

National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2015

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2015
METEOR identifier:	588731
Registration status:	<ul style="list-style-type: none">Health, Superseded 08/07/2016
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Indicator set:	National Healthcare Agreement (2015) Health , Superseded 08/07/2016
Outcome area:	Primary and Community Health Health , Standard 07/07/2010
Quality statement:	National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2015 QS Health, Superseded 08/07/2016

Collection and usage attributes

Computation description:	<p>Potentially avoidable general practitioner (GP)-type presentations are defined as presentations to public hospital emergency departments with a Type of visit of <i>Emergency presentation</i> where the patient:</p> <ul style="list-style-type: none">was allocated a Triage category of 4 or 5 anddid not arrive by ambulance or police or correctional vehicle andwas 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>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 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:	<table border="1"><thead><tr><th>Data Element / Data Set</th></tr></thead><tbody><tr><td>Data Element</td></tr><tr><td>Hospital peer group</td></tr></tbody></table>	Data Element / Data Set	Data Element	Hospital peer group
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 2013-14](#)

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 2013-14](#)

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 2013-14](#)

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 2013-14](#)

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 2013-14](#)

Guide for use

Data source type: Administrative by-product data

Disaggregation:

Nationally by Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD) deciles (not reported this cycle).

2012–13 (updated for peer group), 2013–14—State and territory.

State and territory, by (all not reported this cycle):

- 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 2013-14](#)

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 2013-14](#)

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 2013-14](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Person—area of usual residence, statistical area level 2 \(SA2\) code \(ASGS 2011\) N\(9\)](#)

Data Source

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NMDS / DSS

[Non-admitted patient emergency department care NMDS 2013-14](#)

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 2015 National Healthcare Agreement (NHA) performance reporting: 2013–14.

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.

Indicator specification under review by the NHISSC Emergency Data Development Working Group (EDDWG).

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
Further data development / collection required: Specification: Substantial work required, the measure requires significant work to be undertaken.

Source and reference attributes

Relational attributes

Related metadata references:

See also [National Healthcare Agreement: PI 12-Waiting times for GPs, 2015](#)

- [Health](#), Superseded 08/07/2016

Supersedes [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2014](#)

- [Health](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2016](#)

- [Health](#), Superseded 31/01/2017

See also [National Healthcare Agreement: PI 21a-Waiting times for emergency hospital care: Proportion seen on time, 2015](#)

- [Health](#), Superseded 08/07/2016

See also [National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: Proportion completed within four hours, 2015](#)

- [Health](#), Superseded 08/07/2016