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AIHW national Key Performance Indicators (nKPI) data collection

**User guide
December 2020**

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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-outcome measures reported by Indigenous-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 Indigenous health:

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

What are process-of-care and health-outcome 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 had specific information recorded in their records.

Health-outcome indicators reflect the prevalence of specific health conditions or health behaviours among the clients of an organisation. Health outcomes are 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 (the 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 \(IHDR\)](#).

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 contain data for Indigenous regular clients for the relevant period up to the census date. The relevant period can vary, depending on the indicator. For example, for the December 2020 collection, some indicators require data for the:

- 12 months up to the census date, that is, from 1 January 2020 to 31 December 2020.
- 24 months up to the census date, that is, from 1 January 2019 to 31 December 2020.

Who is a regular client?

A regular client is someone who has visited your organisation 3 or more times in the past 2 years. Only Aboriginal and Torres Strait Islander (Indigenous) regular clients are included in nKPI data. This definition is used in all of the indicators except for PI01: Birthweight recorded and PI02: Birthweight result.

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 Indigenous regular clients and babies is measured as at the census date.

If your organisation's Indigenous 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 December 2020

The first set of minor changes to existing indicators in the nKPIs are being implemented in the December 2020 nKPI collection. As a result, there are some key changes to note when reporting:

- PI03: addition of the 5–14 age group; disaggregation by sex for ages 0–4; and changes to MBS items included. MBS items are now:
 - In-person MBS items: 715 and 228
 - Telehealth MBS items: 92004, 92016, 92011 and 92023.
- PI07: changes to MBS items included. MBS items are now:
 - In-person MBS items: 721 and 229
 - Telehealth MBS items: 92024, 92068, 92055, and 92099.
- PI08: this indicator will not be collected for December 2020.
- PI14: now includes all ages from 6 months onwards.
- PI22: screening method changed to be HPV tests only; age range changed to 25–74; and time interval for accepted tests changed to be for within the previous 5 years or where the test occurred on or after 01 December 2017.

PI01: Birthweight recorded and

PI02: Birthweight result

Description

PI01: Proportion of Indigenous babies born in the 12 months up to the census date whose birthweight was recorded.

PI02: Proportion of Indigenous babies born in the 12 months up to the census date whose birthweight results were categorised as one of the following:

- low (less than 2,500 grams)
- normal (2,500 grams to 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 a file at your organisation.

What does this mean?

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

$$\text{PI01: } \frac{\text{Number of Indigenous babies born in the 12 months up to the census date who had their birthweight recorded}}{\text{Number of Indigenous babies born in the 12 months up to the census date}}$$

Numerator
Denominator

$$\text{PI02: } \frac{\text{Number of Indigenous babies born in the 12 months up to the census date who had a specified birthweight result}}{\text{Number of Indigenous babies born in the 12 months up to the census date}}$$

Numerator
Denominator

Data to be reported

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

	PI02 Numerator			PI02 Denominator	PI01 Numerator	PI01 Denominator
	Low (less than 2,500 grams)	Normal (greater than or equal to 2,500 & less than 4,500 grams)	High (greater than or equal to 4,500 grams)	With birth weight recorded	With birth weight recorded	Indigenous babies
Indigenous babies	✓	✓	✓	✓	✓	✓

Do include

PI01

- Only live births.
- In the numerator, all babies born in the 12 months up to the census date who have a file at your health organisation and who have their birthweight recorded in your file. 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 health organisation who were born in the 12 months up to the census date. They are counted even if they only made one visit for acute care and regardless of whether their carers provided the baby's birthweight.
- Multiple births are included in the numerator and denominator

PI02

- Only births that are at least 20 weeks' gestation or at least 400 grams birthweight.
- In the denominator, all babies born in the 12 months up to the census date who have a medical record at your organisation and who have their birthweight recorded in your medical record.
- All babies with a file at your organisation, regardless of whether they are regular clients.

Do not include

PI01 and PI02

- Babies who were stillborn.
- Babies without a medical record of their own at your organisation, even if their information is recorded in their mother's record.

PI02

- Multiple births (including twins). Babies born as part of multiple births are more likely to have a lower birthweight.
- Babies with unknown birthweight.
- Babies with unknown gestational age.

Checking the data

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

PI02

- If there are multiple births, the denominator from PI02 will be smaller than the denominator from PI01 (which includes multiple births) by at least 2.
- Please note that the number of babies in each weight category should add up to the number of babies 'With birth weight recorded (excludes multi-births)'.

PI03: Health assessment

Description

Proportion of Indigenous regular clients aged 0–14 with an Indigenous health assessment (In-person MBS items: 715, 228; Telehealth MBS items: 92004, 92016, 92011, 92023) completed in the 12 months up to the census date **AND** proportion of Indigenous regular clients aged 15 and over with an Indigenous health assessment (In-person MBS items: 715, 228; or Telehealth MBS items: 92004, 92016, 92011, 92023) 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:	Number of Indigenous regular clients who had an Indigenous health assessment completed in the 12 months up to the census date	Numerator
	Number of Indigenous regular clients	Denominator
Ages 15 and over:	Number of Indigenous regular clients who had an Indigenous health assessment completed in the 24 months up to the census date	Numerator
	Number of Indigenous regular clients	Denominator

Data to be reported

This indicator is reported (disaggregated) by sex, age group and Indigenous health assessment 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, 92016, 92011 or 92023)	Indigenous 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, 92016, 92011 or 92023)	Indigenous 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 health 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 denominator for PI03 (aged 0–4) should be greater than or equal to the sum of the denominators for those aged 12 to <24 months and 24 to <36 months for PI04.
- 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).

PI04: Fully immunised children

Description

Proportion of Indigenous children who are regular clients, aged:

- 12 months to less than 24 months
- 24 months to less than 36 months
- 60 months to less than 72 months

and who were 'fully immunised'.

What does this mean?

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

Number of Indigenous children who are regular clients and fully immunised	Numerator
Number of Indigenous children who are regular clients	Denominator

What does 'fully immunised' mean?

A child is considered 'fully immunised' if they have received the relevant vaccinations as per the National Immunisation Program Schedule by the specified age milestones.

Currently, these vaccinations include:

- DTPa (diphtheria, tetanus, pertussis)
- Polio
- HiB (haemophilus influenzae type B)
- Hep B (hepatitis B)
- MMR (measles, mumps, rubella).

The age milestones are as follows:

- at 12 months: 3 doses DTPa; 3 doses Polio; 2 or 3 doses HiB; 2 or 3 doses Hep B
- at 24 months: 3 doses DTPa; 3 doses Polio; 3 or 4 doses HiB; 3 doses Hep B; 1 dose MMR
- at 60 months: 4 doses DTPa; 4 doses Polio; 2 doses MMR.

Data to be reported

This indicator is reported (disaggregated) by age group.

This means that you need to report the following counts:

Age group (months)	PI04 Numerator	PI04 Denominator
	'Fully immunised' Indigenous children who are regular clients	Indigenous children who are regular clients
12 to <24	✓	✓
24 to <36	✓	✓
60 to <72	✓	✓

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- The sum of the denominator for those aged 12 to <24 months and 24 to <36 months for PI04 should be less than or equal to the denominator for PI03 (aged 0–4).

PI05: HbA1c recorded (type 2 diabetes) and

PI06: HbA1c result (type 2 diabetes)

Description

PI05: Proportion of Indigenous regular clients who have type 2 diabetes and who have had a HbA1c (glycosylated/glycated haemoglobin) measurement result recorded in the 6 months up to the census date **AND** proportion of Indigenous regular clients who have type 2 diabetes and who have had a HbA1c measurement result recorded in the 12 months up to the census date.

PI06: Proportion of Indigenous regular clients who have type 2 diabetes and who have had a HbA1c measurement result inside a certain range in the 6 months up to the census date **AND** proportion of Indigenous regular clients who have type 2 diabetes and who have had a HbA1c measurement result inside a certain range in the 12 months up to the census date.

What is HbA1c?

Haemoglobin A1c (HbA1c or glycosylated/glycated haemoglobin) measures blood glucose levels over time. It is used as the best marker of long-term diabetes control.

The HbA1c 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 Indigenous regular clients with type 2 diabetes who had a HbA1c measurement result recorded in the:		
PI05:	• 6 months up to the census date	Numerator
	• 12 months up to the census date	
Number of Indigenous regular clients with type 2 diabetes		Denominator
Number of Indigenous regular clients with type 2 diabetes who had a specified HbA1c measurement result in the:		
PI06:	• 6 months up to the census date	Numerator
	• 12 months up to the census date	
Number of Indigenous regular clients with type 2 diabetes who had a HbA1c measurement result recorded in the:		Denominator
• 6 months up to the census date		
• 12 months up to the census date		

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/ PI06 Denominator	PI05 Denominator
	With a specified HbA1c measurement result					
	Less than or equal to 7%	Greater than 7% but less than or equal to 8%	Greater than 8% but 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 an Indigenous regular client has had several tests, include only the result from the most recent test.

Do not include

- Indigenous 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 Indigenous 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, PI15 (type 2 diabetes for ages 15–24, 25–34, 35–44), PI18 (type 2 diabetes) and PI23.
- The total number of Indigenous 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 Indigenous regular clients aged 0–4 is likely to be zero.
- The denominator components for each HbA1c result by age group and sex for 6 months should be less than or equal to the denominator components for each HbA1c result by age group and sex for 12 months.

Numerator

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

PI07: Chronic disease management plan (type 2 diabetes)

Description

Proportion of Indigenous 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, 92068, 92055 or 92099) 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:

Number of Indigenous regular clients with type 2 diabetes who had an included chronic disease management plan prepared in the 24 months up to the census date	Numerator
Number of Indigenous regular clients with type 2 diabetes	Denominator

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 MSB items (721 or 229)	Telehealth MBS items (92024, 92068, 92055 or 92099)	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.
- Organisations taking part in the Health Care Homes Trial: For the duration of the Health Care Homes trial (currently 1 October 2017 to 30 June 2021), include clients who are part of the trial if there is evidence of a Chronic Disease Management Plan recorded.

Do not include

- Indigenous 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 (Medicare Item 732, 233, 92028, 92059, 92072 or 92103 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 Indigenous 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, PI15 (type 2 diabetes for ages 15–24, 25–34, 35–44), PI18 (type 2 diabetes) and PI23 (for the corresponding age groups).

PI08: Team Care Arrangement (MBS Item 723) (type2 diabetes)

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

PI09: Smoking status recorded and

PI10: Smoking status result

Description

PI09: Proportion of Indigenous regular clients aged 15 and over whose smoking status has been recorded in the 24 months up to the census date.

PI10: Proportion of Indigenous regular clients aged 15 and over whose smoking status has been recorded in the 24 months up to the census date as one of the following:

- current smoker
- ex-smoker
- never smoked.

What does this mean?

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

	Number of Indigenous regular clients who had their smoking status recorded in the 24 months up to the census date	Numerator
PI09:	Number of Indigenous regular clients	Denominator

	Number of Indigenous regular clients who had a specified smoking status result in the 24 months up to the census date	Numerator
PI10:	Number of Indigenous regular clients 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/PI10 Denominator	PI09 Denominator
	Current smoker	Ex-smoker	Never smoked	With smoking status recorded	Indigenous regular clients
15–24	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓

Do include

PI09 and PI10

- Where an Indigenous 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 35 and over should be greater than or equal to the numerator components of PI11 by age group (sum of 15–19 and 20–24, 25–34, and 35 and over).

PI11: Smoking during pregnancy

Description

Proportion of female Indigenous regular clients aged 15 and over who gave birth in the 12 months up to the census date whose smoking status was recorded in the 12 months up to the census date as one of the following:

- 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 Indigenous regular clients who gave birth in the 12 months up to the census date who had a specified smoking status result recorded in the 12 months up to the census date	Numerator
Number of female Indigenous regular clients who gave birth in the 12 months up to the census date who had their smoking status recorded in the 12 months up to the census date	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
15–19	✓	✓	✓	✓
20–24	✓	✓	✓	✓
25–34	✓	✓	✓	✓
35 and over	✓	✓	✓	✓

Do include

- Live births and still births 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'.

- Where an Indigenous 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 12 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.
- The denominators for PI11 by age group (15–19, sum of 20–24 and 25–34, and 35 and over) should be less than or equal to the denominators for PI13 for females aged under 20, 20–34, and 35 and over.

PI11	PI13
15–19	<20
20–24	20–34
25–34	
35 and over	35 and over

- The numerator components of PI11 by age group (sum of 15–19 and 20–24, 25–34, 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, and 35 and over.

PI12: Body mass index (overweight or obese)

Description

Proportion of Indigenous regular clients aged 25 and over who had their body mass index (BMI) classified as overweight in the 24 months up to the census date, **AND** similarly for those classified as obese.

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 ranges used in this indicator are:

- overweight (BMI greater than or equal to 25 but less than 30)
- obese (BMI greater than or equal to 30).

What does this mean?

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

Number of Indigenous regular clients who had a specified BMI classification in the 24 months up to the census date	Numerator
Number of Indigenous regular clients who had their BMI recorded	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
	Overweight (BMI greater than or equal to 25 but less than 30)	Obese (BMI greater than or equal to 30)	With BMI recorded
25–34	✓	✓	✓
35–44	✓	✓	✓
45–54	✓	✓	✓
55–64	✓	✓	✓
65 and over	✓	✓	✓

Do include

- Only the most recently recorded BMI measurement. This means that if a client has had their BMI measured several times, include only the results from the most recent measurement.
- 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 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 less than or equal to the denominators by age group and sex for PI03 aged 25 and over and to the denominators by age and sex for the corresponding age groups for PI09 and PI16.

PI13: First antenatal care visit

Description

Proportion of female Indigenous regular clients who gave birth in the 12 months up to the census date and who had gestational age recorded at their first antenatal care visit as one of the following:

- less than 13/40 weeks
- 13/40 weeks to less than 20/40 weeks
- at or after 20/40 weeks
- no result recorded
- 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:

Number of female Indigenous 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	Numerator
Number of female Indigenous regular clients who gave birth in the 12 months up to the census date	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 13/40 weeks	13/40 weeks to less than 20/40 weeks	At or after 20/40 weeks	No result recorded	Did not attend antenatal care visit	Female Indigenous regular clients who gave birth
Less than 20	✓	✓	✓	✓	✓	✓
20–34	✓	✓	✓	✓	✓	✓
35 and over	✓	✓	✓	✓	✓	✓

Do include

- Live births and still births 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 under 20, 20–34, and 35 and over should be greater than or equal to the denominators for PI11 by age group (15–19, sum of 20–24 and 25–34, 35 and over).

PI11	PI13
15–19	<20
20–24	20–34
25–34	
35 and over	35 and over

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

PI14: Influenza immunisation (aged 6 months and over)

Description

Proportion of Indigenous regular clients aged 6 months and over who received an influenza vaccination within the previous 12 months.

What does this mean?

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

Number of Indigenous regular clients who had an influenza vaccination in the 12 months up to the census date	Numerator
Number of Indigenous regular clients	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	Indigenous 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

- Indigenous 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 age group 6 months to 4 years should be less than or equal to the denominator in PI03 age group 0–4 years.

PI15: Influenza immunisation (type 2 diabetes or COPD)

Description

Proportion of Indigenous regular clients aged 15–49 who have type 2 diabetes and who were immunised against influenza in the 12 months up to the census date, **AND** similarly for chronic obstructive pulmonary disease (COPD).

COPD encompasses a number of conditions that obstruct airflow to the lungs, and individual diseases are classified as COPD or not by Client Information Systems.

What does this mean?

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

Number of Indigenous regular clients with type 2 diabetes who had an influenza vaccination in the 12 months up to the census date	Numerator
Number of Indigenous regular clients with type 2 diabetes	Denominator
Number of Indigenous regular clients with COPD who had an influenza vaccination in the 12 months up to the census date	Numerator
Number of Indigenous regular clients with COPD	Denominator

Data to be reported

This indicator is reported separately for those with type 2 diabetes and COPD. It is also reported (disaggregated) by sex and age group.

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

Age group (years)	PI15 Numerator	PI15 Denominator
	Who had an influenza vaccination	Indigenous regular clients
15–24	✓	✓
25–34	✓	✓
35–44	✓	✓
45–49	✓	✓

Do not include

- Indigenous 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.

Indigenous regular clients with type 2 diabetes

- The numerators by age group and sex should be less than or equal to the denominators by age group and sex.
- The denominators by age group and sex for PI15 (type 2 diabetes for those aged 15–24, 25–34 and 35–44) should be equal to the denominators by age group and sex for PI05 6 months and 12 months, PI07, PI18 (type 2 diabetes) and PI23.
- The denominators by age group and sex for PI15 (type 2 diabetes for those aged 45–49) should be less than or equal to the denominators by age group and sex for those aged 45–54 for PI05, PI07, PI18 (type 2 diabetes) and PI23.

Indigenous regular clients with COPD

- The denominator by age group and sex for PI15—COPD should generally be less than the denominators by age group and sex for PI15—type 2 diabetes.

PI16: Alcohol consumption recorded

Description

Proportion of Indigenous regular clients aged 15 and over who had their alcohol consumption status 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:

Number of Indigenous regular clients who had their alcohol consumption status recorded in the 24 months up to the census date	Numerator
Number of Indigenous regular clients	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	Indigenous 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 regular client consumes alcohol
 - the amount and frequency of the regular client's alcohol consumption
 - the results of tests such as the AUDIT or AUDIT-C.
- Where an Indigenous 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 numerators for PI16 by age group and sex should be greater than or equal to the denominators for PI17 by 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

Description

Proportion of Indigenous regular clients aged 15 and over who had an AUDIT-C result recorded in the 24 months up to the census date with result (score) as one of the following:

- greater than or equal to 4 in males and 3 in females; or
- less than 4 in males and 3 in females.

What is an AUDIT-C?

AUDIT-C is an Alcohol Use Disorders Identification Test screening tool which is sensitive to the early detection of risky and high-risk (or hazardous and harmful) drinking.

What does this mean?

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

Number of Indigenous regular clients who had a specified
AUDIT-C score in the 24 months up to the census date

Numerator

Number of Indigenous regular clients who had an
AUDIT-C result recorded

Denominator

Data to be reported

This indicator is reported (disaggregated) by sex, age group and AUDIT-C result.

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

Age group	PI17 Numerator		PI17 Denominator
	AUDIT-C score greater than or equal to 4	AUDIT-C score less than 4	With an AUDIT-C result
15–24 years	✓	✓	✓
25–34 years	✓	✓	✓
35–44 years	✓	✓	✓
45–54 years	✓	✓	✓
55–64 years	✓	✓	✓
65 years or older	✓	✓	✓

And report the following counts for **females**:

Age group	PI17 Numerator		PI17 Denominator
	AUDIT-C score greater than or equal to 3	AUDIT-C score less than 3	With an AUDIT-C result
15–24 years	✓	✓	✓
25–34 years	✓	✓	✓
35–44 years	✓	✓	✓
45–54 years	✓	✓	✓
55–64 years	✓	✓	✓
65 years or older	✓	✓	✓

Do include

- Where an Indigenous regular client's AUDIT-C score does not have an assessment date assigned in the CIS, the AUDIT-C score 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).

Do not include

- Results from any other alcohol use screening tool.

Checking the data

- Ensure that your data are from the correct time period, as specified in the indicator description.
- The denominators for PI17 by age group and sex should be less than or equal to the numerators for PI16 by age group and sex.

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

Description

Proportion of Indigenous regular clients aged 15 and over who have type 2 diabetes and had an estimated glomerular filtration rate (eGFR) recorded **AND/OR** an albumin/creatinine ratio (ACR) or other micro albumin test result recorded in the 12 months up to the census date **AND** proportion of Indigenous regular clients aged 15 and over who have cardiovascular disease (CVD) and had an eGFR recorded in the 12 months up to the census date.

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 Indigenous regular clients with type 2 diabetes who had an eGFR, ACR or both an eGFR and ACR in the 12 months up to the census date	Numerator
Number of Indigenous regular clients with type 2 diabetes	Denominator
Number of Indigenous regular clients with CVD who had an eGFR recorded in the 12 months up to the census date	Numerator
Number of Indigenous regular clients with CVD	Denominator

Data to be reported

This indicator is reported separately for those with type 2 diabetes and 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	PI18 Numerator			PI18 Denominator
	eGFR only	ACR only	Both an eGFR and an ACR	With type 2 diabetes
15–24	✓	✓	✓	✓
25–34	✓	✓	✓	✓
35–44	✓	✓	✓	✓
45–54	✓	✓	✓	✓
55–64	✓	✓	✓	✓
65 and over	✓	✓	✓	✓

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

Age group	PI18 Numerator	PI18 Denominator
	eGFR recorded	With CVD
15–24	✓	✓
25–34	✓	✓
35–44	✓	✓
45–54	✓	✓
55–64	✓	✓
65 and over	✓	✓

Do include

- Results from all relevant pathology tests. If your organisation doesn't 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.
- Indigenous regular clients aged 15 and over with CVD regardless of whether or not they have had an ACR. For this indicator, all that matters is whether they have had an eGFR.

Do not include

- Indigenous 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 each age group and sex:

- 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, PI15 (type 2 diabetes for those aged 15–24, 25–34 and 35–44) and PI23
- 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-A: eGFR result (type 2 diabetes or CVD)

Description

Proportion of Indigenous regular clients aged 15 and over who have type 2 diabetes or cardiovascular disease (CVD) and who had an estimated glomerular filtration rate (eGFR) recorded in the 12 months up to the census date with a result of (in mL/min/1.73m²):

- greater than or equal to 90
- greater than or equal to 60 but less than 90
- greater than or equal to 45 but less than 60
- greater than or equal to 30 but less than 45
- greater than or equal to 15 but less than 30
- less than 15.

What does this mean?

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

Number of Indigenous regular clients with type 2 diabetes who had a specified eGFR result in the 12 months up to the census date	Numerator
Number of Indigenous regular clients with type 2 diabetes who had an eGFR result recorded in the 12 months up to the census date	Denominator
Number of Indigenous regular clients with CVD who had a specified eGFR result in the 12 months up to the census date	Numerator
Number of Indigenous regular clients with CVD who had an eGFR 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 and CVD. It is also reported (disaggregated) by sex, age group and eGFR result.

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

Age group (years)	PI19 Numerator						PI19 Denominator
	Greater than or equal to 90 mL/min/1.73m ²	Greater than or equal to 60 but less than 90 mL/min/1.73m ²	Greater than or equal to 45 but less than 60 mL/min/1.73m ²	Greater than or equal to 30 but less than 45 mL/min/1.73m ²	Greater than or equal to 15 but less than 30 mL/min/1.73m ²	Less than 15 mL/min/1.73m ²	With an eGFR result
15–24	✓	✓	✓	✓	✓	✓	✓
25–34	✓	✓	✓	✓	✓	✓	✓
35–44	✓	✓	✓	✓	✓	✓	✓
45–54	✓	✓	✓	✓	✓	✓	✓
55–64	✓	✓	✓	✓	✓	✓	✓
65 and over	✓	✓	✓	✓	✓	✓	✓

Do include

- Only the most recently recorded result from an eGFR test. This means that if a client has had several tests, include only the results from the most recent test.
- Results from all relevant pathology tests.

Do not include

- Indigenous 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 sum of the numerator components for PI18 type 2 diabetes (eGFR only and both ACR and eGFR) by age group and sex should be equal to the denominators for PI19 type 2 diabetes by age group and sex.

PI19-B: ACR result (type 2 diabetes)

Description

The proportion of male Indigenous regular clients aged 15 and over who have type 2 diabetes and who had an albumin/creatinine ratio (ACR) recorded in the 12 months up to the census date with a result of (in mg/mmol):

- less than 2.5
- greater than or equal to 2.5 but less than or equal to 25
- greater than 25.

OR the proportion of female Indigenous regular clients aged 15 and over who have type 2 diabetes and who had an albumin/creatinine ratio (ACR) recorded in the 12 months up to the census date with a result of (in mg/mmol):

- less than 3.5
- greater than or equal to 3.5 but less than or equal to 35
- greater than 35.

What does this mean?

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

$$\frac{\text{Number of Indigenous regular clients with type 2 diabetes who had a specified ACR result in the 12 months up to the census date}}{\text{Number of Indigenous regular clients with type 2 diabetes who had an ACR result recorded in the 12 months up to the census date}}$$

Numerator
Denominator

Data to be reported

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

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

Age group (years)	PI19 Numerator			PI19 Denominator
	Less than 2.5 mg/mmol	Greater than or equal to 2.5 but less than or equal to 25 mg/mmol	Greater than 25 mg/mmol	With type 2 diabetes who had an ACR result
15–24	✓	✓	✓	✓
25–34	✓	✓	✓	✓
35–44	✓	✓	✓	✓
45–54	✓	✓	✓	✓
55–64	✓	✓	✓	✓
65 and over	✓	✓	✓	✓

And report the following counts for **females**:

Age group (years)	PI19 Numerator			PI19 Denominator
	Less than 3.5 mg/mmol	Greater than or equal to 3.5 but less than or equal to 35 mg/mmol	Greater than 35 mg/mmol	With type 2 diabetes who had an ACR result
15–24	✓	✓	✓	✓
25–34	✓	✓	✓	✓
35–44	✓	✓	✓	✓
45–54	✓	✓	✓	✓
55–64	✓	✓	✓	✓
65 and over	✓	✓	✓	✓

Do include

- Only the most recently recorded result from an ACR test. This means that if a client has had several tests, include only the results from the most recent test.
- Results from all relevant pathology tests. If your organisation doesn't 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.
- The sum of the numerator components for PI18 type 2 diabetes (ACR only and both eGFR and ACR) by age group and sex should be equal to the denominators for PI19 type 2 diabetes by age group and sex.

PI20: Cardiovascular disease (CVD) risk assessment

Description

Proportion of Indigenous regular clients aged 35–74 with no known cardiovascular disease (CVD) who had information available to calculate their absolute CVD risk (requires information be recorded on tobacco smoking, diabetes, 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 Indigenous regular clients without known CVD who had all the information recorded to calculate their absolute CVD risk in the 24 months up to the census date	Numerator
Number of Indigenous regular clients 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 an Indigenous 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

- Regular clients with CVD.
- 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

- 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 Indigenous 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 Indigenous regular clients who had who had a specified absolute CVD risk assessment recorded in the 24 months up to the census date	Numerator
Number of Indigenous regular clients 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 risks 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

- Regular clients with CVD.

Checking the data

- 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 Indigenous regular clients aged 25–74 who have not had a hysterectomy and who have had a cervical screening human papillomavirus (HPV) test within the 5 years up to the census date where the test occurred on or after 1 December 2017.

This indicator was revised to align with the new National Cervical Screening Program (NCSP), where the previous Pap test was replaced by a HPV test after 1 December 2017. For more information on the new NCSP program, please see the [Department of Health](#) 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 regular clients who have had the most recent screening in the 5 years up to the census date where the test occurred on or after 1 December 2017—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 Indigenous regular clients who have not had a hysterectomy and who had a cervical screening (HPV) test within the 5 years up to the census date where the test occurred on or after 1 December 2017

Numerator

Number of female Indigenous regular clients 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

- Indigenous regular clients whose last screening was more than 5 years ago or before 1 December 2017.
- Indigenous 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 Indigenous 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 Indigenous 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 130/80 mmHg.

What does this mean?

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

PI23:	Number of Indigenous regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date	Numerator
	Number of Indigenous regular clients with type 2 diabetes	Denominator
PI24:	Number of Indigenous regular clients with type 2 diabetes who had a blood pressure of 130/80 mmHg or less in the 6 months up to the census date	Numerator
	Number of Indigenous regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date	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/ PI24 Denominator	PI23 Denominator
	With blood pressure of 130/80 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

- Indigenous 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 Indigenous regular clients aged 0–4 is likely to be zero.
- The denominators by age group and sex for PI23 should be equal to the denominators by age group and sex for PI05 6 months and 12 months, PI07, PI15 (type 2 diabetes for those aged 15–24, 25–34 and 35–44) and PI18 (type 2 diabetes).
- The denominators by age group and sex for PI23, PI05, PI07, PI15 (type 2 diabetes for those aged 15–24, 25–34 and 35–44), 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).

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 Indigenous 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 records at your organisation)
- entered data into the right file for the right client
- used the right 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 Indigenous 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 Indigenous 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 Indigenous regular clients. It's more likely that fewer than 32 of them will be Indigenous 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 Indigenous regular clients in an indicator together, you cannot end up with more than the total number of Indigenous 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 Client 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 IHDR nKPI Data Validation Rules in the Health Data Portal, available on the *User Help—Indigenous Health Data Reporting (IHDR)* page on the HDP. 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 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 a disease 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 baby 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](#)).