

# Gaming New Zealand's Targets for 'Shorter Stays in Emergency Departments'

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## Introduction

Governments often use performance targets for health sector organisations as a way of holding organisations accountable. However, staff in organisations can 'game' targets, making performance appear better when it is not.

In 2009, the New Zealand government initiated a Shorter Stays in Emergency Department (SSED) target in which 95% of patients would be admitted, discharged or transferred from an emergency department (ED) within 6 hours. The implementation of similar targets in England led to well-documented practices of gaming. This research into ED target implementation sought to answer how and why gaming varies over time and between organisations.

## Key Points:

- Performance targets often lose their capacity to reflect actual performance
- The broader public need to be aware of the potential for gaming, and be prepared to question the performance data (particularly when target achievement is linked to the electoral strategies of governing parties)
- Citizens can help ensure that governments and health sector organisations minimise practices that 'hit the target but miss the point.'

## Gaming

Definitions of gaming are difficult to clearly separate from broader discussions of cheating, or from other potentially adverse consequences of performance measurement and management, characterised as 'hitting the target but missing the point.' Many authors suggest a continuum between gaming and cheating – suggesting that 'falsification' is an example of cheating, whereas 'creative classification' is gaming.

## Study

The central research questions addressed were:

1. Was New Zealand's ED target gamed?
2. To what extent did gaming the New Zealand's ED target vary between organisations and over time?
3. How can this variation be explained in terms of motives, opportunities and means to game?

To answer these questions, a mixed methods approach was taken with case-studies across 4 ED locations involving quantitative analysis of ED Lengths of Stay (EDLOS) data to determine what and how much, and qualitative interview data to determine why.

	District Population (2013)		Performance on Target Measure (2009)
Hospital 1	100-200 000	Small urban centre	80.7%
Hospital 2	>400 000	Large urban centre	78.7%
Hospital 3	200-400 000	Medium-sized urban centre serving regional population	62.6%
Hospital 4	>400 000	Large urban centre	55.5%

**Table 1: Shorter Stays in ED Case Study Hospital Site Characteristics**

## Findings

### *Opportunities to Game Were the Same across All Sites*

Our qualitative data conclusively confirmed that gaming behaviour was clearly detected in all sites. Respondents from all sites described clock-stopping behaviour in which patients were recorded as having left the ED even though they remained in the ED. There was no system of independent audit of ED length-of-stay data, ensuring that any fabrication of data would not be discovered.

### *The Means to Game Developed Over Time*

All sites also reported the practice of transferring patients to Short Stay Units (SSU) or inpatient wards in order to avoid target breaches. The data shows that this practice increased over time, and for 3 of the 4 locations this was because of increased capacity in SSUs. However, the one location did nonetheless still decant patients, just not to an SSU.

### *Motivation to Game Varied Across the Sites*

Overall, while the motivations to game were highly context specific across the sites, the strategic behaviour of senior management was a common factor, even though the details of this strategic behaviour varied substantially. Gaming was induced or initiated by the actions of senior managers. As such, accounts of motivation that emphasise the moral attributes of frontline clinicians are not a major factor driving the variation in gaming behaviour. Another clear finding is that gaming was more prevalent the closer organisations were to reaching the target.



## Recommendations

From the above findings three starting points are highlighted for minimising the gaming of performance management:

1. The most straightforward way to prevent gaming of targets is to ensure that there are no opportunities to game. In the case of the SSED target, gaming was an inevitable consequence of policy design in which there was no independent system of monitoring and verification.
2. The SSED story is consistent with literature on the life cycle of performance measures, particularly the argument that performance measures 'wear out' over time. If organisations acquire the means to game, then one response is to develop systems to detect and monitor the emergence of gaming. If targets show signs of wearing out after 2-3 years, then adaptation of measures is advisable.
3. In order to address and minimise motivation to game, custodians of performance management systems should pay attention to the strategies of senior management.

## Key Policy Implications:

- If the design of ED targets allows opportunities for gaming, such opportunities will be exploited by implementing organisations
- Organisations become more adept at gaming an ED target the longer that it is in place
- The strategies of senior managers in organisation may be a far more important factor shaping motivation to game than the moral attributes of individual clinicians and front-line staff
- Policymakers need to pay closer attention to detecting and responding to gaming of ED targets over time, if targets are to retain their integrity and effectiveness.

To find out more about this research, please visit: <https://dx.doi.org/10.15171/ijhpm.2019.98>

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