

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

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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Registration status:	Health , Superseded 25/06/2013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Indicator set:	National Healthcare Agreement (2012) Health , Superseded 25/06/2013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Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012 QS Health , Superseded 14/01/2015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:	<p>Potentially avoidable GP-type presentations are defined as presentations to public hospital emergency departments with a Type of visit of <i>Emergency presentation</i> (or for South Australia only, Type of visit can be <i>Emergency presentation or Not reported</i>) where the patient:</p> <ul style="list-style-type: none">• 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. <p>Limited to public hospitals in Peer Groups A and B.</p> <p>Analysis by state and territory, remoteness and SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) is based on usual residence of person.</p> <p>Presented as a number.</p>
Computation:	Numerator only.
Numerator:	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](#)

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

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

[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

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/territory, remoteness and SEIFA IRSD

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

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