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AIHW national Key Performance Indicators (nKPI) data collection

User guide
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1 About the national Key Performance Indicators (nKPIs)

The national Key Performance Indicators (nKPIs) are a set of selected process-of-care and health-status measures reported by Aboriginal and Torres Strait Islander (First Nations) specific primary health care organisations and maternal/child health programs funded by the Australian Government under its Indigenous Australians' Health Programme (IAHP). The indicators are based on best practice/clinical guidelines in 3 areas which are important for the health of Aboriginal and Torres Strait Islander (First Nations) people:

- maternal and child health
- preventative health
- chronic disease management.

> **What are process-of-care and health-status measures?**
>
> In the nKPIs, **process-of-care indicators** focus on the extent to which eligible clients have received a particular test or screening, or have specific information recorded in their records.
>
> **Health-status indicators** reflect the prevalence of specific health conditions or health behaviours among the clients of an organisation. Health status is affected by many factors, and should not be seen as the direct result of the process-of-care indicators.

The primary purpose of the nKPIs is to provide reporting organisations with data they can use for continuous quality improvement (CQI). The data are also used at a national level to support policy, planning and progress (for example to consider progress against the Council of Australian Governments (COAG) Closing the Gap targets, and support the national health goals set out in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023).

Reporting organisations provide data twice a year, with census dates of 30 June and 31 December. The data are drawn out of existing clinical information systems (CIS) and submitted through the Health Data Portal (the Portal). Organisations can submit their nKPI data through the Portal from the day after the census dates: that is, from 1 July and 1 January, respectively.

> **What is the Health Data Portal?**
>
> The Health Data Portal is an online platform that reporting organisations can use to submit their nKPI data. Organisations also have access to the data they submit via reports available in the Portal.
>
> For general assistance using the Portal, please see User Help – Health Data Portal, and for assistance with Indigenous Health Data Reporting in the Health Data Portal, please see User Help – Indigenous Health Data Reporting.

2   What data to report

For each indicator in the nKPIs, this section outlines what the indicator is, what the numerators and denominators are, what data should be entered in the Portal, and some points to consider when checking your data. More information on how to check your data is provided in Section 3.

> **What is a numerator and a denominator?**
>
> The nKPIs are expressed as a proportion, that is, one number (a numerator) divided by another number (a denominator).
>
> What you are asked to enter into the Portal for each indicator are counts (numbers) for both the numerator and denominator. The AIHW then uses those counts to calculate a proportion by dividing the numerator by the denominator.

The nKPIs collect data for First Nations regular clients for the relevant period up to the census date, with the exception of PI01 and PI02, which only contain data for babies. The relevant period can vary, depending on the indicator. For example, for the December 2023 collection, different indicators require data for the:

- 6 months up to the census date, that is, from 1 July 2023–31 December 2023
- 12 months up to the census date, that is, from 1 January 2023–31 December 2023
- 24 months up to the census date, that is, from 1 January 2022–31 December 2023
- 5 years up to the census date, that is, from 1 January 2019–31 December 2023.

> **Who is a regular client?**
>
> A regular client is someone who has visited your organisation 3 or more times in the past 2 years. Deceased clients are excluded. This definition is used in all of the indicators except for PI01: Birthweight recorded and PI02: Birthweight result, which collect information on babies who visited your organisation more than once.

Some indicators are broken down (disaggregated) by things like sex and age group. In such cases, you will need to enter data for each breakdown separately. For example, if an indicator is reported for males and females, and for age groups 0–4 and 5–14, then 4 values need to be entered, that is:

- females aged 0–4
- males aged 0–4
- females aged 5–14
- males aged 5–14.

> **How is age measured?**
>
> Age for First Nations regular clients and babies is measured as at the census date.

If your organisation's First Nations regular clients had tests or measurements elsewhere, but you have the results for those clients in your records, you should count those clients in your data.

Key change to reporting for December 2023

PI25 (sexually transmissible infections): this indicator will continue to be pilot tested for the December 2023 collection. Data from the pilot will not be publicly reported but will be available for services in Qlik reports. If you wish to opt-out, please send the request to indigenousreporting@health.gov.au.

Note: in order to improve data quality, please provide a comment if your PI25 numerator is zero.

PI21 (CVD risk assessment results): data will still be collected for this indicator, however, public reporting has been suspended while the indicator specifications and CIS calculators are updated to reflect revised guidelines.

PI01: **Birthweight recorded** and

PI02: **Birthweight result**

Description

PI01: Proportion of First Nations babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight was recorded.

PI02: Proportion of First Nations babies born in the 12 months up to the census date who attended the organisation more than once and whose birthweight result was:

- low (less than 2,500 grams)
- normal (2,500 grams but less than 4,500 grams)
- high (4,500 grams or more).

> **Does a baby need to be a regular client?**
>
> No, a baby does not need to be a regular client to be counted in this indicator, as long as he/she has visited more than once and has a file at your organisation.

What does this mean?

These indicators are calculated by the AIHW from the data you report as:

PI01:

$$\frac{\text{Number of First Nations babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight was recorded}}{\text{Number of First Nations babies born in the 12 months up to the census date who attended the organisation more than once and had a medical record at the organisation}} \quad \begin{array}{l}\text{Numerator} \\[1.5em] \text{Denominator}\end{array}$$

PI02:

$$\frac{\text{Number of First Nations babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight result was within specified categories}}{\text{Number of First Nations babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight was recorded}} \quad \begin{array}{l}\text{Numerator} \\[1.5em] \text{Denominator}\end{array}$$

Data to be reported

PI02 is reported (disaggregated) by birthweight result. This means that you need to report the following counts:

	PI02 Numerator			PI01 Numerator and PI02 Denominator	PI01 Denominator
	Low (less than 2,500 grams)	Normal (2,500 grams or more–less than 4,500 grams)	High (4,500 grams or more)	With birth weight recorded	First Nations babies
First Nations babies	✓	✓	✓	✓	✓

Do include

PI01 and PI02

- Count attendance using the baby's client record only. Exclude babies who only attended before birth as part of the mother's antenatal care.
- The birthweight is to be sourced from the baby's client record where available. Where the birthweight is not recorded in the baby's client record, the mother's record may be used as a source of birth details. The weight recorded must be the baby's weight at birth.

PI01

- Only live births.
- In the numerator, all babies born in the 12 months up to the census date who visited your organisation more than once, and who have their birthweight recorded in a file at your organisation. The birthweight may have been recorded during an appointment or received from sharing client data with other organisations, such as a hospital.
- In the denominator, all babies with a record at your organisation who were born in the 12 months up to the census date who visited your organisation more than once. They are counted even if they only visited for acute care and regardless of whether their carers provided the baby's birthweight.
- Multiple births are included in the numerator and denominator.

PI02

- In the denominator, all babies born in the 12 months up to the census date who visited your organisation more than once and who have their birthweight recorded in a file at your organisation.
- Multiple births are included in both the numerator and denominator.

Do not include

PI01 and PI02

- Babies who were stillborn.
- Babies who only attended before birth as part of the mother's antenatal care.

PI02

- Babies with unknown birthweight.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

PI02

- Please note that the number of babies in each weight category should add up to the number of babies 'With birth weight recorded'.

PI03: Health check

Description

Proportion of First Nations regular clients with a current completed Aboriginal and Torres Strait Islander Peoples Health Assessment (health check), consisting of:

- Proportion of First Nations regular clients aged **0–14** with a current completed health check (In-person MBS items: 715, 228; Telehealth MBS items: 92004, 92011) completed in the **12 months** up to the census date.

AND

- Proportion of First Nations regular clients aged **15 and over** with a current completed health check (In-person MBS items: 715, 228; or Telehealth MBS items: 92004, 92011) completed in the **24 months** up to the census date.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Ages 0–14: $$\frac{\text{Number of First Nations regular clients who had a health check completed in the 12 months up to the census date}}{\text{Number of First Nations regular clients}} \quad \frac{\text{Numerator}}{\text{Denominator}}$$

Ages 15 and over: $$\frac{\text{Number of First Nations regular clients who had a health check completed in the 24 months up to the census date}}{\text{Number of First Nations regular clients}} \quad \frac{\text{Numerator}}{\text{Denominator}}$$

Data to be reported

This indicator covers different time periods up to the census date for ages 0–14 and ages 15 and over. It is also reported (disaggregated) by sex, age group and health check type.

This means that, for **ages 0–14**, you need to report the following counts for **males** and **females** separately:

| Age group (years) | PI03 Numerator | | PI03 Denominator |
	In-person MBS items (715 or 228)	**Telehealth MBS items (92004 or 92011)**	**First Nations regular clients**
0–4	✓	✓	✓
5–14	✓	✓	✓

And, for **ages 15 and over**, you need to report the following counts for **males** and **females** separately:

| Age group (years) | PI03 Numerator | | PI03 Denominator |
	In-person (MBS items 715 or 228)	Telehealth MBS items (92004 or 92011)	First Nations regular clients
15–24	✓	✓	✓
25–34	✓	✓	✓
35–44	✓	✓	✓
45–54	✓	✓	✓
55–64	✓	✓	✓
65 and over	✓	✓	✓

Do include

- A note in the submission comments if your organisation does not claim included MBS items but provides an equivalent level of care, such as a comprehensive health check that cannot be claimed through the MBS.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

- The denominators for PI03 (aged 5 and over) by age group and sex should be equal to the denominators for PI09, PI14 and PI16 by age group and sex (for the corresponding age groups).

- The number of clients that are included in the denominator of indicator PI03 should be equal to the number of total First Nations regular clients with age and sex recorded. If your service is a maternal and child health organisation, the denominator of PI03 may be smaller than the number of clients with age and sex known. The denominator of PI03 may be smaller than the number of clients with age and sex known if there are clients with gender recorded as 'Other'.

PI04: Fully immunised children

PI04 is not collected and will not be visible in the Health Data Portal.

PI05: HbA1c recorded (type 2 diabetes) and

PI06: HbA1c result (type 2 diabetes)

Description

PI05: Proportion of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded, consisting of:

- Proportion of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded in the **6 months** up to the census date.

    AND

- Proportion of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded in the **12 months** up to the census date.

PI06: Proportion of First Nations regular clients with type 2 diabetes whose HbA1c measurement result was within a specified level, consisting of:

- Proportion of First Nations regular clients with type 2 diabetes whose HbA1c measurement result was within a specified level in the **6 months** up to the census date.

    AND

- Proportion of First Nations regular clients who have type 2 diabetes whose HbA1c measurement result was within a specified level in the **12 months** up to the census date.

> **What is HbA1c?**
>
> HbA1c (hemoglobin A1c or glycated haemoglobin) measures blood glucose levels over time. It is used as the best marker of long-term diabetes control.
>
> The HbA1c measurement result ranges used in this indicator are:
>
> - less than or equal to 7% (less than or equal to 53 mmol/mol)
>
> - greater than 7% but less than or equal to 8% (greater than 53 mmol/mol but less than or equal to 64 mmol/mol)
>
> - greater than 8% but less than 10% (greater than 64 mmol/mol but less than 86 mmol/mol)
>
> - greater than or equal to 10% (greater than or equal to 86 mmol/mol).

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

PI05:

$$\frac{\text{Number of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded in the:}}{\text{Number of First Nations regular clients with type 2 diabetes}} = \frac{\text{Numerator}}{\text{Denominator}}$$

- 6 months up to the census date
- 12 months up to the census date

PI06:

$$\frac{\text{Number of First Nations regular clients with type 2 diabetes who had a specified HbA1c measurement result in the:}}{\text{Number of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded in the:}} = \frac{\text{Numerator}}{\text{Denominator}}$$

- 6 months up to the census date
- 12 months up to the census date

(Numerator)
- 6 months up to the census date
- 12 months up to the census date

(Denominator)

Data to be reported

PI05 and PI06 are reported separately for the 6 months and 12 months up to the census date. PI05 is also reported (disaggregated) by sex and age group; and PI06 is also reported (disaggregated) by sex, age group, and HbA1c measurement result.

This means that you need to report the following counts for the **6 months** up to the census date **AND** for the **12 months** up to the census date separately, and for **males** and **females** separately:

Age group (years)	PI06 Numerators				PI05 Numerator and PI06 Denominator	PI05 Denominator
	With a specified HbA1c measurement result					
	Less than or equal to 7%	Greater than 7%–less than or equal to 8%	Greater than 8%–less than 10%	Greater than or equal to 10%	With HbA1c measurement result	With type 2 diabetes
0–4	✓	✓	✓	✓	✓	✓
5–14	✓	✓	✓	✓	✓	✓
15–24	✓	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓	✓

Do include

PI06

- Only the most recently recorded result from an HbA1c test. This means that if a First Nations regular client has had several tests, include only the result from the most recent test.

Do not include

- First Nations regular clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

PI05

Denominator

- The number of First Nations regular clients aged '0–4' is likely to be zero.
- The denominators by age group and sex for PI05 6 months and 12 months should be equal to the denominators for PI07, PI18 (type 2 diabetes) and PI23.
- The total number of First Nations regular clients with type 2 diabetes should be equal for both the 6 months up to the census date and the 12 months up to the census date.

Numerator

- The numerators by age group and sex for PI05 6 months, should be less than or equal to the corresponding numerators by age group and sex for PI05 12 months.

PI06

Denominator

- The number of First Nations regular clients aged '0–4' is likely to be zero.
- The denominator components for each HbA1c measurement result by age group and sex for 6 months should be less than or equal to the denominator components for each HbA1c measurement result by age group and sex for 12 months.

Numerator

- Each HbA1c measurement result by age group and sex for PI06 6 months (numerator) should be less than or equal to the corresponding HbA1c measurement result by age group and sex for PI06 12 months (numerator).

PI07: Chronic disease management plan (type 2 diabetes)

Description

Proportion of First Nations regular clients with a chronic disease (type 2 diabetes) for whom a chronic disease management plan (In-person MBS items: 721, 229; Telehealth MBS items: 92024, 92055) was prepared in the 24 months up to the census date.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

$$\frac{\text{Number of First Nations regular clients with type 2 diabetes for whom an included chronic disease management plan was prepared in the 24 months up to the census date}}{\text{Number of First Nations regular clients with type 2 diabetes}} \quad \begin{array}{c} \text{Numerator} \\ \\ \text{Denominator} \end{array}$$

Data to be reported

This indicator is reported (disaggregated) by sex, age group and type of chronic disease management plan.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI07 Numerator		PI07 Denominator
	In-person MBS items (721 or 229)	**Telehealth MBS items (92024 or 92055)**	**With type 2 diabetes**
0–4	✓	✓	✓
5–14	✓	✓	✓
15–24	✓	✓	✓
25–34	✓	✓	✓
35–44	✓	✓	✓
45–54	✓	✓	✓
55–64	✓	✓	✓
65 and over	✓	✓	✓

Do include

- A note in the submission comments if your organisation does not claim included MBS items but provides an equivalent level of care, such as a comprehensive management plan that cannot be claimed through the MBS.

Do not include

- First Nations regular clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

- Do not include patients who have only had a GP Management Plan review (MBS Item 732, 233, 92028, 92059) in the recording period.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

- The number of First Nations regular clients aged '0–4' is likely to be zero.

- The denominators by age group and sex for PI07 should be equal to the denominators by age group and sex for PI05 6 months and 12 months, (type 2 diabetes) and PI23 (for the corresponding age groups).

PI08: Team Care Arrangement (type 2 diabetes)

PI08 is not collected and will not be visible in the Health Data Portal.

PI09: Smoking status recorded and

PI10: Smoking status result

Description

PI09: Proportion of First Nations regular clients aged 11 and over whose smoking status was recorded in the 24 months up to the census date.

PI10: Proportion of First Nations regular clients aged 11 and over whose smoking status recorded in the 24 months up to the census date was:

- current smoker
- ex-smoker
- never smoked.

What does this mean?

These indicators are calculated by the AIHW from the data you report as:

PI09:

$$\frac{\text{Number of First Nations regular clients aged 11 and over who had their smoking status recorded in the 24 months up to the census date}}{\text{Number of First Nations regular clients aged 11 and over}} \quad \frac{\text{Numerator}}{\text{Denominator}}$$

PI10:

$$\frac{\text{Number of First Nations regular clients aged 11 and over who had a specified smoking status result in the 24 months up to the census date}}{\text{Number of First Nations regular clients aged 11 and over who had their smoking status recorded in the 24 months up to the census date}} \quad \frac{\text{Numerator}}{\text{Denominator}}$$

Data to be reported

PI09 is reported (disaggregated) by sex and age group; and PI10 is reported (disaggregated) by sex, age group and smoking status result.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI10 Numerator			PI09 Numerator and PI10 Denominator	PI09 Denominator
	Current smoker	Ex-smoker	Never smoked	With smoking status recorded	First Nations regular clients
11–14	✓	✓	✓	✓	✓
15–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

Do include

PI09 and PI10

- Where a First Nations regular client's tobacco smoking status does not have an assessment date assigned in the CIS, smoking status as recorded in the CIS should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

PI10

- For 'current smoker' – add together 'daily smoker', 'weekly smoker' and 'irregular smoker'.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

PI09

- The denominators for PI09 by age group and sex should be equal to the denominators for PI03, PI14 and PI16 by age group and sex (for the corresponding age groups).

PI10

- For each age group and sex:
  - the sum of the numerator components by age group and sex should be equal to the denominators by age group and sex
  - the number in the numerator for PI11 should be less than or equal to the number in the numerator for PI10.
- For female clients only, the sum of those aged 11 and over should be greater than or equal to the numerator components of PI11 by age group (sum of aged 'less than 20', '20–34' and '35 and over').

PI11: Smoking during pregnancy

Description

Proportion of female First Nations regular clients who gave birth in the 12 months up to the census date whose smoking status result recorded during pregnancy was:

- current smoker
- ex-smoker
- never smoked.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of female First Nations regular clients who gave birth in the 12 months up to the census date who had a specified smoking status result recorded during pregnancy	Numerator
Number of female First Nations regular clients who gave birth in the 12 months up to the census date who had their smoking status recorded during pregnancy	Denominator

Data to be reported

This indicator is reported (disaggregated) by age group and smoking status result.

This means that you need to report the following counts for **females** only:

| Age group (years) | PI11 Numerator | | | PI11 Denominator |
	Current smoker	Ex-smoker	Never smoked	With smoking status recorded who gave birth
Less than 20	✓	✓	✓	✓
20–34	✓	✓	✓	✓
35 and over	✓	✓	✓	✓

Do include

- Live births and stillbirths if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.
- For 'current smoker' – add together 'daily smoker', 'weekly smoker' and 'irregular smoker'.
- Include only the most recent smoking status recorded prior to the completion of the latest pregnancy. Where a First Nations regular client's tobacco smoking status does not have an assessment date assigned in the CIS, smoking status should not be counted.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

- The denominator components for PI11 by age group (aged 'less than 20', '20–34', and '35 and over') should be less than or equal to the denominators for PI13 for females aged 'less than 20', '20–34', and '35 and over'.

- The numerator components for PI11 by age group (aged 'less than 20', '20–34', and '35 and over') should be less than or equal to the sum of the numerator components of PI10 for age groups '15–24', '25–34', '35–44', '45–54', '55–64' and '65 and over'.

PI12:   Body mass index (BMI)

Description

Proportion of First Nations regular clients aged 18 and over who had their body mass index (BMI) classified as **underweight, normal weight, overweight, obese** and **not calculated** in the 24 months up to the census date.

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What is BMI?

Body mass index (BMI) is a measure of an adult's weight (body mass) relative to height. It's calculated using the weight in kilograms divided by the square of the height in metres. It is used to assess whether someone is overweight or underweight, and by how much.

The BMI ranges used in this indicator are:

- underweight (BMI less than 18.50)

- normal weight (BMI greater than or equal to 18.50 but less than or equal to 24.99)

- overweight (BMI greater than or equal to 25.00 but less than or equal to 29.99)

- obese (BMI greater than or equal to 30)

- not calculated.

</div>

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of First Nations regular clients aged 18 and over who had a specified BMI classification recorded in the 24 months up to the census date	Numerator
Number of First Nations regular clients aged 18 and over	Denominator

Data to be reported

This indicator is reported (disaggregated) by sex, age group and BMI result. This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI12 Numerator					PI12 Denominator
	Underweight (<18.50)	Normal weight (18.50–24.99)	Overweight (25.00–29.99)	Obese (≥30)	Not calculated	First Nations regular clients
18–24	✓	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓	✓

Do include

- Only the most recently recorded BMI measurement. This means that if the client had their BMI recorded more than once within the previous 24 months, include only the most recently recorded result.

- Only include clients with both height and weight recorded whose BMI was classified using a height measurement taken since the client turned 18 years old and a weight measurement taken within the previous 24 months. The 'not calculated' category includes clients with neither height nor weight recorded, as well as those with invalid height and/or weight recorded.

- A note in the submission comments if BMI is substantially more likely to be recorded for certain groups of clients than others, such as those with diabetes.

- A note in the submission comments if BMI is more likely to be recorded if a client looks underweight, overweight or obese (this could result in the apparent proportion of underweight, overweight or obese clients being higher than it actually is).

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

- The denominators by age group and sex for PI12 should be equal to the corresponding denominators by age group and sex for PI03, PI14, PI09 and PI16. The PI12 denominator for those aged 18–24 should be less than or equal to the denominator for those aged 15–24 for PI03, PI09, PI14 or PI16.

PI13: First antenatal care visit

Description

Proportion of female First Nations regular clients who gave birth in the 12 months up to the census date who:

- had gestational age of less than 11 weeks recorded at their first antenatal care visit
- had gestational age of 11–13 weeks recorded at their first antenatal care visit
- had gestational age of 14–19 weeks recorded at their first antenatal care visit
- had gestational age of 20 weeks or later recorded at their first antenatal care visit
- did not have gestational age recorded at their first antenatal care visit
- did not attend an antenatal care visit.

What is an antenatal care visit?

An antenatal care visit is when a pregnant woman visits a midwife or doctor to look after their own health and wellbeing, and that of their baby, before the baby is born. They can just ask for advice or have a check-up or other tests related to their pregnancy. An antenatal visit can happen any time up to labour.

The first antenatal visit is when the initial antenatal check-ups are done; for example, to confirm pregnancy, establish history and conduct blood tests.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

$$\frac{\text{Number of female First Nations regular clients who gave birth in the 12 months up to the census date and who had a specified gestational age recorded at their first antenatal care visit}}{\text{Number of female First Nations regular clients who gave birth in the 12 months up to the census date}} \quad \begin{array}{l}\text{Numerator}\\[2em]\text{Denominator}\end{array}$$

Data to be reported

This indicator is reported (disaggregated) by age group and gestational age group.

This means that you need to report the following counts for **females** only:

Age group (years)	PI13 Numerator						PI13 Denominator
	Less than 11 weeks	**11–13 weeks**	**14–19 weeks**	**20 weeks or later**	**No result recorded**	**Did not attend an antenatal care visit**	**Female First Nations regular clients who gave birth**
Less than 20	✓	✓	✓	✓	✓	✓	✓
20–34	✓	✓	✓	✓	✓	✓	✓
35 and over	✓	✓	✓	✓	✓	✓	✓

Do include

- Live births and stillbirths if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- The sum of the numerator components by age group should be equal to the denominator by age group.
- The denominators for PI13 for age groups 'less than 20', '20–34', and '35 and over' should be greater than or equal to the denominators for PI11 by age group.

- The sum of the denominators for those aged 'less than 20' and '20–34' for PI13 should be less than the sum of the denominators for females aged '15–24' and '25–34', for PI03, PI09, PI14 and PI16.
- The denominator for those aged '35 and over' for PI13 should be less than the sum of the denominators for females aged '35–44' and '45–54' for PI03, PI09, PI14 and PI16.

PI14: Influenza immunisation (aged 6 months and over)

Description

Proportion of First Nations regular clients aged 6 months and over who were immunised against influenza in the 12 months up to the census date.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of First Nations regular clients aged 6 months and over who were immunised against influenza in the 12 months up to the census date	Numerator
Number of First Nations regular clients aged 6 months and over	Denominator

Data to be reported

This indicator is reported (disaggregated) by sex and age group.

This means that you need to report the following counts for **males** and **females** separately:

Age group	PI14 Numerator	PI14 Denominator
	Who had an influenza vaccination	First Nations regular clients
6 months–4 years	✓	✓
5–14 years	✓	✓
15–24 years	✓	✓
25–34 years	✓	✓
35–44 years	✓	✓
45–54 years	✓	✓
55–64 years	✓	✓
65 years and over	✓	✓

Do not include

- First Nations regular clients in the numerator if they have not been vaccinated, regardless of the reason.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- The denominator for PI14 should be equal to the denominator in PI03, PI09 and PI16 (for the corresponding age groups). The denominator for PI14 aged '6 months to 4 years' should be less than or equal to the denominator in PI03 aged '0–4 years'.

PI15: Influenza immunisation (type 2 diabetes or COPD)

PI15 is not collected and will not be visible in the Health Data Portal.

PI16: Alcohol consumption recorded

Description

Proportion of First Nations regular clients aged 15 and over whose alcohol consumption status was recorded in the 24 months up to the census date.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

$$\frac{\text{Number of First Nations regular clients aged 15 and over whose alcohol consumption status was recorded in the 24 months up to the census date}}{\text{Number of First Nations regular clients aged 15 and over}} \quad \begin{array}{c} \text{Numerator} \\ \\ \text{Denominator} \end{array}$$

Data to be reported

This indicator is reported (disaggregated) by sex and age group.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI16 Numerator	PI16 Denominator
	With alcohol consumption recorded	**First Nations regular clients**
15–24	✓	✓
25–34	✓	✓
35–44	✓	✓
45–54	✓	✓
55–64	✓	✓
65 and over	✓	✓

Do include

- Any record of alcohol consumption. This could include a record of:
  - whether the First Nations regular client consumes alcohol
  - the amount and frequency of the First Nations regular client's alcohol consumption
  - the results of tests such as the AUDIT or AUDIT-C.
- Where a First Nations regular client's alcohol consumption status does not have an assessment date assigned in the CIS, alcohol consumption status as recorded in the CIS should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

For each age group and sex:

- the denominators for PI16 by age group and sex should be equal to the denominators for PI03, PI09 and PI14 by age group and sex (for the corresponding age groups).

PI17: AUDIT-C result recorded

PI17 is not collected and will not be visible in the Health Data Portal.

PI18: Kidney function test recorded (type 2 diabetes and/or CVD)

Description

Proportion of First Nations regular clients aged 18 and over with **type 2 diabetes** and/or **cardiovascular disease (CVD)** who had a kidney function test recorded in the 12 months up to the census date, consisting of:

- only an estimated glomerular filtration rate (eGFR); or
- only an albumin/creatinine ratio (ACR); or
- both an eGFR and an ACR; or
- neither an eGFR nor an ACR test result recorded.

> **What are ACR and eGFR?**
>
> Albumin/creatinine ratio (ACR) is a measure of kidney (renal) function. It measures the level of albumin in the urine.
>
> Estimated glomerular filtration rate (eGFR) is a measure of how well the kidneys filter wastes from the blood. The eGFR is the best measure of kidney function.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of First Nations regular clients with **type 2 diabetes** who had a specified kidney function test result recorded in the 12 months up to the census date	Numerator
Number of First Nations regular clients with **type 2 diabetes**	Denominator

Number of First Nations regular clients with **CVD** who had a specified kidney function test result recorded in the 12 months up to the census date	Numerator
Number of First Nations regular clients with **CVD**	Denominator

Number of First Nations regular clients with **type 2 diabetes and/or CVD** who had a specified kidney function test result recorded in the 12 months up to the census date	Numerator
Number of First Nations regular clients with **type 2 diabetes and/or CVD**	Denominator

Data to be reported

This indicator is reported for those with **type 2 diabetes**, **CVD** and **type 2 diabetes and/or CVD**. It is also reported (disaggregated) by sex, age group and kidney function test type.

This means that for those with **type 2 diabetes**, you need to report the following counts for **males** and **females** separately:

Age group (years)	PI18 Numerator				PI18 Denominator
	eGFR only	ACR only	Both an eGFR and an ACR	Neither an eGFR nor an ACR	With type 2 diabetes
18–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

For those with **CVD**, you need to report the following counts for **males** and **females** separately:

Age group (years)	PI18 Numerator				PI18 Denominator
	eGFR only	ACR only	Both an eGFR and an ACR	Neither an eGFR nor an ACR	With CVD
18–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

And for those with **type 2 diabetes and/or CVD**, you need to report the following counts for **males** and **females** separately:

Age group (years)	PI18 Numerator				PI18 Denominator
	eGFR only	ACR only	Both an eGFR and an ACR	Neither an eGFR nor an ACR	With type 2 diabetes and/or CVD
18–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

'**Type 2 diabetes and/or CVD**' includes clients with:

- type 2 diabetes only
- CVD only
- type 2 diabetes and CVD.

Count clients with either or both of these conditions once only. For example, count a client with both type 2 diabetes and CVD once, not twice.

Do include

- Results from all relevant pathology tests. If your organisation does not have a good system for adding pathology results to client records, you will need to make sure they have been included in the correct field.
- In the 'type 2 diabetes and/or CVD' category, count clients with either or both of these conditions once only. For example, count a client with both type 2 diabetes and CVD once, not twice.

Do not include

- First Nations regular clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

For type 2 diabetes clients:

- the denominators by age group and sex for PI18 type 2 diabetes should be equal to the denominators by age group and sex for PI05 6 months and 12 months, PI07 and PI23. The PI18 denominator for those aged 18–24 should be equal to or less than the denominators for those aged 15–24 for PI05, PI07 and PI23.

For CVD clients:

- the denominators for PI20 by age group and sex should be equal to the denominators for PI03, PI09 and PI16 by age group and sex, minus the denominator for PI18 CVD by age group and sex, for clients aged 35–64.

- the denominators for PI20 by age group and sex should be less than or equal to the denominators for PI03, PI09 and PI16 by age group and sex, minus the denominator for PI18 CVD by age group and sex, for clients aged 65 and over.

- the denominator by age group and sex for PI18 – CVD should generally be less than the denominators by age group and sex for PI18 – type 2 diabetes. This issue is only relevant with populations where all age and sex groups are affected, and the client numbers are not small.

PI19: Kidney function result (type 2 diabetes or CVD)

Description

Proportion of First Nations regular clients with **type 2 diabetes** and/or **cardiovascular disease (CVD)** who had both an estimated glomerular filtration rate (eGFR) **AND** an albumin/creatinine ratio (ACR) result recorded in the 12 months up to the census date, categorised as:

- normal risk
- low risk
- moderate risk
- high risk.

Kidney function test – **risk results categories**

Clients must have both a valid eGFR **AND** a valid ACR test result recorded to be categorised as normal/low/moderate/high risk. The risk category ranges used in this indicator are:

Risk category	Male		Female	
	eGFR (mL/min/1.73m²)	ACR (mg/mmol)	eGFR (mL/min/1.73m²)	ACR (mg/mmol)
Normal risk	≥60	<2.5	≥60	<3.5
Low risk	≥45 and <60	<2.5	≥45 and <60	<3.5
	≥60	≥2.5 and ≤25	≥60	≥3.5 and ≤ 35
Moderate risk	≥45 and <60	≥2.5 and ≤25	≥45 and <60	≥3.5 and ≤35
	≥30 and <45	≤25	≥30 and <45	≤35
High risk	≥30	>25	≥30	>35
	<30	any result	<30	any result

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

$$\frac{\text{Number of First Nations regular clients with \textbf{type 2 diabetes} who had a specified kidney function test result recorded in the 12 months up to the census date}}{\text{Number of First Nations regular clients \textbf{with type 2 diabetes} who had both an eGFR \textbf{AND} an ACR result recorded in the 12 months up to the census date}}$$

Number of First Nations regular clients with **type 2 diabetes** who had a specified kidney function test result recorded in the 12 months up to the census date	Numerator
Number of First Nations regular clients **with type 2 diabetes** who had both an eGFR **AND** an ACR result recorded in the 12 months up to the census date	Denominator
Number of First Nations regular clients with **CVD** who had a specified kidney function test result recorded in the 12 months up to the census date	Numerator
Number of First Nations regular clients with **CVD** who had both an eGFR **AND** an ACR result recorded in the 12 months up to the census date	Denominator
Number of First Nations regular clients with **type 2 diabetes and/or CVD** who had a specified kidney function test result recorded in the 12 months up to the census date	Numerator
Number of First Nations regular clients with **type 2 diabetes and/or CVD** who had both an eGFR **AND** an ACR result recorded in the 12 months up to the census date	Denominator

Data to be reported

This indicator is reported separately for those with **type 2 diabetes**, **CVD** and **type 2 diabetes and/or CVD**. It is also reported (disaggregated) by sex, age group and risk result category.

This means that for those with **type 2 diabetes**, **CVD** and **type 2 diabetes and/or CVD** separately, and for **males** and **females** separately, you need to report the following counts:

For those with **type 2 diabetes**

Age group (years)	PI19 Numerator				PI19 Denominator
	Normal risk	Low risk	Moderate risk	High risk	With type 2 diabetes who had both an eGFR AND an ACR result recorded
18–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

For those with **CVD**

Age group (years)	PI19 Numerator				PI19 Denominator
	Normal risk	Low risk	Moderate risk	High risk	With CVD who had both an eGFR AND an ACR result recorded
18–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

For those with **type 2 diabetes and/or CVD**

Age group (years)	PI19 Numerator				PI19 Denominator
	Normal risk	Low risk	Moderate risk	High risk	With type 2 diabetes and/or CVD who had both an eGFR AND an ACR result recorded
18–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

Do include

- Count is of people, not tests.
- Clients must have both a valid eGFR AND a valid ACR test result recorded to be categorised as normal/low/moderate/high risk.
- Consider only the most recent eGFR and ACR tests. This means that if a client has had several tests, include only the results from the most recent tests.
- Results from all relevant pathology tests. If your organisation does not have a good system for adding pathology results to client records, you will need to make sure they have been included in the correct field.

Do not include

- Clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- For clients with type 2 diabetes

  The numerator category for PI18 type 2 diabetes, 'both eGFR and ACR test results recorded' by age group and sex should be equal to the denominator for PI19 type 2 diabetes by age group and sex.

  Against each cell on the table for clients with type 2 diabetes, 'normal risk', 'low risk', 'moderate risk', 'high risk' and 'total clients with type 2 diabetes who had an eGFR and ACR' should be less than or equal to the corresponding value on the table for clients with type 2 diabetes and/or CVD.

- For clients with CVD

  The numerator category for PI18 CVD, 'both eGFR and ACR test results recorded' by age group and sex should be equal to the denominator for PI19 CVD by age group and sex.

  Against each cell on the table for clients with CVD, 'normal risk', 'low risk', 'moderate risk', 'high risk' and 'total clients with type 2 diabetes who had an eGFR and ACR' should be less than or equal to the corresponding value on the table for clients with type 2 diabetes and/or CVD table.

- For clients with type 2 diabetes and/or CVD

  The numerator category for PI18 type 2 diabetes and/or CVD, 'both eGFR and ACR test results recorded' by age group and sex should be equal to the denominator for PI19 type 2 diabetes and/or CVD by age group and sex.

PI20: Cardiovascular disease (CVD) risk assessment

Description

Proportion of First Nations regular clients aged 35–74 with no known cardiovascular disease (CVD) who had all the necessary factors assessed in the 24 months up to the census date to enable CVD risk assessment. These risk factors are:

- tobacco smoking
- diabetes assessment
- systolic blood pressure
- total cholesterol and HDL cholesterol levels
- age
- sex.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of First Nations regular clients aged 35–74 without known CVD who had all the necessary factors assessed in the 24 months up to the census date to enable CVD risk assessment ... Numerator

Number of First Nations regular clients aged 35–74 without known CVD ... Denominator

Data to be reported

This indicator is reported (disaggregated) by sex and age group.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI20 Numerator	PI20 Denominator
	With required measurements recorded	**Without known CVD**
35–44	✓	✓
45–54	✓	✓
55–64	✓	✓
65–74	✓	✓

Do include

- Information on diabetes status from the most recent record for the client, regardless of how old that record is.

- Where a First Nations regular client's tobacco smoking status and/or sex does not have an assessment date assigned in the CIS, smoking status and/or sex as recorded in the CIS should be treated as current (that is, as having been updated in the 24 months up to the census date).

Do not include

- First Nations regular clients with CVD.

- First Nations regular clients without known CVD in the numerator if information is not available for all risk factors (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex).

Checking the data

- All risk factors listed in the associated guidelines are included in this indicator for completeness; however, it is noted that for practical reasons in extracting information from the CIS:
  - o Because there is generally no tick box in the CIS for 'no diabetes', diabetes status is assumed to be recorded for all clients, that is, all clients will either have a record of diabetes or not. Those with diabetes recorded should be counted as 'yes information recorded', all other clients (that is, those without a record of diabetes) are assumed to not have diabetes.
  - o As the indicator is disaggregated by age and sex, only clients with age and sex recorded are included and these characteristics might not be separately collected.

- Ensure that your data are from the correct time period, as specified in the indicator description.

- The denominators for PI20 by age group and sex, should be equal to the denominators for PI03, PI09 and PI16 by age group and sex, minus the denominator for PI18 CVD by age group and sex, for clients aged 35–64.

- The denominators for PI20 by age group and sex, should be less than or equal to the denominators for PI03, PI09 and PI16 by age group and sex, minus the denominator for PI18 CVD by age group and sex, for clients aged '65 and over'.

- The denominators for PI20 by age group and sex should be greater than or equal to the denominators for PI21 by age group and sex.

PI21: Cardiovascular disease (CVD) risk assessment results

Description

Proportion of First Nations regular clients aged 35–74 with no known cardiovascular disease (CVD) who had an absolute CVD risk assessment recorded in the 24 months up to the census date as:

• high (greater than 15% chance of a cardiovascular event in the next 5 years)

• moderate (10%–15% chance of a cardiovascular event in the next 5 years)

• low (less than 10% chance of a cardiovascular event in the next 5 years).

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of First Nations regular clients aged 35–74 who had a specified absolute CVD risk assessment recorded in the 24 months up to the census date	Numerator
Number of First Nations regular clients aged 35–74 without known CVD who had an absolute CVD risk assessment result recorded	Denominator

Data to be reported

This indicator is reported (disaggregated) by sex, age group and CVD risk assessment result.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI21 Numerator			PI21 Denominator
	High (greater than 15%)	**Moderate (10–15%)**	**Low (less than 10%)**	**Without known CVD who had an absolute CVD risk assessment result**
35–44	✓	✓	✓	✓
45–54	✓	✓	✓	✓
55–64	✓	✓	✓	✓
65–74	✓	✓	✓	✓

Do include

- Only the most recently recorded result from an absolute CVD risk assessment. This means that if a client has had several assessments, include only the results from the most recent assessment.

Do not include

- First Nations regular clients with CVD.

Checking the data

- Absolute CVD risk assessment should be based on a risk assessment performed with the National Vascular Disease Prevention Alliance (NVDPA) absolute cardiovascular disease risk calculator. Where the Central Australian Rural Practitioners Association (CARPA) CVD risk assessment calculator is used, 5% is to be deducted from the reported result.
- Ensure that your data are from the correct time period, as specified in the indicator description.
- The denominators for PI21 by age group and sex should be less than or equal to the denominators for PI20 by age group and sex.

PI22: Cervical screening

Description

Proportion of female First Nations regular clients aged 25–74 who have not had a hysterectomy and who had a cervical screening human papillomavirus (HPV) test within the 5 years up to the census date.

This indicator was revised to align with the new National Cervical Screening Program (NCSP), where the previous Pap test was replaced by a HPV. For more information on the new NCSP program, please see the Department of Health and Aged Care page.

> **Cervical screening** involves an HPV test, which is used to detect cancer and pre-cancerous abnormalities of the cervix.
>
> **How to count screening**
>
> Female First Nations regular clients who had their most recent screening in the 5 years up to the census date – count them as being screened.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of female First Nations regular clients aged 25–74 who have not had a hysterectomy and who had a cervical screening (HPV) test within the 5 years up to the census date	Numerator
Number of female First Nations regular clients aged 25–74 who have not had a hysterectomy	Denominator

Data to be reported

This indicator is reported (disaggregated) by age group.

This means that you need to report the following counts for **females** only:

Age group (years)	PI22 Numerator	PI22 Denominator
	Who had a cervical screening	**Who have not had a hysterectomy**
25–34	✓	✓
35–44	✓	✓
45–54	✓	✓
55–64	✓	✓
65–74	✓	✓

Do include

- HPV tests where the sample is either collected by a health practitioner or self-collected.

Do not include

- First Nations regular clients whose last screening was more than 5 years ago.
- First Nations regular clients who have had a hysterectomy.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

PI23: Blood pressure recorded (type 2 diabetes) and

PI24: Blood pressure result (type 2 diabetes)

Description

PI23: Proportion of First Nations regular clients with type 2 diabetes who had a blood pressure measurement result recorded in the 6 months up to the census date.

PI24: Proportion of First Nations regular clients with type 2 diabetes whose blood pressure measurement result, recorded in the 6 months up to the census date, was less than or equal to 140/90 mmHg.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

PI23:

$$\frac{\text{Number of First Nations regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date}}{\text{Number of First Nations regular clients with type 2 diabetes}} \quad \begin{array}{c} \text{Numerator} \\ \\ \text{Denominator} \end{array}$$

PI24:

$$\frac{\text{Number of First Nations regular clients with type 2 diabetes who had a recorded blood pressure of 140/90 mmHg or less in the 6 months up to the census date}}{\text{Number of First Nations regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date}} \quad \begin{array}{c} \text{Numerator} \\ \\ \text{Denominator} \end{array}$$

Data to be reported

These indicators are reported (disaggregated) by sex and age group.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI24 Numerator	PI23 Numerator and PI24 Denominator	PI23 Denominator
	With blood pressure of 140/90 mmHg or less	**With a blood pressure measurement result**	**With type 2 diabetes**
0–4	✓	✓	✓
5–14	✓	✓	✓
15–24	✓	✓	✓
25–34	✓	✓	✓
35–44	✓	✓	✓
45–54	✓	✓	✓
55–64	✓	✓	✓
65 and over	✓	✓	✓

Do not include

- First Nations regular clients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.

- The number of First Nations regular clients aged '0–4' is likely to be zero.

- The denominators by age group and sex for PI23 should be equal to the corresponding denominators by age group and sex for PI05 6 months and 12 months, PI07 and PI18 (type 2 diabetes). The denominator aged 0-14 for PI18 should be equal to the sum of 0-4 and 5-14 for PI05, PI07 and PI23.

- The denominators by age group and sex for PI23, PI05, PI07 and PI18 (type 2 diabetes) should be less than or equal to the denominators for PI03, PI09 and PI16 by age group and sex (for the corresponding age groups).

PI25: Sexually transmissible infections

Description

Proportion of First Nations regular clients aged 15–34 who were tested for one or more sexually transmissible infections (STIs) (chlamydia and/or gonorrhoea) within the previous 12 months.

What does this mean?

This indicator is calculated by the AIHW from the data you report as:

Number of First Nations regular clients who were tested for chlamydia and/or gonorrhoea within the previous 12 months	Numerator
Number of First Nations regular clients	Denominator

Data to be reported

These indicators are reported (disaggregated) by sex and age group.

This means that you need to report the following counts for **males** and **females** separately:

Age group (years)	PI25 Numerator	PI25 Denominator
	With test for chlamydia and/or gonorrhoea	**First Nations regular clients**
15–19	✓	✓
20–24	✓	✓
25–29	✓	✓
30–34	✓	✓

Do not include

- Consider only tests where the result is recorded in the Clinical Information System (CIS). Do not include tests that have been requested but a result has not been recorded.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- Count is of people, not tests.
- Consider only the most recent test.
- Please provide a comment if your numerator is zero.
- The sum of denominators by age group (15–19 and 20–24 / 25–29 and 30–34) and sex for PI25 should be equal to the corresponding denominators by age group (15–24 / 25–34) and sex for PI03, PI09, PI14 and PI16.

Total number of Aboriginal and Torres Strait Islander regular clients (TNATSIRC)

Description

Number of First Nations regular clients without a sex or age recorded, with a sex recorded but not an age, with an age recorded but not a sex, and with both a sex and age recorded.

> **Who to include for TNATSIRC?**
>
> Include First Nations regular clients – a regular client is someone who has visited your organisation 3 or more times in the past 2 years.
>
> Deceased clients are excluded.

Data to be reported

	First Nations clients without a sex or age recorded	First Nations clients with a sex recorded but not an age	First Nations clients with an age recorded but not a sex	First Nations clients with both a sex and age recorded
Number of First Nations regular clients	✓	✓	✓	✓

Checking the data

- The number of First Nations regular clients with age and sex recorded should be equal to all clients that are included in the denominator of indicator PI03.

- The number of clients with age and sex known may be greater than the denominator of PI03 if there are clients with gender recorded as 'Other'.

3 Checking and submitting your data

> **For queries about nKPI data, contact the nKPI team:**
>
> Email: dataquality@aihw.gov.au
>
> Free-call: 1800 723 258

3.1 Checking your data

Before entering your nKPI data into the Portal and submitting it you should check several things.

3.1.1 Check your record system

The way your organisation collects and stores data impacts the quality of your nKPI data. You should consider whether your record system helps to:

- collect information for all of your clients
- collect and record the data you need for your nKPI submission
- record the time and date whenever clients' records are updated
- support staff training so they can enter the right data in the right place
- record any changes in how you collect your data
- back up your records regularly to avoid losing any data.

3.1.2 Check the indicator definition

Even if your organisation has been preparing these nKPI submissions for some time, it's always worth checking that your data are exactly what the AIHW asks for. It helps you avoid making a mistake just because something changed in your records system or someone entered the data slightly differently. Sometimes there are also changes in what you need to submit.

Check the data to make sure your organisation has:

- included only First Nations clients who have attended your organisation at least 3 times in the 2 years up to the census date (with the exception of PI01 and PI02 for which you should include all babies with a file at your organisation who have visited more than once)
- entered data into the right file for the right client
- used the correct units of measurement
- been consistent in how you have recorded data for each nKPI
- not kept nKPI data in clinical notes
- checked that the numbers add up.

3.1.3 Check the data

Before submitting data, you should check that data are accurate and consistent and look out for data that look unusual, or anything that cannot be fixed. You should add comments to your submission to explain any inconsistent or unlikely results as well as to explain any significant increases or decreases in the data from previous periods.

3.1.3.1 Do the data make sense?

Sometimes the numbers do not look right, or they do not match your impression of what has been happening in your organisation.

It can help to ask these questions:

- Do the numbers seem accurate?
- Do the percentages seem accurate? For example, does the nKPI result have the same percentage of diabetic men that could be expected from the care your organisation provides?
- In comparing related nKPIs, are the values what would be expected?
- Have the values changed significantly from those in the last nKPI submission? If so, can it be explained?
- Do you have the same percentages of males and females, young and old, in your reports as they are on your organisation's books and in the community?
- What do other staff say? Do they think the values are reasonable, or know why there might be problems? Clinical and administrative staff can all help here.

3.1.3.2 Check that the counts add up

- You cannot have more First Nations regular clients than the total number of clients on the books. Usually, there are some people who have not attended your organisation for over 2 years, even though they are in the system – these people are not regular clients.
- It's not just the overall numbers. You also cannot have more First Nations regular clients than the total number of clients in any category. For example, if you have 32 male clients aged 75 in total, you can only have a maximum of 32 of them as First Nations regular clients. It's more likely that fewer than 32 of them will be First Nations regular clients, as the definition of a regular client is someone who has visited your organisation 3 or more times in the past 2 years.
- If you add the numbers of First Nations regular clients in an indicator together, you cannot end up with more than the total number of First Nations regular clients who have attended your organisation during the reporting period.
- Do you have any values of zero in either the numerator or the denominator? That means that none of your clients are in that category. You should make sure that the value really is zero and not a missing value that someone forgot to enter.
- Importantly, the numerator can never be larger than the denominator.

3.2 Submitting your data

After checking your data, your organisation will submit data to the Portal, either through 'direct load' from your Clinical Information System (CIS) or by entering it manually. The data will be validated using rules developed by the AIHW.

If any data validation rules have been broken, validation flags will appear on the applicable indicators in your organisation's nKPI form.

For each of these issues, you will be asked to amend the values in the relevant indicator and/or add a comment.

Another resource for organisations is the nKPI Data Validation Rules in the Health Data Portal, see User Help – Indigenous Health Data Reporting. Here, you can find screenshots of various validation issues which may come up when entering data. This resource provides advice on resolving each issue.

If your submission involves indicators with '0' cells or blank cells, check to make sure you are completing the form correctly

Blank and zero values

- If your organisation is not funded to provide specific indicators, then you should leave the indicators blank and provide a comment.
- If you are funded to provide specific indicator(s) but:
  - there are no clients: you should put '0' in all cells and provide a comment
  - there are CIS issues that prevent you from providing accurate data: you should leave the indicator(s) blank, and provide a comment
  - the service is not provided (such as no GP or no antenatal care): you should provide the denominator only (if it is available), and put '0' for the numerator and provide comment.

3.2.1 Check for 'unexpected' results

So your organisation checked their data, but something still doesn't look right, or maybe it looks very different from your last submission. Either way, the results just aren't what you would normally expect.

These questions might help you work out what has happened:

- Changes in the accuracy of the data – for example, have you replaced old equipment since the last census date? Did you go through your record system and clean up the records to be more accurate and consistent? Does your organisation have a new record system or a new way of recording data?
- Environmental factors – for example, was there an epidemic or unusual weather?
- Community changes – for example, did many people move to or from the area, did people come to the area for a big community event?
- Clinical factors – for example, did you have any changes in policy or practice, changes to staffing or their training, a sudden change in workload, any new health and education programs (or old programs stopping) or changes in funding?
- Your clients' wishes – did a client refuse a test or instruct you to not include their details?

- Relevance of the indicator to your organisation – for example, a child health clinic would not have data for elderly clients

- Chance – this is most likely when there are few patients included in an indicator. For example, did you have 2 low birthweight babies in the last reporting period and 4 in this one? It's a doubling of low birthweight babies, but it could just be chance because the numbers are so low. On the other hand, a doubling from 50 to 100 may not be chance and you could try and find out why that might have happened.

If any of these have affected your data, you should tell the AIHW about it in the comments field on the relevant indictor page when you send in your submission through the Portal.

3.2.2 What happens if there is an issue with your submission?

You will receive an automatic notification in the HDP, or the AIHW will add a comment in the HDP separately. To address this:

- look at your client records

- correct the data manually in the Portal

- finalise the data and submit it to the AIHW.

The AIHW will check your data, and if there are outstanding issues, they will return the submission to you so you can work through the issues, or get in touch with you to ask about your data.

3.2.3 What can you put in your comments in the HDP?

The comments field is your chance to tell the AIHW where something might not be as straightforward as expected.

The types of things you should include in the comments are:

- problems with the data that you cannot fix

- any reasons for important changes in your data since previous submissions

- an explanation for any problems or changes in data quality and accuracy

- the reasons for any 'unexpected' results

- the reasons for 'blank and zero' indicators. Your comment should say something like: 'Our organisation is funded to provide this indicator, but there are no clients using this service'.

3.3 What does the AIHW do with your data?

The AIHW views data from your submission through the Portal. While the AIHW cannot see individual client records, they do see overall results for the relevant client groups in each organisation.

The AIHW checks your data to make sure the submission is complete and correct. If a possible error is identified, they will ask you to provide an explanation, or comment on the data in the HDP. If you cannot correct your data for any reason, you will need to tell the AIHW why so they can exclude the data from national statistics.

When data from all organisations have been submitted and passed the AIHW's quality checks, the AIHW will create a national data set that combines all the data from all primary health care organisations that report nKPI data. This data set is used for national analyses.

The AIHW publishes nKPI results in a series of national reports and data updates (for example, in the web report Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections).