

# National Healthcare Agreement: PI 19– Selected potentially avoidable GP-type presentations to emergency departments, 2022

## 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, 2022
<b>METEOR identifier:</b>	740847
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 24/09/2021</li></ul>
<b>Description:</b>	Presentations 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 (2022)</a> <a href="#">Health</a> , Standard 24/09/2021
<b>Outcome area:</b>	<a href="#">Primary and Community Health</a> <a href="#">Health</a> , Standard 07/07/2010

## 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* with:

- a triage category of 4 (Semi-urgent: within 60 minutes) or 5 (Non-urgent: within 120 minutes), and
  - transport mode on arrival was not ambulance, or police or correctional vehicle
- and
- episode end status was not:
    - admitted to this hospital
    - referred to another hospital, or
    - died in emergency department.

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) 2020–21 and the NAPEDC National Best Endeavours Data Set (NBEDS) 2020–21.

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 2020–21](#)

**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 2020–21](#)

**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 2020–21](#)

**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 2020–21](#)

**Guide for use**

Data source type: Administrative by-product data

**Disaggregation:**

2020–21—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 NMDS 2020–21](#)

**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 2020–21](#)

**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](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2020–21](#)

**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 2020–21](#)

**Guide for use**

Data source type: Administrative by-product data

**Comments:** Most recent data available for 2022 National Healthcare Agreement performance reporting: 2020–21.

This definition of 'potentially avoidable GP-type presentation' is a refinement of the definition of a primary care patient in an emergency department, as discussed in the [Booz Allen Hamilton study of emergency department care in NSW](#).

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.

Data for the Albury Base Hospital in NSW are reported in Victorian hospital statistics.

## 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:** Australian Institute of Health and Welfare 2012. *Australian hospital statistics 2010–11*. Health Services Series No. 43. Cat. no. HSE 117. Canberra: AIHW. Viewed 28 May 2020, <https://www.aihw.gov.au/reports/hospitals/australian-hospital-statistics-2010-11/contents/table-of-contents>

Booz Allen Hamilton 2007. *Key Drivers of Demand in the Emergency Department*. Sydney: New South Wales Department of Health. Viewed 29 May 2020, [https://webarchive.nla.gov.au/awa/20080627063427/http://pandora.nla.gov.au/pan/86401/20080627-1631/www.health.nsw.gov.au/pubs/2007/pdf/booz\\_allen\\_report.pdf](https://webarchive.nla.gov.au/awa/20080627063427/http://pandora.nla.gov.au/pan/86401/20080627-1631/www.health.nsw.gov.au/pubs/2007/pdf/booz_allen_report.pdf)

## Relational attributes

### Related metadata references:

Supersedes [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, 2022](#)

- [Health](#), Standard 24/09/2021

See also [National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: proportion seen on time, 2022](#)

- [Health](#), Standard 24/09/2021

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, 2022](#)

- [Health](#), Standard 24/09/2021

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