

# National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010

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# National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Selected potentially avoidable GP-type presentations to emergency departments, 2010
<b>METEOR identifier:</b>	394721
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 08/06/2011
<b>Description:</b>	Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community.
<b>Indicator set:</b>	<a href="#">National Healthcare Agreement (2010)</a> <a href="#">Health</a> , Superseded 08/06/2011
<b>Outcome area:</b>	<a href="#">Primary and Community Health</a> <a href="#">Health</a> , Standard 07/07/2010
<b>Data quality statement:</b>	<a href="#">National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010 QS</a> <a href="#">Health</a> , Superseded 08/06/2011

## Collection and usage attributes

<b>Computation description:</b>	Limited to public hospitals in Peer Groups A and B.  Potentially avoidable GP-type presentations are defined as presentations to public hospital emergency departments with a type of visit of emergency presentation (or not reported) that: <ul style="list-style-type: none"><li>• were allocated a Triage category of 4 or 5 AND</li><li>• did not arrive by ambulance or police or correctional vehicle AND</li><li>• were not admitted to the hospital, referred to another hospital, AND</li><li>• and did not die</li></ul>
<b>Computation:</b>	Numerator only.
<b>Numerator:</b>	Number of potentially avoidable GP-type presentations to emergency departments.

### Numerator data elements:

#### Data Element / Data Set

Hospital peer group

#### Data Source

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

#### 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](#)

**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](#)

**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](#)

**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](#)

**Guide for use**

Data source type: Administrative by-product data

**Disaggregation data elements:**

**Data Element / Data Set**

[Person—Australian state/territory identifier, code N](#)

**Data Source**

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

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

[Person—Indigenous status, code N](#)

**Data Source**

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

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

[Person—area of usual residence, geographical location code \(ASGC 2008\) NNNNN](#)

**Data Source**

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

**Guide for use**

Data source type: Administrative by-product data  
Used for disaggregation by remoteness area and SEIFA of residence.

**Comments:**

Specified disaggregation: Nationally and by state/territory: by Indigenous status, remoteness area and SEIFA of residence

Available disaggregation: Nationally and by state/territory: by Indigenous status, remoteness area and SEIFA of residence

Data for 2008-09 will be available by June 2010.

Most recent data available for 2010 CRC baseline report: 2007-08

**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:** Related National Partnership Agreement benchmark/target:

National Healthcare Agreement performance benchmark and National Partnership on Taking Pressure of 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 of 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 of 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

There has been an undertaking during development of the NPA on Hospital and Health Workforce Reform (Taking the pressure off public hospitals) that there are four streams of work to fully define this indicator:

1. Explore and determine the intent of the indicator and agree on an appropriate term, i.e. 'General Practitioner' or 'Primary Care'?
2. Inclusion of clinical information in the ED NMDS
3. Identifying a subset of diagnosis codes to be used as a factor for identifying the GP type/primary care presentations; and
4. Defining an ED for the purposes of reporting in-scope ED attendances.

Following this data development, it is likely that the long-term measure for this indicator may differ substantially from the interim measure.

Data development work is planned to refine definitions and consider possible implementation of nationally consistent clinical information about diagnosis/presenting problem into the NAPED NMDS.

The COAG 19(2) initiative will provide exemptions under Section 19(2) of the *Health Insurance Act 1973* to enable Medicare rebate to be claimed for state-remunerated primary health care services (for non-admitted and non-referred patients) in some rural and remote communities of less than 7,000 people. This active encouragement of GP services through EDs should be taken into consideration when collecting and reporting this data.

Work is required to improve the identification of Indigenous Australians within these data.

**Other issues caveats:**

Disaggregations within individual jurisdictions are subject to data quality considerations. Some disaggregations may result in numbers too small for publication.

Coverage of the data collection was about 78% of all ED presentations to public hospitals in 2007–08. These data are available for hospitals in Peer Group A and B. Coverage for other hospitals, particularly those in more remote areas, is incomplete. This means that data by Indigenous status and remoteness area should be interpreted with caution.

This definition of 'potentially avoidable GP-type presentation' was used in the Booz Allen 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.

## Relational attributes

**Related metadata references:**

Has been superseded by [National Healthcare Agreement: P1 23-Selected potentially avoidable GP-type presentations to emergency departments, 2011](#) Health, Superseded 31/10/2011

See also [National Healthcare Agreement: P14-Waiting times for GP's, 2010](#) Health, Superseded 08/06/2011

See also [National Healthcare Agreement: P24-GP-type services, 2010](#) Health, Superseded 08/06/2011

See also [National Healthcare Agreement: P35-Waiting times for emergency department care, 2010](#) Health, Superseded 08/06/2011

See also [National Healthcare Agreement: P36-Waiting time for admission following emergency department care, 2010](#) Health, Superseded 08/06/2011