

# **National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013**

**Exported from METEOR (AIHW's Metadata Online Registry)**

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Progress measure
<b>Short name:</b>	PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013
<b>METEOR identifier:</b>	497222
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 30/04/2014
<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 (2013)</a> <a href="#">Health</a> , Superseded 30/04/2014
<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: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013 QS</a> <a href="#">Health</a> , Superseded 14/01/2015

## Collection and usage attributes

<b>Computation description:</b>	<p>Potentially avoidable general practitioner (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, and only for data from 2009-10 and previous years, Type of visit can be 'Emergency presentation' or 'Not reported') where the patient:</p> <ul style="list-style-type: none"><li>• was allocated a Triage category of 4 or 5 and</li><li>• did not arrive by ambulance or police or correctional vehicle and</li><li>• was not admitted to the hospital, not referred to another hospital, or did not die.</li></ul> <p>Limited to public hospitals in Peer Groups A and B.</p> <p>To ensure comparability over time, emergency department activity at the Mersey Community Hospital is reported with Peer Group B hospitals for National Healthcare Agreement purposes. Whilst it is currently not a Peer Group A or B hospital, in the baseline year (2007-08) Mersey was a campus of the Peer Group B North West Regional Hospital and its emergency department activity was included in the baseline.</p> <p>Analysis by state and territory, remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person.</p> <p>Presented as a number.</p>			
<b>Computation:</b>	Numerator only.			
<b>Numerator:</b>	Number of potentially avoidable GP-type presentations to emergency departments.			
<b>Numerator data elements:</b>	<table><tr><th>Data Element / Data Set</th></tr><tr><td><b>Data Element</b></td></tr><tr><td>Hospital peer group</td></tr></table>	Data Element / Data Set	<b>Data Element</b>	Hospital peer group
Data Element / Data Set				
<b>Data Element</b>				
Hospital peer group				

**Data Source**

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

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2010-11](#)

**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 2010-11](#)

**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 2010-11](#)

**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 2010-11](#)

**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](#)

**Disaggregation:**

2008-09, 2009-10, 2010-11 (updated for peer group) and 2011-12—Nationally by SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) deciles.

2008-09, 2009-10, 2010-11 (updated for peer group) and 2011-12—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 2010-11](#)

**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 2010-11](#)

**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 2010-11](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

[Person—area of usual residence, geographical location code \(ASGC 2010\) NNNNN](#)

**Data Source**

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

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2010-11](#)

**Guide for use**

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA IRSD

**Comments:** Most recent data available for 2013 Council of Australian Governments (COAG) Reform Council (CRC) report: 2011–12.

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.

The AIHW and states and territories will investigate the consistency of this indicator over time with regards to the movement of hospitals into and out of Peer Group A and B, with respect to the base year.

## 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: Substantial work required, the measure requires significant work to be undertaken.

## Source and reference attributes

**Reference documents:** NSW Ministry of Health 2007. Booz Allen Hamilton study: Key Drivers of Demand in the Emergency Department. Viewed 22 April 2013, <[www0.health.nsw.gov.au/pubs/2007/booz\\_allen\\_report.html](http://www0.health.nsw.gov.au/pubs/2007/booz_allen_report.html)>.

## Relational attributes

**Related metadata references:** Supersedes [National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012](#)  
[Health](#), Superseded 25/06/2013

Has been superseded by [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2014](#)  
[Health](#), Superseded 14/01/2015

See also [National Healthcare Agreement: PI 12-Waiting times for GPs, 2013](#)  
[Health](#), Superseded 30/04/2014

See also [National Healthcare Agreement: PI 21a-Waiting times for emergency hospital care: Proportion seen on time, 2013](#)  
[Health](#), Superseded 30/04/2014

See also [National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: Proportion completed within four hours, 2013](#)  
[Health](#), Superseded 30/04/2014