CATCH 23

IMPROVING PEROFRMANCE OF TRIAGE CATEGORIES AT THE CHILDREN'S HOSPITALS 2 & 3

PROJECT MEMBERS

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Case for change

Sydney Children's Hospitals Network (SCHN) Emergency Departments at Randwick (SCH) and Westmead (CHW) have consistently failed to meet Ministry of Health (MOH) Key Performance Indicators (KPIs) for Category 2 and 3 time-to-treatment. Currently, only 77% (SCH) and 72% (CHW) of Category 2, and 68% (SCH) and 61% (CHW) of Category 3 patients receive timely care—well below MOH benchmarks (80% within 10 minutes; 75% within 30 minutes). This equates to delays for around 31 children each day, contributing to poorer clinical outcomes, longer ED stays, overcrowding, staff burnout, reduced patient satisfaction, and potential financial penalties.

Goal

By June 2026, Sydney Children's Hospitals Network (SCHN) Emergency Departments will provide sustainable, efficient, and high-quality care enabling the achievement of key performance indicators for timely assessment of Triage Category 2 and 3 patients.

Objectives

1. To increase compliance of time to be seen KPI's for ED Triage Category 2 (Cat 2) patients from 77% (Sydney Children's Hospital (SCH)) and 72% (Children's Hospital Westmead (CHW)) (2023/2024) to consistently achieve or exceed 80% by June 2026
2. To increase compliance of time to be seen KPIs for ED Triage Category 3 (Cat 3) patients from 68%(SCH) and 61%(CHW) (2023/2024) to consistently achieve or exceed 75% by June 2026
3. To improve patient/carer reported response for ED patients regarding (i) staff checking patient condition whilst waiting for treatment, (yes 71% CHW, 77% SCH) and (ii) support provided by staff for addressing patient/carer concerns, (yes 82% CHW, 90% SCH) by 5% by June 2026. (Baseline data for all patients from ED Patient Survey, Bureau of Health information (BHI) 2023-2024)

Project challenges

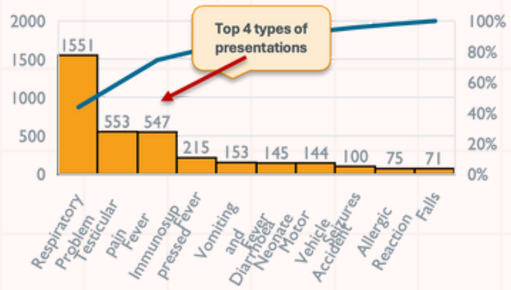
- Variation in triage practices between sites
- Differing levels of staff confidence and engagement
- Competing clinical priorities and workforce pressures for project team
- Physical space limitations and infrastructure constraints affecting patient flow during peak times
- ED redevelopment at Sydney Children's Hospital Randwick creating additional workflow and environmental challenges

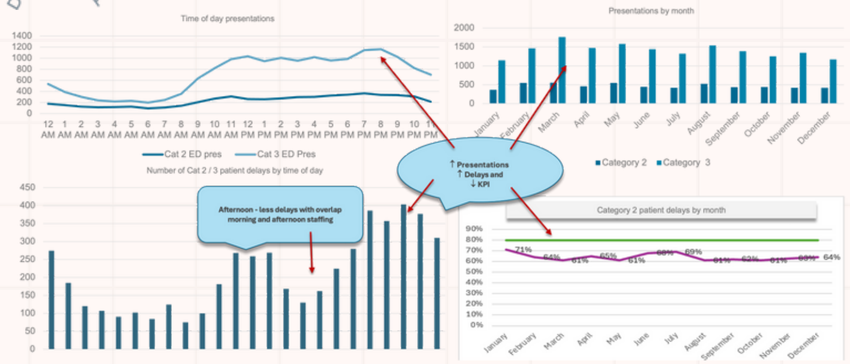
Diagnostic activities and results

Quantitative data of Category 2 and 3 presentations from both EDs was reviewed with analysis of presentation types, timing, mode of arrival, triage duration, patient flow, use of rapid assessment and time to treatment. Patient experience was captured through surveys, IIMS reports, BHI data and tagalongs, while staff insights were gathered via surveys, process-mapping workshops and tagalongs.

Variable	Influence on KPI
Mode of arrival	KPI ↓ for ambulance
Time of day	KPI ↓ when presentations ↑ KPI ↑ with ↑ staffing
Day of week	KPI ↓ when presentations ↑
Month	KPI ↓ when presentations ↑
Presenting problems	Top 4 presentations are 80% of all Cat 2/3 and 47-58% of delays
Area of ED	KPI ↑ for patients in resus
Triage time (mean)	KPI ↓ with longer triage
Rapid assessment protocol used	Low use likely to KPI ↓
Time to meet KPI	Small time improvement to KPI ↑
Complaints (IIMS)	Quality measure, patient feedback

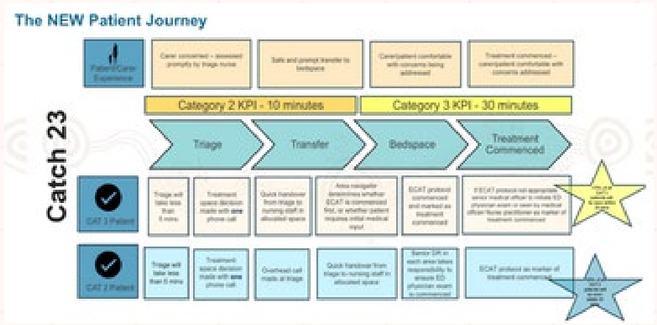
Graph 1: Category 2 Presentations Pareto





Solutions and implementation

Seventeen multidisciplinary workshops were held across both SCHN EDs, engaging 108 nursing, medical and clerical staff to identify and brainstorm solutions using the Power of 3 and "How Might We" frameworks. Staff were then invited to participate in online polls (CHW = 32, SCHN = 38) and Dotmocracy workshops (n=4, participants n=18) to vote on their top 5 solutions generated from solution workshops. These solutions were refined and presented to the Steering Committee, which ranked the top 9 using an Influence vs Impact Matrix. Implementation commenced at CHW with reminders for accurate time stamping at staff orientation, daily huddles, and laminated reminder cards placed on computer workstations, while implementation at SCH has been delayed due to the redevelopment.



Issue / Focus Area	Root causes	Solution
Delay in commencing treatment, no available appropriate staff to start treatment	Rapid assessment and treatment processes not utilised - medical	**ED Physician Exam** - Senior ED medical staff can start treatment with a rapid assessment approach. The ED Physician exam icon in the Electronic Medical Record (EMR) can be utilised to document initial rapid medical assessment. EMR Proforma would aid process.
	Rapid assessment and treatment processes not utilised - nursing	**ECAT Protocols** - Nursing staff trained in NSW MOH Emergency Care and Assessment (ECAT) protocols can use these protocols for initial rapid assessment
Inaccurate documentation of time of start of treatment	Inconsistent knowledge of how to ensure accurate documentation of time seen on Electronic Medical Record (EMR).	**Accurate Timestamp** - Enhance education process of accurate time seen documentation for medical and nursing staff.
Reduce time to transfer from triage to treatment space	Triage nurse must liaise with nursing team leaders for treatment space allocation.	**Allocation of Bed - Flowsheet** to be developed for triage to allocate treatment space to reduce delay.
	Multiple phone calls for triage nurse occur for treatment space allocation when department full.	**Allocation of Bed - Flowsheet** Reduce number of phone calls to allocate bed/ treatment space with flowsheet.
	No standardised treatment spaces for CAT 2 and CAT 3 patients	**Respiratory Bay - Standard assessment space** to be identified for CAT 2 and CAT 3 patients. Respiratory specific space to be identified.
Reduce triage time	Triage nurse not aware of length of triage for CAT 2 patients.	**Education of Triage Time** - Reinforce training to facilitate early/appropriate CAT 2 allocation.
Carer concern	Worried about child becoming more unwell.	**Parental/Carer Information** - Aid provision of information and reassurance with written and/or electronic means whilst treatment commenced.

Sustaining change

SCHN has embedded the CATCH 23 initiative into existing governance frameworks to ensure sustained improvement. Performance is reviewed against NSW Health and SCHN ED Category 2 and 3 KPIs, with progress tracked through monthly dashboards, staff feedback, and audits. Ongoing education, triage refreshers, and rapid assessment training are built into annual competencies. Leadership visibility, site champions, and Steering Committee oversight drive accountability and engagement. By aligning process measures, outcomes, and staff feedback, SCHN fosters a culture of continuous improvement and delivers timely, safe, family-centred emergency care across the network.

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