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**Australian Institute of
Health and Welfare**

AIHW national Key Performance Indicators (nKPI) data collection

**User guide
June 2026**

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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 2021–2031).

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 June 2026 collection, different indicators require data for the:

- 6 months up to the census date, that is, from 1 January 2026–30 June 2026
- 12 months up to the census date, that is, from 1 July 2025–30 June 2026
- 24 months up to the census date, that is, from 1 July 2024–30 June 2026
- 5 years up to the census date, that is, from 1 July 2021–30 June 2026.

Who is a regular client?

A regular client is someone who has visited your organisation 3 or more times in the past 2 years. More than one visit can be recorded on a single day. A person can be a regular client with one or more organisations. 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 changes to reporting for June 2026

PI26 (ear health): this indicator has completed pilot testing and will be collected starting from the June 2026 collection.

PI21 (CVD risk assessment results): while data is collected for this indicator, public reporting remains 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: | 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 | Numerator |
| | 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 | Denominator |
| PI02: | 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 | Numerator |
| | 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 | Denominator |

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

- Attended the organisation more than once: count attendance using the baby’s client record only, where the baby had 2 or more visits. 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. The birthweight may have been recorded during an appointment or received from sharing client data with other organisations, such as a hospital.
- 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:

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

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

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:

Number 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
- 12 months up to the census date

$$\text{PI05: } \frac{\text{Number of First Nations regular clients with type 2 diabetes}}{\text{Number of First Nations regular clients with type 2 diabetes}} \quad \begin{array}{l} \text{Numerator} \\ \text{Denominator} \end{array}$$

Number of First Nations regular clients with type 2 diabetes who had a specified HbA1c measurement result in the:

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

$$\text{PI06: } \frac{\text{Number of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded in the:}}{\text{Number of First Nations regular clients with type 2 diabetes who had an HbA1c measurement result recorded in the:}} \quad \begin{array}{l} \text{Numerator} \\ \text{Denominator} \end{array}$$

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

- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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 corresponding denominators by age group and sex 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: GP chronic condition management plan and review (type 2 diabetes)

Description

Proportion of First Nations regular clients with type 2 diabetes who had a chronic condition management plan prepared (In-person MBS items: 721, 229, 965, 392; Telehealth MBS items: 92024, 92055, 92029, 92060) or reviewed (In-person MBS items: 967, 393; Telehealth MBS items: 92030, 92061) 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:

$$\frac{\text{Number of First Nations regular clients with type 2 diabetes who had an included chronic condition management plan prepared or reviewed in the 24 months up to the census date}}{\text{Number of First Nations regular clients with type 2 diabetes}} = \frac{\text{Numerator}}{\text{Denominator}}$$

Data to be reported

This indicator is reported (disaggregated) by sex, age group and type of chronic condition 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, 229, 965, 392, 967 or 393) | Telehealth MBS items (92024, 92055, 92029, 92060, 92030 or 92061) | 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.
- Plan reviews are only counted from 1 July 2025. Before this date, plan reviews were not included in this indicator. Therefore, do not include clients who only had MBS Items 732, 233, 92028 and 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 corresponding denominators by age group and sex for PI05 6 months and 12 months, PI18 (type 2 diabetes) and PI23.

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: | 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 | Numerator |
| | Number of First Nations regular clients aged 11 and over | Denominator |
| PI10: | 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 | Numerator |
| | 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 | 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).
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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.
- Tobacco smoking excludes vaping; however, some CIS do not currently support consistent exclusion of vaping.
- Note that while the intent of these indicators is to capture tobacco smoking status recorded within the previous 24 months, this rule is not consistently enforced within the CIS. For example, some CIS report using the last recorded smoking assessment, irrespective of the date recorded.

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:

$$\frac{\text{Number of female First Nations regular clients who gave birth in the 12 months up to the census date who had a specified smoking status result recorded during pregnancy}}{\text{Number of female First Nations regular clients who gave birth in the 12 months up to the census date who had their smoking status recorded during pregnancy}}$$

Numerator

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.
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- Tobacco smoking excludes vaping; however, some CIS do not currently support consistent exclusion of vaping.
- 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.

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.

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).
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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:

$$\frac{\text{Number of female First Nations regular clients who gave birth in the 12 months up to the census date and who had a specified gestational age recorded at their first antenatal care visit}}{\text{Number of female First Nations regular clients who gave birth in the 12 months up to the census date}} = \frac{\text{Numerator}}{\text{Denominator}}$$

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

- All births (live or still) 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:

$$\frac{\text{Number of First Nations regular clients aged 6 months and over who were immunised against influenza in the 12 months up to the census date}}{\text{Number of First Nations regular clients aged 6 months and over}} = \frac{\text{Numerator}}{\text{Denominator}}$$

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.
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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:

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

Numerator

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) | 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).
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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 P116 by age group and sex should be equal to the denominators for P103, P109 and P114 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.
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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 | eGFR (mL/min/1.73m ²) | ACR (mg/mmol) |
|---------------|--------------------------------------|------------------|
| Normal risk | ≥60 | <3.0 |
| Low risk | ≥45 and <60 | <3.0 |
| | ≥60 | ≥3.0 and ≤30 |
| Moderate risk | ≥45 and <60 | ≥3.0 and ≤30 |
| | ≥30 and <45 | ≤30 |
| High risk | ≥30 | >30 |
| | <30 | any result |

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 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.
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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).
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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:
 - 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.
 - 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:

$$\frac{\text{Number of First Nations regular clients aged 35–74 who had a specified absolute CVD risk assessment recorded in the 24 months up to the census date}}{\text{Number of First Nations regular clients aged 35–74 without known CVD who had an absolute CVD risk assessment result recorded}}$$

Numerator

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.

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:

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

Numerator

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.
- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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: | $\frac{\text{Number of First Nations regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date}}{\text{Number of First Nations regular clients with type 2 diabetes}}$ | $\frac{\text{Numerator}}{\text{Denominator}}$ |
| PI24: | $\frac{\text{Number of First Nations regular clients with type 2 diabetes who had a recorded blood pressure of 140/90 mmHg or less in the 6 months up to the census date}}{\text{Number of First Nations regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date}}$ | $\frac{\text{Numerator}}{\text{Denominator}}$ |

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) | 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 include

- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

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 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:

$$\frac{\text{Number of First Nations regular clients who were tested for chlamydia and/or gonorrhoea within the previous 12 months}}{\text{Number of First Nations regular clients}} = \frac{\text{Numerator}}{\text{Denominator}}$$

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 include

- Results arising from measurements conducted both within and outside of the organisation that are known by the organisation.

Do not include

- Consider only tests where the result is recorded in the 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.

PI26: Ear health

Description

Proportion of First Nations regular clients aged 0–14 years who have a completed ear health check recorded within the previous 12 months, consisting of:

- a completed check of the appearance of both ear canals and eardrums recorded
- a completed check of the movement of both eardrums (tympanic membrane) recorded
- a completed check of the appearance of both ear canals and eardrums AND a completed check of the movement of both eardrums recorded.

What does this mean?

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

| | |
|--|-------------------|
| Number of First Nations regular clients aged 0–14 who have a completed check of the appearance of both ear canals and eardrums recorded within the previous 12 months | Numerator |
| <hr/> Number of First Nations regular clients aged 0–14 | <hr/> Denominator |
| Number of First Nations regular clients aged 0–14 who have a completed check of the movement of both eardrums (tympanic membrane) recorded within the previous 12 months | Numerator |
| <hr/> Number of First Nations regular clients aged 0–14 | <hr/> Denominator |
| Number of First Nations regular clients aged 0–14 who have a completed check of the appearance of both ear canals and eardrums AND a completed check of the movement of both eardrums recorded within the previous 12 months | Numerator |
| <hr/> Number of First Nations regular clients aged 0–14 | <hr/> 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.

Clients may be counted in one or all parts of the indicator. For example:

- a client with only appearance checked is counted once in the ‘appearance’ group
- a client with only movement checked is counted once in the ‘movement’ group
- a client with both appearance AND movement checked is counted once in the ‘appearance’ group, once in the ‘movement group’ and once in the combined ‘appearance AND movement’ group.

| Age group | PI26 Numerator | PI26 Denominator |
|--------------|---|-------------------------------|
| | With a completed check of the appearance of both ear canals and eardrums recorded | First Nations regular clients |
| 0–11 months | ✓ | ✓ |
| 12–23 months | ✓ | ✓ |
| 24–35 months | ✓ | ✓ |
| 36–59 months | ✓ | ✓ |
| 5–9 years | ✓ | ✓ |
| 10–14 years | ✓ | ✓ |

| Age group | PI26 Numerator | PI26 Denominator |
|--------------|--|-------------------------------|
| | With a completed check of the movement of both eardrums (tympanic membrane) recorded | First Nations regular clients |
| 0–11 months | ✓ | ✓ |
| 12–23 months | ✓ | ✓ |
| 24–35 months | ✓ | ✓ |
| 36–59 months | ✓ | ✓ |
| 5–9 years | ✓ | ✓ |
| 10–14 years | ✓ | ✓ |

| Age group | PI26 Numerator | PI26 Denominator |
|--------------|--|-------------------------------|
| | With a completed check of the appearance of both ear canals and eardrums AND a completed check of the movement of both eardrums recorded | First Nations regular clients |
| 0–11 months | ✓ | ✓ |
| 12–23 months | ✓ | ✓ |
| 24–35 months | ✓ | ✓ |
| 36–59 months | ✓ | ✓ |
| 5–9 years | ✓ | ✓ |
| 10–14 years | ✓ | ✓ |

Do include

- Checks recorded in:
 - an ear health section of a CIS module
 - checks as defined by the conditions/diagnoses and ear health check procedures terms and codes specified in the ear condition coding framework (Solving Health 2025).
- Checks that have been conducted both within and outside the First Nations-specific primary health care organisation within the previous 12 months, by any provider type such as ear health checks conducted by visiting health professionals or audiologists.

- If it cannot be determined in the CIS which part of the check was completed (that is, appearance, or movement, or both appearance and movement), count all parts as completed.

Do not include

- If it cannot be determined in the CIS that a check was performed at all (that is, that any part was completed), do not count any part as completed.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- Count is of people, not ear health checks.
- Consider only the completed test.
- Please provide a comment if your numerator is zero.
- The denominators for PI26 by age group and sex should be the same as the denominators for PI03, and PI14 and greater than PI09 by age group and sex (for the corresponding age groups):
 - the sum of ages 0–11 months, 12–23 months, 24–35 months and 36–59 months for PI26 should be equal to ages 0–4 years for PI03
 - the sum of ages 5–9 years and 10–14 years for PI26 should be equal to ages 5–14 years for PI03 and PI14 and greater than the sum of ages 11–14 years for PI09.

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.

More than one visit can be recorded on a single day.

A person can be a regular client with one or more organisations.

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 – that is, 2 or more visits)
- 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 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 indicator 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](#)).

Symbols

| Symbol | Definition |
|---------------|--------------------------|
| < | less than |
| > | greater than |
| ≤ | less than or equal to |
| ≥ | greater than or equal to |

References

Kidney Health Australia (2024) *Chronic Kidney Disease (CKD) management in primary care, 5th edn*, Kidney Health Australia, Melbourne. <https://kidney.org.au/health-professionals/ckd-management-handbook>

Solving Health (2025) *Specifications for national Key Performance Indicators and Online Services Reporting*, Solving Health, accessed 1 December 2025. <https://www.solvinghealth.au/projects>