

Methodology

Avoidable ED visits

Data Source:

Te Manawa Taki ED records.

We considered patients as appropriate for 'self-care':

- Arrived by car
- Self discharge or routine discharge
- Triage code = 4 or 5.

We considered aspects such as presenting complaint, diagnostic coding, lower complexity and multiple exclusions.

Analysis:

Applied criteria by location

Total potential Healthline cases identified.

Result:

Number of avoidable ED visits by area.

ED visits avoided through Healthline

Data Source:

Healthline calls - self-managed cases.

Clinical Risk Categories Assigned:

- Low (e.g. cough)
- Medium
- High (e.g. chest pain).

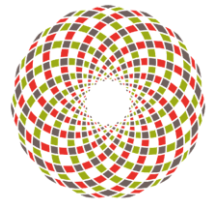
Analysis:

Estimate probability of ED attendance if Healthline was not available:

- for each risk category
- in hours and after hours.

Result:

Calculate estimated number of extra ED presentations if Healthline was not available.



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Key Findings

ED presentations avoided because of Healthline

In Te Manawa Taki (Midlands Regions), over **14% of ED visits were avoided** through Healthline phone advice.

~80 people per day

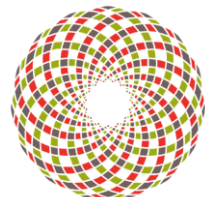
This group has been given 'self-care' clinical advice and was identified Healthline data between July 2019 and June 2024.

ED presentations that could have been avoided with Healthline

In Te Manawa Taki (Midlands Regions), **6% of ED visits could have been managed through Healthline** phone advice.

~35 people per day

This potential 'self-care' group was identified from ED data between July 2019 and June 2024.



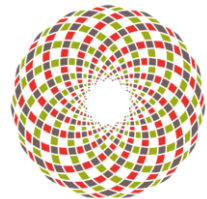
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Who were they?

We analysed the demographics of the selfcare group and compared them to the 2023 census data. The selfcare group:

- has a **higher proportion of younger** (0-29) and **older people** (70-90+) than the census, with a lower proportion of 30-69 year old people.
maximum difference is 2.15%
- has a **higher proportion of male gender** and a lower proportion of female gender than the census.
maximum difference is 2.68%
- has a **higher proportion of Pakeha and Māori than the census** and a lower proportion of Pacific peoples and other ethnicities.
maximum difference is 14%
- has a **higher proportion of people with higher deprivation** (Deciles 7-10) and lower proportion of people with lower deprivation (Deciles 1-6)
maximum difference is 5.64%



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James: *“I wasn't sure if it was serious enough for ED, but I didn't know where else to go.”*

Who is James?

- 24-year-old Pākehā male, warehouse operator in Hamilton
- Lives in a flat (Decile 8 area), generally healthy, plays weekend football
- Registered with a GP but rarely visits.

Current Situation

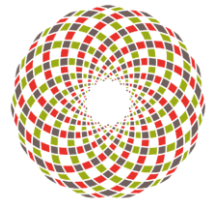
Injured his knee at Sunday football, he can walk but it's worryingly sore. He's concerned about work tomorrow. Unsure about after-hours options, he heads to Waikato ED.

Key Behaviours

- "Waits and see" with health issues
- Googles symptoms
- Cost-conscious about healthcare
- Unsure what makes a "real" emergency
- Finds GP hours hard with shift work.

Why Healthline Could Help

- Needs 24/7 access to health advice
- Wants help deciding if ED is necessary
- Would benefit from knowing local care options
- Free service removes cost barrier.



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Key Findings

ED presentations avoided because of Healthline

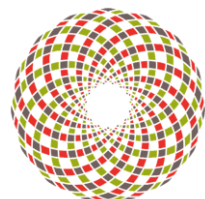
Area	Total	Bay of Plenty*	Lakes*	Taranaki†	Waikato†
People Per Day	83.14 (+14.6%)	21.46 (+29.6%)	7.29 (+23.5%)	7.88 (+5.8%)	46.5 (+14.1%)

ED presentations that could have been avoided with Healthline

Area	Total	Bay of Plenty*	Lakes*	Taranaki†	Waikato†
People Per Day	34.22 (-6.0%)	9.51 (-13.1%)	3.55 (-11.4%)	9.44 (-6.9%)	11.71 (-3.6%)

† Data & results already validated with districts

* Data & results being validated with districts



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