



Emergency Department Taskforce

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Emergency Department (ED) Taskforce Newsletter

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Dear colleagues,

As the Taskforce concluded its nineteenth meeting, we reflect on key priority areas for 2026:

Hospital Access Targets (HATs) - Data Triangulation:

System-wide pressure and rising acuity were acknowledged. System monitoring and review of Inpatient admission ≤ 6 hours (target 80%) continues. With a focus on improving patient flow through the Emergency Department and across the hospital, including mental health patient flow, a detailed analysis of facility-level indicators and metrics was undertaken to identify system and operational drivers of HAT performance.

Focusing on ED stays greater than 24 hours:

ED length of stay performance continues to be a priority focus area. As a key initiative, the Taskforce endorsed daily reporting to Chief Executives, to enable timely oversight and active management of all ED stays exceeding 24 hours.

Priority ED Performance Targets and System Risks:

Prolonged ED stays and crowding are linked to increased mortality, morbidity and reduced quality of care. In response, the Taskforce endorsed an increased focus on the following targets:

- Ambulance transfer to ED ≤ 30 mins ($\geq 90\%$)
- Triage 2 ≤ 10 mins ($\geq 80\%$)
- Triage 3 ≤ 30 mins ($\geq 75\%$)
- ED discharge ≤ 4 hours ($\geq 80\%$)
- EDSSU admission ≤ 4 hours ($\geq 60\%$)
- ED stay ≤ 12 hours ($\geq 95\%$).

Performance trends, in transfer of care, ED discharge within 4 hours, and ED extended stays, alongside improvement in triage performance were discussed.

AI Scribes – The Future of Clinical Notes In the ED:

AI Scribes are being trialed across 21 NSW Health entities through a state-wide proof of concept to assess feasibility, safety and impact with the potential to reduce documentation burden, improve clinical focus on direct patient care and lower cognitive load in high-pressure ED environments.

Mirco-action strategy:

The taskforce supported the development of a new **micro-action resource**, focused on practical, small-scale actions that can be applied consistently to achieve measurable improvement in ED performance.

Example micro-actions discussed:

- Proactively transferring patients to the ward once a bed is allocated.
- Reducing duplicate escalation calls to Patient Transport Services by making a single call at the point of ED discharge.
- Clearly assigning ownership of Triage 2 performance targets to Front-of-House nursing staff.
- Designating a clearly identified ED Short Stay Unit (EDSSU) flow role within each ED shift.

NewGen Matrix – Release 1 (Completed December 2025) delivered:

- State-wide expansion of the matrix
- Implementation of the patient acuity tool
- Improved visibility on the Ambulance Arrival Board in EDs through the NSW Acuity column
- Revised clinical allocation categories.

NewGen Matrix – Release 2 (commencing August 2026) will deliver:

- State-wide rollout of the NewGen Matrix with all functionalities, excluding the pre-transfer of Care (pre-TOC) mechanism
- The pre-TOC enhancement will commence in October 2026.

In early 2027, the program will transition to business as usual, supporting long-term sustainability and system-wide value.

Raise It (Formerly REACH -Recognise, Engage, Act, Call, Help is on its way)

- The Taskforce considered Raise it within the ED operating environment, noting early implementation insight and reinforcing its role as a whole-of-system patient initiative.
- Members were encouraged to share learning and feedback as implementation continues.

Kind Regards,

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