National Health Performance Authority, Healthy Communities: Visits to hospital emergency department instead of GPs, 2012–13

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Visits to hospital emergency department instead of GPs, 2012–13
METEOR identifier:	594106
Registration status:	• [National Health Performance Authority (retired)](#), Retired 01/07/2016
Description:	Percentage of people over 15 years of age who thought their care could have been provided by a GP instead of a hospital emergency department in the preceding 12 months.
Indicator set:	[National Health Performance Authority: Healthy Communities: 2011–National Health Performance Authority (retired)](#), Retired 01/07/2016

Collection and usage attributes

Population group age from:	For this indicator an adult is defined as a person aged 15 years and over

Computation description:	Participants in the Australian Bureau of Statistics (ABS) Patient Experience Survey 2012–13 who reported they thought their care could have been provided by a GP instead of a hospital emergency department in the preceding 12 months.

The numerator was calculated as the sum of calibrated sample weights for adults who responded they thought their care could have been provided by a GP instead of a hospital emergency department in the preceding 12 months and who were enumerated within the particular Medicare local catchment.

Population is limited to persons aged 15 years and over.

The denominator was calculated as the sum of calibrated sample weights for persons aged 15 years and over who were enumerated within the Medicare Local catchment.

Person level survey weights were calibrated to independent estimates of the population of interest, referred to as 'benchmarks'. Weights calibrated against population benchmarks ensure that the survey estimates conform to independently estimated distributions of the population, rather than to the distribution within the sample itself. These benchmarks account for the distribution of people across state and territory, age group, and sex categories. Note: These benchmarks have not been calibrated for Medicare Local geography.

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of the person.

The measure is presented as a percentage.

95% confidence intervals and relative standard errors are calculated for rates.

The National Health Performance Authority developed a suppression protocol to ensure robust reporting of these data at small areas.

- These suppression rules are based on limits for Relative Standard Error[1] and Confidence Interval width of 30%, with additional cross-validation for estimates close to these limits, that is plus or minus 3% of the limits. If an estimate was marginal[2] with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal[2] with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor
- Data were supressed based on the following rules:

  - Relative Standard Error of 33% or greater, or

  - Confidence Interval (95%) width of 33% or greater, or

  - Relative Standard Error between 27% and 33%, with significantly[3] wider Confidence Interval width than the average for that indicator, or

  - Confidence Interval width between 27% and 33%, with significantly[3] wider Relative Standard Error than the average for that indicator.

1. For a dichotomous proportion, Relative Standard Error can be defined as the ratio of the standard error and the minimum of the estimate and its complement (100%–estimate).

2. In this context, marginal is defined as within 10% of the 30% limit, or +/- 3%

3. In this context, statistical significance is defined as at least two standard deviations above average.

Computation:	100 × (Numerator ÷ Denominator)
Numerator:	Number of persons aged 15 years and over who reported they thought their care could have been provided by a GP instead of a hospital emergency department in the preceding 12 months.

Numerator data elements:	**Data Element / Data Set**

Person—age, total years N[NN]

Data Source

ABS Patient Experience Survey (PEx)

Guide for use

Data source type: Survey

Data Element / Data Set

Person— visit to hospital emergency department instead of GP indicator, yes/no code N

Data Source

ABS Patient Experience Survey (PEx)

Guide for use

Data source type: Survey

Denominator:	Total number of persons aged 15 years and over who went to an emergency department for their own health who were enumerated within the Medicare Local catchment.
Denominator data elements:	**Data Element / Data Set**

Data Source

ABS Patient Experience Survey (PEx)

Guide for use

Data source type: Survey

Disaggregation:	By Medicare Local catchments and Medicare Local peer groups.
Disaggregation data elements:	**Data Element / Data Set**

Administrative health region—Medicare Local identifier, code AANNN

Data Element / Data Set

Administrative health region—Medicare Local peer group, code N

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	N[NN].N

Indicator conceptual framework

Framework and dimensions:	PAF-Equity of access

Data source attributes

Data sources: **Data Source**

                                 ABS Patient Experience Survey (PEx)

                                 Frequency

                                 Annual

                                 Data custodian

                                 Australian Bureau of Statistics

Accountability attributes

Reporting requirements:	National Health Performance Authority - Performance and Accountability Framework
Organisation responsible for providing data:	Australian Bureau of Statistics
Accountability:	National Health Performance Authority
Release date:	19/03/2015

Source and reference attributes

Submitting organisation:	National Health Performance Authority
Origin:	Healthy Communities
Reference documents:	National Health Performance Authority - Performance and Accountability Framework