nKPI

Data Reference Manual for Communicare

Based on version 22.2

MARCH 2025

This guide refers to Clinical Items and Reports that are included with a 'standard install' of Communicare, but which may either be disabled or modified in your version.

There may also be additional service-preferred items which are used for recording some of this data, so please consider liaising with your Communicare Administrator or Data Coordinator to see if this document requires local adjustments.

Also, for detailed assistance with particular KPI indicator codes and issues, please either call Communicare Systems Helpdesk, or log a job with their online 'Jira' Helpdesk system.

For assistance with Pen CAT, please contact Pen CAT, or your local NACCHO Affiliate (QAIHC, AH&MRC, AHCSA, TAC, VACCHO, AMSANT, AHCWA, WNAHCS) or PHN if they are your usual support for this.

Support Contacts

Communicare

JIRA Job-Logging system:

jira.telstrahealth.com/servicedesk/customer/portal/

E: support@communicare.telstrahealth.com

Helpline: 1800 798 441

PEN CAT4

pencs.com.au/support/

E: support@pencs.com.au

Helpline: 1800 762 993

NACCHO affiliate link:

naccho.org.au/naccho-affiliates

PHN Directory by state/territory

health.gov.au/internet/main/publishing.nsf/Content/PHN-Contacts

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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%

Service Responsibility

- New Directions
- Nurses/AWA
- GPs

Improvement Strategies

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

Action

- Ensure all babies (i.e. any child aged 2 years or younger) registered with ACCHO have a birth weight recorded.
- Birth weight may be recorded either in the infant's biographics or as a weight qualifier recorded on day of birth.
- 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 considerations

- **Biographics** > **Personal tab** > **Birthweight** > **Save** or
- **Weight** qualifier on any clinical item that has the same performed date as the patient's date of birth, such as **Birth details** > **Date of Birth** > **Weight** > **Save**

Option 1

Option 2

nKPI: PI02

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 (less than 2,500 grams)
- normal (2,500 grams to less than 4,500 grams)
- high (4,500 grams and over).

Current % (as of June 2023)	
National Current – low	12%
National Target	Not set

Primary Responsibility

- New Directions
- Nurses/AWA
- GPs

Improvement Strategies

- Referrals to new Directions
- Data entry training for staff
- Antenatal visits follow ups
- Strong linkages with local hospital and health services

Action

- Birth weights are obtained from the infant's record.
- All births in the last 12 months are considered, whether the infant was a regular client or not.
- The infant must have at least one recorded visit to the health service.
- The number of babies in each weight category should add up to the number of babies 'With birth weight recorded'
- Exclude babies with unknown birthweight
- Do not include babies who were still born

Numerator

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

Denominator

- 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.

Data Entry Field considerations

- **Same as PI01**

Disaggregation

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

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% 15–24yrs 41% 25–54yrs 43% 55yrs & over 54%
National Target %	0–14yrs 69% 15–24yrs 69% 25–54yrs 63% 55yrs & over 74%

Primary Responsibility
• Clinic staff

Action

- The data looks for all Aboriginal and/or Torres Strait Islander patients who have had a MBS item 715 or equivalent billed in the past 12 months in both the 0–14 and over 15 years age brackets.
- All Aboriginal and Torres Strait Islander patients attending the clinic must be offered the opportunity to have a MBS item 715 health or equivalent assessment completed.
- The patient eligibility must be checked with Medicare before billing the MBS item 715 or equivalent (an MBS item 715 can only be billed once every 10 months).

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 considerations

- **Clinical item** > **Word search: 715** > select appropriate procedure type **> select** > Complete assessment as per MBS requirements > **Save >** Lodge with Medicare as a 715 or equivalent item

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.

Improvement Strategies

- Use Proda/Toggle to check if patients are due for 715
- Continue to develop new incentives such as shirts
- Opportunistic 715s performed

For Adult

Complete Recall - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Check up;Aboriginal & TSI adult

The Medicare item for **Aboriginal and Torres Strait Islander** people's health assessment should be claimed when this health assessment is complete.

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment

Display on Main Summary

Display on Obstetric Summary

Planned date 05/08/2014

Recall expiry date

Responsibility

Performed date 20/10/2023

Actual duration (minutes)

Pre-check | Examination of the patient | Assessment of patient

Creatinine is used to record both Serum and Plasma Creatinine without differentiation.

Creatinine		umol/L	(No previous values)
eGFR (Estimated GFR)		mL/min/1.73m2	(No previous values)

Click in the GFR box to automatically calculate from last recorded weight, height and creatinine.

GFR (ideal body weight)		mL/min	(No previous values)
Total cholesterol/HDL ratio		Ratio	(No previous values)
Total cholesterol level		mmol/L	(No previous values)
Triglyceride level		mmol/L	(No previous values)
HDL level		mmol/L	(No previous values)
LDL level		mmol/L	(No previous values)

[This button will generate a pathology request preselecting any test that has the keyword AHC attached.
If no tests are preselected see your Communicare administrator.]

Adult Health Check test request — Request Investigation

Chlamydia/gonorrhoea PCR test performed		(No previous values)
Trichomonas test performed		(No previous values)
Syphilis serology test performed		(No previous values)

[This button will generate a pathology request preselecting any test that has the keyword STI-AHC attached.
If no tests are preselected see your Communicare administrator.]

Adult Health Check STI test request — Request Investigation

Viewing right: Common

Save & Write Letter | Print & Save | Save | Cancel | Help

For Child

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Check up;Aboriginal & TSI child

The Medicare item for **Aboriginal and Torres Strait Islander** people's health assessment should be claimed when this health assessment is complete.

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment

Display on Main Summary

Display on Obstetric Summary

Performed date 20/10/2023

Actual duration (minutes)

Pre-check | Mandatory Examination | Optional Examination | Assessment of patient - Child

Pre-check

Before the health check is commenced, the patient or their parent or carer must be given an explanation of the health check process and its likely benefits, and must be asked whether they consent to the health check being performed.

Informed consent given - Child Hlth Chk		(No previous values)
Name of person giving consent		(No previous values)

History - Child

The health check must include the taking of a comprehensive patient medical history (if one does not already exist) or the updating of that history (if it already exists). This should include recording personal information relating to the patient - name, age and gender. It is also recommended that contact details are updated at each appointment and that alternative contact details for the patient are recorded.

The following list of items comprises those items that should be included in the patient's history as a minimum. The history should be appropriate for the age of the patient.

Family/Carer Situation		(No previous values)
Physical activity level		(No previous values)
Medical history taken/updated		(No previous values)

Medication usage to include OTC and medication from other doctors.

Medication usage record up-to-date		(No previous values)
Relevant family history		(No previous values)
Immunisation status		(No previous values)
History - Vision & Hearing		(No previous values)

Viewing right: Common

Save & Write Letter | Print & Save | Save | Cancel | Help

nKPI: PI 05

HbA1c recorded (Type 2 Diabetes patients)

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 50% 12 mths 66%
National Target %	12 mths 69%

Primary Responsibility

- New Directions
- Nurses/AWA
- GPs

Improvement Strategies

- Data entry training for staff
- Screening updated
- DACC updated every visit
- Increase nurse visits

Action

- Only Type 2 diabetes is considered.

Numerator

- All indigenous clients attending the clinic who have diabetes or at risk of diabetes are to have a HbA1c recorded **every 6 months**.
- Clients at risk must have a diabetes risk assessment completed and saved on file **every 12 months**.

Denominator

- Number of Indigenous regular patients with Type 2 diabetes.

Data Entry Field considerations

- **Patient is required to have a 'condition' recorded on their file as Type 2 Diabetes.**
- **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.**
- **Clinical item** > **Word search: HbA1C** > Select appropriate procedure type > **Select** > **Point of Care test** > **Enter HbA1C > 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

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Test;HbA1c

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment

Display on Main Summary

Display on Obstetric Summary

Performed date 20/10/2023

Actual duration (minutes)

Point of care test (No previous values)

This qualifier captures HbA1c values recorded in mmol/mol. If the value you have is recorded in % then either record this in the qualifier 'HbA1c (%)' or convert using this formula:
SI HbA1c unit (mmol/mol) = 10.93 × NGSP unit (%) - 23.50

HbA1c mmol/mol (No previous values)

HbA1c (%) % (No previous values)

Viewing right: Common

Print & Save | Save | Cancel | Help

Right click to remove an item from the summary

nKPI: PI 06

HbA1c results (Type 2 Diabetes patients)

Description:

Proportion of Indigenous regular clients with Type 2 diabetes whose HbA1c measurement result was within either the previous 6 months or 12 months, was categorised as one of the following:

- 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); or
- greater than or equal to 10% (greater than or equal to 86 mmol/mol).

Primary Responsibility

- Nurses
- AHW
- GPs
- Chronic care coordinator

Improvement Strategies

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

Action

- All Indigenous clients attending the clinic who have diabetes or are at risk of diabetes are to have an HbA1c recorded every 6 months.
- Only the most recently recorded result from an HbA1c test. This means that if a First Nations regular client has had several tests, include only the result from the most recent test.

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
  - 12 months up to the census date

Denominator

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

Data Entry Field considerations

- **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.
- **Same as PI05**

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**

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Test;HbA1c

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment

Display on Main Summary

Display on Obstetric Summary

Performed date: 20/10/2023

Actual duration (minutes)

Point of care test (No previous values)

This qualifier captures HbA1c values recorded in mmol/mol. If the value you have is recorded in % then either record this in the qualifier 'HbA1c (%)' or convert using this formula:
SI HbA1c unit (mmol/mol) = 10.93 × NGSP unit (%) - 23.50

HbA1c mmol/mol (No previous values)

HbA1c (%) % (No previous values)

Viewing right: Common

Print & Save | Save | Cancel | Help

Right click to remove an item from the summary

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, 92068, 92055or 92099) was prepared within the previous 24 months.

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

Primary Responsibility

- GPs
- AHW
- Nurses

Improvement Strategies

- Appoint Chronic Disease Team Leader
- Expand Integrated Team Care team
- Follow up MBS item 813000 visits

Action

- All Aboriginal and Torres Strait Islander patients who have a chronic disease should be offered a GP management plan.

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.

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 considerations

- **Clinical item** > **Word search: Care Plan** > Select appropriate procedure type > **Select** > Complete GPMP as per MBS requirements > **Save** > Lodge with Medicare as a 721 or equivalent item

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

- IHPs
- Nurses

Improvement Strategies

- Include in IHP screening and assessment
- Include in Nurse screening and assessment
- Data extraction shows clients with no smoking status recorded 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

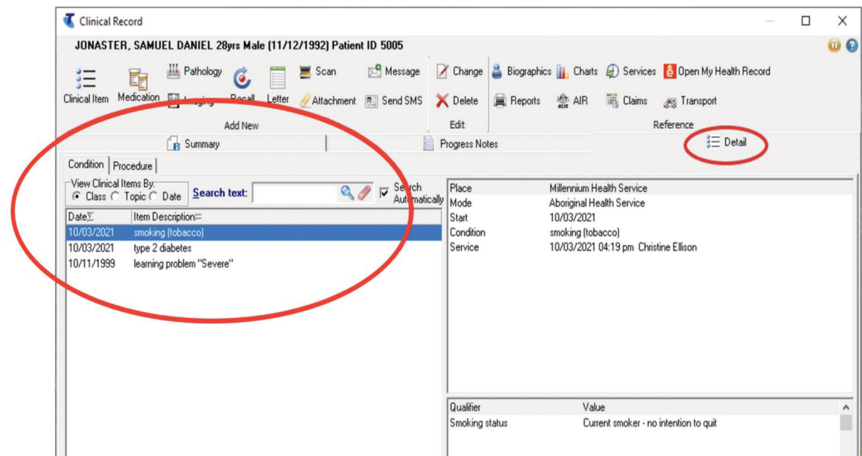
- Regular, Indigenous patients aged 11 years and over.

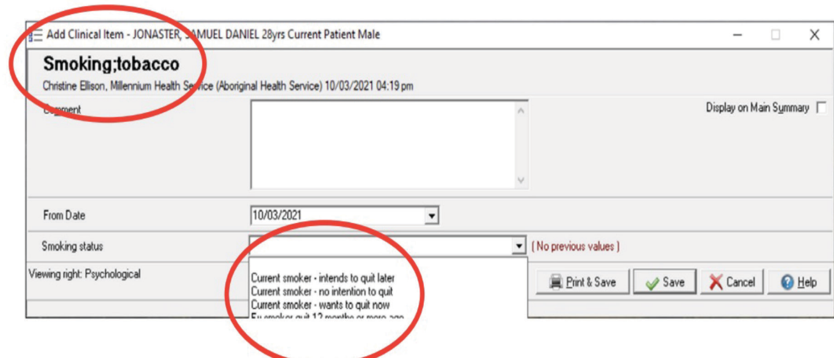
Data Entry Field considerations

- **Clinical Item** > **Search work: Smoking; tobacco** > **Select** > Enter details > **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: PI10
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
- Never smoked

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

Primary Responsibility

- Clinic staff
- New Directions

Improvement Strategies

- Include in IHP screening and assessment
- Include in Nurse screening and assessment
- Data extraction shows clients with no smoking status recorded 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 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 considerations

- **Same as** PI**09**

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
- Never smoked

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

Primary Responsibility

- New Directions
- Nurse/AWA
- GPs

Improvement Strategies

- Include in IHP screening and assessment
- Include in nurse screening and assessment
- Data extraction shows clients with no smoking status recorded for follow up
- Smoking status recorded/ details updated at each visit

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.
- 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 Communicare, 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 considerations

- **Obstetric** > **Current pregnancy** > **Antenatal check** > **Checkup antenatal** > Enter smoking details > **Save**

Disaggregation

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

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)
- Normal weight (>=18.50 but <=24.99)
- Overweight (>=25 but <=29.90)
- Obese (>=30)

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

Current Overweight & Obese % (as of June 2023)	
National Current %	43%
National Target %	Not set

Primary Responsibility

- AWA
- Nurses

Improvement Strategies

- Include in IHP screening and assessment
- Offer nurse or MBS item 81300 follow up
- Refer to Dietitian

Action

- All clients attending the practice are to have their height, weight and waist circumference recorded during screening.
- This is to be checked and updated at each visit.
- Only the most recently recorded BMI measurement.
    - This means that if the client had their BMI recorded more than once within the previous 24 months, include only the most recently recorded result.

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 considerations

- **Clinical item** > **Search word: weight** > **Select** > **Add in height and weight details** > Automatically calculates the BMI > **Save**

Disaggregation

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

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Check up;height/weight

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment

Display on Main Summary

Display on Obstetric Summary

Performed date 20/10/2023

Actual duration (minutes)

Height cm (No previous values)

Weight kg (No previous values)

Click in the BMI box to automatically calculate from last recorded weight and height.

BMI kg/m2 (No previous values)

Waist circumference cm (No previous values)

	Children (up to 15):	Men:	Women:
Extremely Slim	<=0.34	<=0.34	<=0.34
Slim	0.35 to 0.45	0.35 to 0.42	0.35 to 0.41
Healthy	0.46 to 0.51	0.43 to 0.52	0.42 to 0.48
Overweight	0.52 to 0.63	0.53 to 0.57	0.49 to 0.53
Very Overweight		0.58 to 0.62	0.54 to 0.57
Obese	>=0.64	>=0.63	>=0.58

Waist/height ratio Ratio (No previous values)

Calculate Waist/height ratio

Viewing right: Common

Print & Save | Save | Cancel | Help

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 who:

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

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

Primary Responsibility

- IHPs
- Nurses/AHW
- New Directions

Improvement Strategies

- Data entry training for staff
- Clinic staff education
- Patient education and resources

Action

- 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 birthweight 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 considerations

- **Clinical record** > **Summary** > **Obstetrics** > **Obstetric History tab** > **Click New Pregnancy** > **Pregnancy; confirmed** > Enter pregnancy details > **Save**

Disaggregation

- **Age:** Less than 20, 20-34, 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 (aged 6 months and over)

Description:

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

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

Primary Responsibility

- Clinic Staff
- Nurses
- GPs
- IHPs

Improvement Strategies

- Data entry training for staff
- Dedicated flu shot days
- Offer incentives
- All clients are offered flu vaccine

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

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 considerations

- **Clinical item** > **word search; Immunisation; Flu** > Select vaccine brand type > **Select** > Enter vaccine details > **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

- Nurses/AHW
- GPs
- IHPs

Improvement Strategies

- Include in IHP Screening and assessment
- Include in Nurse screening and assessment
- Data extraction shows clients with no alcohol status recorded or details recorded for follow up
- Alcohol status recorded/details updated at each visit

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.

Include

- Any record of alcohol consumption. This could include a record of:
  - whether the First Nations regular client consumes alcohol
  - the amount and frequency of the First Nations regular client's alcohol consumption
  - the results of tests such as the AUDIT or AUDIT-C.

Numerator

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

Denominator

- Number of Indigenous regular clients aged 15 and over.

Data Entry Field considerations

- **Clinical Item** > **Word Search: AUDIT C** > **S**elect appropriate procedure type > **Select** > Complete AUDIT C assessment > **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

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Check up;alcohol;AUDIT-C

Begin the AUDIT by saying, "Now I am going to ask you some questions about your use of alcoholic beverages during the past year". Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc.
Recommended limits (double-click to view and/or print):

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment

Display on Main Summary

Display on Obstetric Summary

Performed date 20/10/2023

Actual duration (minutes)

Ask question "How often do you have a drink containing alcohol?"

Alcohol audit interview Q1 (No previous values)

Ask question "How many drinks containing alcohol do you have on a typical day when you are drinking?"

Alcohol audit interview Q2 (No previous values)

Ask question "How often do you have six or more drinks on one occasion?"

Alcohol audit interview Q3 (No previous values)

In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol disorders.
In women, a score of 3 or more is considered positive (same as above).
However, when all the points are from Question 1 alone (2 and 3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.
Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

Alcohol AUDIT-C total score (No previous values)

Calculate Alcohol AUDIT-C total

Viewing right: Psychological

Print & Save | Save | Cancel | Help

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); or
- only an albumin/creatinine ratio (ACR); or
- both an eGFR and an ACR; or
- 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 %	Not set

Primary Responsibility

- Nurses
- GPs
- IHPs

Improvement Strategies

- Screening updated
- Clinic staff training
- eGFR and ACR must occur at least once in a 12 month period

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

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

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 considerations

- **Clinical item** > **Search word: Check up: Aboriginal and TSI adult** > **Examination of the patients header** > Input ACR and eGFR > **Save**

Disaggregation

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

Complete Recall - SMITH, VERA ASHLEY 33yrs Current Patient Female

Check up;Aboriginal & TSI adult

The Medicare item for **Aboriginal and Torres Strait Islander** people's health assessment should be claimed when this health assessment is complete.

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 22/05/2024 14:38:45

Comment

Display on Main Summary

Display on Obstetric Summary

Planned date 10/08/2005

Recall expiry date

Responsibility

Performed date 22/05/2024

Actual duration (minutes)

Pre-check | Examination of the patient | Assessment of patient

Investigations as required

Arrange or undertake investigations as clinically indicated.
Investigations and referrals should be formally recorded in the clinical record.

Blood glucose level - fasting	mmol/L	(No previous values)
Blood glucose level - random	mmol/L	(No previous values)
Urinalysis: Protein		(08/03/2012 Negative)
ACR (Alb/Creat Ratio)	mg/mmol	(No previous values)

Creatinine is used to record both Serum and Plasma Creatinine without differentiation.

Creatinine	umol/L	(No previous values)
eGFR (Estimated GFR)	mL/min/1.73m2	(No previous values)

Click in the GFR box to automatically calculate from last recorded weight, height and creatinine.

GFR (ideal body weight)	mL/min	(No previous values)
Total cholesterol/HDL ratio	Ratio	(No previous values)
Total cholesterol level	mmol/L	(No previous values)
Triglyceride level	mmol/L	(No previous values)
HDL level	mmol/L	(No previous values)
LDL level	mmol/L	(No previous values)

[This button will generate a pathology request preselecting any test that has the keyword AHC attached.

Viewing right: Common

Save & Write Letter | Print & Save | Save | Cancel | Help

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/1.73m² and:
  - ACR <3.5 mg/mmol (females)
  - ACR <2.5 mg/mmol (males).
- **Low risk—**eGFR ≥45 mL/min/1.73m² and <60 mL/min/1.73m² and either:
  - ACR <3.5 mg/mmol (females)
  - ACR <2.5 mg/mmol (males);

  OR eGFR ≥60 mL/min/1.73m² 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/1.73m² and <60 mL/min/1.73m² 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/1.73m² and <45 mL/min/1.73m2 and either:
  - ACR <35 mg/mmol (females)
  - ACR <25 mg/mmol (males).
- **High risk—**eGFR ≥30 mL/min/1.73m² and either:
  - ACR >35ml/mmol (females)
  - ACR >25mg/mmol (males);

  OR eGFR less than 30 mL/min/1.73m² 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
• Clinic staff training in CVD risk assessment • Patient education and resources

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 considerations

- **Same as PI18**

Disaggregation

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

nKPI: PI 20

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

- GPs
- Nurses
- IHPs

Improvement Strategies

- Clinical staff training in CVD risk assessment
- Patient education and resources

Action

- Clients that are suspected of having any CVD risk factors must have a cardiovascular risk assessment.

Include

- 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 considerations

- **Clinical item** > **Search word: CV Risk Calculator** > Choose either **CARPA STM** or **Framingham procedure** > Complete assessment > **Save**
- **Ensure that the minimum requirements of smoking status, patient sex and date of birth are entered**

CV Risk Calculator (CARPA STM)

CV Risk Calculator (Framingham)

nKPI: PI 21

CVD risk assessment result

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).

Current High Risk % (as of June 2023)	
National Current %	35%
National Target %	Not set

Primary Responsibility

- GPs
- Nurses
- AWH

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 Communicare file.

Include

- 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. For the purpose of this report the cardiovascular risk needs to be recorded as a reference type qualifier or a numeric type of qualifier with appropriate export or system codes:
  - For CARPA STM guidelines, either of the following:
    - Reference type qualifier with an export code of CVR-R05C and dropdown references with system codes of H, M or L (for high, moderate, or low)
    - Numeric type qualifier with units of % and an export code of CVR-N05C
  - For Framingham calculations either of the following:
    - Reference type qualifier with an export code of CVR-R05F and dropdown references with system codes of H, M or L (for high, moderate, or low)
    - Numeric type qualifier with units of % and an export code of CVR-N05F

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 considerations

- **Same as** PI**20**

Disaggregation

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

nKPI: PI 22
Cervical screening

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.

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

Primary Responsibility

- Nurses/AHW
- GPs
- New Directions

Improvement Strategies

- Women wellness clinic
- 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.
- A cervical screening clinical item is a completed item of any class with the export code of CST, HPV or LBC.
- A cervical screening qualifier is any qualifier which is a Yes/No qualifier with the export code of CST, HPV or LBC where the response recorded was Yes.

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 considerations

- **Clinical item** > **Search word: Cervical screening:** A cervical screening clinical item is a completed item of any class with the export code of **CST, HPV or LBC** >**Save**

Disaggregation

- **Age:** 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65–74 years
- **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

- GPs
- Nurses
- AHW

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 considerations

- **Clinical Item** > **word search:** Checkup: Blood Pressure > **Select appropriate procedure type** > **Select** > Insert Blood Pressure reading > **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

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female
Check up;blood pressure
Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44
Comment
Display on Main Summary
Display on Obstetric Summary
Performed date 20/10/2023
Actual duration (minutes)
BP - Systolic blood pressure mm Hg (No previous values)
BP - Diastolic blood pressure mm Hg (No previous values)
Viewing right: Common
Print & Save | Save | Cancel | Help

nKPI: PI 24

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

- GPs
- Nurses
- AHW

Improvement Strategies

- DACC updated at 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 considerations

- **Same as** PI**23**

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

Add Clinical Item - AKEHURST, JOANNE APRIL 24yrs Current Patient Female

Check up;blood pressure
Christine Ellison, Millennium Health Service (Aboriginal Health Service) 20/10/2023 13:16:44

Comment
Display on Main Summary
Display on Obstetric Summary
Performed date 20/10/2023
Actual duration (minutes)
BP - Systolic blood pressure mm Hg (No previous values)
BP - Diastolic blood pressure mm Hg (No previous values)
Viewing right: Common
Print & Save | Save | Cancel | Help

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

- GPs
- Nurses
- AHW

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 – Australian Institute of Health and Welfare (aihw.gov.au)

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.

Data Entry Field considerations

- An STI result is any incoming electronic pathology result identified as being a Chlamydia or gonorrhoea test

Disaggregation

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

nKPI: PI26

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 considerations

- 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

36 Russell Street
PO Box 3205
South Brisbane Q 4101

Ph: **07 3328 8500**
Fax: 07 3844 1544

www.qaihc.com.au