# GovHack: Problem Description

The theme for Christchurch is ‘A Smart and Healthy City’.

## The problem: Increasing numbers of young adults using ED

## Why has this situation arisen?

The increasing number of people attending the Emergency Department (ED) is not evenly distributed across the population with young adult attendance growing more quickly than other age groups. Young adults are less likely to need treatment quickly or to be admitted to hospital for further care. Despite this, when most people are asked they indicate they thought ED is the appropriate place for them to receive care.

The health needs of the population changed post-quake with the rapid growth of the rebuild population contributing to disruption of some of usual healthcare provision. The issue of rapid growth in the number of people attending ED is common to many health systems but has been exacerbated by Christchurch’s post-quake changes. The rebuild population is not solely responsible for growth but has brought a number of challenges than have contributed:

* More people in the construction who have higher work injury rates
* Younger adults are more likely to be injured in social and sporting activities
* Some people who are ineligible for subsidised care
* Many people who are unfamiliar with the health system
* Some people who remain enrolled with general practice elsewhere in New Zealand

Some of these factors have resulted in this group pf people not using Canterbury’s very well developed health services more appropriate than ED such as general practice, after-hour primary care (eg the 24 Hour Surgery, Ricccarton Clinic, Moorhouse Medical) and community services.

## What has been tried?

A number of strategies have been used to promote the use of general practice, after-hours services, telephone triage after hours[[1]](#footnote-1) and ‘saving ED for emergencies’. These have included traditional media promotions such as radio, bill boards, posters, bus-backs, newspapers, social media channels such as Facebook, texting, etc.

A number of approaches to encourage new residents involved in the rebuild to enrol in general practice with information and promotion through major employers. There has also been a promotion of free general practice visits for enrolling in general practice.

While it is difficult to evaluate the effect of each strategy, it is likely the impact is modest and it is unclear if these have resulted in behaviour changes by young adults.

## Patterns of ED use

The two Tableau[[2]](#footnote-2) workbooks contain information that is useful to understand the numbers of people attending ED. These datasets are modified from those used by Canterbury DHB and contain no identifiable data. These are provided to allow greater analysis and drill down to support GovHack.

A data summary is attached in Appendix 1 and some of the important points can be summarised as:

* Young adults are over-represented in ED attendance
* There is significant growth in ED presentations
* Much of this growth is in younger adults
* Growth is higher among non-enrolled (in general practice)
* Young adults are less likely to need to be seen urgently, be admitted to hospital (ie they go home from ED) and are more likely to come in the evening or weekends.

## Why is this a problem?

ED is focused on addressing serous health and injury issues. There is limited ability of a fixed staff to expand to meet increasing volumes of people attending ED. More importantly maintaining capacity to deal with emergencies when they arrive is a key focus. As ED becomes more crowded risk increases as staff have less time to focus on the people with highest needs. It also results in longer stays in ED which leads to dissatisfaction from those waiting as well as outcomes that may not be as good. Managing expectations of waiting times for the public has become a focus.

A significant proportion of people attending ED do not require emergency treatment and their needs would be best met in general practice, after-hours providers or other community services. This is exacerbated among young adults with the majority of those arriving at ED being more appropriate for general practice care.

However, simplistic strategies are potentially dangerous; one in four have conditions that require inpatient hospitalisation. People generally believe they have gone to the right place to receive care for their condition. It is likely many people are unaware that their care could be better provided by another healthcare professional.

It is unknown to what extent the costs associated with seeking care in locations other than ED act as a barrier. It is almost certainly a larger barrier for this age group.

## The problem to solve

Can we support people to get healthcare from the right provider?

1. Phone calls to general practice after business hours are answered by a registered nurse who ensures the person gets to appropriate care, ie Ambulance, ED, after hours general practice, general practice (the next day), assurance and what to monitor before making a decision about care. [↑](#footnote-ref-1)
2. Tableau software provides an interactive tool which is applied over Canterbury DHBs large data warehouse to enable self-service analytics to large datasets across the workforce. Tableau Reader is free to download at <http://www.tableau.com/products/reader>. [↑](#footnote-ref-2)