National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to



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National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2017

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, 2017

METEOR identifier: 630030

Registration status: Health, Superseded 30/01/2018

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 (2017)

Health, Superseded 30/01/2018

Outcome area: Primary and Community Health

Health, Standard 07/07/2010

Data quality statement: National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type

presentations to emergency departments, 2017 QS

Health, Standard 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) 2015–16.

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

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 2015-16

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 2015-16

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 2015-16

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 2015-16

Guide for use

Data source type: Administrative by-product data

Disaggregation:

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

2015–16—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 2015-16

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 2015-16

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 2015-16

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 2015-16

Guide for use

Data source type: Administrative by-product data

Comments: Most recent data available for 2017 National Healthcare Agreement performance

reporting: 2015-16.

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 for the 2015 and previous reports 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

Representational attributes

Representation class: Count Data type: Real Unit of measure: **Episode** Format: NN[NNNNN]

Indicator conceptual framework

Framework and

Accessibility

dimensions:

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

collection required:

Further data development / Specification: Substantial work required, the measure requires significant work to

be undertaken.

Relational attributes

Related metadata references:

Supersedes <u>National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2016</u>

Health, Superseded 31/01/2017

Has been superseded by National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2018

Health, Superseded 19/06/2019

See also National Healthcare Agreement: PI 12—Waiting times for GPs, 2017 Health, Superseded 30/01/2018

See also National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2017

Health, Superseded 30/01/2018

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, 2017

Health, Superseded 30/01/2018