

11 February 2022

s 9(2)(a)

By email: s 9(2)(a)  
Ref: H202116277

Tēnā koe s 9(2)(a)

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 15 November 2021 for:

*Please provide information held, including but not limited to emails, reports, meeting minutes, memos, data, audiovisual materials and correspondence to/from about:*

*Healthline's performance during the Delta outbreak.*

*Call logs, showing the volume, frequency, length of calls by Healthline during the Delta outbreak.*

*The number of calls to Healthline (incoming calls).*

*The number of calls from Healthline teams (outgoing calls).*

*A copy of any scripts used by Healthline teams.*

*Patients who were not contacted, either at all or in due time.*

*Any advice to call 111.*

*The number of calls to/from Healthline advising patients to call 111.*

*Any information about the number of Covid patients who called 111 while self-isolating.*

*Date range applies from the beginning of the Delta outbreak to the most recently available information in November 2021.*

*The number of staff working for Healthline, part-time, fulltime, and casual over time during the Delta outbreak.*

*The number of staff specifically working as call-takers and in the Healthline contact centres over time during the Delta outbreak.*

The Ministry of Health (the Ministry) has established that your request is broad in scope and we have therefore narrowed down the information to what we believe is relevant to your enquiry.

Healthline is a service commissioned under the National Telehealth Service through Whakarongorau Aotearoa New Zealand Telehealth Services LP (Whakarongorau). The service is part of the broader health system and is designed to provide frontline services and triage to other health services when necessary.

The performance of the National Telehealth Service (which Healthline is part of) is formally managed through Quarterly Service Improvement Meetings, a cross-functional forum supported by quarterly reporting. The last such forum was held on 16 November 2021. This forum was for the period 1 July to 30 September 2021 and the report for this period is attached (Attachment 1). The reporting period only partially covers the period your query relates to. The report that covers the rest of your query will be available in early March 2022 at the earliest.

The Ministry receives weekly data of call volumes and data that we believe will answer your questions (Attachment 2). The purpose of these reports is to monitor trends and not intended for wider publication, and therefore we trust that you will treat this information as it is intended. The data in the attached table shows the pressure the service experienced in the first week of the outbreak which was further compounded by the active rollout of the vaccine programme at the time. Note, the abandonment rate includes those callers who disconnect their call after accessing self-serving advice from the information provided via the incoming voice recording (IVR).

You have requested information relating to outbound call volumes which is not included in the attached reports. This is because it is covered under the contact tracing service. Contact tracing is part of the broader COVID-19 response services and includes COVID-19 vaccine, community isolation and quarantine, border support, case investigations and various other COVID-19 related services. The workforce delivering COVID-19 telehealth services is trained to be able to respond across multiple services to allow flexibility and commissioning of these services. Multiple providers provide these services. Releasing information relating to call volume allocation, performance and staffing levels is considered commercially sensitive therefore we refuse to release this detailed information under section 9(2)(b)(ii) because release would likely unreasonably prejudice the commercial position of the person who supplied the information. The Ministry has considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

The Ministry does not hold copies of Healthline call scripts. The call scripts can change from day to day and even throughout the day, especially during an active outbreak, to reflect the changing advice and policy settings. It is the responsibility of the providers to adjust the call scripts to incorporate latest advice.

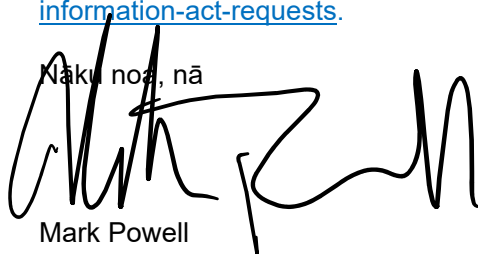
Finally, we would like to note that COVID-19 Healthline services includes calls as well as management of electronic responses and relevant interventions through both phone and other electronic and social media platforms.

We hope that the attached information provides you with sufficient information to satisfy your query. We appreciate your understanding and patience as we prioritise our people's focus on planning and preparing for the ongoing management of the COVID-19 response.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



Mark Powell  
**Group Manager**  
**Health System Improvement and Innovation**

# QUARTERLY REPORT

## Healthline

Q1 2022 //  
JULY – SEPT 2021



## Contents

<b>1</b>	<b><i>Introduction.....</i></b>	<b><i>3</i></b>
1.1	Contacts and service users – Healthline .....	3
<b>2</b>	<b><i>Service Users Contacting the Service Healthline.....</i></b>	<b><i>5</i></b>
2.1	Individual unique service users and inbound calls .....	5
2.2	Healthline calls handled by Plunketline nurses .....	5
2.3	Frequent callers .....	5
2.4	Service users and contact trends .....	6
2.4.1	Call volumes by day of week.....	6
2.4.2	Call volumes by hour of day.....	7
2.5	Service user experience .....	7
<b>3</b>	<b><i>Triages, Symptoms and Triage Outcomes Healthline .....</i></b>	<b><i>9</i></b>
3.1	Presenting symptoms .....	9
3.2	Most common presenting symptom groups in Healthline .....	9
3.3	Calls and triages .....	11
3.4	Triage outcomes.....	12
3.4.1	Definitions.....	12
3.5	Break glass incidents.....	14
<b>4</b>	<b><i>Service User Demographics.....</i></b>	<b><i>15</i></b>
4.1	Gender .....	15
4.2	Age .....	15
4.3	DHB region .....	16
4.4	Ethnicity .....	17
<b>5</b>	<b><i>Digital Service Delivery, Marketing and Promotion .....</i></b>	<b><i>18</i></b>
5.1	Marketing and promotions .....	18
5.2	Social media engagement.....	18
5.3	Earned Media.....	18
5.4	Volume of media mentions.....	18
5.5	Partnerships and community engagement.....	19
<b>6</b>	<b><i>Appendix – Data Tables .....</i></b>	<b><i>20</i></b>

## 1 Introduction

Healthline services are provided under the National Telehealth Services (NTS) contract, along with Mental Health and Addiction services and Quitline. Phone triage and advice services are provided by registered nurses (RNs) and experienced paramedics with some support from non-clinical advisors at times of heavy demand.

Where calls to Plunket concern an unwell child, the nurse processes the call as a Healthline triage.

Healthline also includes calls diverted from the Immunisation Advisory Centre (IMAC). These calls are handled by any of the Healthline nurses, and if the callers query is more complex, the call is then passed on to a nurse who has more specific training in handling immunisation queries.

Healthline calls include calls associated with national health alerts. A health alert is a specific event that drives a high number of calls, sometimes from people with symptoms (e.g., a measles alert, or news about contaminated water or food).

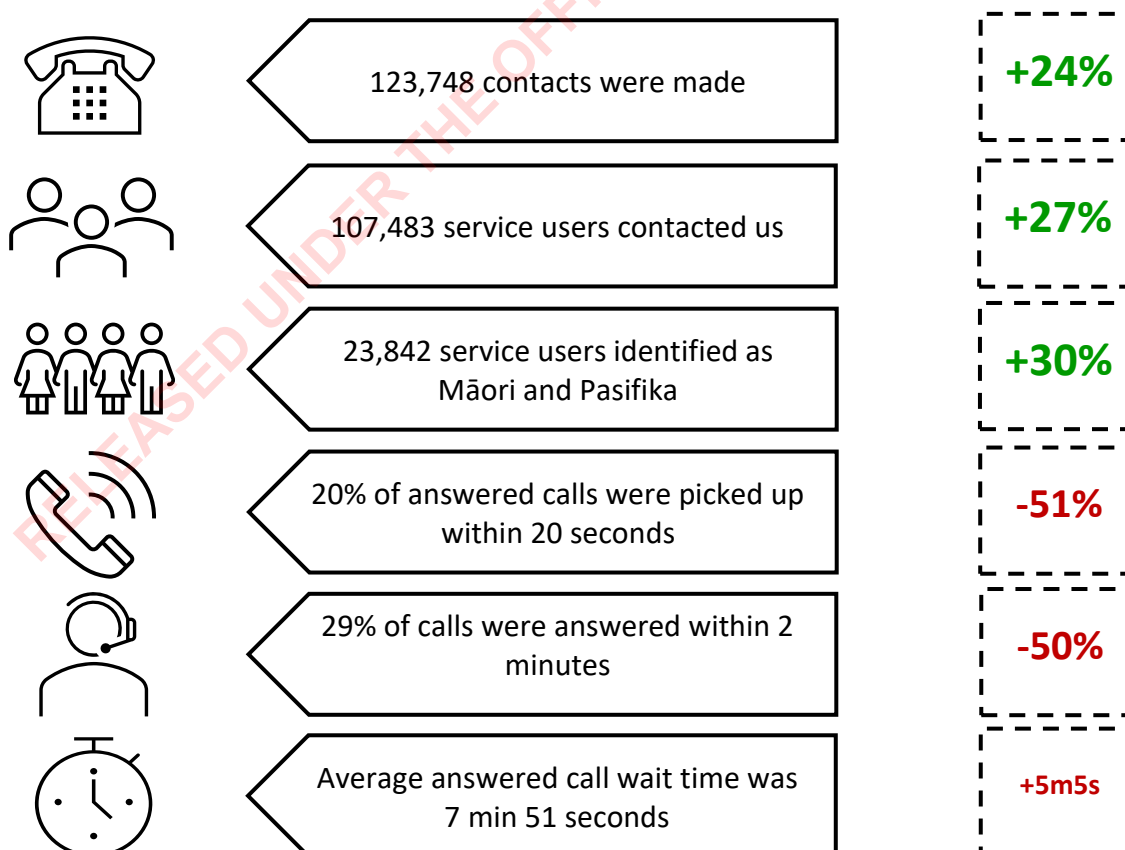
Since February 2020, with impact of the COVID pandemic, demand has continued to grow in Healthline, with the profile of Healthline rising in the public. The benefits of a free health advice and navigation service available 24/7, especially during lockdowns and at times of uncertainty, have been demonstrated through increased uptake.

### 1.1 Contacts and service users – Healthline

In Q1, Healthline answered 123,748 calls, 24% more compared to the previous quarter (99,252).

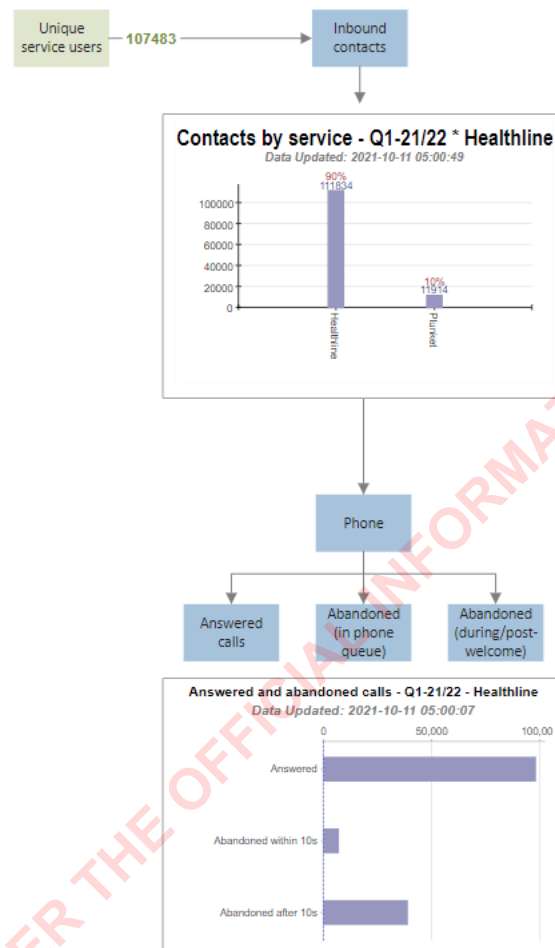
#### Q1 2022

#### Change from last quarter



Average wait time was 7 minute 51 seconds, increasing from 3 minutes 9 seconds in the previous quarter, largely attributed to increase call volume and staff movement during the surge associated with COVID delta outbreak.

**Figure 1: Call numbers and % receiving types of service – Healthline Q1 2022**



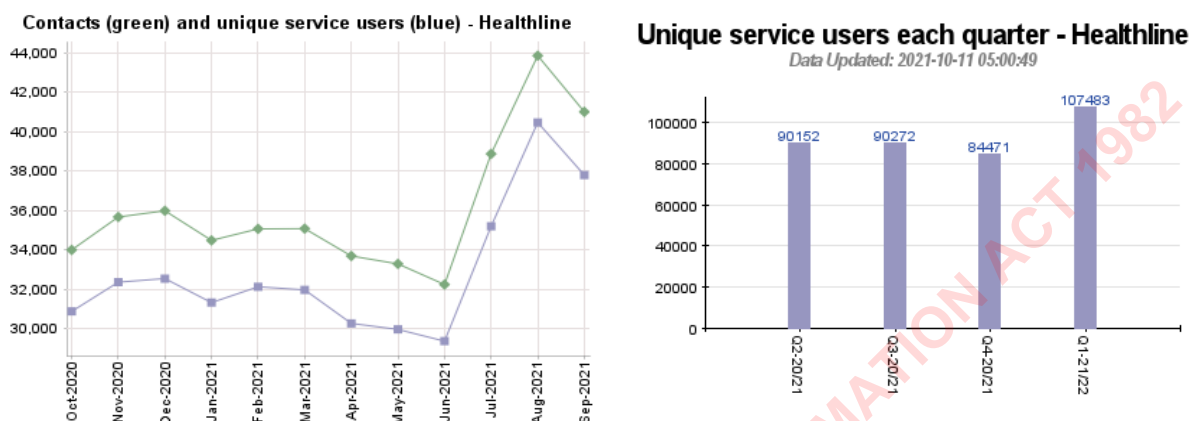
These numbers exclude COVID Healthline calls, which are reported separately.

## 2 Service Users Contacting the Service Healthline

### 2.1 Individual unique service users and inbound calls

This quarter, 123,748 contacts were received via 107,483 unique users. See Appendix Tables 1 - 3 for details.

**Figure 2: Individual service users and contacts – Q1 2022**



Note: The total number of service users for the quarter is less than the sum of service users over the total period as some service users contacted the service more than once in the three months.

**Table 1: Healthline users calling other NTS lines**

	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Number Healthline users also using other NTS lines	3,739	2,682	2,574	2,616

Approximately 2,616 of people calling Healthline also called one or more of the mental health and addictions lines.

### 2.2 Healthline calls handled by Plunketline nurses

Plunket nurses are sub-contracted to Whakarongorau to handle calls that have initially been received by Plunket but are not well-child calls. Plunket nurses use Whakarongorau's Odyssey triage tool and Spectrum database to record their interactions with service users. These Plunket callers would previously have been directed by Plunket nurses to call Healthline, so would have appeared in previous Healthline statistics.

Approximately 7% of total Healthline calls are handled by Plunketline nurses.

### 2.3 Frequent callers

Each month there is a small number of service users who call Healthline more than 20 times in the month. While 20 calls in a month is not a high number, repeated calling of the helpline often indicates that the caller needs more support and may indicate that the caller has underlying mental health issues rather than physical health needs. See Appendix Tables 4 and 5 for details.

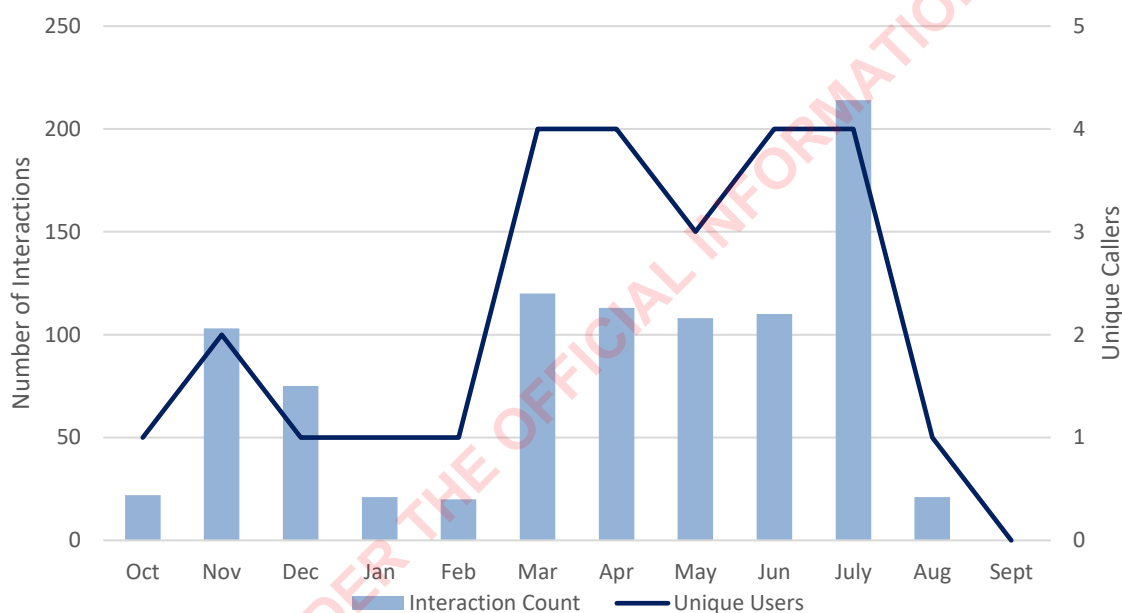
Teletriage clinicians can offer support from counsellors working in our Mental Health and Addiction services and, where the caller agrees to be transferred to a counsellor, a support plan can be put in place that provides the caller with regular scheduled counselling calls.

Our multidisciplinary Complex Caller Team (CCT) team manages contacts from frequent callers across all NTS services, which has led to better identification and management of frequent callers and better coordination across services where it is identified that callers are ringing more than one of the NTS lines.

There continues to be a small number of frequent callers into the service. In July, this volume doubled to 214 calls within the month, from just four service users. This dropped off significantly in August and September, which may be a direct impact from the increased calls and wait times as a result of the COVID surge. These callers often have known anxiety, comorbidities, and multiple agency involvement, which makes coordination and consistency of response that much more powerful and supportive.

Success of any support plan hinges on appropriate engagement which can take time to effect change. Investing the time in walking in these callers' shoes has enabled us to implement creative support plans that are meaningful to the callers.

**Figure 3: Frequent callers**



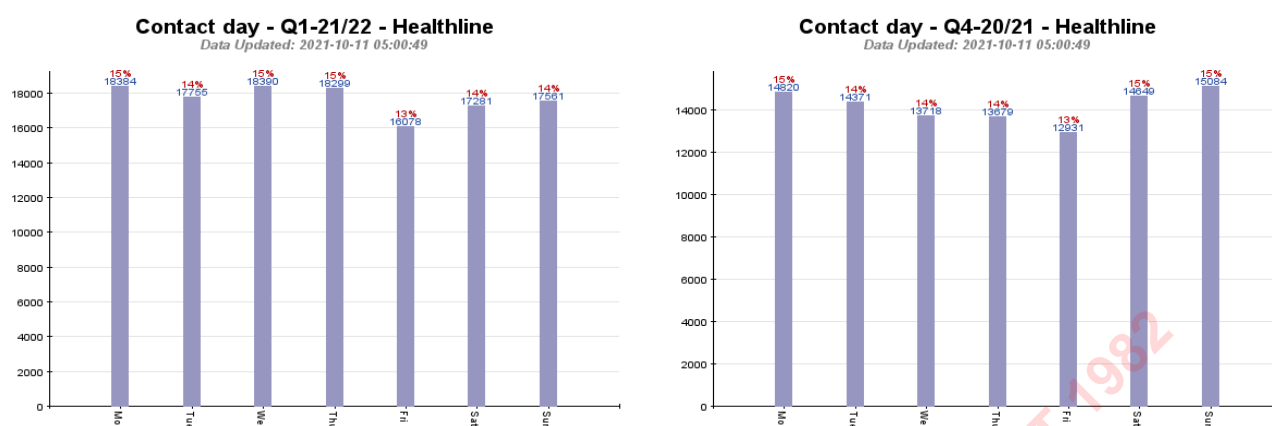
## 2.4 Service users and contact trends

### 2.4.1 Call volumes by day of week

The pattern of call volumes by day of week varies somewhat from month to month. This pattern may be affected by which day the public holidays fall, the timing of school holidays, and any unexpected events (such as COVID Alert Level changes, adverse weather conditions or significant health alerts), which could lead to spikes in healthcare needs and/or closure of primary healthcare services.

Call volumes generally tend to be slightly higher on Mondays, Wednesday, and Thursday.



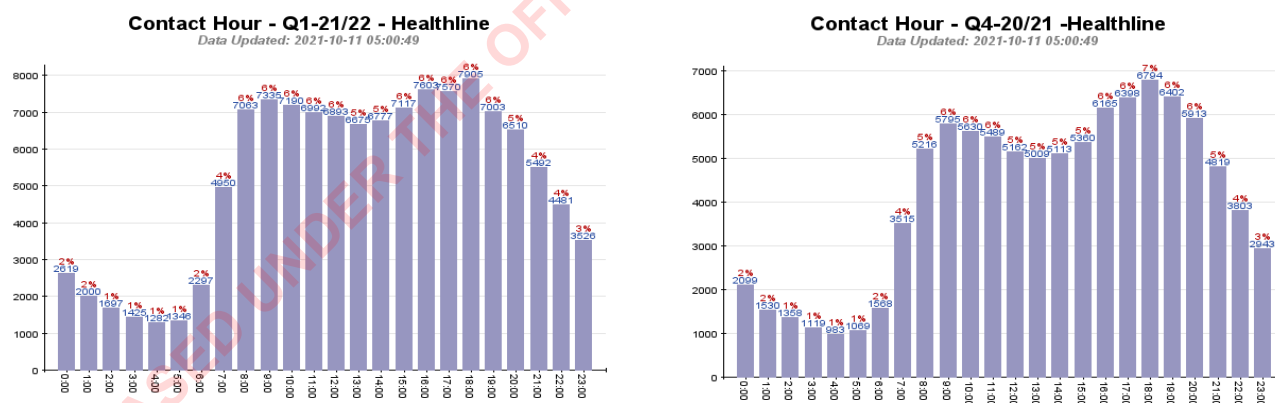
**Figure 4: Calls by day of the week – Q3 2021**

## 2.4.2 Call volumes by hour of day

Call volume patterns by hour are generally stable throughout the year. Call volumes are lowest overnight, and usually spike between 7:00am and 9:00am. Calls remain steady throughout the day and then increase to their highest levels between 4:00pm and 7:00pm.

This quarter, the shift in call arrival times observed last quarter continues, with volumes increasing proportionally between 12:00 noon and 4:00pm, with spikes in calls often following the Prime Minister and COVID daily announcements.

See Appendix Table 6 for details.

**Figure 5: Healthline calls by hour – Q3 2021**

## 2.5 Service user experience

Anonymous service user experience surveys are run monthly to gather experience and feedback about the Healthline service. Detailed reports are provided to assist internal ongoing service improvement and development. This quarter, responses were available for July, August and September surveys, it includes feedback from service users who called the service from 15 July to 14 September 2021.

A total of 1,689 service users responded to the survey this quarter, 554 more than the previous quarter. 1,659 service users completed the overall satisfaction question, the service user satisfaction for Healthline this quarter was 89% (Extremely Satisfied and Satisfied) - down 2% from Q4 2021.

The overall Net Promoters Score for the quarter was 69.40, down from 72.29 in Q4 2021.

The Net Promoter Score (NPS) for Māori respondents, 71.26 (down 7.17 points), comprised scores reported from 252 service users. This was above both the overall Healthline NPS score for the period and the comparative NPS for NZ European respondents, of 68.23.

Service users are invited to give service improvement ideas and feedback during the survey. This feedback is collated to create themes.

The key themes for this quarter: Service users were very appreciative and complimentary of the Healthline service overall, with frustrations centred around the long time spent on the call (wait time, IVR too long, too many questions).

Here are some comments from service users:

*"Good general advice. Sometimes it's hard to know when to go to A and E or not. I tend to avoid it as the messaging is don't come unless you're dying. Healthline gives an idea about what is important enough to get seen to immediately."*

*"I needed immediate action and was kept talking for 30 mins while feeling dreadful."*

*"It was very helpful and fast response. Very happy. And at no cost. Saved me stress and money I could not afford."*

*"I have used health line for a few different things, and they are the best nurses I have ever spoken with. Every single time the outcome is incredible. They have saved a life with their knowledge and also given helpful advice on other occasions. They are patient and understanding."*

*"It took a long time to talk with someone, but I appreciated the phone calls updating me I was still in the queue."*

*"The person on the phone struck a good balance of reassuring and concern/care. It spurred me into action after considering my options and because it was late at night without the Healthline I wouldn't have opted to go to the emergency department."*

*"Helpful, coherent and quick, the person I spoke with (twice on two different occasions) was empathetic, kind and gave me helpful advice on how to care for my issue at home and at what point I should seek further medical advice."*

*"Wonderful service provided that saved my life. I don't have words to thank the staff that was on duty that took my call and arranged ambulance to take me to the hospital. I don't remember her name but pass on my gratitude and thanks to her."*

*"I rang helpline for assistance while I was looking after my Mum in New Plymouth who had just had an ankle fusion surgery. I would love to thank the lady I spoke to that night as she was extremely helpful and assisted in getting my Mum back to hospital via ambulance. Is there any way of doing this? Thanks."*

### 3 Triages, Symptoms and Triage Outcomes Healthline

#### 3.1 *Presenting symptoms*

Most of the people who contact Healthline are calling with a specific complaint or symptom. This is recorded by the teletriage clinician as the presenting symptom.

##### 3.1.1 *Reporting grouped symptoms*

The full list of symptoms is maintained in the triage software and includes around 1,200 separate symptoms, many of which are different names for the same condition. The list is long so that teletriage clinicians can easily find a symptom description that the caller can relate to, rather than trying to remember the name the triage software uses.

Symptoms are grouped for reporting purposes. For example, cold/flu, flu-like symptoms, head and chest cold and influenza symptoms are grouped together as cold and flu-like symptoms.

##### 3.1.2 *Presenting symptom may not be most clinically relevant*

During discussion and triage, it may become evident that the presenting symptom is actually not the main problem the service user is having.

The teletriage clinicians are able to use the Odyssey triage tool to process questions and provide information about several different symptoms at the same time and recording the presenting symptom or the first symptoms explored by the clinician is not necessarily an accurate record of the service user's primary issue.

For example, a service user may:

- appear confused with a possible neurological problem, but subsequent probing identifies unwellness following treatment for a recent urinary tract infection, indicating possible worsening signs of sepsis and need for emergency care
- present with chest pain and cough post recent visit to the GP with no other symptoms, which may be related to medication side effects rather than cardiac problems.

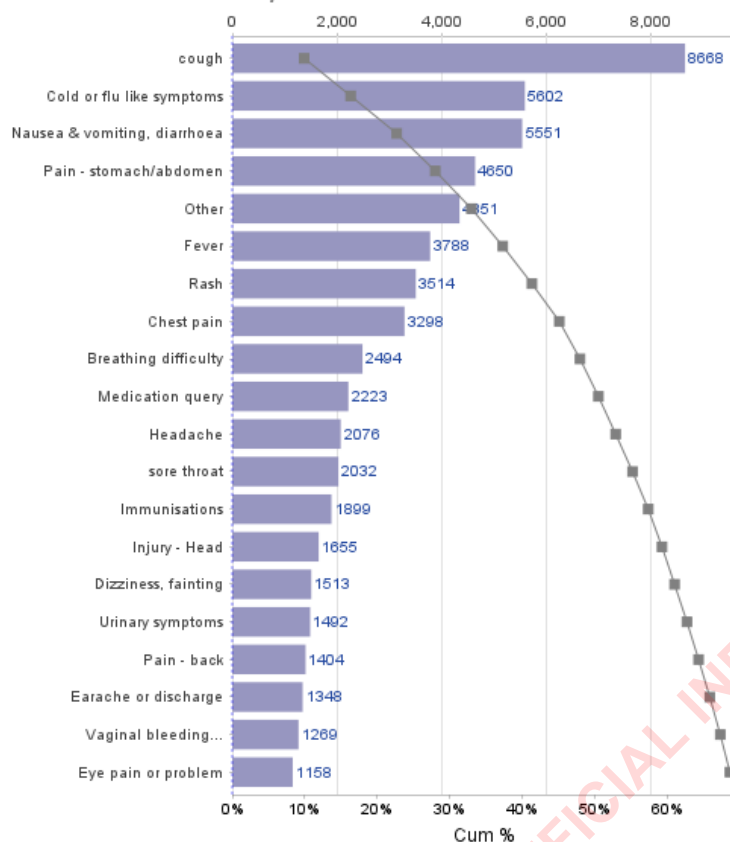
#### 3.2 *Most common presenting symptom groups in Healthline*

The most common presenting symptom groups this quarter were cough, cold or flu like symptoms and nausea/vomiting/diarrhoea.

Calls relating to breathing difficulty, dizziness and fainting remained stable this quarter, in line with calls of this nature likely being answered through the COVID line. Calls relating to cough, cold or flu like symptoms, and cough have increased from last quarter and a decrease was noted for calls relating to nausea & vomiting, diarrhoea, fever, and rash.

**Figure 6: Most common presenting symptoms – Q1 2022****Most Common Presenting Symptoms Q1-21/22 - Healthline**

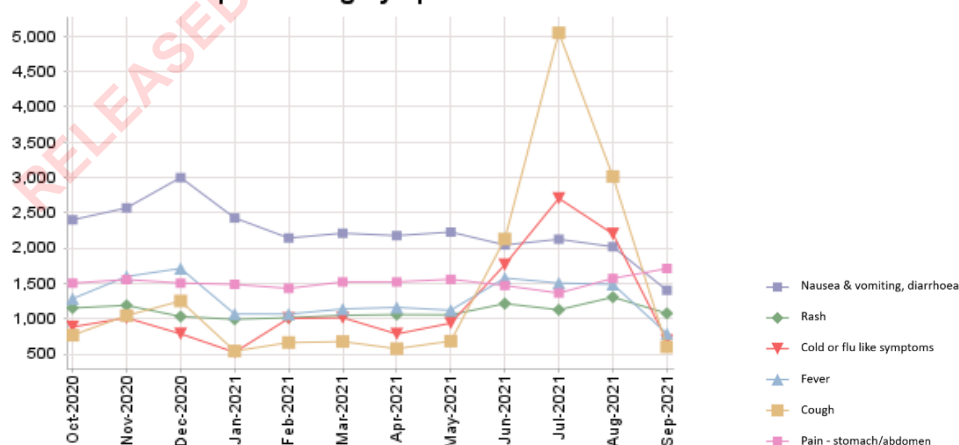
Data Updated: 2021-10-11 05:00:49



Note 1: This figure shows the frequency of presenting symptoms, (not necessarily the most important symptom) that had the most influence on the outcome of the triage.

Note 2: an update in the clinical triage tool has resulted in a large number of symptoms that are seldom seen being categorised together as "Other" and appearing in the top 20 list. Work to re-categorise these symptoms is underway.

The changes in the volumes of calls presenting with the top five symptom groups over the course of the last year are graphed below (see Figure 7). See Appendix Table 7 for details.

**Figure 7: Most common presenting symptoms by month****Most common presenting symptoms - Healthline**

### 3.3 Calls and triages

In the quarter, 72% of all Healthline calls were triaged.

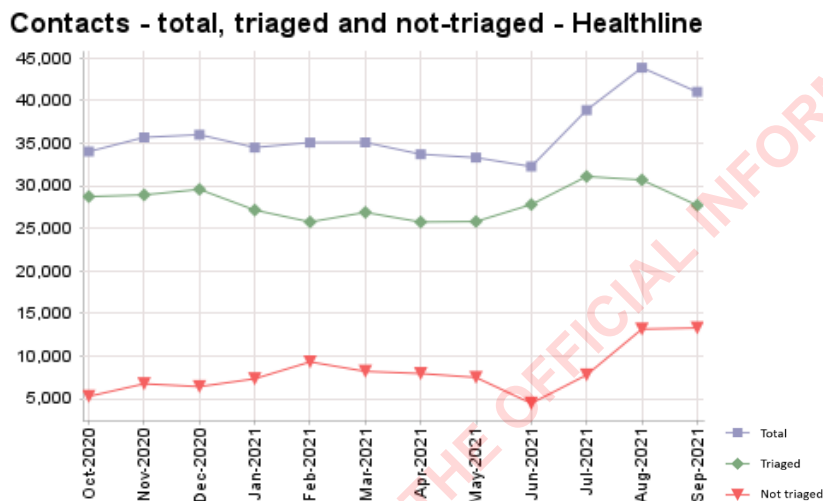
Non-triaged calls generally include those for general health advice, hang-ups, hoax calls and wrong numbers, advice about available health services, and a small number of calls where the service user has a serious condition and is immediately transferred or directed to emergency services.

The few cases that are not triaged are a mix of urgent cases transferred or directed to emergency services as soon as exploration of the symptom severity begins, and cases where the service user is seeking specific health information that is available in Whakarongorau's clinical resources, approved websites, or the Directory of Services.

More than 95% of cases handled by Plunket nurses received a full triage, where the Plunket nurse is using the Healthline triage tool to carry out that triage.

Most calls into the Immunisation service (IMAC) through the year are from people seeking advice or information.

**Figure 8: Call numbers and triage numbers**



### 3.4 Triage outcomes

Teletriage clinicians providing a clinical triage to a service user applies the Odyssey triage tool and their own clinical judgement to provide a recommended outcome to that service user.

In deciding on an outcome, the clinician considers the severity of the symptoms, risks highlighted by the triage tool, along with the service user's personal circumstances and geographical location.

#### 3.4.1 Definitions

There are eight complete triage outcome categories. The first four outcomes all indicate a possibly serious condition that requires urgent attention.

Approximately a quarter of service users are usually directed to one of these alternatives.

<b>111 call</b>	Calls transferred directly to ambulance services via 111.
<b>Attend A&amp;M/clinic</b>	Some centres (e.g., Auckland) have Accident and Medical clinics that are open until the evening, or (in a few cases) open 24/7. Other smaller centres have GP clinics that operate part time. Service users who need urgent attention (or who are not enrolled with a GP practice) may be directed to one of these clinics.
<b>Attend emergency department (ED) - own transport</b>	In some cases, (especially in rural areas) it may be faster to get someone to drive the service user who needs urgent care to an Emergency Department rather than calling an ambulance. Some service users also prefer to make their own way to ED instead of incurring the cost of an ambulance.
<b>On call practitioner</b>	A small number of calls are transferred to a GP (or other clinician) on call, where the service user is known to be a patient enrolled with the practice or service providing the on-call support. This may include mental health Crisis Assessment Teams, and in some regions, it includes paramedics.

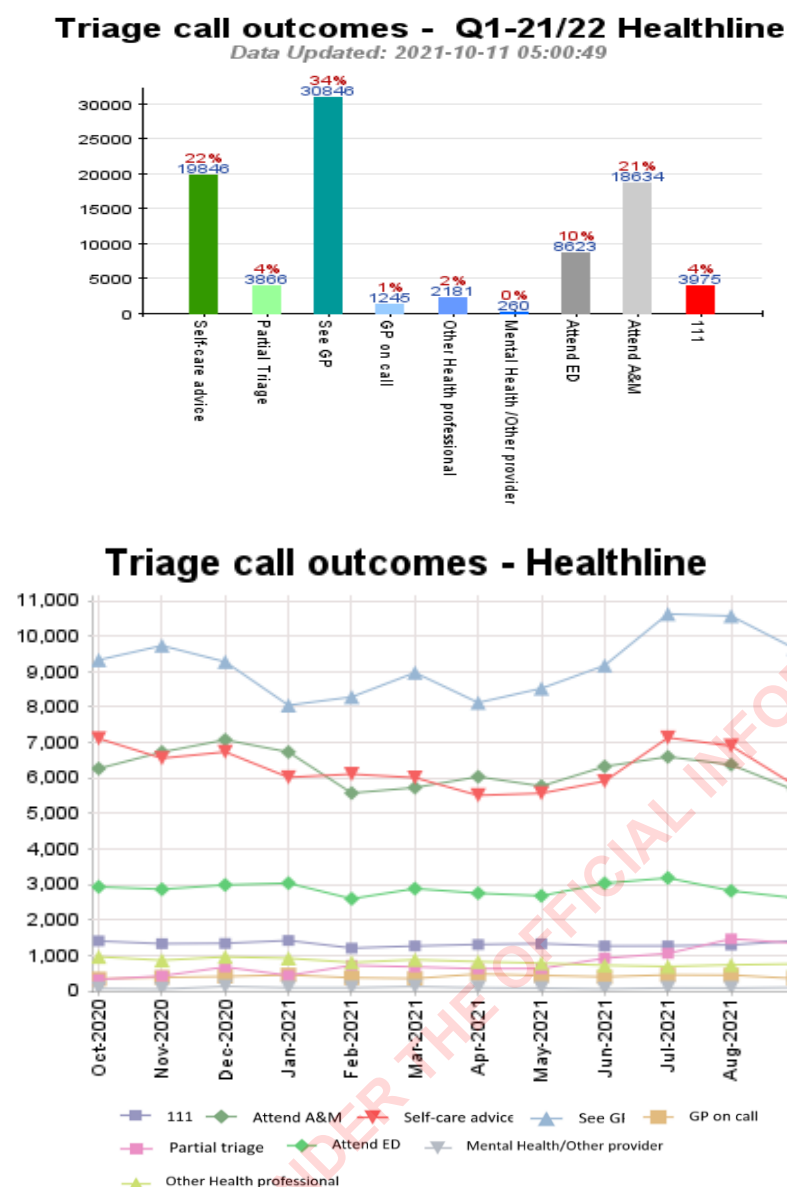
The other five outcomes are generally less serious.

<b>Other Health Professional</b>	The service user is directed to a health professional other than a GP e.g., a midwife, district nurse, DHB mental health team, pharmacist, National Poisons Centre.
<b>Other provider/ mental health</b>	The service user is directed to another service e.g., mental health service, social services. This category also includes calls transferred to mental health helplines within the National Telehealth Service.
<b>See GP</b>	The service user has been advised to make an appointment with their GP when their practice is open.
<b>Self-care</b>	The service user has been given directions on managing their symptoms and told to contact the service again if symptoms persist or worsen. (Note that self-care instructions are also given to service users advised to contact their GP or to see another service provider).
<b>Partial triage</b>	The service user has terminated the triage by hanging up or not responding to a call-back, or it has become clear during the triage that the call is a hoax.

More than 34% of all triages generally result in the service user being directed to their GP.

See Appendix Table 8 for details.

Figure 9: Triage call outcomes – Q1 2022



The lift in acuity of Healthline callers seen in the last two quarters has continued in this quarter. Typically, around 30% of callers are directed to urgent care (which includes 111, Emergency Department, Accident and Medical and on-call practitioners), with 36% observed in this quarter. This is consistent with trends seen in previous COVID outbreaks, where people delay access to care during COVID lockdowns and therefore their symptoms are more acute when they do contact Healthline. This trend is apparent through this quarter / outbreak as well.

These acuity trends to be closely monitored and the frontline teams are focusing on ongoing professional development around the use of Odyssey-determined disposition and the interface with clinical judgement, to ensure our callers are being referred to the most appropriate treatment pathway.

The use of Image Upload continues to be an enhancement that enables our teams to better assess clinical presentations more effectively, with over 4,140 images received in the quarter.

Given the recent surges, the number of callers sent for COVID testing and the number seeking information was high in the quarter, but there was also an increase in the number sent to urgent care.

### 3.5 Break glass incidents

Under the Health Information Privacy Code 1994 (HIPC) and the Privacy Act 2003, information collected from service users must remain confidential and may not be disclosed to a third party without their consent, unless the third party is delivering health services to them. However, information may be disclosed against the wishes of the individual, if necessary, to prevent or lessen a serious threat to public health or safety or to the life or health of the individual or another individual. Safety must be an overriding concern.

Where a triage outcome indicates that there is a serious health risk and an ambulance is required, or the nurse believes that a service user is otherwise at risk of harming themselves or another person, consent for contacting the appropriate service is sought from the service user. In some cases, consent is not given, or cannot be sought (e.g., if the service user terminates the conversation).

In these cases, the staff member breaks confidentiality and contacts emergency services, most commonly Police, sometimes ambulance, Oranga Tamariki - Ministry for Children, or other agencies such as mental health services or the patient's GP.

These situations are referred to internally as "break glass" incidents and each is assessed by the Clinical Development Manager. Most of these incidents are referred to Police and ambulance services are also regularly used. A random sample of break glass incidents is audited each month to monitor the appropriateness of break glass incidents.

The number of break glass incidents appears to reduce in this quarter, from 66 to 23. Additional focus within our teams on better utilising the support of our Clinical Support leads and Senior Medical Officers during shift to discuss potential escalation, which could partly explain the reduction in break glass this quarter.

	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22
Number of break glass incidents	46	60	66	23

Jul-21	Aug-21	Sept-21
5	12	6

The main influences on risk events where a break glass incident has occurred this quarter have been around:

- Mental health issues, such as potential suicide attempts and overdose n = 13 (54%)
- Emergent medical issues [chest pain, breathing issues] n = 10 (42 %)
- Family violence – 1 (4%).



## 4 Service User Demographics

Typically, more than 90% of Healthline service users provide some demographic data. Some service users choose to remain anonymous when using the service, while if a service user has a simple question that is easily answered (such as where the nearest pharmacy is), often the service user details are not recorded.

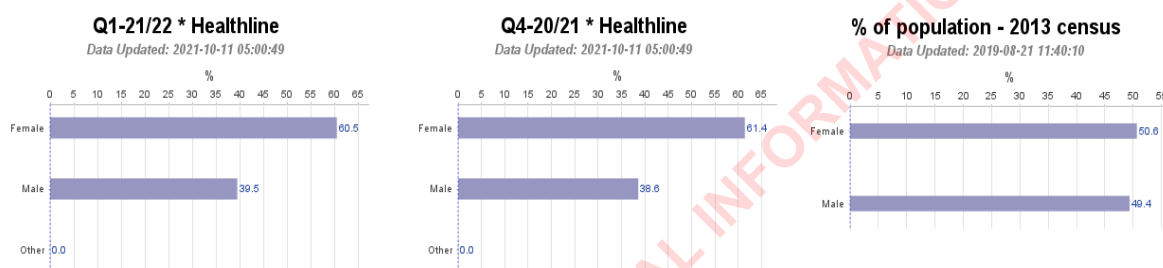
All demographic information includes data collected from unique service user calls direct to Healthline, diverted from IMAC and Plunket. The numbers included in this section are gathered from the percentage of service users who have given the relevant details about themselves.

Note, 2013 Census population categories do not directly align with categories used by Whakarongorau.

### 4.1 Gender

Gender information is recorded for 95% of Healthline service users this quarter. Females are consistently our higher proportion of callers. See Appendix Table 9 for details.

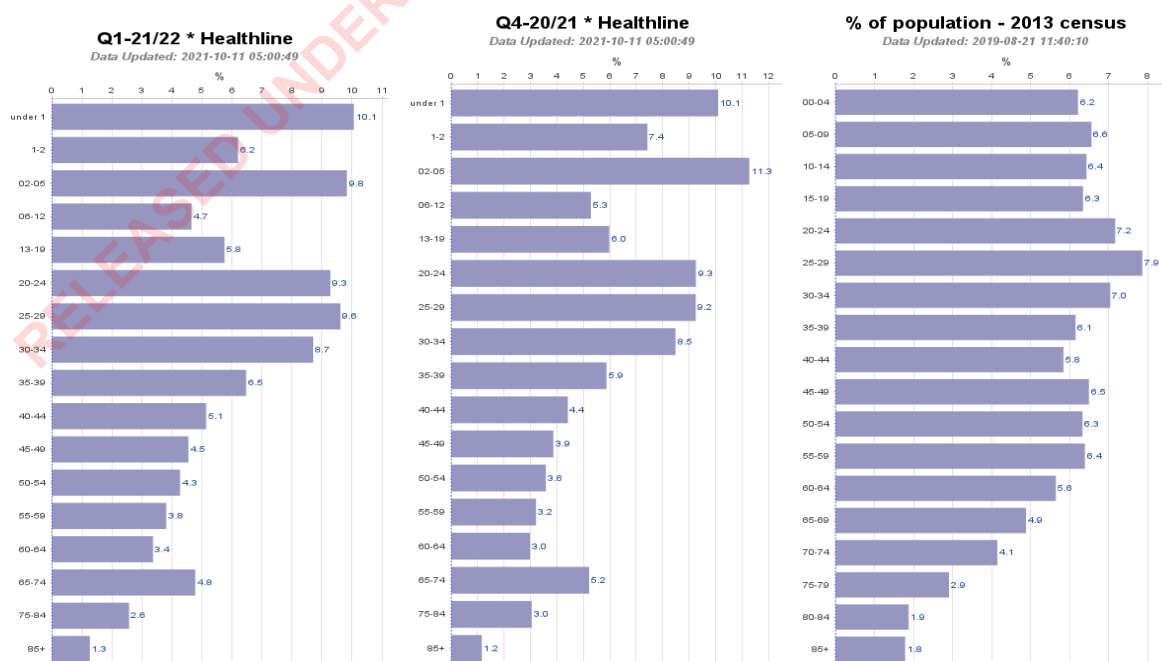
Figure 10: Gender – Q1 2022



### 4.2 Age

92% of Healthline service users provide information about their age. Most age groups remained stable during the quarter, although calls relating to those aged 0-12 decreased from 34% to 31%, in line with the last quarter. See Appendix Table 10 for details.

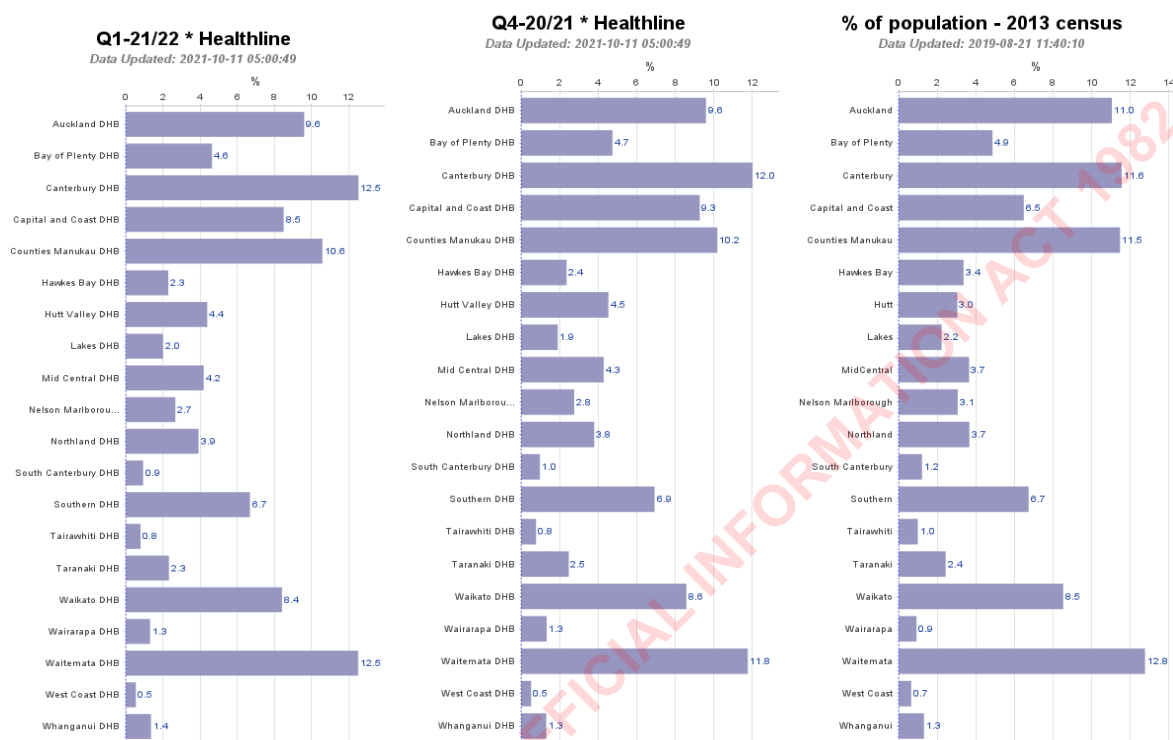
Figure 11: Age – Q1 2022



### 4.3 DHB region

DHB region was recorded for 88% of Healthline service users. Canterbury and Waitemata continue to record the highest number of calls, with no notable changes this quarter. See Appendix Table 11 for details.

Figure 12: DHB region – Q1 2022

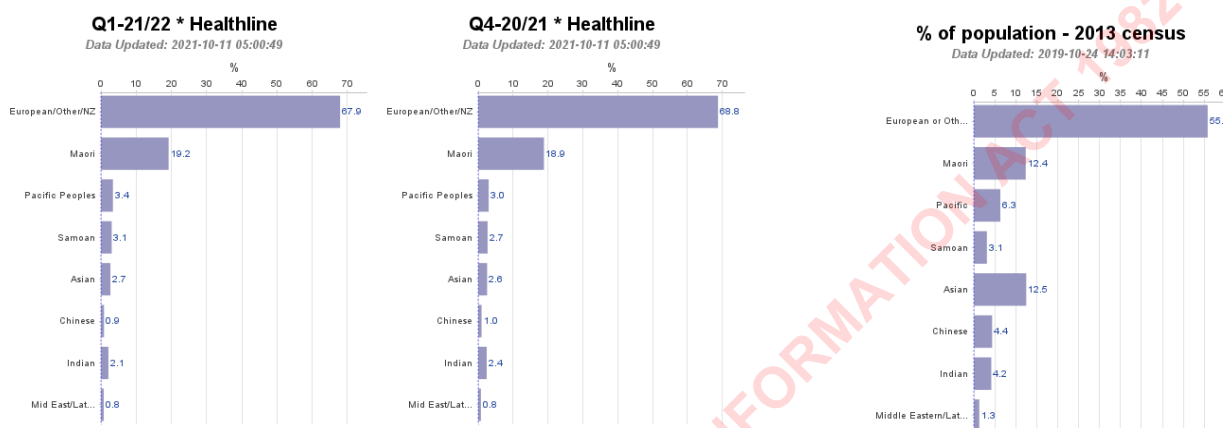


#### 4.4 Ethnicity

98% of service users provided information on their ethnicity, with the majority of these identifying as European. This quarter 19.2% of service users identified as Māori, above the general population of 12.4% (as per the 2013 Census).

Pacific Peoples and Asian people remain underrepresented compared to the population, although Pacific Peoples and Samoan respondents did remain at the slightly higher proportion seen last quarter. See Appendix Table 12 for details.

**Figure 13: Ethnicity – Q1 2022**



## 5 Digital Service Delivery, Marketing and Promotion

### 5.1 Marketing and promotions

No paid promotion was planned this quarter – as was the case in the last two quarters.

However, the strength of the base Healthline brand and the Healthline Facebook page was used to target key groups/ geographies with key COVID testing and vaccination support messages.

### 5.2 Social media engagement

#### *Social media performance overview*

- 499,580 people reached on social media (up from 3,979 the previous quarter with no paid activity)
- 2,559 engagements (up from 129 the previous quarter)
- followers increased by 220 people to a total of 9270 followers
- Noting that activity on the Healthline Facebook page is seeing an increasing number of comments from people expressing anti vaccination views - a recent post attracted over 100 comments, 60% of which needed to be hidden because they were misinformation or abusive.

### 5.3 Earned Media

Focus remains on ensuring the public and media have clear, consistent, transparent, and reliable communications and information regarding the Healthline, COVID Healthline, COVID Welfare and COVID Vaccination Healthline support available to them and what to expect from that support, and on supporting the work of the Ministry of Health communications team as required.

The anonymous approach last quarter from a staff member to a Stuff journalist about Healthline service delivery and performance, the subsequent interview with Whakarongorau CEO Andrew Slater, and the resulting article, led to a rethink of our approach for media interviews this quarter and a focus on prioritising engaging with informed health journalists.

#### *Media coverage*

The majority of media coverage this quarter relates to COVID and our role in the response and has been included in the COVID quarterly report – noting that media typically refer to Healthline, COVID Healthline and the COVID Vaccination generically as 'Healthline'.

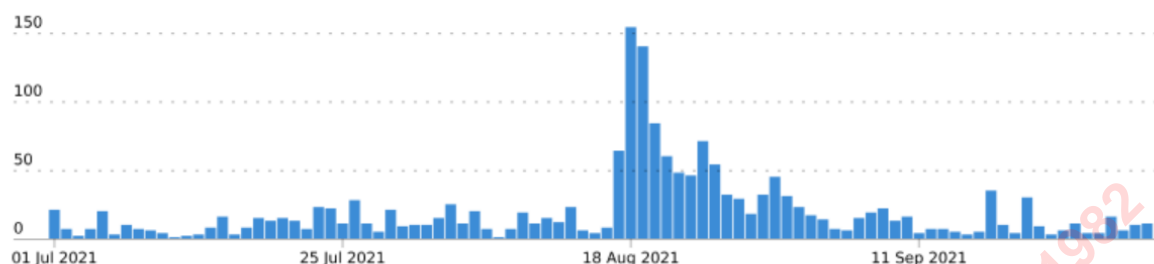
### 5.4 Volume of media mentions

1,755 (FY21 Q4 1,534) Healthline media mentions were monitored in online media over the quarter, primarily contact details included in articles relating to COVID.

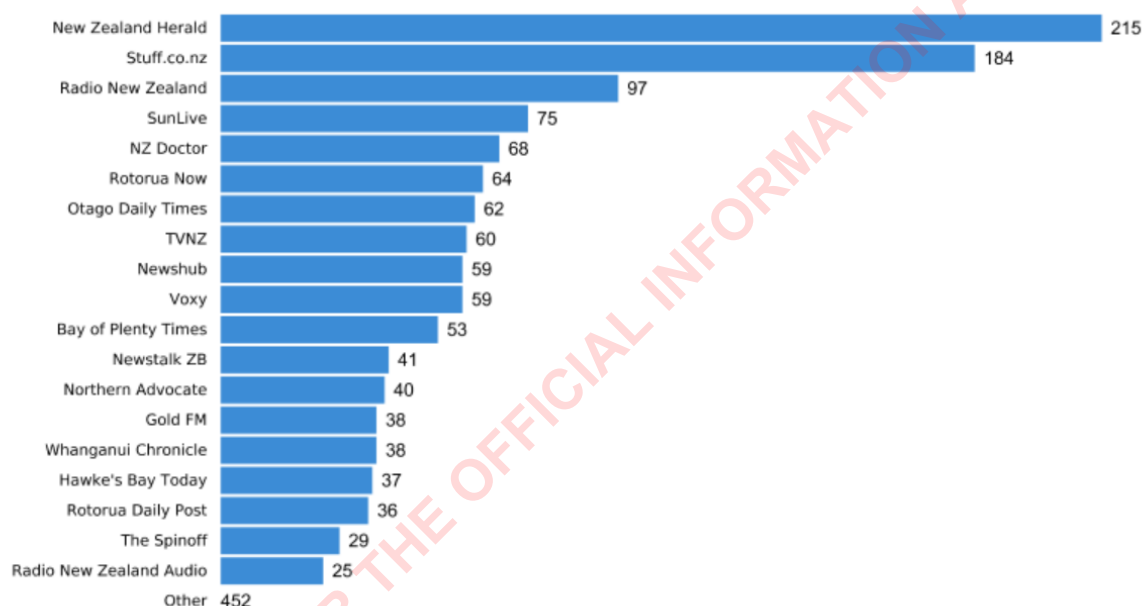
## Healthline

Contains 1,775 items within the date range 01/07/2021 - 30/09/2021.

### Volume



### Sources



## 5.5 Partnerships and community engagement

The impact of COVID restrictions has meant no large-scale events or grass roots community engagement events. Future opportunities will be assessed as they are planned and confirmed, based on the COVID environment.

## 6 Appendix – Data Tables

Table 1: Healthline users calling other NTS lines .....	5
Table 2: Unique service users Healthline .....	20
Table 3: Contacts Healthline .....	20
Table 4: Frequent callers Healthline .....	20
Table 5: Average calls per frequent caller Healthline .....	20
Table 6: Contacts by hour by month Healthline .....	21
Table 7: Top 20 presenting Symptom groups .....	21
Table 8: Triaged outcomes .....	22
Table 9: Gender .....	22
Table 10: Age .....	22
Table 11: DHB .....	23
Table 12: Ethnicity .....	23

*Note: Due to the large number of contacts, the sum of the rounded percentages may not sum to exactly 100%. The proportion will generally sit between 99% and 101%. Decimal places not shown capture this volume. This applies to all tables in this report.*

**Table 2: Unique service users Healthline**

Last 4 Quarters	Value
Q2-20/21	90152
Q3-20/21	90272
Q4-20/21	84471
Q1-21/22	107483

**Table 3: Contacts Healthline**

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
Call	105679	100%	104653	100%	99252	100%	123748	100%	433332	100%
Email	1	0%	0	0%	0	0%	0	0%	1	0%
Total	105680		104653		99252		123748		433333	
Col %	24%		24%		23%		29%			

**Table 4: Frequent callers Healthline**

Last 6 months	Value
Apr 2021	9
May 2021	8
Jun 2021	6
Jul 2021	5
Aug 2021	2
Sep 2021	1

**Table 5: Average calls per frequent caller Healthline**

Last 6 months	Value
Apr 2021	48.9
May 2021	74.8
Jun 2021	81.7
Jul 2021	98.2
Aug 2021	152.0
Sep 2021	98.0

Table 6: Contacts by hour by month Healthline

	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
0:00	719	718	779	771	698	734	656	720	723	891	912	816
1:00	529	548	621	612	605	521	517	462	551	669	738	593
2:00	467	495	574	488	482	473	433	430	495	576	639	482
3:00	353	395	462	400	355	371	366	343	410	501	517	407
4:00	350	323	390	318	326	330	296	310	377	478	463	341
5:00	333	358	335	317	310	352	361	307	401	494	492	360
6:00	506	684	626	501	553	498	505	472	591	739	827	731
7:00	1233	1424	1366	1078	1288	1271	1244	1150	1121	1505	1815	1630
8:00	1853	2020	1985	1848	1823	1906	1793	1804	1619	2125	2541	2397
9:00	1926	2040	1966	1880	1949	1999	2070	2006	1719	2234	2412	2689
10:00	1862	1908	1942	1950	1969	1968	1982	1985	1663	2062	2594	2534
11:00	1781	1756	1828	1879	1931	1871	1981	1923	1585	2007	2379	2606
12:00	1623	1754	1768	1752	1909	1888	1870	1759	1533	2093	2390	2410
13:00	1646	1691	1730	1836	1833	1860	1777	1710	1522	1822	2341	2512
14:00	1628	1688	1697	1717	1787	1821	1769	1721	1623	2056	2422	2299
15:00	1776	1894	1890	1828	1829	1834	1818	1812	1730	2175	2460	2482
16:00	2010	2106	2069	1934	2017	2060	2088	2102	1975	2383	2776	2444
17:00	2225	2326	2252	2255	2184	2343	2152	2141	2105	2390	2687	2493
18:00	2355	2526	2417	2229	2322	2429	2242	2253	2299	2590	2747	2568
19:00	2292	2460	2338	2200	2263	2263	2152	2129	2121	2271	2521	2211
20:00	2179	2270	2325	2264	2276	2124	1915	1957	2041	2232	2351	1927
21:00	1892	1785	1935	1886	1889	1780	1626	1565	1628	1877	1930	1685
22:00	1417	1437	1553	1504	1458	1390	1168	1263	1372	1513	1640	1328
23:00	1053	1073	1145	1044	1019	1001	919	975	1049	1197	1264	1065

Table 7: Top 20 presenting Symptom groups

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
Nausea & vomiting, diarrhoea	7970	15%	6784	14%	6452	13%	5551	9%	26757	8%
Pain - stomach/abdomen	4569	9%	4443	9%	4556	9%	4650	8%	18218	6%
cough	3069	6%	1889	4%	3393	7%	8668	15%	17019	5%
Other	4280	8%	4259	9%	3975	8%	4351	7%	16865	5%
Fever	4600	9%	3278	7%	3864	8%	3788	6%	15530	5%
Cold or flu like symptoms	2690	5%	2552	5%	3493	7%	5602	9%	14337	4%
Rash	3380	6%	3062	6%	3335	7%	3514	6%	13291	4%
Medication query	3247	6%	2839	6%	2608	5%	2223	4%	10917	3%
Chest pain	2364	4%	2393	5%	2317	5%	3298	6%	10372	3%
Headache	1810	3%	1781	4%	1695	3%	2076	4%	7362	2%
sore throat	1793	3%	1875	4%	1652	3%	2032	3%	7352	2%
Breathing difficulty	1665	3%	1301	3%	1747	4%	2494	4%	7207	2%
Injury - Head	1854	3%	1786	4%	1867	4%	1655	3%	7162	2%
Urinary symptoms	1642	3%	1549	3%	1553	3%	1492	3%	6236	2%
Dizziness, fainting	1547	3%	1433	3%	1329	3%	1513	3%	5822	2%
Vaginal bleeding / menstruation	1529	3%	1514	3%	1353	3%	1269	2%	5665	2%
Pain - back	1373	3%	1300	3%	1292	3%	1404	2%	5369	2%
Immunisations	989	2%	1052	2%	1356	3%	1899	3%	5296	2%
Injury - Bites/stings	1437	3%	2204	5%	941	2%	557	1%	5139	2%
Pregnancy	1181	2%	1227	3%	1014	2%	1030	2%	4452	1%
Total	52989		48521		49792		59066		210368	
Col %	25%		23%		24%		28%			

Table 8: Triage outcomes

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
Self-care advice	20405	23%	18137	23%	16988	21%	19846	22%	75376	22%
Partial Triage	1414	2%	1826	2%	2174	3%	3866	4%	9280	3%
See GP	28336	32%	25305	32%	25823	33%	30846	34%	110310	33%
GP on call	1123	1%	1169	1%	1305	2%	1245	1%	4842	1%
Other Health professional	2783	3%	2598	3%	2323	3%	2181	2%	9885	3%
Mental Health /Other provider	239	0%	297	0%	224	0%	260	0%	1020	0%
Attend ED	8781	10%	8512	11%	8464	11%	8623	10%	34380	10%
Attend A&M	20074	23%	18038	23%	18131	23%	18634	21%	74877	22%
111	4073	5%	3890	5%	3907	5%	3975	4%	15845	5%
<b>Total</b>	<b>87228</b>		<b>79772</b>		<b>79339</b>		<b>89476</b>		<b>335815</b>	
<b>Col %</b>	<b>26%</b>		<b>24%</b>		<b>24%</b>		<b>27%</b>			

Table 9: Gender

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
Female	52198	61%	52172	62%	50177	61%	61982	60%	216529	61%
Male	33531	39%	32334	38%	31528	39%	40463	39%	137856	39%
Other	29	0%	34	0%	36	0%	51	0%	150	0%
<b>Total</b>	<b>85758</b>		<b>84540</b>		<b>81741</b>		<b>102496</b>		<b>354535</b>	
<b>Col %</b>	<b>24%</b>		<b>24%</b>		<b>23%</b>		<b>29%</b>			

Table 10: Age

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
under 1	8026	10%	7360	9%	7913	10%	9928	10%	33227	10%
1-2	6501	8%	5139	6%	5816	7%	6121	6%	23577	7%
02-05	9812	12%	7098	9%	8835	11%	9699	10%	35444	10%
06-12	5228	6%	4758	6%	4141	5%	4590	5%	18717	5%
13-19	4716	6%	5558	7%	4685	6%	5678	6%	20637	6%
20-24	7659	9%	8198	10%	7253	9%	9159	9%	32269	9%
25-29	7562	9%	8164	10%	7247	9%	9488	10%	32461	10%
30-34	6806	8%	7262	9%	6648	8%	8593	9%	29309	9%
35-39	4707	6%	5066	6%	4603	6%	6386	6%	20762	6%
40-44	3444	4%	3942	5%	3458	4%	5072	5%	15916	5%
45-49	3134	4%	3337	4%	3028	4%	4490	5%	13989	4%
50-54	2855	3%	3069	4%	2805	4%	4216	4%	12945	4%
55-59	2474	3%	2634	3%	2516	3%	3760	4%	11384	3%
60-64	2234	3%	2431	3%	2338	3%	3327	3%	10330	3%
65-74	3776	5%	3700	5%	4087	5%	4715	5%	16278	5%
75-84	2397	3%	2330	3%	2387	3%	2539	3%	9653	3%
85+	1063	1%	990	1%	908	1%	1249	1%	4210	1%
<b>Total</b>	<b>82394</b>		<b>81036</b>		<b>78668</b>		<b>99010</b>		<b>341108</b>	
<b>Col %</b>	<b>24%</b>		<b>24%</b>		<b>23%</b>		<b>29%</b>			



Table 11: DHB

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
Auckland DHB	6881	9%	6921	9%	7033	10%	8607	10%	29442	9%
Bay of Plenty DHB	3642	5%	3475	5%	3478	5%	4161	5%	14756	5%
Canterbury DHB	9487	12%	9175	12%	8808	12%	11221	12%	38691	12%
Capital and Coast DHB	6758	9%	6450	9%	6797	9%	7614	8%	27619	9%
Counties Manukau DHB	7135	9%	7723	10%	7465	10%	9481	11%	31804	10%
Hawkes Bay DHB	1969	3%	1783	2%	1734	2%	2055	2%	7541	2%
Hutt Valley DHB	3576	5%	3225	4%	3323	5%	3931	4%	14055	4%
Lakes DHB	1576	2%	1548	2%	1398	2%	1801	2%	6323	2%
Mid Central DHB	3337	4%	3315	4%	3144	4%	3761	4%	13557	4%
Nelson Marlborough DHB	2230	3%	2059	3%	2022	3%	2394	3%	8705	3%
Northland DHB	2961	4%	3077	4%	2783	4%	3510	4%	12331	4%
South Canterbury DHB	736	1%	746	1%	717	1%	840	1%	3039	1%
Southern DHB	5165	7%	5084	7%	5078	7%	5990	7%	21317	7%
Tairāwhiti DHB	636	1%	630	1%	572	1%	716	1%	2554	1%
Taranaki DHB	1950	3%	1996	3%	1816	2%	2084	2%	7846	2%
Waikato DHB	6779	9%	6623	9%	6289	9%	7534	8%	27225	9%
Wairarapa DHB	1105	1%	997	1%	975	1%	1176	1%	4253	1%
Waitemata DHB	9042	12%	8752	12%	8623	12%	11205	12%	37622	12%
West Coast DHB	428	1%	429	1%	384	1%	490	1%	1731	1%
Whanganui DHB	1141	1%	1018	1%	958	1%	1220	1%	4337	1%
<b>Total</b>	<b>76534</b>		<b>75026</b>		<b>73397</b>		<b>89791</b>		<b>314748</b>	
<b>Col %</b>	<b>24%</b>		<b>24%</b>		<b>23%</b>		<b>29%</b>			

Table 12: Ethnicity

	Q2-20/21	%	Q3-20/21	%	Q4-20/21	%	Q1-21/22	%	Total	Row %
European	47736	62%	47071	62%	45815	62%	55568	60%	196190	61%
Māori	14919	19%	14555	19%	13997	19%	17830	19%	61301	19%
Other Ethnicity	5424	7%	5379	7%	5209	7%	7425	8%	23437	7%
Pacific Peoples	4159	5%	4561	6%	4238	6%	6012	6%	18970	6%
Asian	3968	5%	4116	5%	4429	6%	5295	6%	17808	6%
Middle Eastern/Latin American/African	559	1%	506	1%	580	1%	755	1%	2400	1%
<b>Total</b>	<b>76765</b>		<b>76188</b>		<b>74268</b>		<b>92885</b>		<b>320106</b>	
<b>Col %</b>	<b>24%</b>		<b>24%</b>		<b>23%</b>		<b>29%</b>			

Week beginning	2-Aug	9-Aug	16-Aug	23-Aug	30-Aug	6-Sep	13-Sep	20-Sep	27-Sep	4-Oct	11-Oct	18-Oct	25-Oct	1-Nov	8-Nov	15-Nov	22-Nov
Total contacts	14,295	15,549	36,108	67,627	28,123	7,652	21,669	22,790	21,359	27,527	24,366	23,768	23,448	23,634	24,644	28,758	27,265

## Healthline

Total	7,021	6,912	8,509	16,013	7,852	7,495	7,937	7,535	7,393	7,186	7,284	7,668	6,890	6,587	6,909	6,294	6,804
Abandonment rate	20%	21%	54%	47%	33%	24%	9%	13%	13%	31%	26%	20%	26%	32%	30%	35%	31%
Average wait times	4:25 min	4:24 min	27:04 min	20:27 min	11m30s	07m	02m32s	03m25s	03m44s	09m12s	08m25s	05m54s	07m31s	09m02s	08m15s	10m06s	09m01s
Median wait times	2:47 min	2:31 min	27:39 min	18:33 min	09m04s	04m	15s	01m25s	01m54s	07m38s	06m38s	04m32s	05m11s	06m40s	06m51s	08m14s	07m03s
Longest wait time	37:44 min	33:58 min	01:30:22 min	01:21:11 hr	01h03m52s	01h10m11s	29m34s	27m11s	38m41s	01h00m25s	43m30s	32m33s	01h02m13s	53m14s	59m53s	01h00m34s	51m32s
Unique service users	8,083	8,082	11,569	10,159	9,760	8,820	9,413	9,084	8,917	9,192	8,974	9,416	9,173	8,334	9,038	9,108	8,728

## Healthline outcomes

% calls triaged	79%	80%	60%	68%	66%	68%	68%	67%	68%	63%	66%	67%	65%	65%	62%	59%	64%
111	4%	5%	3%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
ED own transport	10%	10%	8%	9%	9%	9%	9%	10%	10%	10%	10%	9%	10%	11%	11%	10%	10%
A&M clinic	22%	22%	19%	20%	21%	20%	20%	20%	22%	21%	21%	23%	24%	23%	24%	22%	24%
GP	33%	34%	35%	35%	35%	34%	34%	35%	34%	33%	33%	32%	31%	34%	33%	35%	33%
Other professional	4%	4%	3%	4%	4%	4%	4%	4%	4%	5%	4%	4%	5%	4%	4%	4%	4%
Self care	23%	23%	24%	21%	21%	21%	21%	21%	21%	22%	22%	22%	22%	19%	20%	19%	20%
Information	3%	3%	8%	6%	5%	6%	5%	4%	4%	5%	4%	4%	4%	3%	3%	4%	4%

## COVID Healthline

Total	7,274	8,637	27,599	51,614	20,271	15,655	13,732	15,255	13,966	20,341	17,082	16,100	16,558	17,047	17,735	22,464	20,461
Abandonment rate	4%	6%	59%	15%	9%	2%	1%	6%	4%	10%	8%	6%	8%	7%	6%	11%	29%
Average wait times	00:20 secs	00:24 secs	34:51 min	03:34 min	01m20s	09s	03s	57s	29s	01m56s	01m21s	01m01s	01m16s	01m12s	01m05s	01m44s	06m32s
Median wait times	00:00 secs	00:00 secs	35:09 min	00s	00s	00s	00s	00s	00s	00s	00s	0	00s	00s	00s	00s	04m06s
Longest wait times	12:20 min	09:31 min	03:21:23 hr	42:35 min	24m43s	13m40s	20m06s	42m47s	21m25s	37m37s	43m40s	21m22s	01h11m55s	28m11s	35m25s	57m44s	01h00m31s
Unique service users	6,176	7,640	9,046	7,791	13,556	11,452	9,897	11,071	10,460	14,838	13,281	12,543	12,959	12,627	13,235	16,854	16,173
COVID call back	695	713	792	1,172	1,704	1,323	1,150	1,049	953	1,263	1,322	1,108	1,062	1,127	971	1,025	768

**Service definitions**

Service lines include the following individual helplines:

<b>Healthline</b>	Healthline, HL Quick Call, IMAC, Info Line, Plunket
<b>COVID</b>	Covid Info, Covid Triage

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