The Australian Institute of Health and Welfare (AIHW) is a major national agency producing independent, relevant and reliable health and welfare information and statistics to support better decisions, leading to better health and wellbeing for Australians. The AIHW informs policy development and public discussion by producing reports, datasets and other products - adding to the evidence base that is critical to good policy making and effective service delivery.

We are committed to providing high quality, national data and analysis across the health, housing and community services sectors. This covers a wide range of areas, from health and welfare expenditure, hospitals, disease and injury, disability and mental health, to ageing, homelessness, and Indigenous health and welfare.

**Project:** The potential for diagnostic information to add value to the indicator: *Primary care type emergency department presentations*

**Internship Details:**
- Internship Availability: Winter, 2019 (Dates negotiable but must be between 24 June and 17 July)
- Internship Discipline: Epidemiology, biostatistics, health service research
- Internship Level: Masters by Coursework
- Available to International Students: No
- Preferred Project Skills:
  - Familiarity with medical terminology
- Clearances Required: Approval from AIHW’s Emergency Department Data custodian; Confidentiality forms to be signed; Police check required
- Host Supervisor: Dr Kerrin Bleicher (E: Kerrin.bleicher@aihw.gov.au; T: 02 9268 6009)
- Location: AIHW Sydney Office: Level 9, 1 Oxford Street, Darlinghurst, 2010 NSW. Students are responsible for organising and funding their own accommodation and travel.
- Successful students will be engaged as a contractor through Chandler Macleod and will be paid an hourly rate equivalent to an APS2.1. To facilitate this, successful students will be required to register with Chandler Macleod prior to commencing.

**Summary:**

*Value to the student*

This project will provide a high performing student with experience working with a large national data set, improving SAS skills, opportunity to add value to a national indicator.

**Background**

Performance indicators are a mechanism for measuring the quality of healthcare to facilitate both quality improvement and systems management. Indicators or health care performance aim to provide transparency and support improvements in accessibility, effectiveness, appropriateness and efficiency of health care.

Ensuring health care is available when people need it, and that they are treated in the setting most appropriate for their health complaint, is key to maintaining effective service use across the health system.

One key national indicator of healthcare access and effectiveness is ‘*Primary care type Emergency Department (ED) presentations*’. This is an indicator of ED presentations that could potentially have
been avoided through the provision of appropriate non-hospital services in the community. The indicator is included in three national performance and accountability frameworks.

However, the indicator as currently defined presents a number of challenges and cannot robustly be interpreted as identifying avoidable ED presentations because it is based on urgency (triage) categories and does not consider the patient’s condition or the appropriate model of care for these presentations. In the recent years, the national emergency department dataset has added a diagnosis variable. This provides an opportunity to develop a more nuanced understanding of the type of conditions included in each triage category and develop a more useful measure to support local health care organisations prevent avoidable ED presentations.

**Purpose**

The purpose of this project is to evaluate the quality of the new emergency department diagnostic variable and identify potential categories that could improve the interpretation and actionability of the indicator, *Primary care type Emergency Department presentations*.

Approximate timeframe:

1. Develop a Project plan with timelines (.5 of a day)
2. Conduct a Lit. review (scan) of studies which have evaluated the association between diagnoses and primary care type ED presentations (2 days)
3. Develop an analysis and data output plan (1 day)
4. Analyse ED data to assess the quality and completeness of the diagnosis variable (5 days)
5. Present an internal written report (5 days)