nKPI

Data Reference Manual for Best Practice

MARCH 2025

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nKPI: PI 01

Birthweight recorded

Description:

Proportion of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birth weight was recorded.

Current % (as of June 2023)	
National Current %	77%
National Target %	100%

Primary Responsibility

- New Directions
- Nurse/AHW
- GP

Improvement Strategies

- Data entry training with staff
- New Directions to follow up clients
- Seek hospital discharge summary

Action

- Ensure all babies (ie. any child aged 2 years or younger) registered with ACCHO have a birth weight recorded.
- Birthweight is defined as the first weight of a baby obtained after birth and must be recorded with the same date as the baby's birth date.
- The weight must be entered as kilograms (kgs): For example, 5.46kgs if the birthweight was 5460 grams (gms) and must be entered using the date of birth.
- The birthweight is to be sourced from the baby's client record or hospital records 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.
- Only live births are to be counted.

Numerator

- Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight was recorded.

Denominator

- Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once.

Data Entry Field:

1. Observations
2. Add
3. Enter date as birth date
4. Enter weight in kilograms (kgs)
5. Save.

nKPI: PI 02

Birthweight result (Low, normal or high)

Description:

Proportion of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once and whose birth weight result was:

- low (< 2,500 grams)
- normal (2,500 grams <4,500 grams)
- high (>4,500 grams).

Current % (as of June 2023)	
National Current %	Low 12%
National Target %	not set

Primary Responsibility

- New Directions
- Nurse/AHW
- GP

Improvement Strategies

- Referrals to New Directions
- Antenatal visit follow ups
- Strong linkages with local hospital and health services

Action

- The indicator looks at all birthweights entered and inserts them into each category.
- To ensure that the data is accurate the weight must be entered correctly; In the mother's obstetric record the birthweight is entered as grams, in the baby's file it is entered as kilograms (kgs).
- Do not include babies who were still born.
- The number of babies in each weight category should add up to the number of babies 'With birth weight recorded'

Numerator

- Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birth weight result was within specified categories.

Denominator

- Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birth weight was recorded.

Data Entry Field

1. Observations
2. Add
3. Enter date as birth date
4. Enter weight in kilograms (kgs)
5. Save.

Disaggregation

- **Birthweight result:** Low, normal, high

Add Edit Delete Print
View observations from 27/12/1980 to 19/08/2019
15/11/2017
Temp
Pulse
BP
BP (Standing)
BP (Lying)
Resp
BSL
Height
Weight
BMI
Head Circ.
Waist 10
Hips
Waist/Hip
Chest (Inspiration)
Chest (Expiration)
MMSE
K10
Diabetes risk 5
O2 Saturation
PEFR
CV risk
Audit-C
PULSE

Observations
Date: 19/08/2019
Temp:
Pulse:
BP Sitting: /
BP Standing: /
BP Lying: /
Resp. rate: O2 Sat.:
Weight: Height:
Waist: Hips:
Chest (Insp.): Chest (Exp.):
BSL:
Save Close

nKPI: PI 03
Indigenous Health Assessment completed

Description:

Proportion of Indigenous regular clients with a current completed Indigenous health assessment, consisting of:

- 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.

Current % (as of June 2023)
National Current % 0-14yrs: 35%, 15-24 yrs: 41%, 25-54yrs: 43%, 55+ yrs: 54%
National Target % 0-14yrs: 69%, 15-24 yrs: 69%, 25-54yrs: 63%, 55+ yrs: 74%

Primary Responsibility

- Clinic staff

Improvement Strategies

- ICHW to assist families to clinic
- Separate program/clinic data in BP
- Continue to develop new incentive shirts

Action

- A patient is deemed to have received an MBS Health Assessment if a service has the MBS item selected for claiming, regardless of whether it has been submitted or paid.

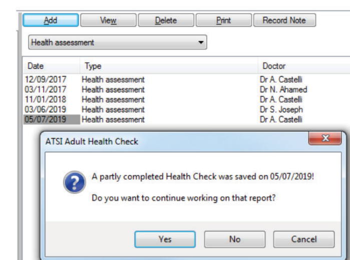
Numerator

- **Calculation A:** Ages 0–14—Number of Indigenous regular clients who had an Indigenous health assessment completed in the 12 months up to the census date.
- **Calculation B:** 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.

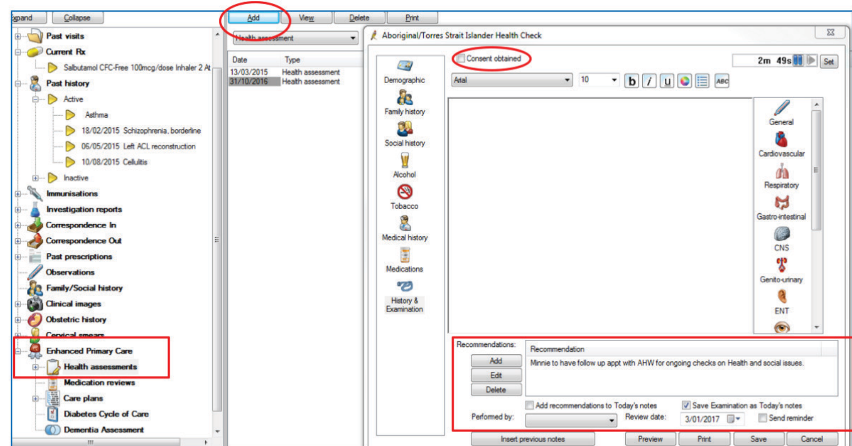
Denominator

- Number of Indigenous regular clients.

Data Entry Field



1. Enhanced Primary Care
2. Health Assessment
3. Add (check for pop up box)
4. Complete
5. Tick for patient consent
6. Complete all sections
7. Add recommendations including follow up with AHW
8. GP to bill MBS item 715/228/92004/92016/92011/92023
9. Reception to complete billing which will be sent to Medicare.



Disaggregation

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **Type of health assessment:** In-person MBS-rebated Indigenous health assessment, telehealth MBS- rebated Indigenous health assessment

nKPI: PI 05

HbA1c recorded (Type 2 Diabetes clients)

Description:

Proportion of regular clients with Type 2 diabetes and who have had an HbA1c measurement result recorded.

Proportion of Indigenous regular clients who have either:

- Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 6 months
- Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months.

Current % (as of June 2023)	
National Current %	6 mths 52% 12 mths 66%
National Target %	6 mths – not set% 12 mths 69%

Primary Responsibility

- New Directions
- Nurse/AHW
- GP

Improvement Strategies

- Screening updated
- DCC updated every visit
- Increase nurse visits

Action

- Only Type 2 diabetes is considered.
- Any qualifier with a system code of HBA and units of % or a system code of HBM and units of mmol/mol is considered an HbA1c measurement.
- Clinicians must record HbA1c results correctly. They should not enter a % result in the HbA1c qualifier or a mmol/mol result in the HbA1c (%) qualifier

Numerator

- Number of Indigenous regular clients with Type 2 diabetes who had HbA1c measurement result recorded in the 6 months up to the census date.

Denominator

- Number of Indigenous regular patients with Type 2 diabetes.

Data Entry Field:

1. Investigation reports
2. Values
3. Enter in HbA1c level
4. After entering HbA1c — Atomised values will allow it to be graphed.

Disaggregation:

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **Duration:** 6 months and 12 months

nKPI: PI 06

HbA1c results (Type 2 Diabetes clients)

Description:

Proportion of Indigenous regular clients with Type 2 diabetes whose HbA1c measurement result was within a specified level.

Number of Indigenous regular clients who have Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 6 or 12 months.

Primary Responsibility

- Nurse
- AHW
- GP

Improvement Strategies

- Screening updated
- DCC updated at every visit
- Increase nurse visits

Action

- Only Type 2 diabetes is considered.
- Any qualifier with a system code of HBA and units of % or a system code of HBM and units of mmol/mol is considered an HbA1c measurement.
- Only the most recent HbA1c measurement result for each time period is considered

Numerator

- Number of Indigenous regular clients with Type 2 diabetes who had HbA1c measurement result recorded in the:
  1. 6 months up to the census date
  2. 12 months up to the census date.

Denominator

- Number of Indigenous regular patients with Type 2 diabetes who had an HbA1c measurement result recorded in the:
  1. 6 months up to the census date
  2. 12 months up to the census date.

Data Entry Field

1. Investigation reports
2. Values
3. Enter in HbA1c level
4. Save

Disaggregation

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **Duration:** 6 months and 12 months
- **HbA1c measurement result**

nKPI: PI 07

Chronic Disease Management Plan prepared

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, 92055).

Proportion of Indigenous regular clients who have Type 2 diabetes and who have received a GP Management Plan (MBS Item 721) within the previous 24 months up to the census date.

Current % (as of June 2023)	
National Current %	51%
National Target %	not set

Primary Responsibility

- GPs
- AHW
- Nurse

Improvement Strategies

- Appoint Chronic Disease Team Leader
- Expand Integrated Team Care team
- Follow up MBS item 81300 visits

Action

- A patient is deemed to have received a GP Management Plan if a service has the MBS item checked for claiming, regardless of whether it has been submitted or paid.
- All Aboriginal and Torres Strait Islander patients who have a chronic disease should be offered a GP Management Plan.

Numerator

- Number of Indigenous regular clients with Type 2 diabetes for whom an included chronic disease management plan was prepared in the 24 months up to the census date.

Denominator:

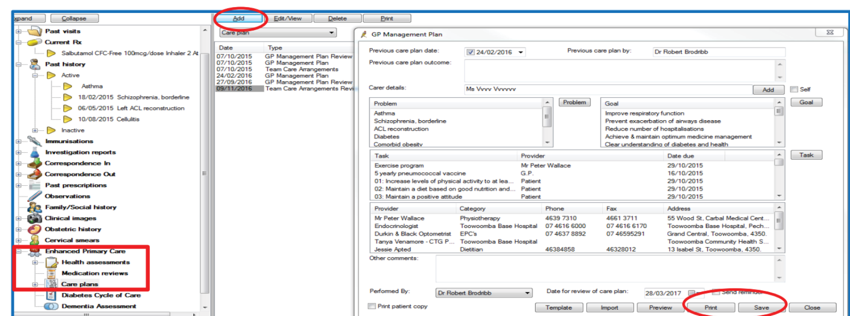
- Number of Indigenous regular clients' patients with Type 2 diabetes.

Data Entry Field

1. Enhanced Primary Care
2. Care Plan
3. Add (check for pop up box, select GPMP)
4. Complete Care Plan
5. Add recommendations including referrals to allied health if required and follow up with AHW
6. Print a copy for the patient to sign to ensure that they understand the plan you have created and they agree
7. Save a final (untick save as draft)
8. GP to bill MBS item 721
9. Reception to complete billing which will be sent to Medicare.

Disaggregation

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **Type of chronic disease management plan**



nKPI: PI 09

Smoking status recorded

Description:

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

Current % (as of June 2023)	
National Current %	71%
National Target %	not set

Primary Responsibility

- Clinic staff
- New Directions
- TIS

Improvement Strategies

- Continue to benchmark for TIS
- AHW include in screenings
- Extract clients who have no data for follow up

Action

- All clients attending the practice are to have their smoking status recorded during screening.
- This is to be checked and updated at each visit.

Numerator

- Number of Indigenous regular clients aged 11 and over who had their smoking status recorded in the 24 months up to the census date.

Denominator

- Regular, Indigenous patients aged 11 years and over.

Data Entry Field

1. Family & Social History
2. Tobacco
3. Enter details
4. Save

Disaggregation

- **Age:** 11–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female

nKPI: PI 10
Smoking status result

Description:

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

- current smoker
- ex-smoker or
- never smoked.

Current % (as of June 2023)	
National Current %	47%
National Target %	not set

Primary Responsibility

- All clinic staff
- New Directions
- TIS

Improvement Strategies

- Continue to benchmark for TIS
- AHW include in screenings

Action

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

Numerator

- Number of Indigenous regular clients aged 11 and over who had a specified smoking status result in the 24 months up to the census date.

Denominator

- Number of Indigenous regular clients aged 11 and over who had their smoking status recorded in the 24 months up to the census date.

Data Entry Field

1. Family & Social History
2. Tobacco
3. Enter details
4. Save.

Disaggregation

- **Age:** 11–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **Smoking status results.**

nKPI: PI 11

Smoking during pregnancy

Description:

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

- current smoker
- ex-smoker or
- never smoked.

Current Smokers % (as of June 2023)	
National Current %	42%
National Target %	not set

Primary Responsibility

- New Directions
- Nurse/AHW
- GP

Improvement Strategies

- Expand reach of TIS — targeted
- AHW include in screenings
- Partner with New Directions

Evidence Base

Tobacco smoking during pregnancy

Action

- All clients attending the practice are to have their smoking status recorded during screening.
- This is to be checked and updated at each visit.
- 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 before 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.

Numerator

- 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 during pregnancy.

Denominator

- Number of female Indigenous regular clients who gave birth in the 12 months up to the census date who had their smoking status recorded during pregnancy.

Data Entry Field

Pregnancy must be activated in Obstetric tab, not just in condition.

1. Patient
2. Details
3. Smoking
4. Enter details
5. Save

Disaggregation

- **Age:** Less than 20, 20–34 years, 35 and over
- **Gender:** Females only
- **Smoking status result.**

nKPI: PI 12

Body Mass Index (BMI) (overweight or obese)

Description:

Proportion of Indigenous 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.

- Underweight (<18.50 kg/m^2)
- Normal weight (>=18.50 kg/m^2 but <=24.99 kg/m^2)
- Overweight (>=25 kg/m^2 but <=29.90 kg/m^2)
- Obese (>=30 kg/m^2)

If there is no BMI recorded or it was recorded more than 24 months ago, the BMI is classified as 'not calculated'.

Current Overweight or Obese% (as of June 2023)	
National Current %	43%
National Target %	not set

Primary Responsibility

- AHW
- GP
- Nurse

Improvement Strategies

- Screening updated
- Offer nurse or MBS item 81300 followup
- Diet education

Action

- Only the most recent measurement result with a system code of BMI in the previous 24 months is considered.
- 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).

Numerator

- Number of Indigenous regular clients aged 18 and over who had a specified BMI classification recorded in the last 24 months up to the census date.

Denominator

- Number of Indigenous regular clients aged 18 and over.

Data Entry Field

1. Clinical
2. BMI Calculator
3. Enter details
4. Save.

Disaggregation

- **Age:** 18–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **BMI result.**

nKPI: PI 13

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 with results either:

- Before 11 weeks
- 11 to 13 weeks
- 14 to 19 weeks
- 20 weeks or later
- No results recorded
- Did not attend an antenatal care visit

Current Before 11 weeks % (as of June 2023)	
National Current %	33%
National Target %	not set

Primary Responsibility

- GP
- Nurse/AHW
- New Directions

Improvement Strategies

- Doctor education on importance
- Clinic staff education
- New direction education

Action

- Percentages may not add up to 100%.
- When a client has a confirmed pregnancy test the obstetric record is to be commenced in the clinical file at that visit.
- Live births and stillbirths; if the birth weight was at least 400 grams or the gestational age was 20 weeks or more.

Numerator

- 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.

Denominator

- Number of female Indigenous regular clients who gave birth in the 12 months up to the census date.

Data Entry Field

1. Obstetric History
2. Add
3. Complete details to predict the gestational age
4. Save.

Disaggregation

- **Age:** Less than 20, 20–34 years, 35 and over
- **Gender:** Females only
- **Gestational age group:** Less than 11 weeks, 11–13 weeks, 14–19 weeks, and 20 weeks or later, no result recorded.

nKPI: PI 14
Influenza immunisation

Description:

Proportion of Indigenous regular clients aged 6 months and over who are immunised against influenza within the previous 12 months.

Current % (as of June 2023)	
National Current %	20%
National Target %	64%

Primary Responsibility

- Clinic Staff

Improvement Strategies

- Dedicated Flu Days
- Partner with local hospital
- Offer incentives

Action

- All clients are to be offered a Flu vaccine.
- Vaccines are usually available from March to September each year.
- All immunisations are to be entered into the file even if they were not administered at the clinic (just note as 'not given here').

Numerator:

- Number of Indigenous regular clients aged 6 months and over who were immunised against influenza in the 12 months up to the census date.

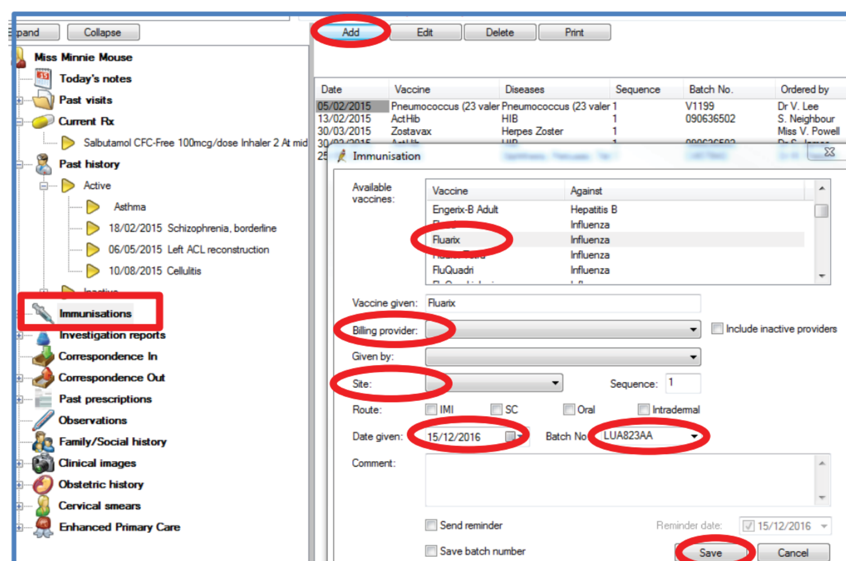
Denominator

- Number of Indigenous regular clients aged 6 months and over.

Data Entry Field

IMMUNISATIONS ADMINISTERED AT THE CLINIC:

1. Immunisation
2. Add
3. Select Vaccine
4. Select Provider
5. Select Site
6. Enter Date
7. Enter Batch Number
8. Tick Send reminder
9. Tick Batch Number
10. Save



IMMUNISATIONS NOT ADMINISTERED AT THE CLINIC:

1. Immunisation
2. Add
3. Select Vaccine
4. Select Provider 'NOT GIVEN HERE'
5. Enter Date
6. **Do not save** Batch Number
7. Enter comments
8. Send reminder
9. Save

Disaggregation

- **Age:** 6 months – 4years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over
- **Gender:** Male and female.

nKPI: PI 16

Alcohol consumption recorded

Description:

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

Current % (as of June 2023)	
National Current %	55%
National Target %	not set

Primary Responsibility

- Nurse/AHW
- GP
- New Directions

Improvement Strategies

- Screening updated
- Staff nKPI education

Action

- All clients attending the practice are to have their alcohol consumption recorded during screening.
- This is to be checked and updated at each visit.

Numerator

- 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 Best Practice, alcohol consumption status as recorded in the Best Practice should be treated as being up to date (that is, as having been updated in the 24 months up to the census date)

Denominator

- Number of Indigenous regular clients aged 15 and over.

Data Entry Field

1. Family & Social History
2. Alcohol
3. Enter details
4. Save.

Disaggregation

- **Age:** 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over
- **Gender:** Male and Female.

Family & Social History
Family
Social
Occupation
Alcohol
Tobacco
Current Alcohol Intake
Non drinker
Days per week: 1
Standard drinks per day: 1
Description:
Past Alcohol Intake
Nil
Occasional
Moderate
Heavy
Year started: 2010
Year stopped:
Comment:
Binge Drinker
CAGE Assessment 08/10/2024
There is no indication that this patient has an alcohol dependancy problem!
CAGE Questions
Standard Drinks
Audit-C
Save
Cancel

nKPI: PI 18

Kidney function test recorded (Type 2 Diabetes or CVD)

Description:

Proportion of Indigenous 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)
- only an albumin/creatinine ratio (ACR)
- both an eGFR and an ACR
- only an ACR test result recorded
- neither an eGFR nor an ACR test result recorded.

Current % (as of June 2023)	
National Current %	Type 2 – 62% CVD – 62%
National Target %	Type 2 – not set CVD – not set

Primary Responsibility

- Nurse
- GP
- AHW

Improvement Strategies

- Screening updated
- Clinic staff training
- Staff nKPI education

Action

- ACR results are identified as belonging to a qualifier with the system code of ACR and eGFR results are identified as belonging to a qualifier with the system code of GFE. Both laboratory and manually entered results are included.
- Do include results from all relevant pathology tests.
- In the 'Type 2 diabetes and/or CVD' category, count clients with either or both conditions once only. For example, count a client with both Type 2 diabetes and CVD once, not twice.

Numerator

- Number of Indigenous regular clients with Type 2 diabetes or with CVD or Type 2 diabetes and/or CVD who had a specified kidney function test result recorded in the 12 months up to the census date.

Denominator

- Number of Indigenous regular clients with Type 2 diabetes, CVD, Type 2 diabetes and/or CVD.

Data Entry Field

1. Investigation reports
2. Values
3. Complete details
4. Save

Disaggregation

- **Age:** 18–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female
- **Chronic disease:** Type 2 diabetes, Cardio-vascular disease, either or both above
- **Test:** an eGFR only, an ACR only, both an eGFR and an ACR, neither an eGFR nor an ACR.

nKPI: PI 19

Kidney function test result (Type 2 Diabetes or CVD)

Description:

Proportion of Indigenous regular clients with Type 2 diabetes and/or cardiovascular disease (CVD) who had both an estimated glomerular filtration rate (eGFR) and albumin/creatinine ratio (ACR) result recorded in the 12 months up to the census date, categorised as normal/low/moderate/high risk.

KIDNEY FUNCTION TEST RISK RESULTS CATEGORIES

- **Normal risk—**eGFR ≥60 mL/min/$1.73m^2$ and:
  - ACR <3.5 mg/mmol (females)
  - ACR <2.5 mg/mmol (males).
- **Low risk—**eGFR ≥45 mL/min/$1.73m^2$ and <60 mL/min/$1.73m^2$ and either:
  - ACR <3.5 mg/mmol (females)
  - ACR <2.5 mg/mmol (males);

  OR eGFR ≥60 mL/min/$1.73m^2$ and either:
  - ACR ≥3.5 mg/mmol & ≤35 mg/mmol (females)
  - ACR ≥2.5)mg/mmol & ≤25 mg/mmol (males).
- **Moderate risk—**eGFR ≥45 mL/min/$1.73m^2$ and <60 mL/min/$1.73m^2$ and either:
  - ACR ≥3.5 mg/mmol & ≤35 mg/mmol (females)
  - ACR ≥2.5 mg/mmol & ≤25 mg/mmol (males);

  OR eGFR ≥30 mL/min/$1.73m^2$ and <45 mL/min/1.73m2 and either:
  - ACR <35 mg/mmol (females)
  - ACR <25 mg/mmol (males).
- **High risk—**eGFR ≥30 mL/min/$1.73m^2$ and either:
  - ACR >35ml/mmol (females)
  - ACR >25mg/mmol (males);

  OR eGFR less than 30 mL/min/$1.73m^2$ and any ACR result for both females and males.

Current High Risk Result % (as of June 2023)	
National Current % – 23%	National Target % – not set

Primary Responsibility

- GPs • Nurses • IHPs

Improvement Strategies

- Screening updated • Clinic staff training
- Staff nKPI education

Action

- Diabetic and CVD patients are to have the eGFR recorded AND/OR
  - an albumin/creatinine ratio (ACR) or other microalbumin test result recorded.
- This is to occur at least once in a 12 month period.

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.

Numerator

- Number of Indigenous regular clients with Type 2 diabetes or with CVD or Type 2 diabetes and/or CVD who had a specified kidney function test result recorded in the 12 months up to the census date.

Denominator

- Number of Indigenous regular clients with Type 2 diabetes, CVD, Type 2 diabetes and/or CVD.

Data Entry Field:

1. Investigation Reports
2. Values
3. Complete details
4. Save.

Disaggregation

- **Age:** 18–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and female
- **Chronic disease:** Type 2 diabetes, Cardiovascular disease, either or both above
- **Risk result category**

nKPI: PI20
CVD risk assessment factors

Description:

Proportion of Indigenous 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

Current % (as of June 2023)	
National Current %	48%
National Target %	not set

Primary Responsibility

- GP
- Nurse
- AHW

Improvement Strategies

- Screening updated
- Clinical staff training
- External education

Action

- Clients that are suspected of having any CVD risk factors must have a cardiovascular risk assessment.
- Patients must have a sex and date of birth.
- Patients must have the following recorded in the previous 24 months:
  - Smoking status (reference qualifier with system code of SMO or SMP).
  - Systolic blood pressure (numeric qualifier with system code of BPS).
  - Either total cholesterol and HDL (numeric qualifiers with system codes of CHO and HDL) or cholesterol/HDL level (numeric qualifier with system code of CHR).
- Do not include Indigenous regular clients with CVD

Numerator

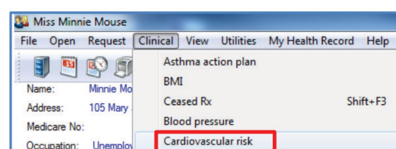
- Number of Indigenous regular clients aged 35-74 without known CVD who had all the necessary factors assessed in the 24 months up to the census date to enable CVD risk assessment.

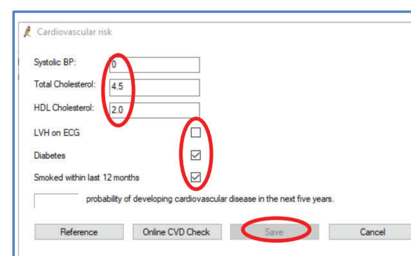
Denominator

- Number of Indigenous regular clients aged 35–74 without know CVD.

Data Entry Field

1. Clinical Tab
2. Cardiovascular risk
3. Complete Details
4. Save





Disaggregation

- **Age:** 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female

nKPI: PI 21

Absolute CVD risk assessment results

Description:

Proportion of Indigenous regular clients aged 35 to 74 with no known 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).

Current High risk % (as of June 2023)	
National Current %	30%
National Target %	not set

Primary Responsibility

- GP
- Nurse
- AHW

Improvement Strategies

- Screening updated
- Clinical staff training
- External education

Action:

- Clients that are suspected of having any CVD risk factors must have a cardiovascular risk assessment entered into their Best Practice file.
- The result appears with observations as CV risk.
- Patients must have a sex and date of birth.
- Do not include Indigenous regular clients with CVD.
- 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.
- Patients must have a record of their cardiovascular risk (high, moderate, or low) recorded within the previous 24 months.

Numerator

- Number of Indigenous regular clients aged 35 to 74 who had a specified absolute CCVD risk assessment recorded in the 24 months up to the census date.

Denominator

- Number of Indigenous regular clients aged 35-74 without known CVD who had an absolute CVD risk assessment result recorded.

Data Entry Field

1. Clinical Tab
2. Cardiovascular risk
3. Complete Details
4. Save

Disaggregation

- **Age:** 35–44 years, 45–54 years, 55–64 years, 65–74 years
- **Gender:** Male and Female
- **CVD risk assessment**

nKPI: PI 22

Cervical screening recorded

Description:

Proportion of female Indigenous 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 where the test occurred on or after 1 December 2017.

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 previous 5 years.

Current % (as of June 2023)	
National Current %	42%
National Target %	Not set

Primary Responsibility

- Nurse/AHW
- GP
- New Directions

Improvement Strategies

- Womens wellness clinics
- Screening updated
- Staff nKPI education

Action

- All female patients aged 25-74 years are to be asked during screening when they had their last cervical screen.
- If unknown the patient is to be offered the opportunity to have a cervical screen done at the clinic.
- Mark 'performed by' or 'not performed'.

Include

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

Numerator

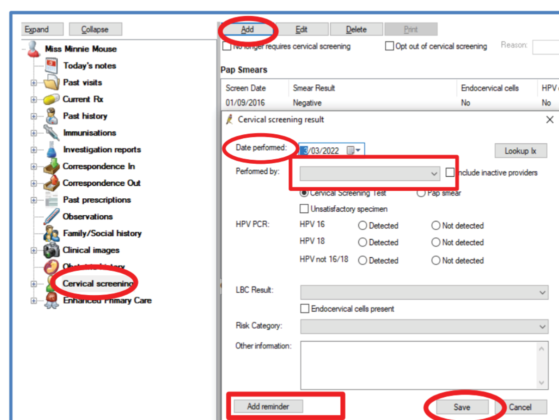
- Number of female Indigenous regular clients aged 25–74, who have not had a hysterectomy and who have had a cervical screening (human papillomavirus (HPV)) test within the previous 5 years where the test occurred on or after 1 December 2017.

Denominator

- Number of female Indigenous, regular client aged between 25 – 74 who have not had a hysterectomy.

Data Entry Field

1. Cervical Screening
2. Add
3. Date Performed
4. Performed by – enter provider details or 'Not performed here'
5. Add reminder
6. Save



Disaggregation

- **Age:** 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Female

nKPI: PI 23

Blood pressure recorded (Type 2 Diabetes)

Description:

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.

Current % (as of June 2023)	
National Current %	63%
National Target %	70%

Primary Responsibility

- AHW
- Nurse
- GP

Improvement Strategies

- Screening updated
- Equipment regularly calibrated
- Staff nKPI education

Action

- Every patient who has an active diagnosis of Type 2 diabetes must have a blood pressure recorded at every visit.

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

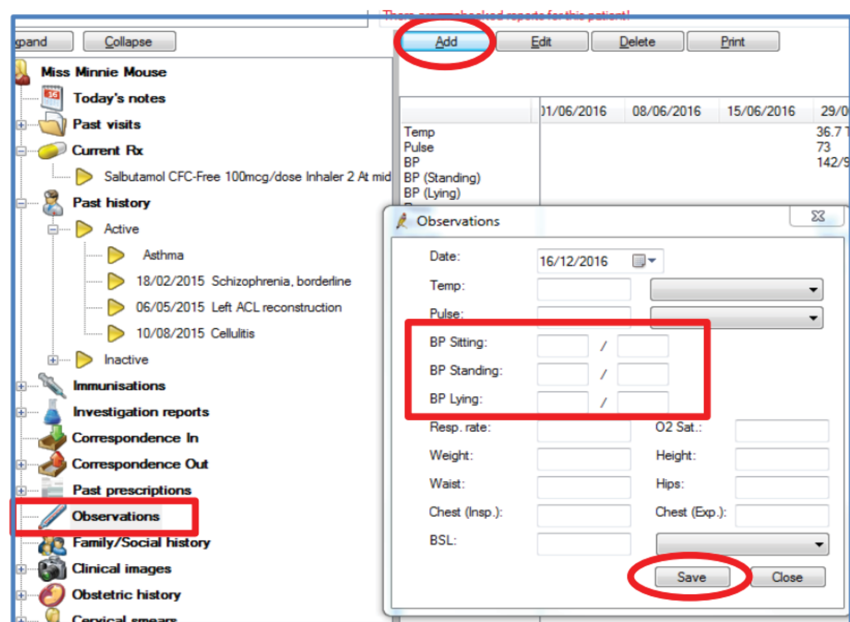
- Number of Indigenous regular clients with Type 2 diabetes.

Data Entry Field

1. Observations
2. Add
3. Enter BP Details
4. Save

Disaggregation

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- **Gender:** Male and Female



nKPI: PI24

Blood pressure result (Type 2 Diabetes)

Description:
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 140/90 mmHg.

Current <= 140/90 mmHg % (as of June 2023)	
National Current %	66%
National Target %	not set

Primary Responsibility

- AHW
- Nurse
- GP

Improvement Strategies

- DCC updated each visit
- Screening updated
- Staff nKPI education

Action

- Every patient who has an active diagnosis of Type 2 diabetes must have a blood pressure recorded at every visit.

Numerator

- Number of Indigenous 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.

Denominator

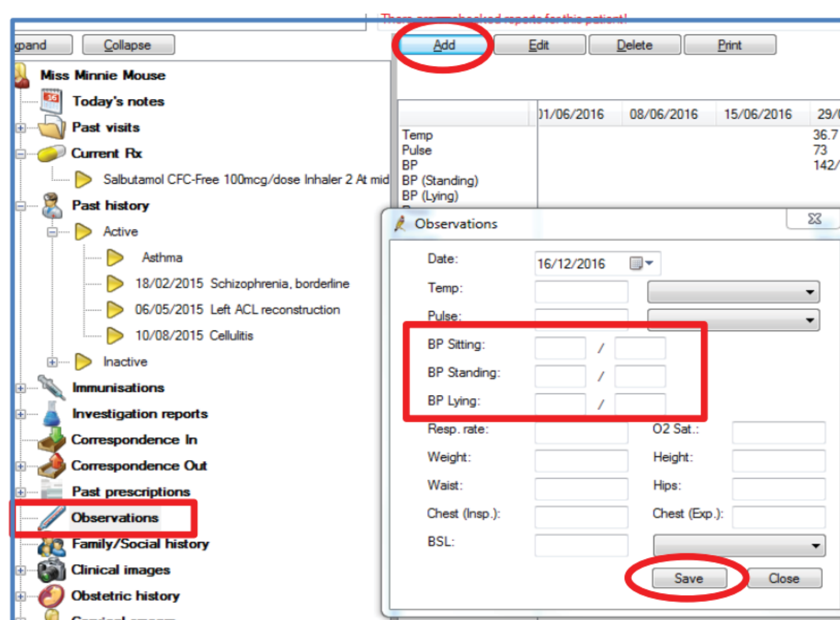
- Number of Indigenous regular clients with Type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date.

Data Entry Field

1. Observations
2. Add
3. Enter BP Details
4. Save

Disaggregation

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and over
- **Gender:** Male and Female



nKPI: PI 25

Sexually transmissible infections

Description:

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

Primary Responsibility

- AHW
- Nurse
- GP

Evidence for the National current %

National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care: results to June 2018, An overview of nKPI results to June 2018

Action

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

Numerator

- Number of Indigenous regular clients who were tested for chlamydia and/or gonorrhoea within the previous 12 months.

Denominator

- Number of Indigenous regular clients.

Disaggregation

- **Age:** 15–19 years, 20–24 years, 25–29 years, 30–34 years, 30–34 years,
- **Gender:** Male and Female

nKPI: PI 26

Ear Health

Description:
Number and proportion of Indigenous regular clients aged 0–14 years who have a completed ear health check recorded in the previous 12 months.

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 2024).
- Checks that have been conducted 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.

Numerator

- **Calculation A:** 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 month
- **Calculation B:** 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
- **Calculation C:** 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

Denominator

- **Calculation A:** Number of First Nations regular clients aged 0–14
- **Calculation B:** Number of First Nations regular clients aged 0–14
- **Calculation C:** Number of First Nations regular clients aged 0–14

Data Entry Field

- 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.
- 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.

Disaggregation

- **Age:** 0-11 months, 12-23 months, 24- 35 months, 36-59 months, 5-9 years, 10-14 years
- **Gender:** Male and Female

Notes

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