

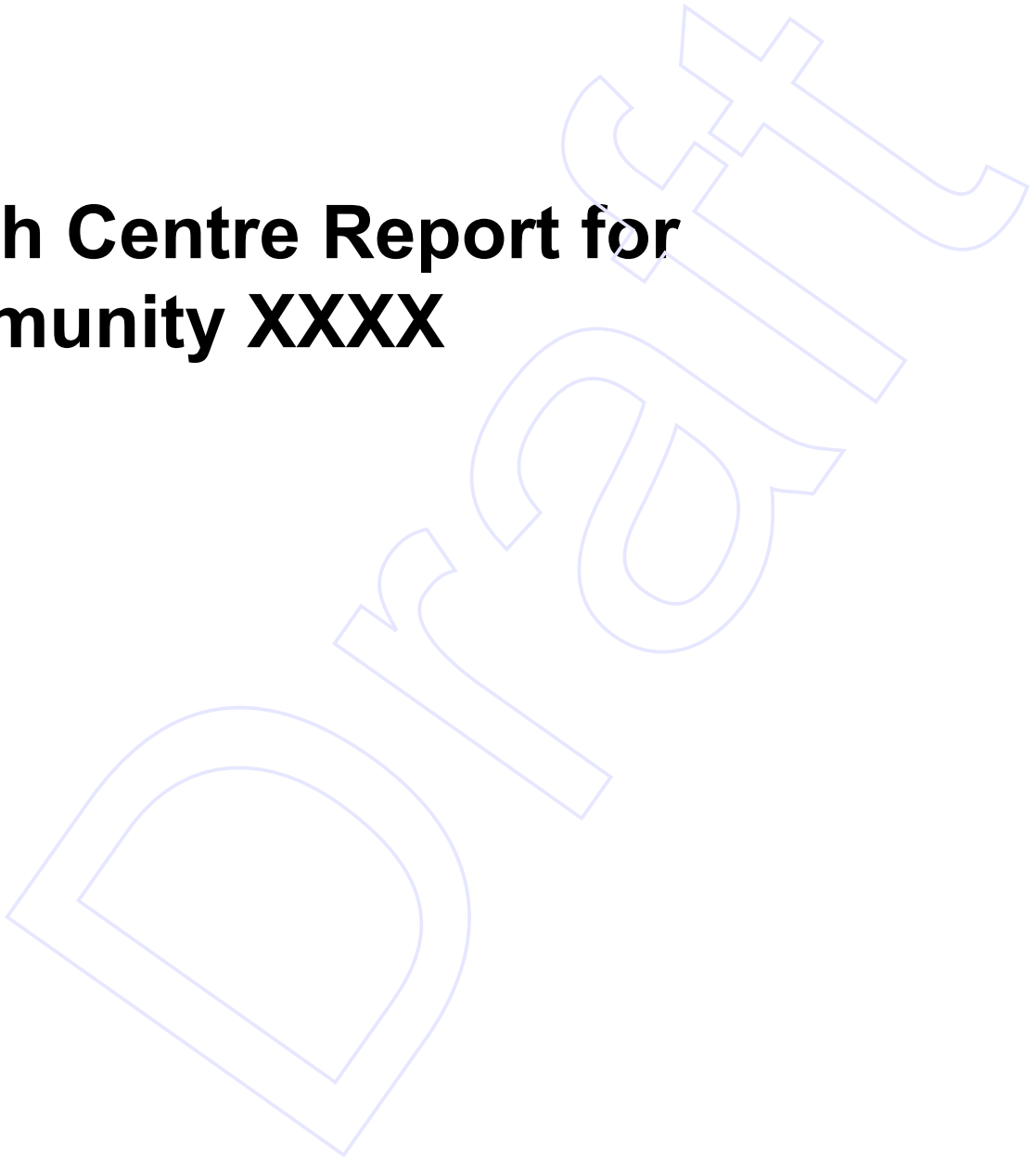


Northern Territory Aboriginal Health

Key Performance Indicator Information System



Health Centre Report for Community XXXX



01 July 07 - 30 Jun 08

Introduction

The Northern Territory Aboriginal Health Forum (NTAHF), that comprises representatives from the Commonwealth Department of Health and Aging (DoHA), Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) and the Northern Territory Department of Health and Families (DHF), have developed a set of 19 Key Performance Indicators (KPI's). The NT wide health jurisdiction system is capturing and measuring primary health care data consistently across the variety of NT remote Primary Health Care service providers. The objective of the system is to improve primary health care services for Indigenous Australians in the Northern Territory by building capacity at the service level and the system level to collect, analyse and interpret data that will:

1. Inform understanding of trends in individual and population health outcomes;
2. Identify factors influencing these trends; and
3. Inform appropriate action, planning and policy development

This report provides a community level analysis of the suite of KPIs. Full KPI definitions can be found at:

<http://www.nt.gov.au/health/ahkpi/Reports/KPIdefinition.pdf>

IMPORTANT NOTE FOR READERS OF THIS REPORT

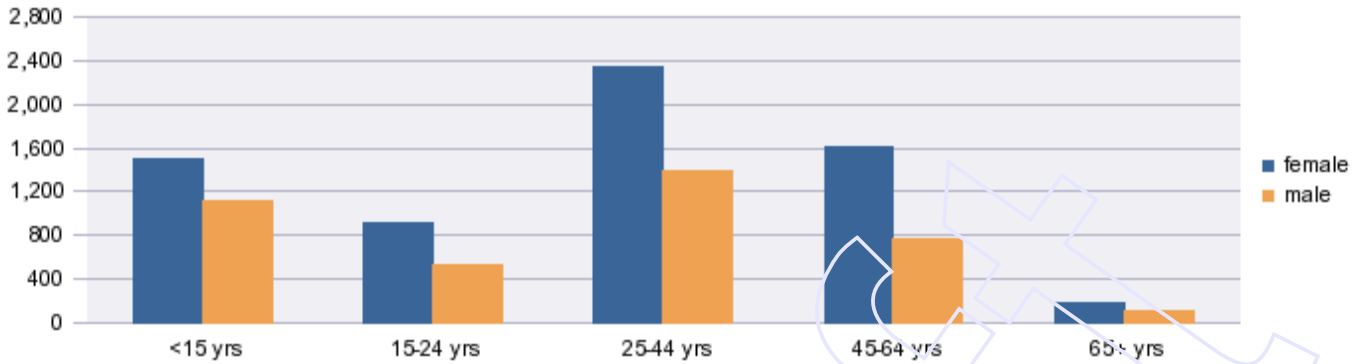
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Interpretation of the data is questionable when small numbers have been used or when a large percentage of the children have not been measured (low coverage). Some communities have small numbers in the population and this cannot be changed. Please remember these points when determining the validity of the data.

AHKPI 1.1a Number of episodes of health care

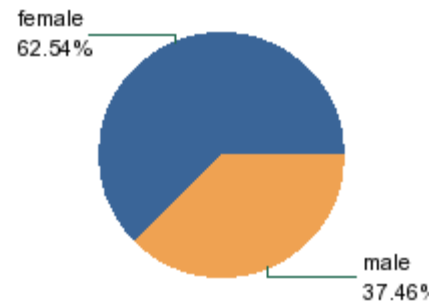
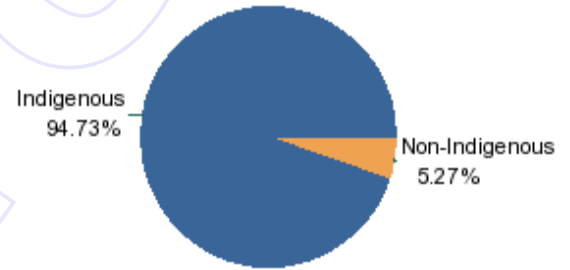
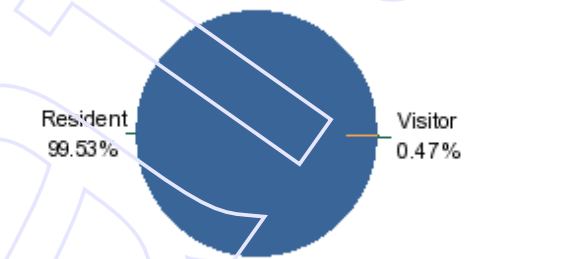
The purpose of this indicator is to measure the uptake of the service as well as equity in access to health services between health centres within a Health Zone.

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		Aboriginal					Total
		<15 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65+ yrs	
Resident	female	1,457	913	2,208	1,473	164	6,215
	male	1,115	496	1,312	671	75	3,669
Resident Totals		2,572	1,409	3,520	2,144	239	9,884
Visitor	female			21			21
	male					14	14
Visitor Totals				21		14	35
Aboriginal Totals		2,572	1,409	3,541	2,144	253	9,919

		Non Aboriginal					Total
		<15 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65+ yrs	
Resident	female	36	5	115	136	12	307
	male	4	28	79	102	18	231
Resident Totals		40	36	194	238	30	538
Visitor	female				6		6
	male		8				8
Visitor Totals			8		6		14
Aboriginal Totals		40	44	194	244	30	552



Total Episodes	10,471
Total Service Population	930

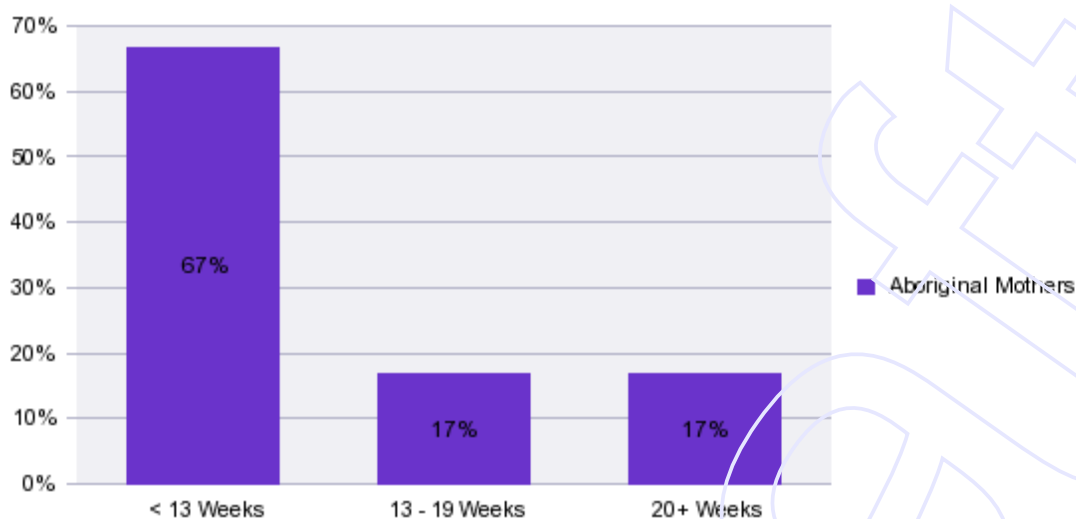
Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.2 Timing of first antenatal visit for regular clients delivering Aboriginal babies

The aim of antenatal care is to maximise the health outcomes of the mother and the baby. It aims to identify and manage risk factors or complications early, and to monitor progress with information and support during pregnancy.

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		Aboriginal Mothers	
< 13 Weeks	20 -34	100%	4
< 13 Weeks Totals			4
13 - 19 Weeks	20 -34	100%	1
13 - 19 Weeks Totals			1
20+ Weeks	20 -34	100%	1
20+ Weeks Totals			1

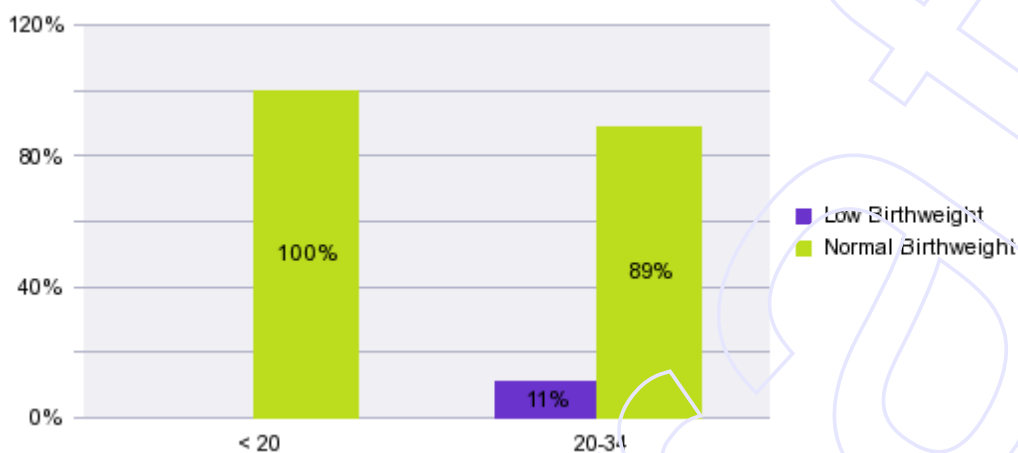
Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.3 Number and proportion of low, normal and high birth weight Aboriginal babies

The birth weight of an infant is a principle determinant of their chances of survival and good health. Low birth weight is a risk factor for neurological and physical anomalies, the risk of adverse outcomes increasing with decreasing birth weight. Low birth weight may be an indicator of inadequate foetal growth, resulting from pre-term birth or foetal growth restriction or both. Low birth weight is one of the major determinants of perinatal mortality. Infants weighing less than 2,500 grams are almost 40 times more likely to die within the first 28 days than of infants of normal birth weight.' (Reproductive Health Indicators Australia 2002)

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		Low Birthweight		Normal Birthweight	
		Count	Percentage	Count	Percentage
Aboriginal Mothers	< 20			1	100%
	20-34	1	11%	8	89%
Aboriginal Mothers		1	10%	9	90%

Total No of Births	10
Proportion Low	10%
Proportion Normal	90%
Proportion High	0%

Key Message

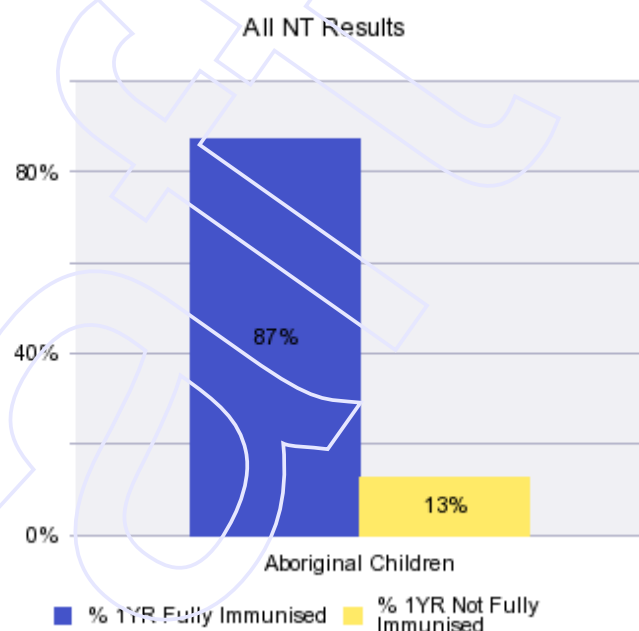
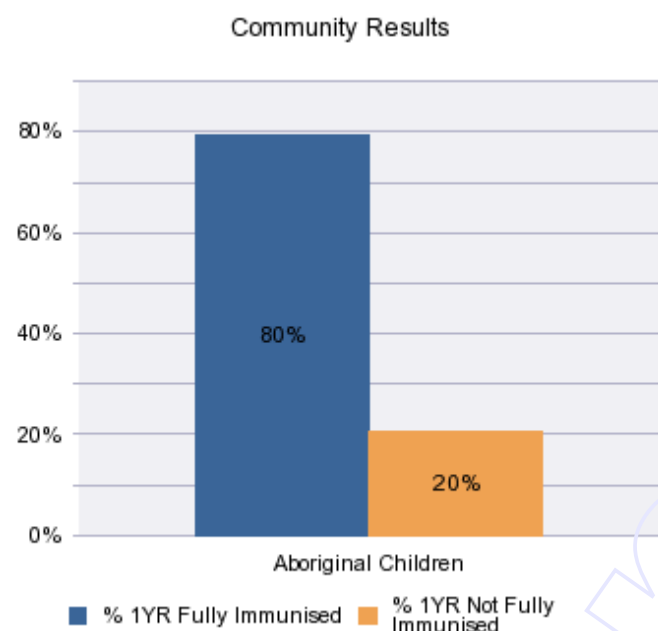
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.4 Number and proportion of Aboriginal children fully immunised at 1 year of age

Immunisation is a highly cost effective intervention in reducing morbidity and mortality rates in vaccine preventable diseases. Health system effectiveness in providing vaccination services can be measured by vaccination coverage at key milestones.

Health Centre Report for Community XXXX

Children 6 months to less than 1 year of age



Fully Immunised		Not Fully Immunised		Total Children
6	86%	1	14%	7

Fully Immunised		Not Fully Immunised		Total Children
677	87%	98	13%	775

Key Message

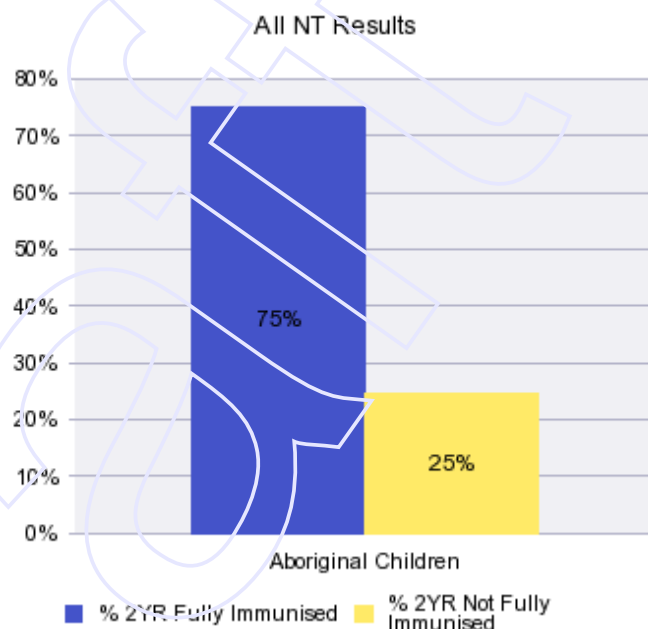
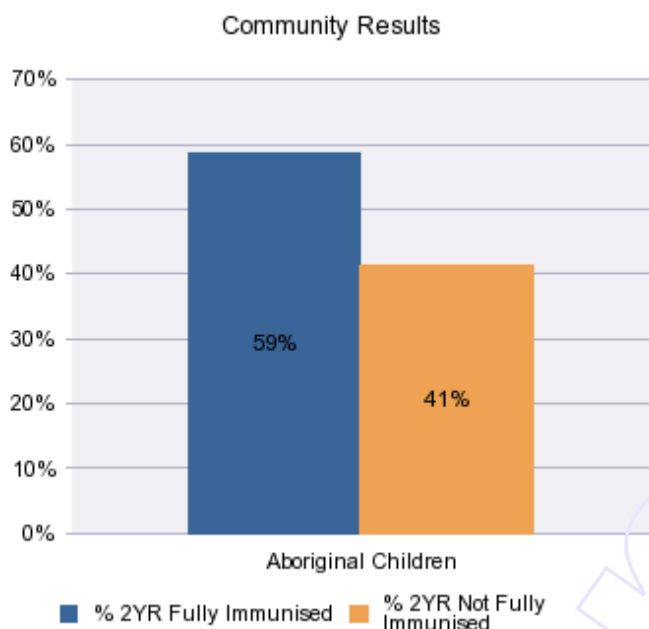
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.4 Number and proportion of Aboriginal children fully immunised at 2 years of age.

Immunisation is a highly cost effective intervention in reducing morbidity and mortality rates in vaccine preventable diseases. Health system effectiveness in providing vaccination services can be measured by vaccination coverage at key milestones.

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Children 1 year to less than 2 years of age



Fully Immunised		Not Fully Immunised		Total Children
61	59%	43	41%	104

Fully Immunised		Not Fully Immunised		Total Children
1,252	75%	413	25%	1,665

Key Message

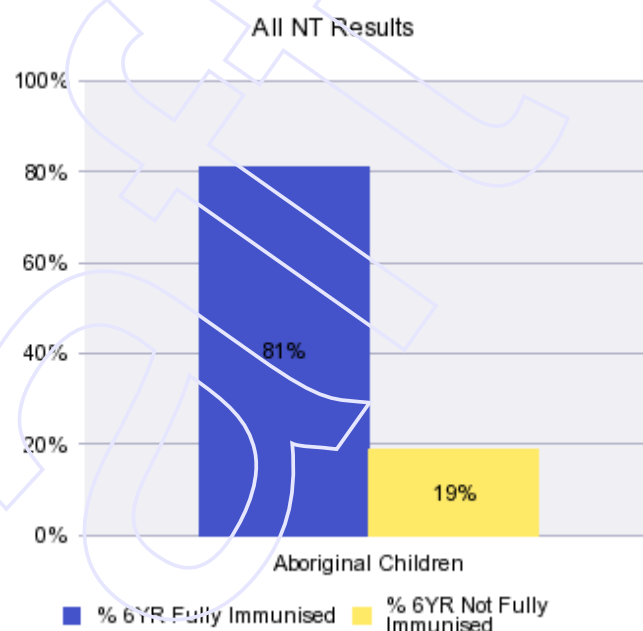
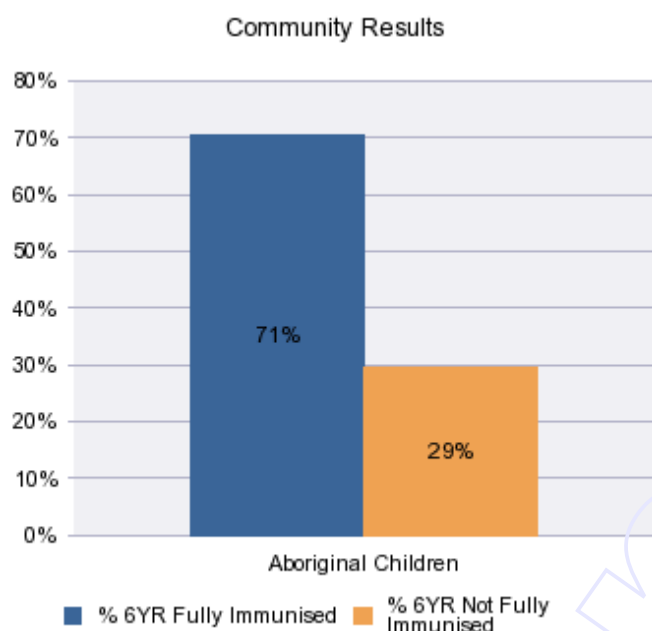
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.4 Number and proportion of Aboriginal children fully immunised at 6 years of age.

Immunisation is a highly cost effective intervention in reducing morbidity and mortality rates in vaccine preventable diseases. Health system effectiveness in providing vaccination services can be measured by vaccination coverage at key milestones.

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Children 2 years to less than 6 years of age.



Fully Immunised		Not Fully Immunised		Total Children
381	71%	159	29%	540

Fully Immunised		Not Fully Immunised		Total Children
5,103	81%	1,177	19%	6,280

Key Message

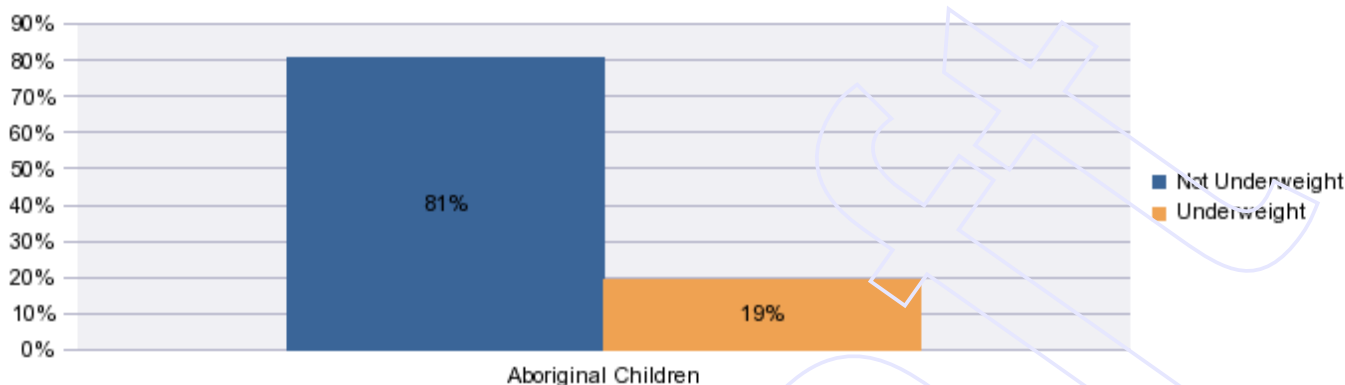
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.5 Number and proportion of children less than 5 years of age who are underweight

The measurement of growth of children under 5 years is a sensitive indicator of the nutritional status of children. Significant health issue for children linked to poor health status.

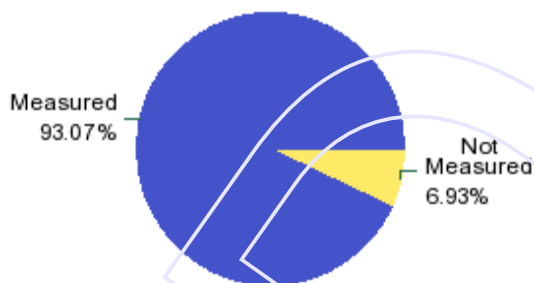
Health Centre Report for Community XXXX

Proportion Underweight



	Not Underweight		Underweight		Totals
Aboriginal Children	76	81%	18	19%	94
Totals	76	81%	18	19%	94

Coverage



	Measured		Not Measured		Totals
Aboriginal Children	94	93%	7	7%	101
Totals	94	93%	7	7%	101

Key Message

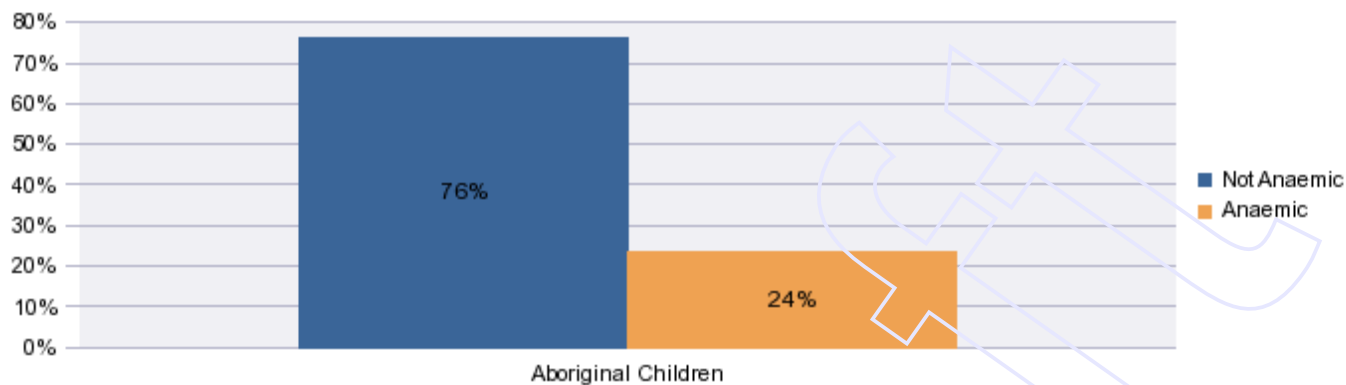
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.6 Number and proportion of children between 6 months and 5 years of age who are anaemic.

The measurement of haemoglobin is an indicator of iron (micronutrient) status of children. This is a significant health status indicator and reflects service performance.

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Proportion Anaemic



	Not Anaemic		Anaemic		Total
Aboriginal Children	71	76%	22	24%	93
Totals	71	76%	22	24%	93

Coverage

	Measured		Not Measured		Total
Aboriginal Children	93	93%	7	7%	100
Totals	93	93%	7	7%	100

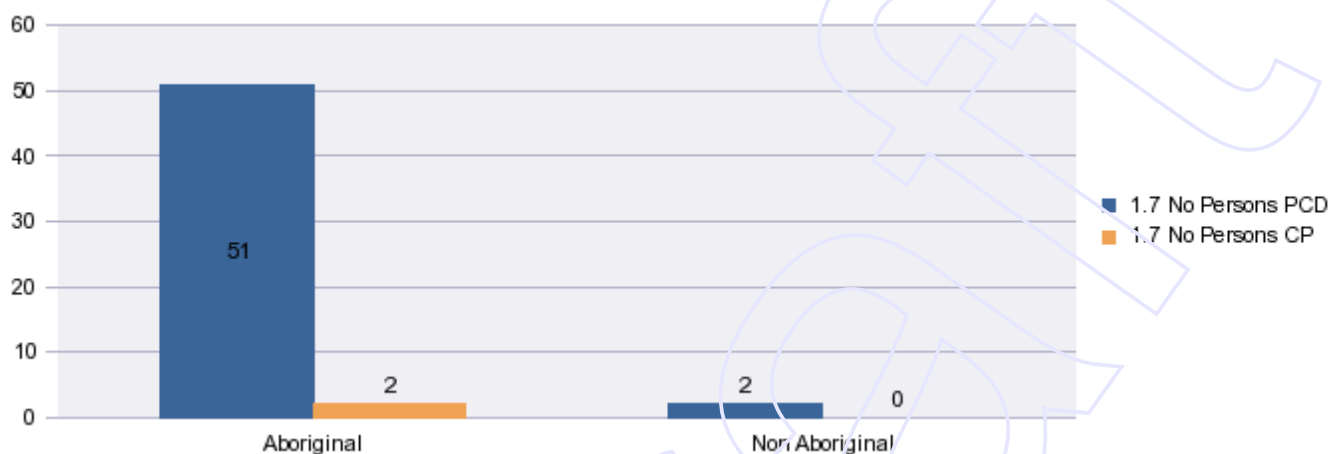
Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.7 Number and proportion of resident clients aged 15 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan.

Preventable chronic diseases are responsible for a significant burden of disease for Aboriginal people and if poorly controlled increase hospitalisations, complications and the cost of health care. Care plans are the foundation for providing appropriate long-term care and an increase in the proportion will demonstrate improved health service delivery.

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		female			male		
		No PCD	No Care Plan	Proportion	No PCD	No Care Plan	Proportion
Aboriginal	15-24 yrs	1	0	0%			0%
	25-44 yrs	12	0	0%	4	0	0%
	45-64 yrs	21	2	10%	12	0	0%
	65+ yrs	1	0	0%			0%
Non Aboriginal	15-24 yrs	1	0	0%			0%
	25-44 yrs	1	0	0%			0%

	Community Results	ALL/NT Results
Total Residents with a PCD	53	252
Total Residents on a Care Plan	2	3
Proportion Care Plans	4%	1%

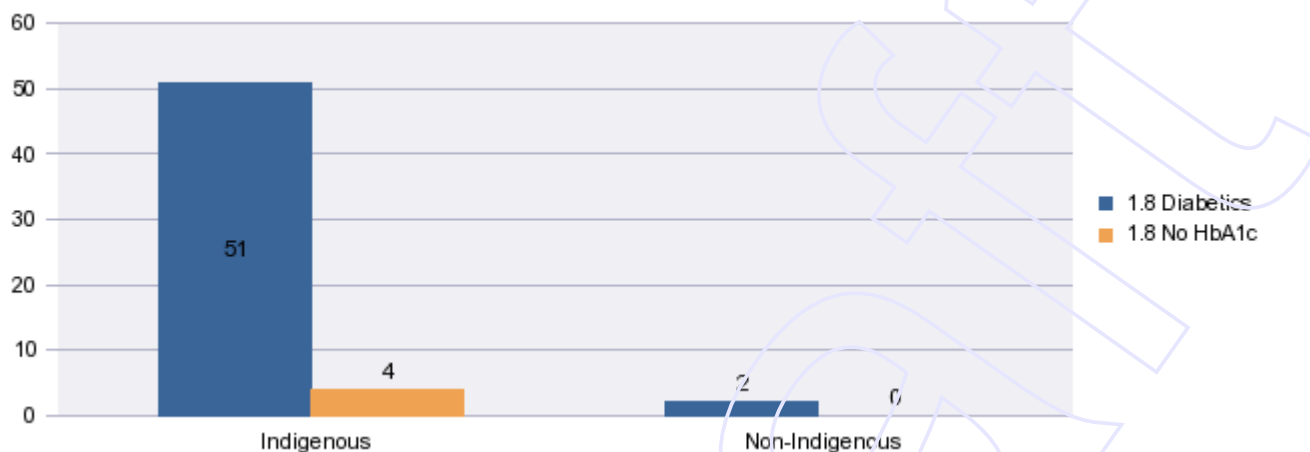
Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.8 Number and proportion of resident clients aged 15 years and over with Type II Diabetes who have had an HbA1c test in the last 6 months

Glycosylated haemoglobin (HbA1c) is an index of average blood glucose level for the previous 2 to 3 months and is used to monitor blood sugar control in diabetic people. It is a marker of the increased risk of developing atherosclerosis, myocardial infarction, strokes, cataracts and loss of the elasticity of arteries, joints and lungs.

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		Aboriginal		Non Aboriginal	
		No Resident Diabetics	No HbA1c Tested	No Resident Diabetics	No HbA1c Tested
female	15-24 yrs	1	0	1	0
	25-44 yrs	12	1	1	0
	45-64 yrs	21	2		
	65+ yrs	1	0		
female Totals		35	3	2	
male	25-44 yrs	4	0		
	45-64 yrs	12	1		
	male Totals	16	1		

	Community Results	ALL NT Results
Total number of resident diabetics	53	239
Total number who have had a HbA1c test	4	23
Proportion who have had a HbA1c test	7.55%	9.62%

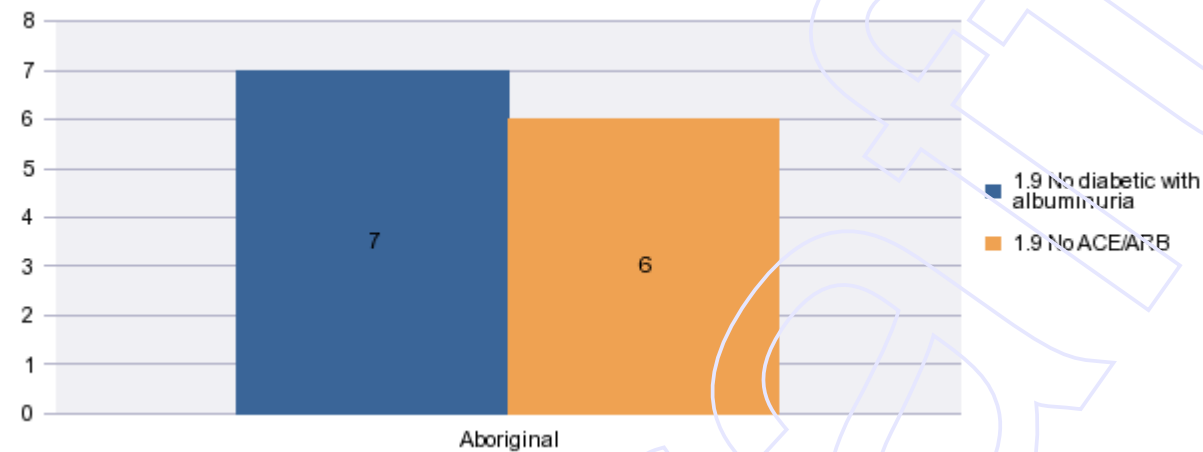
Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.9 Number and proportion of diabetic patients with albuminuria who are on ACE inhibitor and/or ARB

Renal disease is a major complication of diabetes. It is first diagnosed by the detection of protein in the urine (albuminuria). Control of high blood pressure is important in slowing the progression of renal disease. Use of Angiotension Converting Enzyme inhibitor and/or Angiotension Receptor Blocker have been demonstrated to significantly improve BP control and renal deterioration

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	Aboriginal		Proportion on ACE/ARB
	No diabetic patients with albuminuria	No patients who are on an ACE/ARB	
25-44 yrs	3	3	100%
45-64 yrs	3	2	67%
65+ yrs	1	1	100%

	Community Results	All NT Results
Total diabetic patients with albuminuria	7	9
No patients who are on an ACE/ARB	6	6
Proportion on ACE/ARB	86%	66.67%

Key Message

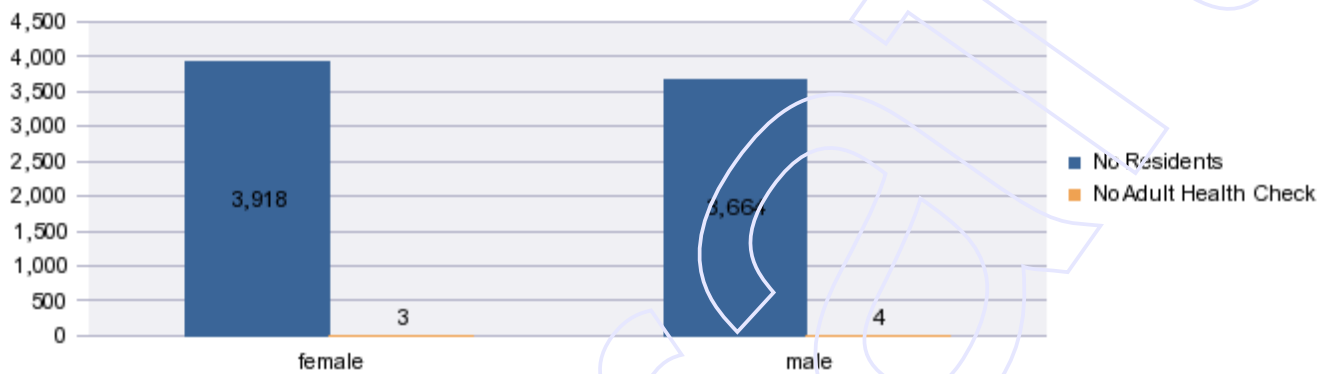
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.10 Number and proportion of Aboriginal resident clients aged 15 to 54 years who have had a full adult health check

The evidence for screening well people for asymptomatic disease is well established for a specified number of conditions. Screening detects the disease at an earlier stage, and this allows good clinical management with the aim of reducing and preventing complications.

Adult health checks support a multidisciplinary approach to the early detection and intervention for chronic diseases, such as Type 2 Diabetes and cardiovascular disease, and the opportunity to address other health risks, such as behavioural risk factors, poor mental health and sexually transmitted infections."

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		Aboriginal		Proportion who have had a MBS 710
		No Clients 15 - 54 years	No who have had a MBS 710	
female	15-24 yrs	99	0	0.00%
	25-44 yrs	176	0	0.00%
	45-54 yrs	64	0	0.00%
female		339	0	0.00%
male	15-24 yrs	103	0	0.00%
	25-44 yrs	198	1	0.51%
	45-54 yrs	52	0	0.00%
male		353	1	0.28%

	Community Results	All NT Results
Total No Clients Aged 15 - 54	692	7,582
Total No Clients who have had a MBS 710	1	7
Proportion of Clients who have had a MBS 710	0.14%	0.09%

Key Message

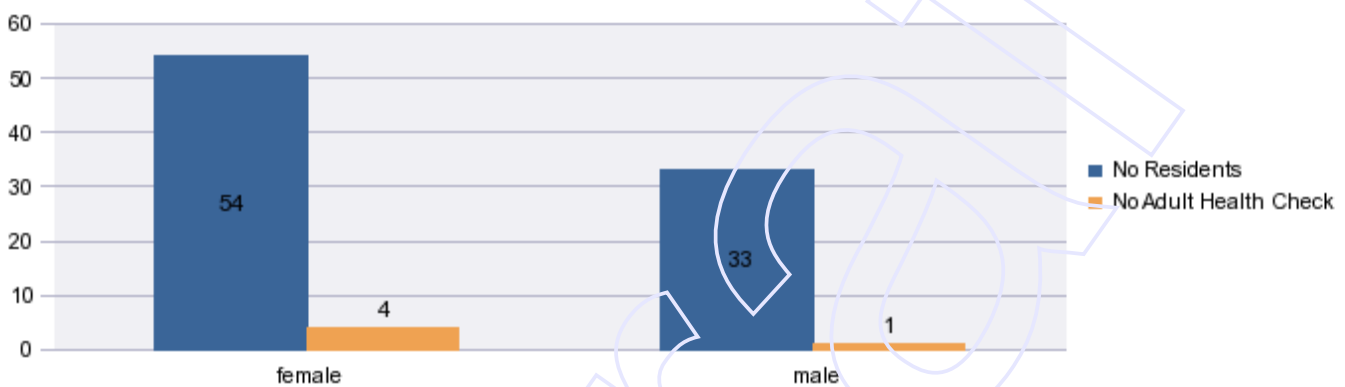
Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.11 Number and proportion of Aboriginal resident clients ages 55 years and over who have had a full adult health check

The evidence for screening well people for asymptomatic disease is well established for a specified number of conditions. Screening detects the disease at an earlier stage, and this allows good clinical management with the aim of reducing and preventing complications.

Adult health checks support an multidisciplinary approach to the early detection and intervention for chronic diseases, such a Type 2 Diabetes and cardiovascular disease, and the opportunity to address other health risks, such as behavioural risk factors, poor mental health and sexually transmitted infections."

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		Aboriginal		Proportion who have had a MBS 704/706
		No Clients 55+	No who have had a MBS 704/706	
female	55-64	40	4	10.00%
	65+ yrs	14	0	0.00%
female		54	4	7.41%
male	55-64	24	1	4.17%
	65+ yrs	9	0	0.00%
male		33	1	3.03%

	Community Results	All NT Results
Total No Clients Aged 15 - 54	87	890
Total No Clients who have had a MBS 710	5	9
Proportion of Clients who have had a MBS 704/706	6%	1%

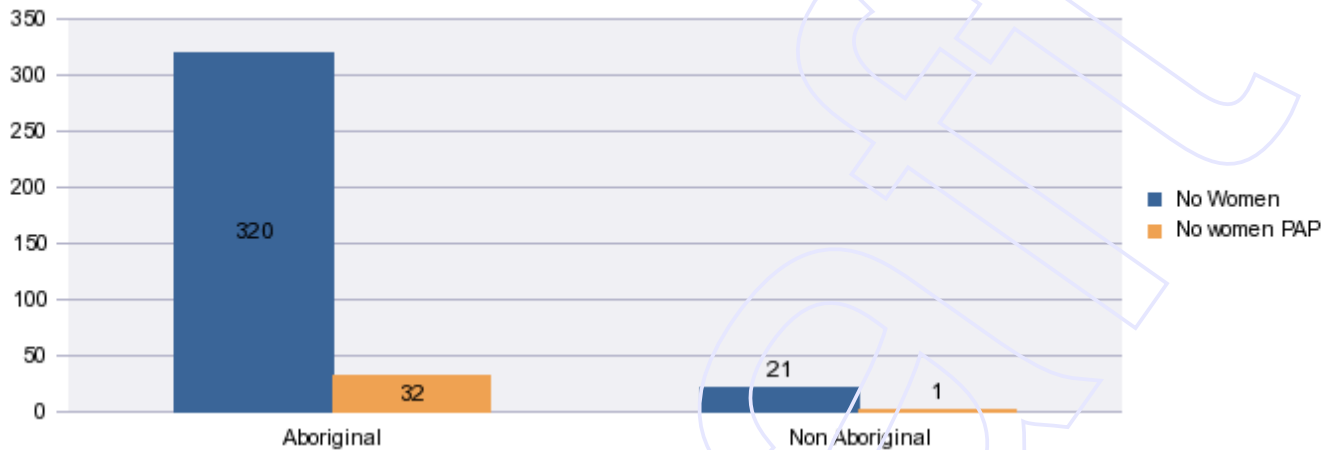
Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.12 Number and proportion of resident women who have had at least one PAP test during reporting period.

Increasing participation in cervical screening is important to reduce the number of women who present with cervical cancer and ultimately die from the disease. A range of strategies actively targets women in the 18-70 years age group. It is recommended that women in the target age group, who have ever been sexually active, have a Pap smear every two years.

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	Aboriginal			Non-Aboriginal		
	No Women 18 yrs and over	No who have had a PAP Test	Proportion	No Women 18 yrs and over	No who have had a PAP Test	Proportion
18-24 yrs	56	8	14%	3	0	0%
25-44 yrs	156	19	12%	8	1	13%
45-64 yrs	95	5	5%	8	0	0%
65+ yrs	13	0	0%	2	0	0%

	Community Results	All NT Results
Total No Women 18 yrs and over	341	2,532
Total No Women who have had a PAP Test	33	102
Proportion	32.35%	4%

Key Message

Interpretation dialogue to be supplied by Program Co-ordinator

AHKPI 1.1 Episodes of Health Care and Client Contacts

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	IDCT, PIRM
Universe Source	IDCT Test, PCIS
Last Refreshed	19 March 2009

Calculations

Numerator	1. Number of episodes during reporting period 2. Number of client contacts during reporting period
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Denominator	Not applicable
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Data Inclusions, exclusions	Include episode and client contact for both community residents and visitors and out-of-hours service contacts. Exclude group contacts e.g. antenatal classes, men's groups etc
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Level/unit of counting	Only episode is disaggregated by locality, resident/visitor, Indigenous status, age group and gender. Client's ages are calculated according to the date of episodes. Client's residential statuses are determined according to the date of episodes
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Explanatory Notes

Data Quality & Completeness

Known Issues

AHKPI 1.2 First Antenatal Visit

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	Perinatal
Universe Source	Midwives Test
Last Refreshed	19 March 2009

Calculation

Numerator	The number of women aged (a) less than 20 years, (b) 20-35 years (c), 35 years and over, who are residents, who gave birth to Indigenous babies during the reporting period who attended first antenatal visit: (a) before 13 weeks gestation, (b) at 13 weeks or after, but before 20 weeks, (c) at or after 20 weeks of pregnancy, (d) did not attend an antenatal visit, (e) not recorded whether attended an antenatal visit, who are (a) Indigenous (b) non-Indigenous.
Denominator	The number of women aged (a) less than 20 years, (b) 20-35 years, (c) 35 years and over, who are regular clients of the service and who gave birth to an Indigenous baby during the reporting period
Data Inclusions, Exclusions	Include live births and stillbirths greater than 400 grams. Exclude first trimester miscarriages and terminations. If a client gave more than one birth during reporting period, count them separately.
Level/unit of counting	Disaggregated by age group, Indigenous status and locality. Client's ages are calculated according to the date they gave birth. Client's residential statuses are determined to the day they gave birth.

Explanatory Notes

Data Quality & Completeness

Known Issues

AHKPI 1.3 Birth Weight

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	Perinatal
Universe Source	Midwives Test
Last Refreshed	19 March 2009

Calculations

Numerator	The number of low birth weight Indigenous babies who were live born during the reporting period and who were born to residential mothers
	The number of normal birth weight Indigenous babies who were live born during the reporting period and who were born to residential mothers
	The number of high birth weight Indigenous babies who were live born during the reporting period and who were born to residential mothers
Denominator	The number of Indigenous babies who were live born during the current reporting period
Data Inclusions, Exclusions	Include live births only. Exclude births with unknown birth weight. Exclude births less than 20 weeks gestation and less than 400 grams. Population is as at 'end of reporting period'.
Level/unit counting	Disaggregated by mother's age group, mother's Indigenous status and mother's locality. Mother's ages are calculated according to the birthdays of their babies. Mother's residential statuses are determined according to the dates they gave birth.

Explanatory Notes

Low birth weight	birth weights less than 2,500 grams (World Health Organisation).
Normal birth weight	birth weights between 2500 to 4499 grams.
High birth weight	birth weights 4500 grams and over respectively.

Data Quality & Compl

Known Issues

AHKPI 1.4 Fully Immunised Children

Metadata

Data Source	CCIS
Datamart Source	CDC
Universe Source	Immunisation
Last Refreshed	19 March 2009

Calculations

	<u>Fully Immunised at 1, 2, & 6 Year Numerators</u> The number of Indigenous children who are regular clients of the health service who are aged: (a) 6 months to less than 1 year (1 Year Numerator) (b) 1 year to less than 2 years (2 Year Numerator) (c) 2 years to less than 6 years (6 Year Numerator) who have received all immunisations that are due according to the National Immunisation Program (NIP) Schedule (0-4 Years) at the end of reporting period.
Numerator	
	<u>Fully Immunised at 1, 2, & 6 Year Denominators</u> The number of Indigenous children who are aged: (a) 6 months to less than 1 year (1 Year Denominator) (b) 1 year to less than 2 years (2 Year Denominator) (c) 2 years to less than 6 years (6 Year Denominator) who are residents at the end of reporting period.
Denominator	
Data Inclusions, Exclusions	See Appendix - 'Immunisation Schedule Interpretation'.
Level/unit counting	Disaggregated by locality & Indigenous status. Child's ages are calculated according to the end of reporting period. Child's residential statuses are determined according to the end of reporting period.

Explanatory Notes

See Appendix - 'Immunisation Schedule Interpretation'.

Data Quality & Completeness

Known Issues

AHKPI 1.5 Underweight Children

Metadata

Data Source	Health Service systems: Communicare, Ferret or PCIS. Data can also be sourced from the Growth Assessment and Action (GAA) Survey
Datamart Source	GAA
Universe Source	GAAWARE
Last Refreshed	19 March 2009

Calculations

Numerator	<ol style="list-style-type: none">1. The number of children less than 5 years of age who are residents and who are more than -2 standard deviations away from the mean weight for age during reporting period.2. The number of children less than 5 years of age who are residents and who were measured for weight at least once during reporting period
Denominator	<ol style="list-style-type: none">1. The number of children less than 5 years of age who are residents and who were measured for weight at least once during reporting period.2. The number of children who are less than 5 years of age and who are residents during reporting period
Data Inclusions, Exclusions	If a child is measured for weight more than once during a reporting period, count the latest one only.
Level/unit counting	For Denominator 2, count those children whose age within the age cohort, according to the age calculation. For numerators, child's ages are calculated according to the date for weight measure. For the Denominator of Numerator 2, child's ages are calculated to the beginning of the reporting period. Child's residential statuses are determined according to the end of reporting period

Explanatory Notes

The calculation includes underweight ratio and coverage ratio:

1. Underweight Ratio: $\text{Number Underweight} / \text{Number Measured}$
2. Coverage Ratio: $\text{Number Measured} / \text{Total Population}$

Data Quality & Completeness

Known Issues

AHKPI 1.6 Anaemic Children

Metadata

Data Source	Health Service systems: Communicare, Ferret or PCIS. Data can also be sourced from the Growth Assessment and Action (GAA) Survey as well as input manually via the web based data input system for clinics on paper based systems
Datamart Source	GAA
Universe Source	GAAWARE
Last Refreshed	19 March 2009

Calculations

Numerator	<ol style="list-style-type: none">1. The number of children who are residents, who are ≥ 6 months and < 5 years of age and who's haemoglobin level is less than 110 g/L (WHO definition) during the reporting period.2. The number of children who are residents, who are ≥ 6 months and < 5 years of age and who have been measured for anaemia during the reporting period
Denominator	<ol style="list-style-type: none">1. The number of children who are residents, who are ≥ 6 months and < 5 years of age and who have been measured for anaemia during the reporting period.2. The number of children who are residents, who are ≥ 6 months and < 5 years of age during the reporting period
Data Inclusions, Exclusions	If a child is measured for anaemia more than once during a reporting period, count the latest one only.
Level/unit counting	<p>For the Denominator 2, count those children who have at least one age within the age cohort, according to the age calculation method.</p> <p>For numerators, child's ages are calculated according to the date for anaemia measurement.</p> <p>For the Denominator 2, child's ages are calculated to the beginning and end of reporting period</p>

Explanatory Notes

The calculation includes anaemic ratio and coverage ratio:

1. Anaemic Ratio: $\text{Number Anaemic} / \text{Number Measured}$
2. Coverage Ratio: $\text{Number Measured} / \text{Total Population}$

Data Quality & Completeness

Known Issues

AHKPI 1.7 Chronic Disease Management Plan

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	
Universe Source	IDCT Test
Last Refreshed	19 March 2009

Calculations

	<u>MBS 721, MBS 723 & Alternative Plan Numerators</u> The number of regular Indigenous clients who are (1) Male (2) Female, who were aged (a) 15-24 years (b) 25-44 years (c) 45-64 years (d) 65 years and over, who have been diagnosed with (1) Type II Diabetes (2) Coronary Heart Disease, and who have: <ol style="list-style-type: none">1. A current MBS item 721 Chronic Disease Management plan (MBS 721 Numerator)2. An alternative Chronic Disease Management Plan in the form of a Practitioner Management Plan (MBS721 - Alternative Chronic Disease Management Plan Numerator)3. A Current MBS item 723 Chronic Disease Management Plan Team Care Arrangement (MBS 723 Numerator)4. An alternative Chronic Disease Management Plan Team Care Arrangement in the form of a General Practitioner Management Plan Team Care Arrangement (MBS 723 - Alternative Chronic Disease Management Plan Team Care Arrangement)
Numerator	
	<u>MBS 721, MBS 723 & Alternative Plan Denominator</u> The number of regular indigenous clients who are (1) Male (2) Female, who were aged (a) 15-24 years (b) 25-44 years (c) 45-64 years (d) 65 years and over, who are regular clients of the service that have been diagnosed with (1) Type II Diabetes (2) Coronary Heart Disease
Denominator	
Data Inclusions, Exclusions	A management plan is usually valid for two years. Therefore, all clients with a current/valid management plan at the end of the reporting period are included in the count, not just those who received a management plan within the reporting period. Only include Type II diabetes.
Level/unit counting	The number of clients are counted separately for each group (Type II Diabetes and/or Coronary Heart Disease), even though the same person may be in both groups Disaggregated by locality, Indigenous status, age group, disease (Type II Diabetes, Coronary Heart Disease and the both of them) and gender. Client's ages are calculated according to the end of reporting period. Client's residential status is determined according to the end of reporting period

Explanatory Notes

Data Quality & Completeness

Known Issues

AHKPI 1.8 HbA1c Tests

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	
Universe Source	IDCT Test
Last Refreshed	19 March 2009

Calculations

Numerator	The number of Indigenous clients who are (1) Male (2) Female, who were aged (a) 15-24 years (b) 25-44 years (c) 45-64 years (d) 65 years and over, who have been diagnosed with Type II Diabetes, are regular clients of the service and who have had one or more HbA1c test(s) during the current reporting period
Denominator	The number of Indigenous clients who are (1) Male (2) Female, who were aged (a) 15-24 years (b) 25-44 years (c) 45-64 years (d) 65 years and over, who have been diagnosed with Type II Diabetes and are regular clients of the service at the end of the reporting period
Data Inclusions, Exclusions	Include type II diabetes only. Exclude type I diabetes, gestational diabetes mellitus, previous gestational diabetes mellitus, impaired fasting glucose; or impaired glucose tolerance. If a client has more than one HbA1c test during reporting period, count the last one only
Level/unit counting	Disaggregated by locality, Indigenous status, age group and gender. Client's ages are calculated according to the end of reporting period. Client's residential statuses is determined according to the end of reporting period

Explanatory Notes

Data Quality & Completeness

Known Issues

AHKPI 1.9 Ace Inhibitor and/or ARB

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	
Universe Source	IDCT Test
Last Refreshed	19 March 2009

Calculations

	<u>ACE Inhibitor, ARB & both ACE Inhibitor and ARB Numerators</u>
Numerator	The number of Indigenous clients who are residents, who are 15 years old and over, who have been diagnosed with Type II Diabetes with albuminuria who are on: 1. An ACE inhibitor (ACE Inhibitor Numerator) 2. An ARB (ARB Numerator) 3. Both ACE inhibitor and ARB (ACE inhibitor and ARB Numerator), during the current reporting period
	<u>ACE Inhibitor, ARB & both ACE Inhibitor and ARB Denominator</u>
Denominator	The number of resident clients who are 15 years old and over, who have been diagnosed with Type II diabetes with albuminuria during reporting period
Data Inclusions, Exclusions	Include type II diabetic patients with ACR>3.5 - Exclude type 1 diabetes, gestational diabetes mellitus, previous gestational diabetes mellitus, impaired fasting glucose; or impaired glucose tolerance. Just count once if a client took ACE and/or ARB more than one interval during reporting period
Level/unit counting	Disaggregated by locality, Indigenous status, age group and gender. Client's ages are calculated according to the end of the reporting period. Client's residential statuses is determined according to the end of the reporting period

Explanatory Notes

ACE (Angiotension Converting Enzyme) inhibitor drugs include: ramipril, perindopril

ARB (Angiotension Receptor Blocker) drugs include: losartan, candisartan

Data Quality & Completeness

Known Issues

AHKPI 1.10 Adult Aged 15-54 Health Check

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	
Universe Source	IDCT Test
Last Refreshed	19 March 2009

Calculations

	<u>MBS Item & Alternative Health Check Numerators</u>
	The number of regular Indigenous clients who are (1) Male (2) Female, who were aged (a) 15-24 years (b) 25-44 years (c) 45-54 years, who:
Numerator	1. Have a current and complete MBS Item 710 adult health check at the end of the current reporting period (MBS Item Numerator) 2. Have a current and complete Alternative Health Check at the end of the current reporting period (Alternative Health Check Numerator)
	<u>MBS Item & Alternative Health Check Denominator</u>
Denominator	The number of Indigenous adults who are (1) Male (2) Female, who were aged (a) 15-24 years (b) 25-44 years (c) 45-54 years
Data Inclusions, Exclusions	Population is at 'end of reporting period'.
Level/unit counting	Client's ages are calculated according to the end of reporting period. Client's residential statuses is determined according to the end of reporting period.

Explanatory Notes

Data Quality & Completeness

Known Issues

AHKPI 1.11 Adult Aged 55 and over Health Check

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	
Universe Source	IDCT Test
Last Refreshed	19 March 2009

Calculations

	<u>MBS Item & Alternative Health Check Numerators</u> The number of regular Indigenous clients who are (1) Male (2) Female, who were aged (a) 55-64 years (b) 65 Years and above, who: 1. Have a current and complete MBS Item 704 adult health check at the end of the current reporting period (Item 704 Numerator) 2. Have a current and complete MBS Item 706 adult health check at the end of the current reporting period (Item 706 Numerator).
Numerator	
	<u>MBS Item & Alternative Health Check Denominator</u> The number of Indigenous adults who are (1) Male (2) Female, who were aged (a) 55-64 years (b) 65 Years and above.
Denominator	
	Population is at 'end of reporting period'. Adult health checks must include the criteria of the MBS items 710, 704, 706 (as appropriate). The health check must be complete to be included in the data collection process (initiation is not sufficient). Adult health checks (item 710) are valid for two years. Therefore all adults with a current/valid health check at the end of the reporting period should be included in the data collection process, not just those adults who received a health check during the reporting period.
Data Inclusions, Exclusions	
	Adult health checks (item 704 and 706) are valid for one year, therefore all adults with a current/valid health check at the end of the reporting period should equate to all adults who received a health check in the reporting period.
Level/unit counting	Client's ages are calculated according to the end of reporting period. Client's residential statuses is determined according to the end of reporting period.

Explanatory Notes

Data Quality & Completeness

Known Issues

AHKPI 1.12 PAP Smear Tests

Metadata

Data Source	Health Service systems: Communicare, Ferret, PCIS, KPI Interim Data Collection Tool
Datamart Source	
Universe Source	IDCT Test
Last Refreshed	19 March 2009

Calculations

Numerator	The number of women aged 18-70 years who are residents and who have had at least one PAP smear test during reporting period.
Denominator	The number of women aged 18-70 years who are residents at the end of the reporting period.
Data Inclusions, Exclusions	If a client has more than one PAP smear test during the reporting period, just count the last one.
Level/unit counting	Client's ages are calculated according to the end of reporting period. Client's residential statuses is determined according to the end of reporting period.

Explanatory Notes

Data Quality & Completeness

Known Issues

Appendix 1 - Immunisation Schedule Interpretation

Fully immunised is defined by the National Immunisation Program (NIP) Schedule (0-4 Years), as recommended by the National Health & Medical Research Council guidelines.

Age	Required Vaccines
Birth	Hepatitis B1
2 months	Hepatitis B2, 3; DTPa; Hib 1, 2; IPV; 7vPCV, Rotavirus
4 months	Hepatitis B2, 3; DTPa; Hib 1, 2; IPV; 7vPCV, Rotavirus
6 months	Hepatitis B2; DTPa; Hib 1; IPV; 7vPCV, Rotavirus
12 months	Hepatitis B3; Hib 1, 2; MMR; MenCCV
18 months	VZV; 23vPPV1
2 years	----
4 years	DTPa; IPV; MMR

Within each age group, children will be required to have a different number of vaccinations. For example:

In the 6 months to less than 1 year age group, children aged:

- 6 months to less than 8 months require all immunisations that are due at birth.
- 8 months to less than 10 months require all immunisations that are due by 2 months of age.
- 10 months to less than 1 year require all immunisations that are due by 4 months of age.

In the 1 year to less than 2 years age group, children aged:

- 1 year to less than 18 months require all immunisations that are due by 6 months of age.
- 18 months to less than 2 years require all immunisations that are due by 12 months of age.

In the 2 years to less than 6 years age group, children aged:

- 2 years to less than 4 years and 6 months require all immunisations that are due by 18 months of age.
- 4 years and 6 months to less than 6 years require all immunisations that are due by 4 years of age.

Full definitions can be found at:

<http://www.nt.gov.au/health/ahkpi/Reports/KPIdefinition.pdf>

<http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp>