

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

Identifying and definitional attributes

| | |
|----------------------|---|
| Metadata item type: | Quality Statement |
| METEOR identifier: | 681621 |
| Registration status: | <ul style="list-style-type: none">Health, Standard 30/01/2018 |

Relational attributes

| | |
|--|--|
| Indicators linked to this Quality statement: | National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2018 Health , Superseded 19/06/2019 |
|--|--|

Data quality

Quality statement summary:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals reporting to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD). It does not include emergency presentations to hospitals that have emergency departments that are not reported to the NNAPEDCD.
- For 2016–17, the coverage of the NNAPEDCD is considered complete for public hospitals with emergency departments that meet the criteria specified in the Non-admitted patient emergency department care (NAPEDC) National Minimum Data Set (NMDS) and the NAPEDC National Best Endeavours Data Set (NBEDS).
- Most emergency presentations to hospitals where the emergency department does not meet the definition of an emergency department as defined per the NAPEDC NMDS or NBEDS are not reported to the NNAPEDCD. For 2014–15 it was estimated that 88% of emergency presentations were reported in the NNAPEDCD.
-
- For 2015–16, Queensland provided data to the NNAPEDCD using the NAPEDC data set specification (DSS), while all other states and territories provided data to the NNAPEDCD using the NAPEDC NMDS specification. Therefore, Queensland data for 2015–16 may not be entirely comparable with data provided for other states and territories.
- The definition of potentially avoidable GP type presentations is an interim measure, based on data available in the NNAPEDCD. The AIHW is managing revision work for this indicator under the auspices of the Australian Health Ministers' Advisory Council.
- In previous reports, the scope of the data used to produce this indicator was non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or peer group B (*Large hospitals*). The scope of data provided for this indicator has changed, therefore data provided in this report are not directly comparable to data calculated in previous reporting periods.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the [Australian Institute of Health and Welfare Act 1987](#) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#) (Commonwealth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the [AIHW website](#). Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

</content/index.phtml/itemId/182135>

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Timeliness: The reference period for these data is 2016–17.

Accessibility: The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website include the *Emergency department care: Australian hospital statistics* series of reports with associated Excel tables. These products may be accessed on the AIHW website at: <http://www.aihw.gov.au/hospitals/>

Interpretability: Metadata information for the NAPEDC NMDS and the NAPEDC DSS/NBEDS are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at: </content/index.phtml/itemId/268110>

The data quality statement for the 2015–16 NNAPEDCD can be accessed on the AIHW website at: </content/index.phtml/itemId/659714>

Relevance:

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in public hospitals. For the years 2003–04 to 2012–13 inclusive, the scope of the NNAPEDCD was public hospitals classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*). Hospitals other than these could also supply data. In 2012–13, hospitals in peer groups A and B provided about 86% of all public hospital emergency presentations.

From 2013–14, the scope of the NNAPEDCD was patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

For 2015 and previous reporting periods, the indicator included only peer group A (*Principal referral and specialist women's and children's hospitals*) and peer group B (*Large hospitals*). For the 2016, 2017 and this 2018 reporting period, the scope of the indicator has been increased to all public hospitals reporting to the NAPEDC NMDS or the NAPEDC DSS or NBEDS. It is not possible to provide comparable data for the years prior to 2013–14. Any comparison of data over time should take into account changes in scope, coverage and administrative and reporting arrangements.

For 2013–14, 2014–15, 2015–16 and 2016–17, the coverage of the NNAPEDCD collection is considered complete for public hospitals with an emergency department meeting the criteria above. Most emergency presentations to hospitals where the emergency department does not meet the definition of an emergency department as defined above are not reported to the NNAPEDCD. For 2014–15 it was estimated that 88% of emergency presentations were reported in the NNAPEDCD.

The definition of potentially avoidable GP-type presentations is an interim measure, based on data available in the NNAPEDCD. The AIHW is managing revision work for this indicator under the auspices of the Australian Health Ministers' Advisory Council.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

Coherence:

The data reported for 2013–14, 2014–15, 2015–16 and 2016–17 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals. However, as discussed in the Relevance section above, the scope of the indicator has been increased to all public hospitals reporting to the NAPEDC NMDS or the NAPEDC DSS/NBEDS. It is not possible to provide comparable data for the years prior to 2013–14. Any comparison of data over time should take into account changes in scope, coverage and administrative and reporting arrangements.

For 2015–16, Queensland provided data to the NNAPEDCD using the NAPEDC DSS, while all other states and territories provided data to the NNAPEDCD using the NAPEDC NMDS specification. Therefore, Queensland data for 2015–16 may not be entirely comparable with data provided for other states and territories.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

The information presented for this indicator is calculated using the same methodology as data published in *Emergency department care: Australian hospital statistics* (report series).

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2017 QS](#)

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