / caveats: Nil.

Source and reference attributes

Reference documents: Nil.

Registry management attributes

<i>Version control:</i>	Version number	Approval date	Approved by	Comments
	1.0	9 April 2026	Deputy Director General, Purchasing and System Performance	First version endorsed.

Appendix A

Indicator template business rules

Indicator technical name

Identifying and definitional attributes

<i>Metadata item type:</i>	Default as 'Indicator'. METEOR defines an indicator as a statistical measure used to describe the progress or performance of the health or welfare system. This may be linked to a population or a number related to the provision of goods and services-output.
<i>Synonymous names:</i>	Provide a synonymous name the Indicator is known by. This may be 'Nil'.
<i>Catalogue identifier:</i>	Provide the unique identifier used by the Department of Health. This is in the format NNNN, e.g. 0001.
<i>Reporting scope/entities:</i>	List the specific entities which are measured against this indicator.
<i>Description:</i>	Provide a short description of the indicator.
<i>Rationale:</i>	Provide a designation or description of the application environment or discipline in which an indicator is applied or from which it originates, as well as a justification for inclusion of the indicator. This should be concise and preferably not dated.
<i>Indicator set:</i>	Provide a single or multi-word designation assigned to a set of indicators. In METEOR this appears in the heading for each indicator.
<i>Frequency:</i>	Specify the frequency at which the indicator is reported and if relevant, the reporting period (e.g. financial year, calendar year, latest 2 calendar years).
<i>Outcome area:</i>	Outcomes should be strategic, high level and observable, expressed in clear, measurable and achievable terms. Several outcome areas may be identified for each objective. This should include Outcomes Based Management outcomes and/or alignment to WA Health Strategic Priorities and/or Enablers.

Collection and usage attributes

<i>Population group age from:</i>	Provide contextual information about a subgroup of people of interest, such as the provision of health and welfare services are delivered in context of economic, social and
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cultural populations. Specifically, denote the age at which investigation commences.

<i>Population group age to:</i>	Provide contextual information about a subgroup of people of interest, such as the provision of health and welfare services are delivered in context of economic, social and cultural populations. Specifically, denote the age at which investigation ceases.
<i>Computation description:</i>	Provide the plain text description of the formulae used to calculate an indicator. This should include inclusions and exclusions.
<i>Computation:</i>	Provide a group of symbols that make a formal mathematical statement.
<i>Numerator:</i>	Provide a description of the number above the line in a fraction showing how many of the parts indicated by the denominator are taken. The numerator may also be used to represent a count, rather than a fractional representation. In this case the denominator should be left blank.
<i>Numerator data elements:</i>	<p>Data Element/Data Set</p> <p>Specify a set of data elements used to calculate the numerator.</p> <p>Data Source</p> <p>Specify a specific data set, database and reference from where data are sourced.</p> <p>Guide for use</p> <p>Specify information such as the methods of data collection including census, sample survey, and administrative by-product. This may be 'Nil'.</p>
<i>Denominator:</i>	Provide a description of the number below the line in a fraction.
<i>Denominator data elements:</i>	<p>Data Element/Data Set</p> <p>Specify a set of data elements used to calculate denominator.</p> <p>Data Source</p> <p>Specify a specific data set, database and reference from where data are sourced.</p> <p>Guide for use</p> <p>Specify information such as the methods of data collection including census, sample survey, and administrative by-product. This may be 'Nil'.</p>

Disaggregation data elements:**Data Element/Data Set**

Specify a set of data elements used to calculate disaggregated items.

Data Source

Specify a specific data set, database and reference from where data are sourced.

This may be 'See Numerator and/or Denominator'.

Guide for use

Specify information such as the methods of data collection including census, sample survey, and administrative by-product.

Comments:

Provide any additional information that adds to the understanding of the metadata item. This may be 'Nil'.

Representational attributes**Representation class:**

Specify the class of representation of an indicator, e.g. Rate, Percentage, Ratio, Count, etc.

Data type:

Specify a set of distinct values, characterised by properties of those values and by the operations on those values, e.g. Monetary amount, Coded category, etc.

Unit of measure:

Specify the unit used in the measurement of the indicator such as 'Person', etc.

Format:

Specify a template for the presentation of values, including specification and layout of permitted characters, the maximum and minimum size, and precision. It is not a template for electronic data transmission or storage.

Indicator conceptual framework**Framework and dimensions:**

A conceptual framework monitors progress or outcomes of a particular system and broader determinants of performance of a system in improving the services provided for target populations over time. Many frameworks comprise a number of tiers to best describe a system or sector.

A conceptual framework can be used to support benchmarking for system improvement and facilitate use of data at the service unit level for benchmarking purposes. It reflects the service process through which service providers transform inputs into outputs and outcomes in order to achieve desired objectives.

This may be 'Nil'.

Data source attributes**Data sources:****Data Source**

The data source is a specific data set, database and reference from where data are sourced. This field is automatically generated by METEOR and lists all data sources employed by the indicator from the numerator, denominator and disaggregated items.

Data provider

Specify the data provider from which the data is sourced.

Quality statement:

Provide a statement of multiple quality dimensions for the purpose of assessing the quality of the data for reporting against the Indicator or Data Source.

Accountability attributes

Benchmark:

Specify a standard, or point of reference, against which things can be compared, assessed, measured or judged.

Methodology:

Describe where the methodology was sourced from.

Further data development/ collection required:

Describe whether the data specifications for an indicator are interim or long term. Planned data development such as changes to definitions and methodology indicate the indicator is an interim specification. This may be 'Nil'.

Other issues / caveats:

Specify any additional information required to interpret the data, or any other issues or caveats which do not fit in the other fields in the template. This may be 'Nil'.

Source and reference attributes

Reference documents:

Significant documents that contributed to the development of the item, but which were not direct sources for content.

This may be 'Nil'.

Registry management attributes

Version control:

Version number	Approval date	Approved by	Comments
1.0	DD/MM/YYYY	Deputy Director General, Purchasing and System Performance	First version endorsed.

Appendix B

WA health system 2025-26 OBM Framework – Internal Management Sub-Service View

Key:

ABF Funded Services	
Non Hospital and Block Funded Services	

Outcome 1 Public hospital based services that enable effective treatment and restorative healthcare for Western Australians		
Service	Sub-Services	Programs
<u>1. Public Hospital Admitted Services</u> The provision of healthcare services to patients in metropolitan and major rural hospitals that meet the criteria for admission and receive treatment and/or care for a period of time, including public patients treated in private facilities under contract to the WA health system. Admission to hospital and the treatment provided may include access to acute and/or subacute inpatient services, as well as hospital in the home services. Public Hospital Admitted Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to admitted services. This Service does not include any component of the Mental Health Services reported under Service four "Mental Health Services".	01. Public Hospital Admitted Services	1.1 Acute Inpatient Activity
		1.2. Sub-acute Inpatient Activity
		1.3. Teaching, Training and Research Funding - Inpatient
		02. Public, Private Partnership - Admitted Services
		2.2 PPP- Teaching, Training and Research - Inpatient
<u>2. Public Hospital Emergency Services</u> The provision of services for the treatment of patients in emergency departments of metropolitan and major rural hospitals, inclusive of public patients treated in private facilities under contract to the WA health system. The services provided to patients are specifically designed to provide	03. Public Hospital Emergency Department Services	3.1 Emergency Department Activity
		3.2 Teaching, Training and Research - Emergency Department

<p>emergency care, including a range of pre-admission, post-acute and other specialist medical, allied health, nursing and ancillary services. Public Hospital Emergency Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to emergency services. This Service does not include any component of the Mental Health Services reported under Service four "Mental Health Services".</p>	<p>04. Public, Private Partnership - Emergency Department Services</p>	4.1 Public, Private Partnership - Emergency Department Activity
		4.2 PPP- Teaching, Training and Research - Emergency Department
<p><u>3. Public Hospital Non-Admitted Services</u> The provision of metropolitan and major rural hospital services to patients who do not undergo a formal admission process, inclusive of public patients treated by private facilities under contract to the WA health system. This Service includes services provided to patients in outpatient clinics, community based clinics or in the home, procedures, medical consultation, allied health or treatment provided by clinical nurse specialists. Public Hospital Non-Admitted Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to non-admitted services. This Service does not include any component of the Mental Health Services reported under Service four "Mental Health Services".</p>	<p>05. Public Hospital - Non-admitted Services</p>	5.1 Non-admitted Activity
		5.2 Teaching, Training and Research - Non-admitted
	<p>06. Public, Private Partnership - Non-admitted Services</p>	6.1 Public, Private Partnership - Non-admitted Activity
		6.2 PPP - Teaching, Training and Research - Non-admitted Activity
<p><u>4. Mental Health Services</u> The provision of inpatient services where an admitted patient occupies a bed in a designated mental health facility or a designated mental health unit in a hospital setting; and the provision of non-admitted services inclusive of community and ambulatory specialised mental health programs such as prevention and promotion, community support services, community treatment services, community bed based services and forensic services. This Service includes the provision of state-wide mental health services such as perinatal mental health and eating disorder outreach programs as well as the provision of assessment, treatment, management, care or rehabilitation of persons experiencing alcohol or other drug use problems or co-occurring health issues. Mental Health Services includes teaching, training and research activities provided by the public health service to facilitate development of skills and acquisition or advancement of knowledge related to mental health or alcohol and drug services. This service includes public patients treated in private facilities under contract to the WA health system.</p>	<p>07. Public Hospital - Inpatient Mental Health Services</p>	7.1 Acute Inpatient Mental Health
		7.2 Sub-acute Inpatient - Mental Health
		7.3 Teaching, Training and Research - Mental Health Inpatient
	<p>08. Public, Private Partnership - Inpatient Mental Health Services</p>	8.1 Public, Private Partnership - Inpatient Mental Health
		8.2 PPP - Teaching, Training and Research - Mental Health Inpatient
	<p>09. Public Hospital - Non-Admitted Mental Health Services</p>	9.1 Non-Admitted Patients - Mental Health
<p>10. Mental Health Specific Services</p>	10.1 Mental Health Specific Programs	

Outcome 2		
Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe live		
<p>5. Aged, Continuing Care and End of Life Care Services The provision of aged and continuing care services, community based palliative care services and voluntary assisted dying services. Aged and continuing care services include programs that assess the care needs of older people, provide functional interim care or support for older, frail, aged and younger people with disabilities to continue living independently in the community and maintain independence, inclusive of the services provided by the WA Quadriplegic Centre. Aged and Continuing Care Services is inclusive of community based palliative care services that are delivered by private facilities under contract to the WA health system, which focus on the prevention and relief of suffering, quality of life and the choice of care close to home for patients. Voluntary assisted dying includes the provision of services to eligible patients approaching the end of their life and is inclusive of services to provide support to anyone involved with voluntary assisted dying in WA.</p>	<p>11. Aged and Continuing Care Services</p>	11.1 Aged Care Assessment Teams (ACAT)
		11.2 Home and Community Care (HACC)
		11.3 Transition Programs
		11.4 Home Care Programs – (a) days of care
		11.5 Residential and respite care
		11.6 Private & NGO Aged Care Contracts
		11.7 Complex and Long Stay Programs
		11.8 Quadriplegic Centre – Inpatient Services
		11.9 Quadriplegic Centre – Community Services
		11.10 Home Care Programs – (b) occasions of service
		11.11 Continuing Care - Non-acute admitted
		11.12 Continuing Care - Chronic illness and other clients
	<p>6. Public and Community Health Services The provision of healthcare services and programs delivered to increase optimal health and wellbeing, encourage healthy lifestyles, reduce the onset of disease and disability, reduce the risk of long-term illness as well as detect, protect and monitor the incidence of disease in the population. Public and Community Health Services includes public health programs, Aboriginal health programs, disaster management, environmental health, the provision of grants to non-government organisations for public and community health purposes, emergency road and air ambulance services and services to assist rural based patients travel to receive care.</p>	<p>12. Palliative, Cancer Care and Voluntary Assisted Dying Services</p>
12.2 Contracted Palliative & Cancer Care Services		
12.3 Voluntary Assisted Dying (VAD) Services		
<p>13. Public Health Services</p>	<p>14. Special Purpose Services</p>	13.1 Health Promotion, Primary Care, Education and Research
		13.2 Health Protection and Screening Services
		13.3 BreastScreen WA
	<p>15. Patient Transport Services</p>	14.1 Specific Renal Programs
		14.2 Blood Contract Programs
		14.3 Friend In Need - Emergency (FINE) Programs
		14.4 Other non-admitted programs
	15.1 Emergency Road Based Ambulance Services	
	15.2 Emergency Air Based Services	
	15.3 Patient Assisted Transport Service (PATS)	
	15.4 Other transport services	

	16. Aboriginal Health Services	16.1 Aboriginal Health
<u>7. Pathology Services</u> The provision of state-wide external diagnostic services across the full range of pathology disciplines, inclusive of forensic biology and pathology services to other WA Government Agencies and services provided to the public by PathWest. This Service also includes the operational costs of PathWest in delivering services to both Health Service Providers and the public.	17. Pathology Services	17.1 PathWest services for customers external to the WA health system
		17.2 PathWest Clinical Pathology Services
<u>8. Community Dental Health Services</u> Dental health services include the school dental service (providing dental health assessment and treatment for school children); the adult dental service for financially, socially and/or geographically disadvantaged people and Aboriginal people; additional and specialist dental; and oral healthcare provided by the Oral Health Centre of Western Australia to holders of a Health Care Card. Services are provided through government funded dental clinics, itinerant services and private dental practitioners participating in the metropolitan, country and orthodontic patient dental subsidy schemes.	18. Oral Health Care WA	18.1 Oral Health Care WA
	19. Community Dental Health	19.1 Community Dental Health – (a) school children
		19.2 Community Dental Health – (b) socio-economically disadvantaged adults
<u>9. Small Rural Hospital Services</u> Provides emergency care and limited acute medical/minor surgical services in locations 'close to home' for country residents/visitors, by small and rural hospitals classified as block funded. Include community care services aligning to local community needs.	20. Block Funded Small Rural Hospitals	20.1 Block Funded Small Rural Hospitals
	21. RFR and Other Commonwealth Funding	21.1 RFR and Other Commonwealth Funding
Outcome 3		
Strategic leadership, planning and support services that enable a safe, high quality and sustainable WA Health System		
<u>10. Health System Management - Policy and Corporate Services</u> The provision of strategic leadership, policy and planning services, system performance management and purchasing linked to the state-wide planning, budgeting and regulation processes. Health System Policy and Corporate Services includes corporate services inclusive of statutory financial reporting requirements, overseeing, monitoring and promoting improvements in the safety and quality of health services and system wide infrastructure and asset management services.	22. Policy Services	22.1 Public Health Regulatory Unit
		22.2 System Manager Functions
<u>11. Health Support Services</u>	23. Health Support Services	23.1 Finance Accounts Payable Services

<p>The provision of purchased health support services to WA health system entities inclusive of corporate recruitment and appointment, employee data management, payroll services, workers compensation calculation and payments and processing of termination and severance payments. Health Support Services includes finance and business systems services, IT and ICT services, workforce services, project management of system wide projects and programs and the management of the supply chain and whole of health contracts.</p>		23.2 Human Resources Services
		23.3 Supply Services
		23.4 Information Technology Services

Appendix C

WA health system 2025-26 OBM Framework – Internal Management Efficiency KPI Program View

Please note that entities may have budget and expenditure related to the OBM Programs but do not report the KPI related to the program. Refer to Addendum 1 of the Outcome Based Management Policy.

KPI Number	Efficiency KPIs	Program Number	Program
9	Average admitted cost per weighted activity unit	1.1	Acute Inpatient Activity
		1.2	Sub-acute Inpatient Activity
		1.3	Teaching, Training and Research Funding - Inpatient
		2.1	Public, Private Partnership - Inpatient Activity
		2.2	PPP - Teaching, Training and Research - Inpatient
10	Average emergency department cost per weighted activity unit	3.1	Emergency Department Activity
		3.2	Teaching, Training and Research - Emergency Department
		4.1	Public, Private Partnership - Emergency Department Activity
		4.2	PPP - Teaching, Training and Research - Emergency Department
11	Average non-admitted cost per weighted activity unit	5.1	Non-admitted Activity
		5.2	Teaching, Training and Research - Non-admitted
		6.1	Public, Private Partnership - Non-admitted Activity
		6.2	PPP - Teaching, Training and Research - Non-admitted Activity
12	Average cost per bed-day in specialised mental health inpatient services	7.1	Acute Inpatient Mental Health
		7.2	Sub-acute Inpatient - Mental Health
		7.3	Teaching, Training and Research - Inpatient Mental Health
		8.1	Public, Private Partnership - Inpatient Mental Health
		8.2	PPP - Teaching, Training and Research - Inpatient Mental Health

KPI Number	Efficiency KPIs	Program Number	Program
13	Average cost per treatment day of non-admitted care provided by mental health services	9.1	Non-Admitted Patients - Mental Health
		10.1	Mental Health Specific Programs
29	Average cost of a transition care day provided by contracted non-government organisations/service providers	11.3	Transition Programs
30	Average cost per bed-day for specified residential care facilities, flexible care (hostels) and nursing home type residents	11.5	Residential and respite care
31	Average cost per bed-day for WA Quadriplegic Centre inpatient services	11.8	Quadriplegic Centre - Inpatient Services
32	Average cost per home-based hospital day of care and occasion of service	11.4	Home Care Programs - (a) days of care
		11.10	Home Care Programs - (b) occasions of service
33	Average cost per client receiving contracted palliative care services	12.2	Contracted Palliative & Cancer Care Services
34	Average cost per day of non-acute bed-based continuing support	11.11	Continuing Care - Non-acute admitted
35	Average cost to support patients who suffer specific chronic illness and other clients who require continuing care	11.12	Continuing Care - Chronic illness and other clients
36	Average cost per person of delivering population health programs by population health units	13.1	Health Promotion, Primary Care, Education and Research
		13.2	Health Protection and Screening Services
37	Cost per person of providing preventive interventions, health promotion and health protection activities that reduce the incidence of disease or injury	13.1	Health Promotion, Primary Care, Education and Research
		13.2	Health Protection and Screening Services
38	Average cost per breast screening	13.3	BreastScreen WA
39	Cost per trip for road-based patient transport services, based on the total accrued costs of these services for the total number of trips	15.1	Emergency Road Based Ambulance Services
40	Cost per trip of patient emergency air-based transport, based on the total accrued costs of these services per for the total number of trips	15.2	Emergency Air Based Services
41	Average cost per trip of Patient Assisted Travel Scheme (PATS)	15.3	Patient Assisted Transport Service (PATS)
42	Average cost of pathology services per test	17.2	PathWest Clinical Pathology Services
43		19.1	Community Dental Health - (a) school children

KPI Number	Efficiency KPIs	Program Number	Program
	The average cost per patient visit of WA Health provided dental health programs for (a) school children and (b) socio-economically disadvantaged adults	19.2	Community Dental Health - (b) socio-economically disadvantaged adults
44	Average cost per rural and remote population (selected small rural hospitals)	20.1	Block Funded Small Rural Hospitals
47	Average cost of Public Health Regulatory per head of population	22.1	Public Health Regulatory Unit
48	Average cost for the Department of Health to undertake System Manager functions per Health Service Provider full-time equivalent	22.2	System Manager Functions
49	Average cost of Accounts Payable services per transaction	23.1	Finance - Accounts Payable Services
50	Average cost of payroll and support services to Health Support Services' clients	23.2	Human Resources Services
51	Average cost of Supply Services by purchasing transaction	23.3	Supply Services
52	Average cost of providing ICT services to Health Support Services' clients	23.4	Information Technology Services

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