National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012

Exported from METEOR (AIHW's Metadata Online Registry)

National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012
METEOR identifier:	443689
Registration status:	Health, Superseded 25/06/2013
Description:	Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community.
Indicator set:	National Healthcare Agreement (2012) Health, Superseded 25/06/2013
Outcome area:	Primary and Community Health Health, Standard 07/07/2010
Data quality statement:	National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012 QS Health, Superseded 14/01/2015

Collection and usage attributes

Computation description:	Potentially avoidable GP-type presentations are defined as presentations to public hospital emergency departments with a Type of visit of *Emergency presentation* (or for South Australia only, Type of visit can be *Emergency presentation or Not reported)* where the patient: • was allocated a Triage category of 4 or 5 and • did not arrive by ambulance or police or correctional vehicle and • was not admitted to the hospital, not referred to another hospital, or did not die. Limited to public hospitals in Peer Groups A and B. Analysis by state and territory, remoteness and SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) is based on usual residence of person. Presented as a number.
Computation:	Numerator only.
Numerator:	Number of potentially avoidable GP-type presentations to emergency departments.
Numerator data elements:	**Data Element / Data Set** **Data Element** Hospital peer group **Data Source** National Non-admitted Patient Emergency Department Care Database **NMDS / DSS** Non-admitted patient emergency department care NMDS 2008-10 **Guide for use**

Data source type: Administrative by-product data

Data Element / Data Set

[Non-admitted patient emergency department service episode—transport mode (arrival), code N](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Non-admitted patient emergency department service episode—type of visit to emergency department, code N](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Non-admitted patient emergency department service episode—episode end status, code N](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Non-admitted patient emergency department service episode—triage category, code N](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

Disaggregation: 2009-10 (updated for peer group) and 2010–11—Nationally by SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) deciles

2009-10 (updated for peer group) and 2010–11—State and territory, by:

- Indigenous status
- remoteness (Australian Standard Geographical Classification Remoteness Structure)
- SEIFA IRSD quintiles
- peer group and triage category

Some disaggregations may result in numbers too small for publication.

Disaggregation by peer group is limited to Peer Groups A and B, as this is the scope of the collection, and coverage varies for other hospitals by state and territory.

Disaggregation data elements:

┌─ Data Element / Data Set ────────────────────────────────────

Data Element

Hospital peer group

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

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┌─ Data Element / Data Set ────────────────────────────────────

[Person—Indigenous status, code N](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

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┌─ Data Element / Data Set ────────────────────────────────────

[Person—area of usual residence, geographical location code (ASGC 2007) NNNNN](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data
Used for disaggregation by state/territroy, remoteness and SEIFA IRSD

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┌─ Data Element / Data Set ────────────────────────────────────

[Non-admitted patient emergency department service episode—triage category, code N](#)

Data Source

[National Non-admitted Patient Emergency Department Care Database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2008-10](#)

Guide for use

Data source type: Administrative by-product data

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Comments:	Most recent data available for 2012 CRC report: 2010–11.
	This definition of 'potentially avoidable GP-type presentation' was used in the Booz Allen Hamilton study of emergency department care in NSW, and is considered to be a reasonable starting approximation of the population that should be receiving service in the primary care sector.

Representational attributes

Representation class:	Count
Data type:	Real
Unit of measure:	Episode
Format:	NN[NNNNN]

Indicator conceptual framework

Framework and dimensions:	[Accessibility](#)

Data source attributes

Data sources:	**Data Source**
	[National Non-admitted Patient Emergency Department Care Database](#)
	Frequency
	Annual
	Data custodian
	Australian Institute of Health and Welfare

Accountability attributes

Reporting requirements:	National Healthcare Agreement
Organisation responsible for providing data:	Australian Institute of Health and Welfare
Benchmark:	National Healthcare Agreement performance benchmark and National Partnership on Taking Pressure Off Public Hospitals performance benchmark:
	By 2012–13, 80 percent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australian College of Emergency Medicine.
	National Partnership on Taking Pressure Off Public Hospitals performance benchmark:
	By 2013–14, 95 per cent of hospitals with an ED report to the non-admitted emergency care national minimum data set collection.
	National Partnership Agreement on Taking Pressure Off Public Hospitals output measures:
	Output: A nationally accepted definition of what a non emergency GP type presentation is based on emergency department DRGs by June 2012.
	Joint Roles: D10 Commonwealth and States to develop a nationally consistent DRG based definition of a non emergency primary care presentation.
Further data development / collection required:	Specification: Interim

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2011](#)
[Health](#), Superseded 31/10/2011

Has been superseded by [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013](#)
[Health](#), Superseded 30/04/2014

See also [National Healthcare Agreement: PB 05-By 2012–13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine, 2012](#)
[Health](#), Retired 25/06/2013

See also [National Healthcare Agreement: PI 14-Waiting times for GPs, 2012](#)
[Health](#), Superseded 25/06/2013

See also [National Healthcare Agreement: PI 24-GP-type services, 2012](#)
[Health](#), Retired 25/06/2013

See also [National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2012](#)
[Health](#), Superseded 25/06/2013

See also [National Healthcare Agreement: PI 36-Waiting times for admission following emergency department care, 2012](#)
[Health](#), Superseded 25/06/2013