Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Minister of Health

Targets 1 & 2: Shorter Stays in Emergency Departments and Shorter Wait Times for Elective Treatment

14 October 2024

These documents have been proactively released by the Ministry of Health on behalf of the Minister of Health, Hon Dr Shane Reti.

Title of Cabinet paper:

- Targets 1 & 2: Shorter Stays in Emergency Departments and Shorter Wait Times for Elective Treatment (slide presentation)

Titles of minutes:

- Report of the Cabinet Strategy Committee: Period Ended 23 August 2024 (CAB-24-MIN-0311)
- Targets 1 & 2: Shorter Stays in Emergency Departments and Shorter Wait Times for Elective Treatment (STR-24-MIN-0014)

Title of briefing material:

- Aide mémoire - Strategy Cabinet Committee: All of Government health targets (H2024049072)

Parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant sections of the Act that would apply have been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes:

- Out of scope.
- S 9(2)(a) to protect the privacy of natural persons.
- S 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.
- S 9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency.

CAB-24-MIN-0311

Cabinet

Minute of Decision

Report of the Cabinet Strategy Committee: Period Ended 23 August 2024

On 26 August 2024, Cabinet made the following decisions on the work of the Cabinet Strategy Committee for the period ended 23 August 2024:

Out of scope

STR-24-MIN-0014	**Targets 1 & 2: Shorter Stays in Emergency Departments and Shorter Wait Times for Elective Treatment** Portfolio: Health	CONFIRMED

Rachel Hayward
Secretary of the Cabinet

STR-24-MIN-0014

Cabinet Strategy Committee

Minute of Decision

Targets 1 & 2: Shorter Stays in Emergency Departments and Shorter Wait Times for Elective Treatment

Portfolio **Health**

On 20 August 2024, the Cabinet Strategy Committee:

1 **noted** the update on emergency department stays and wait times for elective treatment, and the proposed blueprint for improvement, as set out in the slides attached under STR-24-SUB-0014.

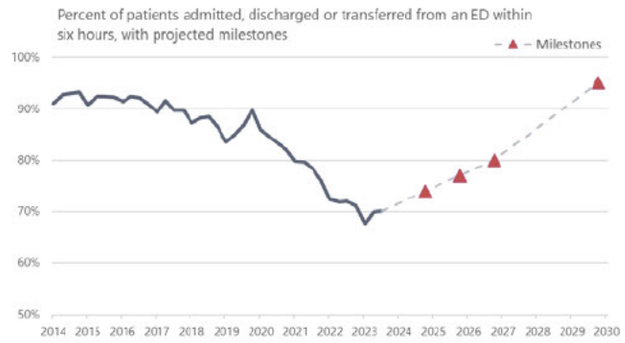
Rachel Clarke
Committee Secretary

Present:
Rt Hon Christopher Luxon (Chair)
Rt Hon Winston Peters
Hon David Seymour
Hon Nicola Willis
Hon Chris Bishop
Hon Dr Shane Reti
Hon Brooke van Velden
Hon Shane Jones
Hon Simeon Brown
Hon Erica Stanford
Hon Paul Goldsmith
Hon Louise Upston
Hon Judith Collins KC
Hon Mark Mitchell
Hon Tama Potaka

Officials present from:
Office of the Prime Minister
Office of Hon Dr Shane Reti
Ministry of Health
Health New Zealand
Officials Committee for STR

Shorter stays in emergency departments: 95% of patients admitted/discharged/transferred from ED within six hours by 2030

1 Problem – Percentage of people spending under six hours in ED has fallen significantly



Current state: In March 2024, **70%** of patients were admitted, discharged, or transferred from the Emergency Department (ED) within six hours.

2 Diagnosis – what's driving the problem?

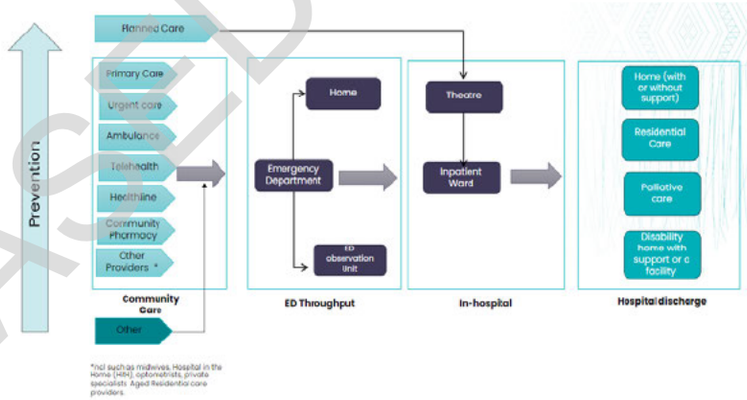
Patient journey

Demand

Flow + capacity

- **Lack of access to primary care:** inability for patients to access GPs in a timely way and variability of access to urgent and after-hours care
- **More demand:** 9% increase in ED presentations from 2018/19
- **More complexity**: highest presentation increases are in triage categories 1-3 (more urgent and complex due to age and co-morbidities)
- **Workforce:** constrained workforce, especially in ED and general medicine. specialities. System not enabled to deliver full service 7 days a week.
- **Bed capacity:** Bed pressure is concentrated in adult medical, surgical, and mental health beds with high occupancy rates (estimated 500 beds short nationally). Continuous high occupancy slows the flow of patients through ED.
- **Access block:** high hospital occupancy (often exceeding 100%), with long lengths of stay especially in the 65+ age group, can slow flow of patients through ED
- **Inadequate support available for discharged patients:** Aged Residential Care places (including of psychogeriatric beds) are not consistently available in all districts, and variable access to community-based support options for patients discharged home.

3 Challenge: speed up ED flows



There is significant performance variation across districts, and different drivers for these issues and the best approaches to fix them

CURRENT STATE: 70%	74%	77%	80%	TBC	TBC	TARGET: 95%
Performance milestones	2024 25	2025 26	2026 27	2027 28	2028 29	**2030**

4 Key focus areas

Treat more patients in the community including after hours	Better use of private after-hours clinics	Boost internal health sector capacity and improve patient flow	Lift performance with intensive support for lowest performing areas

5 Blueprint for improvement

People (leadership and accountability)

- Group Directors of Operations (GDO), senior managers and senior clinicians lead and drive hospital flow
- Multi-disciplinary teams to enable timely flow of patients with complex needs through hospital to discharge
- Senior leaders drive and lead reporting and reviewing of critical events, including breaches
- ED and ward flow nurses to manage flow, manage and escalate potential breaches
- National and local Target Champions enable the spread of good practice
- Regional and local governance: flow and target delivery with clearly identified clinical and operational leads

Parts (Infrastructure)

- s 9(2)(f)(iv)
- Establishment of short-stay units
- Establishment of discharge lounges
- Supporting IT capability to enable patient flow and quality patient care
- IT enablement: connected patient information to improve visibility and timeliness of decision making (e.g. e-prescribing, universal patient record)

Policy (operational processes)

- Daily national level health check focused on hospital flow and ED target performance
- Each hospital to develop daily/weekly plan to reduce ED waiting times
- Implementation of standardised clinical pathways for common conditions to streamline treatment and discharge home (e.g. frailty, fractured neck of femur)
- Boost capacity: Match bed capacity to demand i.e flex beds and increase inpatient beds and continue to expand critical care bed capacity
- EDs resourced to see and treat urgent and ambulatory (walk in) patients
- Hospitals and community resourced to support timely and safe treatment and discharge
- Use Primary Options for Acute Care (POAC) in community wherever possible
- Criteria-enabled automatic access to blood work and diagnostics, pathway starts on arrival
- Warning and follow up if patients not progressed within 4 hours
- Hospitals regularly audit against the national acute flow standards and act on issues
- Escalation to senior hospital managers when patients breach 6 hours
- Reporting by each hospital on breaches of 6-hour commitment
- Discharge policy: shift to 7-days a week, criteria led discharge process
- Transparency and accountability: standardise monitoring, plans for underperforming districts/hospitals on basis of risk assessment, use balancing metrics to avoid unintended quality impacts and target gaming
- Patients have timely access to diagnostics to support flow or avoid hospital admission
- Divert demand and unblock flow: increase ambulance 'see and treat' rates and expanded accessibility and operating hours and availability of urgent care centres. Increase access to virtual healthcare (Ka Ora, Telehealth).
- Expand primary care: allied health + multi-disciplinary teams to increase care in the community e.g. hospital in the home, early supported discharge, expansion of primary options for acute care (POAC)
- Aged care options: targeted investment to meet demand for specific patient groups e.g. psychogeriatric. Reduce barriers for transfer to aged residential care

Blueprint for shorter stays in ED – what specifically needs to happen?*

People (leadership and accountability)

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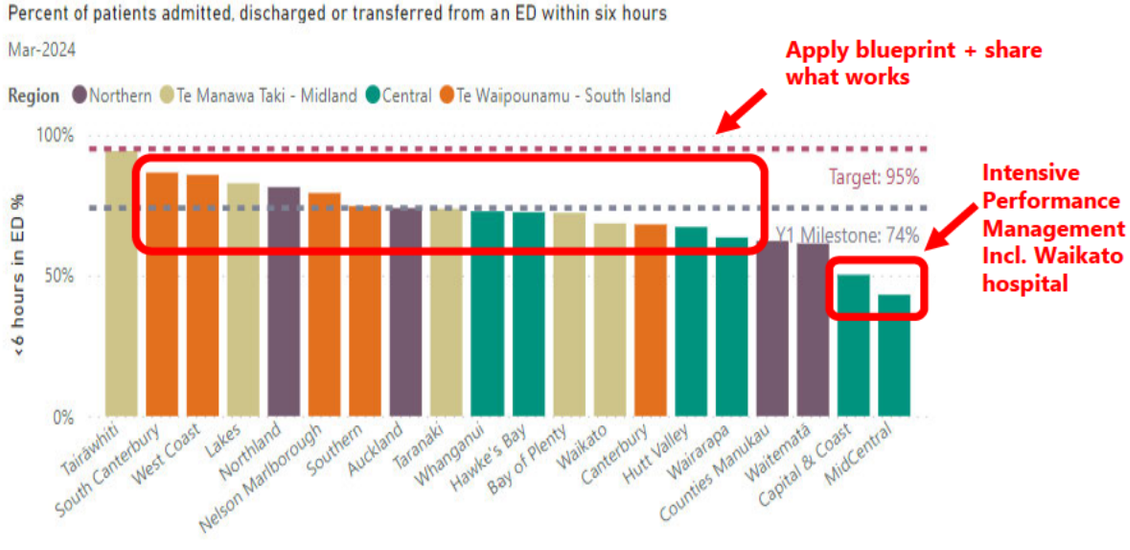
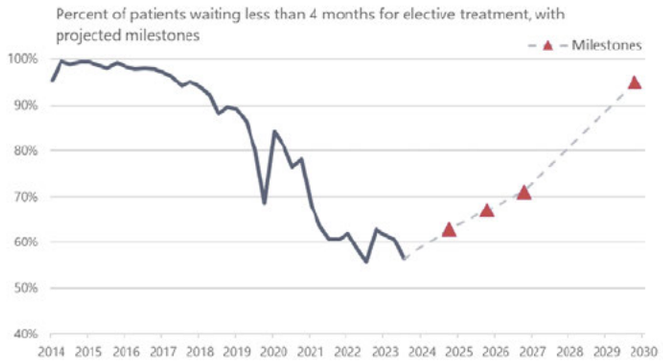
Intervention at district level based on risk



***Note:** implementation actions will depend on local requirements

Shorter wait times for elective treatment: 95% wait less than four months for elective treatment by 2030

1 Problem – Significant reduction in timely elective treatment over time



Most common elective procedures: cataracts, skin lesions and knee or hip replacements (i.e. age-related).

In March 2024, **56.3% of people waited less than 4 months** for elective treatment. Total waitlist 78,000 people with 34,000 waiting over 4 months.

2 Diagnosis – what's driving the problem?

Demand

- **Population growth and ageing –** 8% increase over last 5 years, 18% increase in the population 65+ over the last 5 years (older people represent 40% of elective treatments)
- **Rising complexity –** more complex cases - longer to treat

Capacity

- **Workforce shortages –** in range of key specialities limit capacity, such as anaesthetic technicians and radiology
- **Infrastructure constraints** - eg hospital beds and operating theatres, (similar challenges in England, Scotland, Australia)
- **High hospital occupancy and blocks to admission –** More resources being used to treat acute (urgent) care (76% of beds)
- **Discharge numbers static** – 2023/24 public elective discharges recovered from previous declines, but static from 5 years ago. Private elective discharges have increased, over last 5 years by 25%, but 12% of total elective discharges

Barriers to performance differ across regions and districts, e.g. more limited capacity given they experienced higher population growth, or workforce shortages.

3 Challenge: Lift productivity and patient flow

Recent performance has improved, but not yet reducing waitlist. Waitlist increased by **+350 per month** on average over 2023. While not reducing the waitlist, is it an improvement from **+1,000** per month on average in 2022.

Patient flow in per month
+18,610 in 2023
+19,560 in 2018
First specialist assessment target will increase this flow

Patient flow out per month
-18,260 in 2023
-19,060 in 2018
Productivity and capacity need to increase outflow

Waitlist as at March:
2018: 38,000
2020: 49,000
2022: 63,000
2024: 78,000

Time taken to clear waitlist has doubled from ~2 months to ~4 months

Additional 10,500 discharges needed over 2024/25 to meet our first annual milestone (an 8% increase on 2023/24)

CURRENT STATE: 56.3%

Performance milestones	2024 25	2025 26	2026 27	2027 28	2028 29	2030
	63%	67%	71%	TBC	TBC	TARGET: 95%

4 Key focus areas

Better use and collaboration with private sector to grow current capacity	**Separate acute and elective capacity to avoid cancellation of elective treatment**	**Activity based funding to support alternate pathways and increased capacity**	**Lift performance plans with interventions for lowest performing areas**

5 Blueprint for improvement

People (leadership and accountability)

- Targeted recruitment to support national pressured services/ biggest contributors to health target performance (e.g. orthopaedics, general surgery)
- National-level target champions
- Daily call from National Target Champions reinforcing current actions
- Live operational monitoring of progress by local leadership
- More monitoring of districts and hospitals not achieving monthly milestones/ delivering on improvement plans with Intensive Support Team diagnostics and action plans where required
- Sharing best practice from high performing areas within and between regions through regular collaboration (managers and clinical networks)

Parts (Infrastructure)

- Additional capacity:
  - Totara Haumaru (120 beds)
  - s 9(2)(f)(iv) [redacted]
  - Burwood Hospital (ring-fenced elective site)
  - 20-25 additional ICU beds from 2024/25
- Additional theatres
  - Totara Haumaru (8)
  - Counties Manukau (4)
  - Waikato (2)
  - Hawkes Bay (1)
- National Theatre Metrics and Planned Care performance dashboard with KPIs updated daily

Policy (operational processes)

- Each hospital to develop monthly plan to reduce elective waiting times
- All districts and regions have plans describing actions to address national pressured services (e.g. orthopaedics, ORL, general surgery, ophthalmology and gynaecology)
- Standardise clinical pathways (standard packages of care from diagnosis to discharge)
- Access criteria thresholds and clinical prioritisation tools are consistent, and used consistently
- National operational waitlist management policy (the 'Planned Care Patient Pathway') business rules implemented and monitored in all districts
- Data quality, waitlist validation and patient communications embedded as standard business practice
- Criteria-led discharge, complex discharge escalation framework and 7-day discharging implemented to improve flow to release hospital capacity for planned care beds
- Expected wait-time dashboard is live for all planned care services and districts
- Look to adopt technology in elective treatment (e.g. robotic surgeries) that improve patient outcomes and reduce length of stay for complex surgeries
- Boost capacity through increasing private sector contracting, where largest efficiencies to be made, and community provision through outsourcing
- Separate elective treatment from urgent response and acute demand to avoid cancellation of planned elective surgery
- Increase capacity for elective throughput from theatre optimisation
- Treat in turn/ booking in order implemented for all planned care specialties

Blueprint for shorter waiting times for elective treatment – what specifically needs to happen?*

People (leadership and accountability)

- ✓ Targeted recruitment to support national pressured services/ biggest contributors to health target performance (e.g. orthopaedics, general surgery and allied health)
- ✓ National-level target champions
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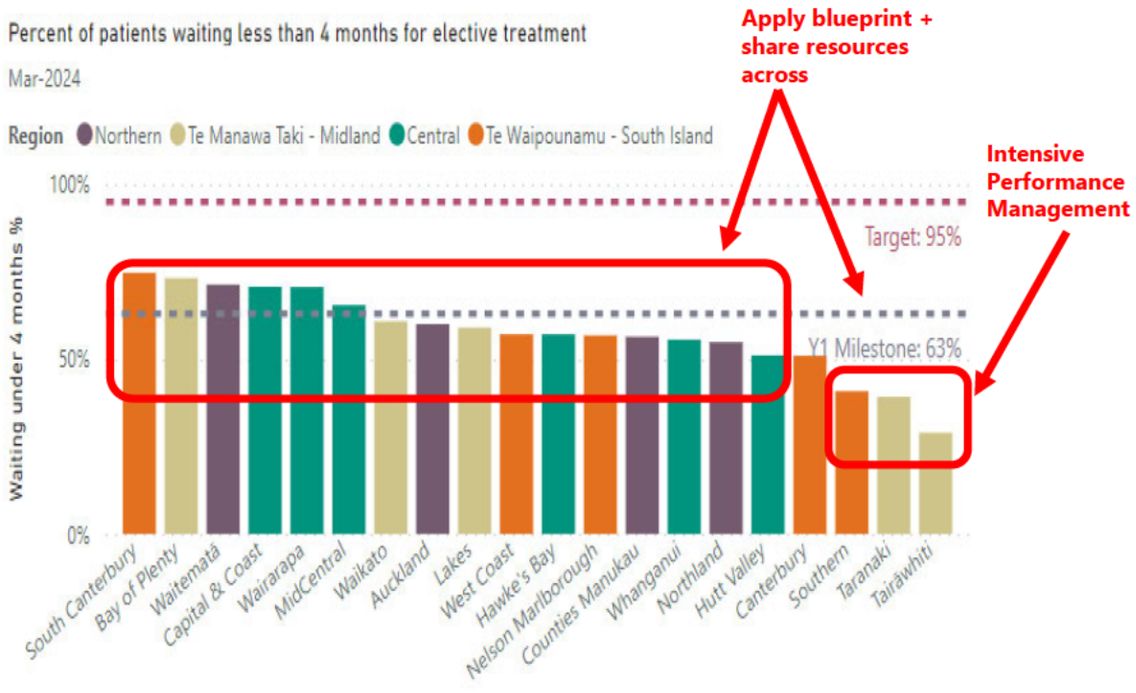

*Note implementation actions will depend on local requirements and situation