

# National Healthcare Agreement: PI 19– Selected potentially avoidable GP-type presentations to emergency departments, 2016

## 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, 2016
<b>METEOR identifier:</b>	598744
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 31/01/2017</li></ul>
<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 (2016)</a> <a href="#">Health</a> , Superseded 31/01/2017
<b>Outcome area:</b>	<a href="#">Primary and Community Health</a> <a href="#">Health</a> , Standard 07/07/2010
<b>Quality statement:</b>	<a href="#">National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2016 QS</a> Health, Superseded 31/01/2017

## Collection and usage attributes

**Computation description:** Potentially avoidable general practitioner (GP)-type presentations are defined as presentations to public hospital emergency departments with a Type of visit of *Emergency presentation* where the patient:

- was allocated a Triage category of 4 (Semi-urgent: within 60 minutes) or 5 (Non-urgent: within 120 minutes) 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.

The scope for calculation of this indicator is all hospitals reporting to the Non-admitted patient emergency department care (NAPEDC) National Minimum Data Set (NMDS) 2014–15.

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.

Presented as a number.

**Computation:** Numerator only.

**Numerator:** Number of potentially avoidable GP-type presentations to emergency departments.

**Numerator data elements:**

**Data Element / Data Set**

[Establishment—organisation identifier \(Australian\), NNX\[X\]NNNNN](#)

**Data Source**

[National non-admitted patient emergency department care database](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2014-15](#)

**Guide for use**

Data source type: Administrative by-product data

Used to derive hospital peer group

**Data Element / Data Set**

[Emergency department stay—transport mode \(arrival\), code N](#)

**Data Source**

[National non-admitted patient emergency department care database](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2014-15](#)

**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 2014-15](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

[Emergency department stay—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 2014-15](#)

**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 2014-15](#)

**Guide for use**

Data source type: Administrative by-product data

**Disaggregation:**

Nationally by SEIFA IRSD deciles (not reported this cycle).

2013–14 (updated for new scope), 2014–15—State and territory.

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

- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS))
- SEIFA IRSD quintiles
- peer group and triage category.

Some disaggregations may result in numbers too small for publication.

**Disaggregation data elements:**

**Data Element / Data Set**

[Establishment—organisation identifier \(Australian\), NNX\[X\]NNNNN](#)

**Data Source**

[National non-admitted patient emergency department care database](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2014-15](#)

**Guide for use**

Data source type: Administrative by-product data

Used to derive hospital peer group

**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 2014-15](#)

**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**

[National non-admitted patient emergency department care database](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2014-15](#)

**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 2014-15](#)

**Guide for use**

Data source type: Administrative by-product data

**Comments:** Most recent data available for 2016 National Healthcare Agreement performance reporting: 2014–15.

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.

Note that previously the scope for the calculation of this indicator was limited to public hospitals in Peer groups A and B, using the peer group classification method as reported in *Australian hospital statistics 2010–11*, with the addition of emergency department activity at the Mersey Community Hospital.

## 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](#)  
**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.

## Relational attributes

**Related metadata references:**

Supersedes [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2015](#)

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

Has been superseded by [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2017](#)

- [Health](#), Superseded 30/01/2018

See also [National Healthcare Agreement: PI 12-Waiting times for GPs, 2016](#)

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

See also [National Healthcare Agreement: PI 21a-Waiting times for emergency hospital care: Proportion seen on time, 2016](#)

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

See also [National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2016](#)

- [Health](#), Superseded 04/08/2016