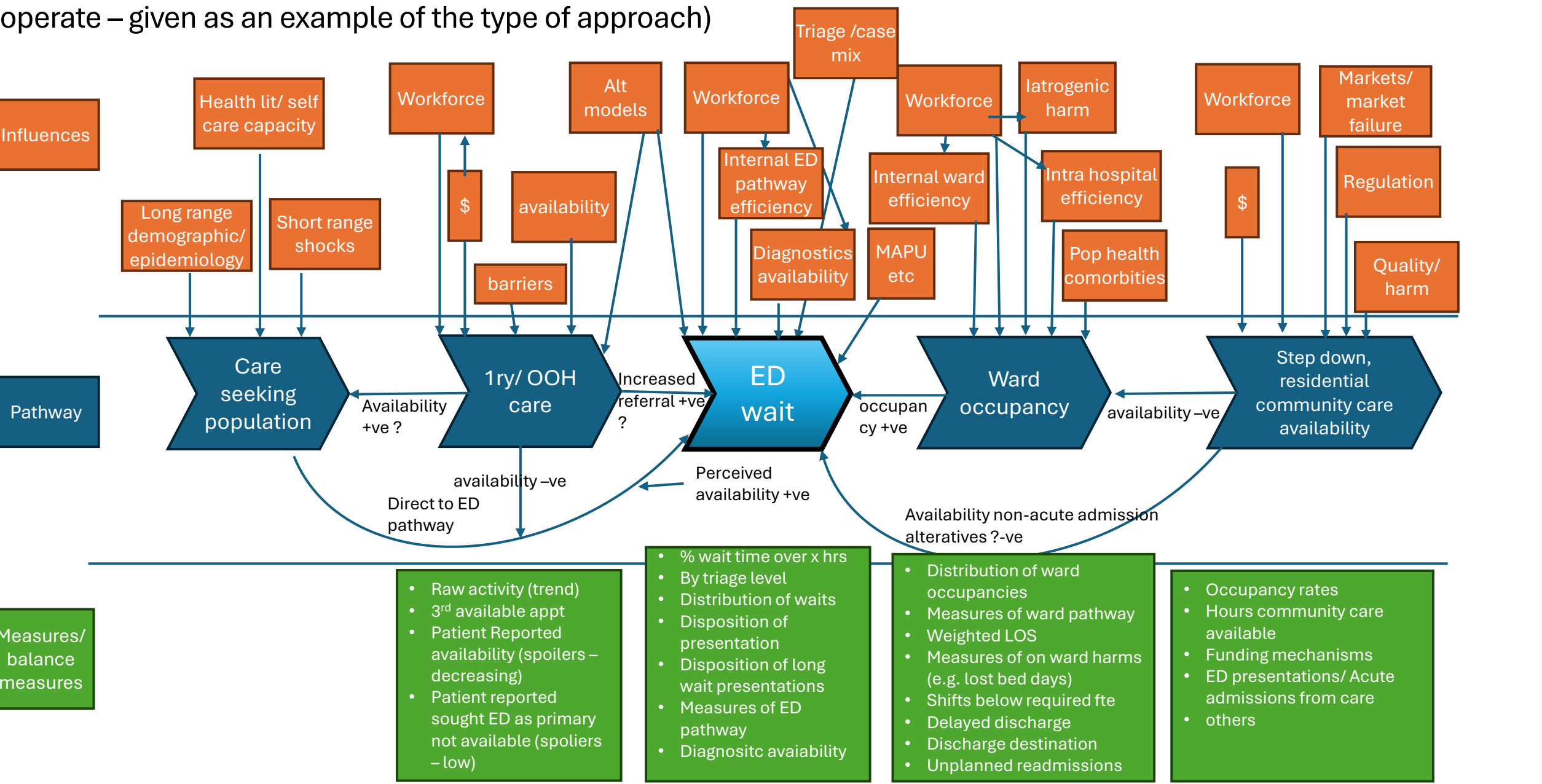


Rough estimate of ED pathway (very simplified – there are undoubtedly other causal factors and feedback loops that operate – given as an example of the type of approach)



+ve indicates that a change in the pathway has a change on its dependent which operates in the same way – e.g an increase in ward occupancy is hypothesised to increase ED wait (as harder to admit) . -ve indicates the reverse – e.g. an increase in step down etc care availability decreases ward occupancy (as easier to discharge)

| Influence | What | Who | Ability to influence | Effect on issue | Ease of implement |
|---|---|--|----------------------|-----------------|-------------------------|
| Long range epidemiology/ pop health/ co-morbidities | Policy interventions, health care improvements | Central government, health care in general | ? High | ? High but slow | Hard |
| Health literacy | Policy intervention | Ministry of health | ?moderate | Low | Hard/mod |
| Short range shocks | Preparedness | Central government, ministry of health | ?moderate | High but rare | Mod |
| Workforce primary care | Policy, funding, international factors | Central government, ministry of health, primary care prof and meso-level | Low/mod | Mod | Hard/mod |
| \$ primary care | Policy, funding | Central government, treasury, ministry of health, primary care prof and meso-level | Mod | Mod | Easier (but ?effective) |
| Barriers to primary care | etc | | | | |
| Alternate models of care | | | | | |
| Workforce secondary care | | | | | |
| \$ secondary care | | | | | |
| ED pathway | Service design, training, funding, deployment | Te Whatu Ora – local/meso/national | High | High / Low* | Hard/mod |
| Diagnostic availability | Funding, deployment | Te Whatu Ora – local/meso/national | High | High/mod | Hard |
| Ward efficiency | Service design, quality improement, training, funding, deployment | Te Whatu Ora – local/meso/national, Te Tahu Hauora | | | |
| Ward safety | Quality improvement , training, funding, deployment | Te Whatu Ora – local/meso/national, Te Tahu Hauora | | | |
| Intra hospital efficiency | etc | | | | |
| Models (MAPU etc) | | | | | |
| Etc | | | | | |
| | | | | | |
| * Potentially high if implemented with strategic coherence, probably low if done in isolation | | | | | |