National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2018

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, 2018
METEOR identifier:	658497
Registration status:	• Health, Superseded 19/06/2019
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Indicator set:	National Healthcare Agreement (2018) Health, Superseded 16/06/2019
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, 2018 QS Health, Standard 30/01/2018

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) 2016–17. 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 the 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 2016-17](#)

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 2016-17](#)

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 2016-17](#)

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 2016-17](#)

Guide for use

Data source type: Administrative by-product data

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

2016–17—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 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Used to derive hospital peer group

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 2016-17](#)

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 2016-17](#)

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 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Comments:
Most recent data available for 2018 National Healthcare Agreement performance reporting: 2016–17.

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 2016 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 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
	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

Reference documents:	Booz Allen Hamilton 2007. Key Drivers of Demand in the Emergency Department. Sydney: New South Wales Department of Health.

Relational attributes

Related metadata references:

See also National Healthcare Agreement: PI 12–Waiting times for GPs, 2018

- Health, Superseded 19/06/2019

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

- Health, Superseded 30/01/2018

Has been superseded by National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2019

- Health, Superseded 13/03/2020

See also National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: Proportion seen on time, 2018

- Health, Superseded 19/06/2019

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, 2018

- Health, Superseded 19/06/2019