

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

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

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, 2022
METEOR identifier:	740847
Registration status:	Health , Standard 24/09/2021
Description:	Presentations 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 (2022) Health , Standard 24/09/2021
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> with:</p> <ul style="list-style-type: none">• 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 <p>and</p> <ul style="list-style-type: none">• episode end status was not:<ul style="list-style-type: none">◦ admitted to this hospital◦ referred to another hospital, or◦ died in emergency department. <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) 2020–21 and the NAPEDC National Best Endeavours Data Set (NBEDS) 2020–21.</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:	<table border="1"><thead><tr><th>Data Element / Data Set</th></tr></thead><tbody><tr><td>Emergency department stay—transport mode (arrival), code N</td></tr><tr><td>Data Source</td></tr><tr><td>National non-admitted patient emergency department care database</td></tr><tr><td>NMDS / DSS</td></tr></tbody></table>	Data Element / Data Set	Emergency department stay—transport mode (arrival), code N	Data Source	National non-admitted patient emergency department care database	NMDS / DSS
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/par/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