

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2020

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National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2020

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, 2020 |
| METEOR identifier: | 716537 |
| Registration status: | Health , Standard 13/03/2020 |
| 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 (2020) Health , Standard 13/03/2020 |
| Outcome area: | Primary and Community Health Health , Standard 07/07/2010 |

Collection and usage attributes

| | |
|--------------------------|---|
| Computation description: | <p>Potentially avoidable general practitioner (GP)-type presentations are defined as presentations to public hospital emergency departments with a Type of visit of <i>Emergency presentation</i> where the patient:</p> <ul style="list-style-type: none">• 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. <p>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) 2018–19 and the NAPEDC National Best Endeavours Data Set (NBEDS) 2018–19.</p> <p>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.</p> <p>Presented as a number.</p> |
| 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 NBEDS 2018-19](#)

Guide for use

Data source type: Administrative by-product data

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 2018-19](#)

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

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NMDS / DSS

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Guide for use

Data source type: Administrative by-product data

Disaggregation:

2018–19—State and territory.

Nationally by 2016 SEIFA IRSD deciles (not reported this cycle).

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

- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) 2016)
- 2016 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 NBEDS 2018-19](#)

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA IRSD

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 2018-19](#)

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 NBEDS 2018-19](#)

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 2018-19](#)

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 \(ASGS 2016\) N\(9\)](#)

Data Source

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

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[Non-admitted patient emergency department care NBEDS 2018-19](#)

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA IRSD

Data Element / Data Set

[Person—area of usual residence, statistical area level 2 \(SA2\) code \(ASGS 2016\) N\(9\)](#)

Data Source

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

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[Non-admitted patient emergency department care NMDS 2018-19](#)

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](#)

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Data Element / Data Set

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Data source type: Administrative by-product data

Comments:

Most recent data available for 2020 National Healthcare Agreement performance reporting: 2018–19.

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](#)

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.](#) Viewed 21 November 2019.

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2019](#)
[Health](#), Superseded 13/03/2020

Has been superseded by [National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2021](#)
[Health](#), Standard 16/09/2020

See also [National Healthcare Agreement: PI 12–Waiting times for GPs, 2020](#)
[Health](#), Standard 13/03/2020

See also [National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: proportion seen on time, 2020](#)
[Health](#), Standard 13/03/2020

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, 2020](#)
[Health](#), Standard 13/03/2020