



NT Aboriginal Health Key Performance Indicators

Definitions

**(Endorsed for use by NT Aboriginal Health Forum.
Final approval pending agreement to adopt OATSIH qualitative
definitions for Domains Two to Four)**

December 2008

Version 1.3.1

Health Services Information Branch, Department of Health and Families manage this document.

Document Approval

This document version is the approved reference for this system from the date indicated.

The document is a managed document. For identification of amendments, each page contains a release number and a page number. Changes will only be issued as complete replacement. Recipients should remove superseded versions from circulation.

This document has been reviewed by Information Division Branch peers and "Approved by" indicates endorsement for release.

Action	Name	Position	Date
Prepared by	Sharon Noor	Information Analyst	1/12/08
Reviewed by	Daniel Da Silva	Management Information Officer	2/12/08
Approved by	Richard Inglis	Manager	3/12/08

Key Performance Indicators Definitions Acceptance

This document version is authorised for release once all signatures have been obtained.

The 'NT Aboriginal Health Key Performance Indicators, Definitions, December 2008, V1.3' document was approved by the NT Aboriginal Health Forum on 12 September 2008 for use, pending agreement to adopt OATSIH qualitative definitions for Domains Two to Four and is effective from then.

	Name	Title	Signature	Date
Prepared for Acceptance	Richard Inglis	Manager	SIGNED	3/12/08
Accepted for Release	Sally Matthews	Director, Health Services Policy (DHF), NT AHKPI System Project Sponsor On behalf of the NT AHKPI System Steering Committee	SIGNED	15/12/08

Associated Documents

(These documents should be read in conjunction with this KPI Definitions document).

The latest approved versions of system documents are available at: <http://www.nt.gov.au/health/ahkpi/>

Doc	Name	File Name
1	Northern Territory Aboriginal Health Key Performance Indicators Information System, Data Receiving Protocol, December 2008, Version 1.3.1	DataReceivingProtocol.pdf
2	NT Aboriginal Health Forum, Key Performance Indicator System, Data Management Strategy and Protocols, for Data Receiving, Privacy, Release and an Overarching Governance Structure, (Approved by NT AHF for Trialling), December 2008, Version 1.1.2	DataManagementStrategyProtocol.pdf
3	Northern Territory Aboriginal Health Forum KPI Information System, Data Management Policy, November 2006.	DataManagementPolicy.pdf

Document Control

Release Details

Ver	Date	Reason for Change	Docu- ment/ Para Ref	Made By	Description of Change
1.3.1	18/12/08	Minor edits Consolidate redundant repeated definitions.	1.4 All	Richard Inglis/Sharon Noor	Amend Calculation definition for ages. Added Common Definitions section.
1.3	12/9/08	Approved release	All	Richard Inglis	Converted from draft.
1.2.1	26/8/08	Endorsed changes for alignment to final National Standards through OATSIH Healthy For Life (SCARF Project)	1.2- 1.4; 1.7- 1.11	NT AHKPI Technical Working Group	Refinements to KPIs as defined in Section 2 "Summary of Changes". Deleted 'S3 Proposed Additional NT AHKPIs'.
1.2	15/8/08	Consultation draft for alignment to final National Standards through OATSIH Healthy For Life (SCARF Project)	1.2- 1.4; 1.7- 1.11; 2.16; 4.18	Richard Inglis	Refinements to KPIs as defined in Section 2 "Summary of Changes". Inclusion of S3 'Proposed Additional NT AHKPIs'.
1.1.1	15/5/08	Approved release	All	Richard Inglis	Converted from draft.
1.1	Oct 2007	Alignment to developing National Standards through OATSIH Healthy For Life (SCARF Project)	All	Victor Meng	Refinements to Domain One KPIs to have more detailed sub components as defined in Section 2 "Summary of Changes".
1.0	Nov 2006	Initial draft	n/a	NT AHKPI Technical Working Group	Endorsement of Domain One definitions by NT Aboriginal Health Forum.

Document Distribution

(List of KPI Definitions document recipients)

Release No.	Date Sent	Sent To	
V1.3.1	18/12/08	<p>Gary Fisk Assistant Secretary Performance Management Branch (OATSIH) Joy Savage Assistant Secretary, Remote Health Services Development (OATSIH) Kath Finn PIRS Support (OATSIH) Ross Merchant PIRS IT (OATSIH) Hua Zhao Information Analyst (DHF) Francis de Silva Manager, Data Warehouse Systems Branch, (DHF) John Paterson CEO, (AMSANT) Paula Arnold Chairperson, NT Aboriginal Health Forum Stephen Moo CIO, (DHF) Peter Pearse Chair, Primary Health Reform Group</p> <p><u>NT AHKPI Steering Committee members/observers:</u> John Boffa Public Health Medical Officer, CAAC (AMSANT) Liz Moore Public Health Medical Officer - Alice Springs (AMSANT) Jaki Barton A/Director (NT OATSIH) Joy Eshpeter Director, Reporting and Analysis Section, (OATSIH) Sally Matthews Director, Health Services Policy (DHF) Kaye Foster A/Director, Health Services Information (DHF) Christine Connors Director Preventable Chronic Disease Program (DHF) Donna Bridges Executive & Strategic Policy Officer (DHF) Florence Sofield Project Officer Analysis & Reporting Section (OATSIH) Julia Messner HFL Project Officer (NT OATSIH) Tessa Pascoe Assistant Director, Program and Planning Branch (OATSIH) Tanya Davies Public Health Medical Officer - Darwin (AMSANT) Greg Henscke PIRS Support Manager (AMSANT)</p>	
V1.3	14/11/08	<p>Francis de Silva Manager, Data Warehouse Systems Branch (DHF) <u>NT AHKPI Steering Committee members/observers:</u> John Boffa Public Health Medical Officer, CAAC (AMSANT) Liz Moore Public Health Medical Officer - Alice Springs (AMSANT) Jaki Barton A/Director (NT OATSIH) Joy Eshpeter Director, Reporting and Analysis Section, (OATSIH) Sally Matthews Director, Health Services Policy (DHF) Kaye Foster A/Director, Health Services Information (DHF) Christine Connors Director Preventable Chronic Disease Program (DHF) Donna Bridges Executive & Strategic Policy Officer (DHF) Florence Sofield Project Officer Analysis & Reporting Section (OATSIH) Julia Messner HFL Project Officer (NT OATSIH) Tessa Pascoe Assistant Director, Program and Planning Branch (OATSIH) Tanya Davies Public Health Medical Officer - Darwin (AMSANT) Greg Henscke PIRS Support Manager (AMSANT)</p>	

CONTENTS

Introduction	6
Summary of Changes	6
Definitions of 19 Core NT AHKPIs.....	9
Domain 1: Health Services	9
Domain 2: Management and Support Services	9
Domain 3: Linkages, Policy and Advocacy	9
Domain 4: Community Involvement.....	9
AHKPI Definitions	10
Common Definitions	10
AHKPI 1.1 Episodes of Health Care and Client Contacts	11
AHKPI 1.2 First Antenatal Visit.....	13
AHKPI 1.3 Birth Weight	15
AHKPI 1.4 Fully Immunised Children	17
AHKPI 1.5 Underweight Children	19
AHKPI 1.6 Anaemic Children.....	21
AHKPI 1.7 Chronic Disease Management Plan	23
AHKPI 1.8 HbA1c Tests	27
AHKPI 1.9 ACE Inhibitor and/or ARB.....	29
AHKPI 1.10 Adult Aged 15 ~ 54 Health Check	31
AHKPI 1.11 Adult Aged 55 and over Health Check.....	33
AHKPI 1.12 PAP Smear Tests	35
AHKPI 2.13 Unplanned Staff Turnover.....	37
AHKPI 2.14 Recruits completing orientation training.....	38
AHKPI 2.15 Overtime Workload	39
AHKPI 2.16 Quality Improvement.....	40
AHKPI 3.17 Report on service activities.....	41
AHKPI 4.18 Community involvement in determining health priorities	42
AHKPI 4.19 Evidence of appropriate reporting to community	43

Introduction

The NT AHKPI system is a collaboration between the Northern Territory Aboriginal Health Forum (AHF) partners to develop a Northern Territory wide primary health care performance reporting system for collecting and reporting key performance indicator (KPI) data. These KPI's were developed to provide information to support health services in planning activities and in contributing to evidence based reporting requirements.

Summary of Changes

This section summarises (Steering Committee endorsed) changes to the 'NT Aboriginal Health Key Performance Indicators, Definitions, September 2008, Version 1.3'.

Added a common definitions section and removed repeated definitions from each KPI for 'Residency Status', 'Indigenous Status' and 'Locality'.

KPI 1.1 Number of episodes of health care and client contacts

Changes: None.

KPI 1.2 Number and proportion of women attending first antenatal visit before 13 and before 20 weeks gestation by locality

Changes: None.

KPI 1.3 Number and proportion of low, normal and high birth weight Indigenous babies **Changes:**

Changes: None.

KPI 1.4 Proportion of children fully immunised at 1, 2 and 6 years of age x locality x Indigenous status.

Changes:

Numerator:

- **From**

1. The number of children aged 12 to <15 months of age who are residents and who have received all immunisations that are due by 6 months of age according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.
2. The number of children aged 24 to <27 months of age who are residents and who have received all immunisations that are due by 18 months of age according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.
3. The number of children aged 72 to <75 months of age who are residents and who have received all immunisations that are due by 48 months of age according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.

- **To**

1. The number of children aged 6 months to < 1 year of age who are residents and who have received all immunisations that are due according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.
2. The number of children aged 1 year to < 2 years of age who are residents and who have received all immunisations that are due according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.
3. The number of children aged 2 years to < 6 years of age who are residents and who have received all immunisations that are due according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.

Denominator:

- **From**

1. The number of children aged 12 to < 15 months of age who are residents at the end of the reporting period.
2. The number of children aged 24 to < 27 months of age who are residents at the end of the reporting period.
3. The number of children aged 72 to < 75 months of age who are residents at the end of the reporting period.

- **To**

1. The number of children aged 6 months to < 1 year of age who are residents at the end of the reporting period.

2. The number of children aged 1 year to < 2 years of age who are residents at the end of the reporting period.
3. The number of children aged 2 years to < 6 years of age who are residents at the end of the reporting period.

Counting Rules

- **From**
Use the Australian Childhood Immunisation Register (ACIR).
- **To**
 1. Fully immunised at 6 months to less than 1 year:
 - a. 6 months to < 8 months and have received all immunisations that are due at birth.
 - b. 8 months to < 10 months and have received all immunisations that are due by 2 months of age.
 - c. 10 months to < 1 year and have received all immunisations that are due by 4 months of age.
 2. Fully immunised at 1 year to < 2 years:
 - d. 12 months to < 18 months and have received all immunisations that are due by 6 months of age.
 - e. 18 months to < 2 years and have received all immunisations that are due by 12 months of age.
 3. Fully immunised at 2 years to < 6 years:
 - f. 2 years to < 4 years & 6 months and have received all immunisations that are due by 18 months of age.
 - g. 4 years and 6 months to < 6 years and have received all immunisations that are due by 4 years of age.

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

Changes: None.

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

Changes: None

KPI 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

Changes: None

KPI 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'

Changes: None

KPI 1.9 Proportion of diabetic patients with albuminuria who are on an ACE inhibitor

Changes: None

KPI 1.10 Number and proportion of Indigenous resident clients aged 15 to 54 years who have had full adult health check

Changes: None

KPI 1.11 Proportion of residents over 55 years who have had a full adult health check in the past 12 months x gender x locality

Changes: None

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

Changes: None

KPI 2.13 Report on unplanned staff turnover (where possible by occupation) over each 12 month period

Changes: None

KPI 2.14 Report on percentage of recruits (excluding locums) completing an orientation and induction program, including cultural awareness, over past 12 months

Changes: None

KPI2.15 Report on overtime expenditure as a proportion of overall salary expenditure

Changes: None

KPI2.16 Report on quality improvement systems including the use of best practice guidelines; eg CARPA

Changes: None

KPI3.17 Report on service activities (position papers, collaborative meetings and services, published papers, policy submissions, participative research)

Changes: None

KPI4.18 Report on community involvement in determining health priorities and strategic directions through any of the following: health boards; steering committees; advisory committees; community councils; health councils

Changes: None

KPI4.19 Show evidence of appropriate reporting to community on progress against core PIs

Changes: None

Definitions of 19 Core NT AHKPIs

The suite of Northern Territory Aboriginal Health Key Performance Indicators has been selected to measure across the established health domains:

Domain 1: Health Services

1. Number of episodes of health care and client contacts.
2. Timing of first antenatal visit for regular clients delivering Indigenous babies.
3. Number and proportion of low, normal and high birth weight Indigenous babies.
4. Number and proportion of Indigenous children fully immunised at 1, 2 and 6 years of age.
5. Number and proportion of children less than 5 years of age who are underweight.
6. Number and proportion of children between 6 months and 5 years of age who are anaemic.
7. Number and proportion of clients aged 15 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan.
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.
9. Number and proportion of diabetic patients with albuminuria who are on ACE inhibitor and/or ARB.
10. Number and proportion of Indigenous clients aged 15 to 55 years who have had a full adult health check.
11. Number and proportion of Indigenous clients aged 55 years and over who have had a full adult health check in the past 12 months.
12. Number and proportion of women who have had at least one PAP test during reporting period.

Domain 2: Management and Support Services

13. Report on unplanned staff turnover (where possible by occupation) over each 12 month period.
14. Report on recruits (excluding locums) completing an orientation and induction program, including cultural awareness.
15. Report on overtime workload.
16. Report on quality improvement systems including the use of best practice guidelines; eg CARPA.

Domain 3: Linkages, Policy and Advocacy

17. Report on service activities (position papers, collaborative meetings and services, published papers, policy submissions, participative research).

Domain 4: Community Involvement

18. Report on community involvement in determining health priorities and strategic directions through any of the following: health boards; steering committees; advisory committees; community councils; health councils.
19. Show evidence of appropriate reporting to community on progress against core PIs.

The following section contains full descriptions of definitions to apply to interpret the meaning and intent of the suite of Northern Territory Aboriginal Health Key Performance Indicators.

AHKPI Definitions

Common Definitions

These definitions are common to all NT AHKPI's

Data Item	Definition
Residency status	<p>A resident is an individual who is identified as a regular client of the health service, who usually resides in the community serviced by the health centre, and has been present in the community for at least 6 months of the reporting period, and has had some contact with the health service in the previous 2 years, and is not deceased, as at the end of the reporting period.</p> <p>A visitor is an individual who is considered are not likely to be in the community serviced by the health centre more than six months, and who say another place is their home community, as at the end of the reporting period.</p>
Indigenous status	<p>Indigenous status is defined in the National Health Data Dictionary as a measure of whether a person identifies as being of Aboriginal and Torres Strait Islander origin.</p> <p>This data element is based on the ABS standard for Indigenous status. This is in accord with the first two of the three components of the Commonwealth working definition: 'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.' (National Health Data Dictionary) In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections. Therefore, the definition used by the ABS and adopted for the National Health Data Dictionary focuses on the first two elements of the definition.</p> <p>Data domains:</p> <ol style="list-style-type: none"> 1. Aboriginal but not Torres Strait Islander origin 2. Torres Strait Islander but not Aboriginal origin 3. Both Aboriginal and Torres Strait Islander origin 4. Neither Aboriginal nor Torres Strait Islander origin 9. Not stated/inadequately described. <p>The classification for Indigenous status is as follows:</p> <ul style="list-style-type: none"> • Indigenous – categories 1-3 • Non-Indigenous – category 4 • Not stated/inadequately described – category 9. <p>The standard question for Indigenous status is as follows:</p> <p>[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)</p> <ul style="list-style-type: none"> • No..... • Yes, Aboriginal..... • Yes, Torres Strait Islander... <p>It is imperative for the accuracy of this data element for the question to be asked directly of the person (or friends/relatives where the person is unavailable) rather than the data collector assuming the answer from how the person looks or through a general conversation.</p>
Locality	<p>The locality is the health clinic at which the service contact occurred.</p>

AHKPI 1.1 Episodes of Health Care and Client Contacts**Domain:** 1. Health Services.**Indicator:** 1. Number of episodes of health care and client contacts

Rationale	Measures the uptake of the service as well as equity in access to health services between health centres within a Health Zone.
Definition	<p>Number of episodes of health care and client contact¹ during reporting period, disaggregated by gender, age group, Indigenous status, residential status and locality</p> <p>Episode:</p> <ul style="list-style-type: none"> • contact between an individual client and a service • by one or more staff • to provide health care eg for sickness, injury, counselling, health education, screening. <p>For example, a client comes to a CHC and seen by an AHW, a nurse and a GP. This represents one episode of care. If this client comes back another day, this is a second episode care.</p> <p>In NT AHKPI, the episode includes</p> <ul style="list-style-type: none"> • episodes of health care delivered over the phone • episodes of residential care <p>In NT AHKPI, an episode will be disaggregated by</p> <ul style="list-style-type: none"> • gender • age group • Indigenous status • residential status • locality <p>Client contact:</p> <p>The numbers of health professionals who contact with client in an episode, For example, if a client saw three different health professionals, AHW, nurse and GP in an episode, it would equal 3 client contacts.</p> <p>Telephone consultation - clinical consultations that are to do with patient clinical advice and result in a dated entry being made in the patient/client record.</p>
Calculation	<p>Numerator</p> <ol style="list-style-type: none"> 1. The number of episodes during reporting period. 2. The number of client contacts during reporting period. <p>Denominator Not applicable.</p> <p>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.</p> <p>Counting rules—inclusions, exclusions Include episode and client contact for both community residents and visitors and out-of-hours service contacts. Excludes group contacts e.g. antenatal classes, men's groups etc.</p> <p>Specified period Financial year</p>

¹ The definition of “episode” and “client contact” are based on the [DOHA Service Activity Report 2007/08](#)

Validation Criteria

Relevance	The indicator provides a way of monitoring workload for a community health centre and is useful data for planning and resource allocation. Reporting under the various groupings allows an assessment of the demographic presentations and comparisons with community/service populations.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Health services at remote health centres are provided by a number of government and non-government organisations and will be ongoing.
Data quality and availability	For most NT remote community health centres or services, the data is available in a clinic information system including Communicare, Ferret, PCIS and KPI Interim Data Collection Tool. This indicator will be extracted from those systems.
Sound methodology	Calculation methodology is sound, contingent on completeness of data entry.

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT) Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF) Cate Kildea, Julia Messner (OATSIH)

AHKPI 1.2 First Antenatal Visit**Domain:** 1. Health Services.**Indicator:** 2. Timing of first antenatal visit for regular clients delivering Indigenous babies.

Rationale	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.
Definition	<p>The number and proportion of regular clients who are residents, who gave birth to Indigenous babies² during reporting period and who attended first antenatal visit before 13 weeks gestation, disaggregated by age group, Indigenous status and locality.</p> <p>And</p> <p>The number and proportion of regular clients who are residents, who gave birth to Indigenous babies during reporting period and who attended first antenatal visit after 13 weeks (including 13 week) and before 20 weeks gestation, disaggregated by age group, Indigenous status and locality.</p> <p>Indigenous baby: Indigenous baby is a baby with at least one parent who identifies as Indigenous (born to mothers who are either Indigenous or non-Indigenous)</p> <p>First antenatal visit: The definition of a “first antenatal visit” is the clinical assessment according to the “Women’s Business Manual”.</p>
Calculation	<p>Numerator: The number of women aged</p> <p>a) less than 20; b) 20-34 years c) 35 years and over who are residents, who gave birth to Indigenous babies during the current reporting period and who attended first antenatal visit</p> <p>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</p> <p>i) Indigenous ii) non-Indigenous.</p> <p>Denominator: Total number of women aged</p> <p>a) less than 20 b) 20-34 years c) 35 years and over who are regular clients of the service and who gave birth to an Indigenous baby during the current reporting period.</p> <p>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 according to the date they gave birth</p> <p>Counting rules—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 a reporting period, count them separately</p> <p>Specified period Financial year.</p>

² The definition of an Indigenous Baby is originated from the Australian Institute for Health and Welfare (AIHW) (see SCARF – Technical Specifications for 11 Essential Indicators June 2007 p. 29)

Validation Criteria

Relevance	This is a good indicator of accessibility and appropriateness of antenatal care. Early presentation promotes better antenatal outcomes. Reflects a number of access issues.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Antenatal care programs are provided by a number of government and non-government organisations and will be ongoing.
Data quality and availability	For most NT remote community health centres or services, the data is available in a clinic information system including Communicare, Ferret, PCIS and KPI Interim Data Collection Tool. This indicator will be extracted from those systems. Health services without computerised PIRS are recommended to maintain data through Birth Books. Timing of first visit is recommended to be based on gestation from first ultra sound scan.
Sound methodology	Calculation methodology is sound, contingent on completeness of data entry.

Performance Indicator Validation

Date last reviewed	26 August 2008.
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT). Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF). Cate Kildea, Julia Messner (OATSIH).

AHKPI 1.3 Birth Weight**Domain:** 1. Health Services.**Indicator:** 3. Number and proportion of low, normal and high birth weight Indigenous babies

Rationale	<p>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.' (<i>Reproductive Health Indicators Australia 2002</i>)</p> <p>The Northern Territory has the highest incidence of low birth weight in Australia. Mothers less than 20 years old had the highest occurrence and the incidence of low birth weight babies amongst Indigenous mothers, almost twice the rate of non-Indigenous mothers. (<i>NT Mothers and Babies 2000-2002</i>)</p>
Definition	<p>The number and proportion of low, normal and high birth weight Indigenous babies who were live born during the reporting period and who were born to resident mothers, which are disaggregated by birth weight group, mother's Indigenous status, mother's age group and mother's locality.</p> <p>Indigenous baby: Indigenous baby is a baby with at least one parent who identifies as Indigenous (born to mothers who are both Indigenous and non-Indigenous)</p> <p>Birth weight: Birth weight is the first weight of the baby obtained after birth (National Health Data Dictionary). Low, normal and high birth weights are less than 2,500 grams (World Health Organisation), between 2500 to 4499 grams, and 4500 grams and over respectively.</p>
Calculation	<p>Numerator:</p> <ol style="list-style-type: none"> 1. The number of low birth weight Indigenous babies who were live born during the reporting period and who were born to residential mothers 2. The number of normal birth weight Indigenous babies who were live born during the reporting period and who were born to residential mothers 3. The number of high birth weight Indigenous babies who were live born during the reporting period and who were born to residential mothers <p>Denominator: The number of Indigenous babies who were live born during the current reporting period and who were born to mothers aged</p> <ol style="list-style-type: none"> a) less than 20 b) 20-34 years c) 35 years and over <p>Who are regular clients of the service and who are:</p> <ol style="list-style-type: none"> d) Indigenous women e) Non-Indigenous women. <p>Level/unit of 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</p> <p>Counting rules—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'.</p> <p>Specified period: By Financial year.</p>

Validation criteria

Relevance	<p>This indicator is extremely relevant to program areas. Program areas need to target those regions or populations where there is evidence that those areas have a high incidence of babies born with low or high birth weights.</p> <p>There is evidence to suggest that low birth weight is associated with maternal age, primiparity, history of one or more spontaneous abortions, induced abortions or perinatal deaths, chronic illness, substance abuse, domestic violence, maternal illness, unemployment, overcrowded living conditions, poor education, and social dysfunction and social disadvantage. Low birth weight is related to a large range of complex factors of which a whole of government approach is necessary.</p> <p>It is an appropriate and widely accepted indicator of perinatal health.</p> <p>Critical health indicator for health system.</p> <p>Strongly related to infant mortality.</p> <p>Broad indicator to assess improvement.</p>
Sensitivity	<p>Birth weight is a moderately sensitive indicator. There may be year to year anomalies due to relatively low numbers in the NT. Appropriate to present it separately for Indigenous and non-Indigenous babies. It is the high Indigenous rate that accounts for the high NT rate.</p>
Policy and program continuity	<p>Antenatal care will continue to be delivered. However, there is always room for improvement in the delivery of antenatal services to women particularly those less than 16 years who are at highest risk of delivery of low birth weight babies.</p>
Data quality and availability	<p>For most NT remote community health centres or services, the data is available in a clinic information system including Communicare, Ferret, PCIS and KPI Interim Data Collection Tool. This indicator will be extracted from those systems.</p> <p>Health services without computerised PIRS are recommended to maintain data through Birth Books.</p>
Sound methodology	<p>Calculation methodology is sound and is used internationally as an indicator.</p>

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	<p>Tanya Davies, Greg Henschke, Liz Moore (AMSANT)</p> <p>Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF)</p> <p>Cate Kildea, Julia Messner (OATSIH)</p>

AHKPI 1.4 Fully Immunised Children**Domain:** 1. Health Services.**Indicator:** 4. Number and proportion of Indigenous children fully immunised at 1, 2 and 6 years of age

Rationale	<p>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 (12 and 24 months of age).</p> <p>(Source: <i>National Health Performance Committee (NHPC) (2002), National Report on Health Sector Performance Indicators 2001, Queensland Health, Brisbane.</i>)</p>
Definition	<p>Proportion of Indigenous children who are</p> <ol style="list-style-type: none"> 6 months to less than 1 year 1 year to less than 2 years 2 years to less than 6 years. <p>and who are fully immunised according to the National Reporting Standard and who are regular clients of the Health Service</p>
Calculation	<p>Numerator:</p> <ol style="list-style-type: none"> The number of children aged 6 months to less than 1 year. The number of children aged 1 year to less than 2 years. The number of children aged 2 years to less than 6 years <p>who are residents and who have received all immunisations that are due according to the National Immunisation Program (NIP) Schedule (0 - 4 Years) at the end of the reporting period.</p> <p>Denominator:</p> <ol style="list-style-type: none"> The number of children aged 6 months to less than 1 year of age. The number of children aged 1 year to less than 2 years of age. The number of children aged 2 years to less than 6 years of age. <p>who are residents at the end of the reporting period.</p> <p>Level/unit of counting: Disaggregated by:</p> <ol style="list-style-type: none"> Locality. Indigenous status. <p>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.</p> <p>Counting rules</p> <p>Fully immunised at 6 months to less than 1 year:</p> <ol style="list-style-type: none"> 6 months to less than 8 months and have received all immunisations that are due at birth. 8 months to less than 10 months and have received all immunisations that are due by 2 months of age. 10 months to less than 1 year and have received all immunisations that are due by 4 months of age. <p>Fully immunised at 1 year to less than 2 years:</p> <ol style="list-style-type: none"> 1 year to less than 18 months and have received all immunisations that are due by 6 months of age. 18 months to less than 2 years and have received all immunisations that are due by 12 months of age. <p>Fully immunised at 2 years to less than 6 years:</p> <ol style="list-style-type: none"> 2 years to less than 4 years and 6 months and have received all immunisations that are due by 18 months of age 4 years and 6 months to less than 6 years and have received all immunisations that are due by 4 years of age. <p>Specified period: Financial year.</p>

Validation Criteria

Relevance	Reduces vaccine preventable diseases Reflects health service systems
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	The program will continue to be operated as at present. However, the immunisation schedule does change regularly, and so the definition of which vaccinations are required for full immunisation changes accordingly (usually with a lag period to allow for implementation of the program change). This does affect immunisation coverage rates, however the changes are well documented.
Data quality and availability	The data will be available from 2008 to each health centre from the NT Childhood Immunisation Database.
Sound methodology	Calculation methodology is sound, contingent on completeness of data entry.

Performance Indicator Validation

Date last reviewed	26 August 2008.
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT) Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF) Cate Kildea, Julia Messner (OATSIH)

AHKPI 1.5 Underweight Children**Domain:** 1. Health Services.**Indicator:** 5. Number and proportion of children less than 5 years of age who are underweight

Rationale	Weight for age is a sensitive measure of growth in children. The calculation does not require height so coverage is generally better than weight for height.
Definition	The number and proportion of children less than 5 years of age who are residents and who are less than -2 standard deviations away from the mean weight for age Z scores: Standard deviations (Z scores) are derived from methodologies defined by the USA National Centre for Health Statistics. www.cdc.gov/nchs/about/major/nhanes/growthcharts/datafiles.htm .
Calculation	The calculation includes underweight ratio and coverage ratio: <ol style="list-style-type: none"> Underweight Ratio: Number Underweight/Number Measured Coverage Ratio: Number Measured/Total Population Numerator: <ol style="list-style-type: none"> 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 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"> 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 The number of children who are less than 5 years of age and who are residents during reporting period Level/unit of counting: Disaggregated by locality and Indigenous status For numerators, child's ages are calculated according to the date for weight measurement. For the Denominator 2, child's ages are calculated to the beginning of reporting period Child's residential statuses are determined according to the end of reporting period. Counting rules—inclusions, exclusions: If a child is measured for weight more than once during a reporting period, count the latest one only. For the Denominator 2, count those children whose age within the age cohort, according to the age calculation method mentioned in Level/Unit Counting Specified period: Financial Year

Validation criteria

Relevance	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.
Sensitivity	Data can show changes over years that are significant enough to indicate the results and level of current activity or reveal new activity that should be considered.
Policy and program continuity	The GAA program has been operating since 1998. Surveillance will continue and may be expanded to include other health information.
Data quality and availability	The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. Coverage rates will be an issue as coverage rates do vary. Data can also be sourced from the GAA Survey (Growth Assessment and Action) for most

	<p>remote communities.</p> <p>Currently there are Annual GAA surveys in April. Data is collected at remote clinics and loaded into the DHF data warehouse. Calculations are applied to the raw data to produce statistical reports that are distributed to participating communities. Data validation is done for each survey round and data “out of range” (< -3 or >3) are verified with the remote clinic before publication of the annual survey results. Data are from remote communities only. Not all communities participate in the survey at any given survey round and there have been approximately 80 communities who have ever participated. Approximately 60-65 communities participate in any survey round.</p> <p>Each clinic would need to provide population breakdown by age group/gender/Indigenous status and their data from GAA report.</p>
<p>Sound methodology</p>	<p>DHF uses the methodologies defined by the USA National Centre for Health Statistics. These are used by the United Nations System Standing Committee on Nutrition for international reporting of nutritional status of children.</p> <p>Some Health Service providers use the methodologies defined by the WHO Child Growth Standards 1997.</p>

Performance Indicator Validation

<p>Date last reviewed</p>	<p>17 August 2006.</p>
<p>Review Team</p>	<p>Representative</p>
<p>NT KPI Technical Working Group</p>	<p>Phil Harnas (AMSANT/Sunrise), Lyle Burrows (AMSANT/CAAC), Melissa Roberts (CAAC), Gerard Groth (Laynhupuy Homelands), Paul Giacometti (GPPHCNT), Dr Tanya Davies, (GPPHCNT), Dr Alex Hope (Santa Theresa Health Centre), Elaine (OATSIH), Dr Christine Connors (DHF), Wendy MacKay (Remote Health, DHF), Dr Steve Guthridge (DHF)</p>

AHKPI 1.6 Anaemic Children**Domain:** 1. Health Services.**Indicator:** 6. Number and proportion of children between 6 months and 5 years of age who are anaemic

Rationale	Haemoglobin levels are an indicator of the oxygen carrying capacity of the blood and are one indicator of nutritional status. Haemoglobin can be measured easily in the primary health care setting and results can be obtained instantly using a haemoglobinometer.
Definition	The number and proportion of children who are residents, who are \geq 6 months and $<$ 5 years of age and whose haemoglobin level is less than 110 g/L (WHO definition).
Calculation	<p>The calculation includes anaemic ratio and coverage ratio:</p> <ol style="list-style-type: none"> 1. Anaemic Ratio: Number Anaemic/Number Measured 2. Coverage Ratio: Number Measured/Total Population <p>Numerator:</p> <ol style="list-style-type: none"> 1. The number of children who are residents, who are \geq 6 months and $<$ 5 years of age and whose haemoglobin level is less than 110 g/L (WHO definition) during the reporting period 2. The number of children who are residents, who are \geq 6 months and $<$ 5 years of age and who have been measured for anaemia during the reporting period <p>Denominator:</p> <ol style="list-style-type: none"> 1. The number of children who are residents, who are \geq 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 \geq 6 months and $<$ 5 years of age during the reporting period <p>Level/unit of counting: Disaggregated by locality & Indigenous status.</p> <p>For numerators, child's ages are calculated according to the date for anaemia measurement. For the Denominator 2, child's ages are calculated to the beginning and end of reporting period Child's residential statuses are determined according to the end of reporting period.</p> <p>Counting rules—inclusions, exclusions: If a child is measured for anaemia more than once during a reporting period, count the latest one only. For the Denominator 2, count those children who have at least one age within the age cohort, according to the age calculation method mentioned in Level/Unit Counting</p> <p>Specified period: Financial year</p>

Validation criteria

Relevance	<p>The measurement of haemoglobin is an indicator of iron (micronutrient) status of children.</p> <p>Significant health status indicator.</p> <p>Reflects service performance.</p>
Sensitivity	Data can show changes over a year that are significant enough to indicate the results and level of current activity or reveal new activity that should be considered.
Policy and program continuity	<p>The GAA program has been operating since 1998.</p> <p>Surveillance will continue and may be expanded to include other health information.</p>
Data quality and availability	<p>The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. If a clinic's records are paper-based, the data will be input manually via the web-based data input system.</p> <p>Data are provided to most remote communities from the GAA Survey (Growth Assessment and Action). Currently there are Annual GAA surveys in April. Data are collected at remote clinics and loaded into the DHF data warehouse. Calculations are applied to the raw data to produce statistical reports that are distributed to participating communities.</p> <p>Data validation is done for each survey round and data "out of range" ($<$ -3 or $>$3) are verified</p>

	with the remote clinic before publication of the annual survey results. Data is from remote communities only. Not all communities participate in the survey at any given survey round and there have been approximately 80 communities who have ever participated. Approximately 60-65 communities participate in any survey round.
Sound methodology	Methodology is based on WHO definitions.

Date last reviewed	17 August 2006
Review Team	Representative
NT KPI Technical Working Group	Phil Harnas (AMSANT/Sunrise), Lyle Burrows (AMSANT/CAAC), Melissa Roberts (CAAC), Gerard Groth (Laynhupuy Homelands), Paul Giacometti (GPPHCNT), Dr Tanya Davies, (GPPHCNT), Dr Alex Hope (Santa Theresa Health Centre), Elaine (OATSIH), Dr Christine Connors (DHF), Wendy MacKay (Remote Health, DHF), Dr Steve Guthridge (DHF)

AHKPI 1.7 Chronic Disease Management Plan**Domain:** 1. Health Services.**Indicator:** 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

Rationale	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
Definition	<p>The number and proportion of Indigenous regular clients who are residents, who are 15 years old and over, who have been diagnosed with Type II diabetes and/or Coronary Heart disease and who have a valid Chronic Disease Management Plan at the end of reporting period.</p> <p>Coronary Heart Disease (also referred to as Ischemic Heart Disease): Based on NPCC Guidelines Coronary Heart Disease includes:</p> <ol style="list-style-type: none"> 1. Myocardial infarction 2. Angina 3. Unstable angina pectoris 4. Revascularisation as evidenced by angioplasty with or without a stent 5. Coronary artery bypass surgery <p>CHD's primary feature is insufficient blood supply to the heart itself. The two major clinical forms are heart attack (the insufficient blood supply is sudden and extreme) and angina.</p> <p>Type II diabetes: Type II diabetes includes the common major form of diabetes, which results from defect(s) in insulin secretion, almost always with a major contribution from insulin resistance. Type II diabetes does not include: Type I diabetes, Gestational diabetes mellitus, Secondary diabetes, Impaired fasting glycemia or Impaired glucose tolerance.</p> <p>Chronic Disease Management Plan: Chronic Disease Management Plans for the purpose of this indicator are defined as:</p> <ol style="list-style-type: none"> a. MBS item 721 - General Practitioner Management Plan (GPMP), (Medicare Benefit Schedule) (Item 721 and 723) (Medicare Australia 2007). <p>OR</p> <ol style="list-style-type: none"> b. Alternative Chronic Disease Management Plan in the form of General Practitioner (or equivalent) Management Plan that cannot be claimed that includes the following items in clinical guidelines and protocols for developing an alternative GPMP. <p>Mandatory</p> <ol style="list-style-type: none"> 1. Assessing the patient to identify and/or confirm the entire patients health care needs, problems and relevant conditions 2. Agreeing management goals with the patient for the changes to be achieved by the treatment and services identified in the plan 3. Identifying any actions to be taken by the patient 4. Identifying treatment and services that the patient is likely to need and making arrangements for provision of these services and ongoing management 5. Documenting the patient's needs, goals, patient actions, treatment/services and a review date i.e. completing the GPMP document. <p>OR</p> <ol style="list-style-type: none"> c. MBS Item 723 - Chronic Disease Management Plan Team Care Arrangements (TCA), (Medicare Benefit Schedule) (Item 721 and 723) (Medicare Australia 2007). <p>OR</p> <ol style="list-style-type: none"> d. Alternative Chronic Disease Management Plan in the form of TCA's that includes the following items in clinical guidelines and protocols for developing an alternative TCA.

	<p>Mandatory</p> <ol style="list-style-type: none"> 1. Discussing with the patient which treatment/service providers should be asked to collaborate with the GP in completing TCA; 2. Gaining the patient's agreement to share relevant information about their medical history, diagnoses, GPMP etc (with or without restrictions) with the proposed providers; 3. Contacting the proposed providers and obtaining their agreement to participate, realising that they may wish to see the patient before they provide input but that they may decide to proceed after considering relevant documentation, including any current GPMP; 4. Collaborating with the participating providers to discuss potential treatment/services they will provide to achieve management goals for the patient; 5. Documenting the goals, the collaborating providers, the treatment/services they have agreed to provide, any actions to be taken by the patient and a review date i.e. completing the TCA document; and 6. Providing the relevant parts of the TCA to the collaborating providers and to any other persons who, under the TCA, will give the patient the treatment/services mentioned in the TCA.
<p>Calculation</p>	<p>Numerator(s): <u>Numerator Chronic Disease Management Plan</u></p> <p>1. MBS 721 The number of regular Indigenous clients who are</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who were aged</p> <ol style="list-style-type: none"> a) 15-24 years b) 25-44 years c) 45-64 years d) 65 years and over <p>who have been diagnosed with:</p> <ol style="list-style-type: none"> 1. Type II Diabetes 2. Coronary Heart Disease <p>And who have a current MBS item 721 Chronic Disease Management Plan</p> <p>2. Alternative Chronic Disease Management plan</p> <p>The number of regular Indigenous clients who are</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who were aged</p> <ol style="list-style-type: none"> a) 15-24 years b) 25-44 years c) 45-64 years d) 65 years and over <p>who have been diagnosed with:</p> <ol style="list-style-type: none"> 1. Type II Diabetes 2. Coronary Heart Disease <p>And who have an alternative Chronic Disease Management Plan in the form of a General Practitioner Management Plan.</p> <p><u>Numerator Chronic Disease Management Plan Team Care Arrangements (MBS Item 723)</u></p> <p>MBS 723 The number of regular Indigenous clients who are</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who were aged</p> <ol style="list-style-type: none"> 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 a current MBS item 723 Chronic Disease Management Plan Team Care Arrangement

2. Alternative Chronic Disease Management Plan Team Care Arrangement

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 an alternative Chronic Disease Management Plan Team Care Arrangement in the form of a General Practitioner Management Plan Team Care Arrangement.

Denominator:

Denominator for MBS Item 721 and Alternative

The number of Indigenous adults 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 for MBS Item 723 and Alternative

The number of Indigenous adults 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

Level/unit of counting:

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.

Counting rules—inclusions, exclusions:

A management plan usually is valid for two years. Therefore, all clients with a current/valid management plan at the end of the reporting period should be included in the count, not just those who received a management plan within the reporting period.

Only include Type II diabetes clients, do NOT include clients with Type I diabetes, Gestational diabetes, Secondary diabetes, Impaired fasting glycemia or Impaired glucose tolerance.

	<p>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.</p> <p>Specified period: Financial year.</p>
--	---

Validation Criteria

Relevance	<p>Prevention of chronic diseases requires planned chronic disease programs. This indicator reflects the quality of management of preventable chronic diseases and reflects a successful team approach at a Community Health Centre.</p> <p>Measures activity levels. N.B. NOT a measure of "Total care provided".</p>
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Health services at remote health centres are provided by a number of government and non-government organisations and will be ongoing.
Data quality and availability	The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, PCIS or Interim Data Collection Tool, the data required to calculate this performance indicator will be extracted directly from their database. For those systems that cannot disaggregate data, aggregated data is acceptable for a short period.
Sound methodology	Calculation methodology is sound, contingent on Community Health Centres ability to provide total client numbers for each chronic disease.

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	<p>Tanya Davies, Greg Henschke, Liz Moore (AMSANT)</p> <p>Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF)</p> <p>Cate Kildea, Julia Messner (OATSIH)</p>

AHKPI 1.8 HbA1c Tests**Domain:** 1. Health Services.**Indicator:** 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

Rationale	<p>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.</p> <p>The US Diabetes Control and Complications Trial and the UK Prospective Diabetes Study have established that the risk of diabetic complications is strongly associated with previous hyperglycaemia and that any reduction in HbA1c is likely to reduce the risk of complications.</p>
Definition	<p>The number and proportion of Indigenous and non Indigenous clients who are residents, who are 15 years old and over, who have been diagnosed with Type II diabetes and who have had an HbA1c test during reporting period, which are disaggregated by gender by age group by locality.</p>
Calculation	<p>Numerator:</p> <p>The number of Indigenous clients who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>Who were aged:</p> <ol style="list-style-type: none"> a) 15-24 years b) 25-44 years c) 45-64 years d) 65 years and over <p>Who have been diagnosed with Type II diabetes, are regular clients of the service and who have had one or more HbA1c tests during the current reporting period.</p> <p>Denominator:</p> <p>The number of Indigenous clients who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>Who were aged:</p> <ol style="list-style-type: none"> a) 15-24 years b) 25-44 years c) 45-64 years d) 65 years and over <p>Who have been diagnosed with Type II diabetes and are regular clients of the service at the end of the current reporting period.</p> <p>Level/unit of counting:</p> <p>Disaggregated by locality, Indigenous status, age group and gender.</p> <p>Client's ages are calculated according to the end of reporting period.</p> <p>Client's residential statuses are determined according to the end of reporting period.</p> <p>Counting rules—inclusions, exclusions:</p> <p>Include Type II Diabetes only,</p> <p>Exclude type 1 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, counts the last one only.</p> <p>Specified period:</p> <p>Semi-annually (previous 6 months) started from 1 January or 1 July.</p>

Validation Criteria

Relevance	Minimum level of best practice service delivery Able to compare with national data
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Health services at remote health centres are provided by a number of government and non-government organisations and will be ongoing.
Data quality and availability	The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, Interim Data Collection Tool or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. If a clinic's records are paper-based, the data will be input manually via the web-based data input system.
Sound methodology	Calculation methodology is sound, contingent on completeness of data entry.

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT) Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF) Cate Kildea, Julia Messner (OATSIH)

AHKPI 1.9 ACE Inhibitor and/or ARB**Domain:** 1. Health Services.**Indicator:** 9. Number and proportion of diabetic patients with albuminuria who are on ACE inhibitor and/or ARB

Rationale	<p>Diabetes PI chosen as sentinel PI for all PCDs.</p> <p>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</p>
Definition	<p>The number and proportion of Indigenous and non Indigenous clients who are residents, who are 15 years old and over, who have been diagnosed with Type II diabetes with albuminuria (urine ACR >3.4) who are on an ACE (Angiotension Converting Enzyme) inhibitor and/or ARB (Angiotension Receptor Blocker) during reporting period.</p> <p>ACE inhibitor drugs include: ramipril, perindopril.</p> <p>ARB drugs include: lbersartan, candisartan.</p>
Calculation	<p>Numerator:</p> <p>1 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 an ACE inhibitor during reporting period And</p> <p>2 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 an ARB during reporting period And</p> <p>3 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 and who are on both ACE inhibitor and ARB during reporting period</p> <p>Denominator:</p> <p>The number of residents clients who are 15 years old and over, who have been diagnosed with Type II diabetes with albuminuria during reporting period.</p> <p>Level/unit of counting:</p> <p>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 are determined according to the end of reporting period.</p> <p>Counting rules—inclusions, exclusions:</p> <p>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 the reporting period.</p> <p>Specified period:</p> <p>Financial year</p>

Validation Criteria

Relevance	Good evidence for improved health outcomes 70% dialysis due to diabetes
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Health services at remote health centres are provided by a number of government and non-government organisations and will be ongoing.
Data quality and availability	The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. If a clinic's records are paper-based, the data will be input manually via the web-based data input system. The numerator required to calculate this indicator can also be sourced by combining data from pathology labs and pharmacies using the client's HRN number. Pathology labs can provide the HRN number of patients whose ACE test result is greater than 3.4 (i.e. patients with albuminuria) and pharmacies can provide the names of patients who are on an ACE inhibitor or ARB.
Sound methodology	Calculation methodology is sound, contingent on completeness of data entry.

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT) Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF) Cate Kildea, Julia Messner (OATSIH)

AHKPI 1.10 Adult Aged 15 ~ 54 Health Check**Domain:** 1. Health Services.**Indicator:** 10. Number and proportion of Indigenous resident clients aged 15 to 54 years who have had full adult health check

Rationale	<p>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.</p> <p>Adult health checks indicate quality of primary health care services, with a focus on health promotion and prevention. It is also a major strategy to identify and treat sexually transmitted infections, which are mainly asymptomatic.</p>
Definition	<p>The number and proportion of Indigenous clients who are residents, who are 15 years old and less than 55 years old, who have a current complete MBS item 710 Indigenous adult health or alternative Indigenous adult health check similar to MBS item 710 during reporting period, which are disaggregated by gender by age group by locality.</p>
Calculation	<p>Numerator:</p> <p>1. MBS ITEM The number of regular Indigenous clients who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who have a current and complete MBS Item 710 adult health check at the end of the current reporting period and were aged:</p> <ol style="list-style-type: none"> a. 15-24 years (Item 710) b. 25-44 years (Item 710) c. 45-54 years (Item 710) <p>2. ALTERNATIVE HEALTH CHECK The number of regular Indigenous clients who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who have a current and complete Alternative Health Check at the end of the current reporting period and were aged:</p> <ol style="list-style-type: none"> a. 15-24 years b. 25-44 years c. 45-54 years <p>Denominator:</p> <p>1. MBS ITEM Number of Indigenous adults who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>Who were aged:</p> <ol style="list-style-type: none"> a. 15-24 years b. 25-44 years c. 45-54 years <p>2. ALTERNATIVE HEALTH CHECK Number of Indigenous adults who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>Who were aged:</p> <ol style="list-style-type: none"> a. 15-24 years b. 25-44 years c. 45-54 years <p>Level/unit of counting: Disaggregated by locality, age group and gender. Client's ages are calculated according to the end of reporting period. Client's residential statuses are determined according to the end of reporting period.</p> <p>Counting rules—inclusions, exclusions Population is as at 'end of reporting period'.</p> <p>Specified period: Financial years</p>

Validation Criteria

Relevance	Reflects capacity of health service to provide preventive care. Indicates quality of primary care management of chronic diseases. Early detection of CD, STI's, women's cancer associated with improved outcomes.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Adult health checks have been recommended for many years. The current definition for reporting purposes is not expected to change.
Data quality and availability	The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. If a clinic's records are paper-based, the data will be input manually via the web-based data input system.
Sound methodology	Calculation methodology is sound, contingent on Community Health Centres ability to provide residential client numbers.

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT) Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF) Cate Kildea, Julia Messner (OATSIH)

AHKPI 1.11 Adult Aged 55 and over Health Check**Domain:** 1. Health Services.**Indicator:** 11. Number and proportion of Indigenous resident clients aged 55 years and over who have had full adult health check

Rationale	The evidence for screening 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.
Definition	The number and proportion of Indigenous clients who are residents, who are 55 years old and over, who have a current complete MBS item 704 or 706 Indigenous adult health or alternative Indigenous adult health check similar to MBS item 704 or 706 during reporting period.
Calculation	<p>Numerator:</p> <p>1. MBS ITEM The number of regular Indigenous clients who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who have a current and complete MBS Item 704 or 706 adult health check at the end of the current reporting period and were aged:</p> <ol style="list-style-type: none"> a. 55-64 years (Item 704) b. 65 years and above (Item 704) c. 55-64 years (item 706) d. 65 years and above (Item 706) <p>2. ALTERNATIVE HEALTH CHECK The number of regular Indigenous clients who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>who have a current and complete Alternative Health Check at the end of the current reporting period and were aged:</p> <ol style="list-style-type: none"> a. 55-64 years (conducted at consulting rooms) b. 65 years and above (conducted at consulting rooms) c. 55-64 years (not conducted at consulting rooms) d. 65 years and above (not conducted at consulting rooms) <p>Denominator:</p> <p>1. MBS ITEM Number of Indigenous adults who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>Who were aged:</p> <ol style="list-style-type: none"> a. 55-64 years b. 65 years and above <p>2. ALTERNATIVE HEALTH CHECK Number of Indigenous adults who are:</p> <ol style="list-style-type: none"> 1. Male 2. Female <p>Who were aged:</p> <ol style="list-style-type: none"> a. 55-64 years b. 65 years and above <p>Level/unit of counting: Disaggregated by locality, age group and gender. Client's ages are calculated according to the end of reporting period. Client's residential statuses are determined according to the end of reporting period.</p> <p>Counting rules—inclusions, exclusions: Population is as at 'end of reporting period'. Adult health checks must include the criteria of the MBS items 710, 704 or 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 <i>all adults with a current/valid health check at the end of the reporting period should be included in the data collection process,</i></p>

	<p>not just those adults who received a health check during the reporting period.</p> <p>Adult health checks (item 704 and 706) are valid for one year, therefore <i>all adults with a current/valid health check at the end of the reporting period</i> should equate to all adults who received a health check in the reporting period.</p> <p>Specified period: Financial year</p>
--	--

Validation Criteria

Relevance	Elders highly valued by community Improved outcomes with improved assessments and care
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	Well person's checks have been recommended for many years. The current definition for reporting purposes is not expected to change.
Data quality and availability	<p>The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. If a clinic's records are paper-based, the data will be input manually via the web-based data input system.</p> <p>The numerator data required to calculate this indicator can also be obtained from Medicare Australia by requesting a report on the number of 704 and 706 item claims by provider location.</p>
Sound methodology	Calculation methodology is sound, contingent on Community Health Centres ability to provide residential client numbers.

Performance Indicator Validation

Date last reviewed	26 August 2008
Review Team	Representative
NT KPI Technical Working Group	Tanya Davies, Greg Henschke, Liz Moore (AMSANT). Sally Matthews, Christine Connors, Wendy MacKay, Richard Inglis (DHF). Cate Kildea, Julia Messner (OATSIH).

AHKPI 1.12 PAP Smear Tests**Domain:** 1. Health Services.**Indicator:** 12. Number and proportion of resident women who have had at least one PAP test during reporting period.

Rationale	<p>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.</p> <p><i>(Source: National Health Performance Committee (NHPC) (2002), National Report on Health Sector Performance Indicators 2001, Queensland Health, Brisbane.)</i></p>
Definition	The number and proportion of women aged 18-70 years who are residents and who have had at least one PAP smear test during reporting period (last two financial years).
Calculation	<p>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</p> <p>Denominator: The number of women aged 18-70 years who are residents at the end of reporting period</p> <p>Level/unit of counting: Disaggregated by Indigenous status and locality Client's ages are calculated according to the end of reporting period. Client's residential statuses are determined according to the end of reporting period.</p> <p>Counting rules—inclusions, exclusions: If a client has more than one PAP smear test during a reporting period, just count the latest one.</p> <p>Specified period: Collect data every financial year for the previous 2 financial years</p>

Validation Criteria

Relevance	This indicator measures the effectiveness of women's health programs for cervical cancer screening.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality and availability	<p>The data collection method will depend on a clinic's information system. If a clinic has an electronic information system e.g. Communicare, Ferret, or PCIS, the data required to calculate this performance indicator will be extracted directly from their database. If a clinic's records are paper-based, the data will be input manually via the web-based data input system.</p> <p>The numerator data required to calculate this indicator can also be sourced from pathology labs e.g. Western Diagnostic Pathology, who can provide the number of PAP smear tests done by them by provider number in the reporting period.</p>
Sound methodology	Calculation methodology is sound, contingent on completeness of data entry.

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	<p>Elaine Topping (DOHA)</p> <p>Cate Kildea (OATSIH)</p> <p>Greg Henscke and Simon Stafford (AMSANT)</p> <p>John Boffa (Central Australian Aboriginal Congress and AHF)</p> <p>Bev Sibthorpe (Menzies School of Health Research and SCARF)</p> <p>Andrew Bell (KWHB)</p> <p>Amanda Hand (Wurli Wurlinjang Health Service)</p> <p>Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)</p>

AHKPI 2.13 Unplanned Staff Turnover**Domain:** 2. Management and Support Services.**Indicator:** 13. Report on unplanned staff turnover (where possible by occupation) over each 12 month period.

Rationale	High staff turnover can have a negative impact on programs as well as bring in fresh ideas and perspectives. A high level of turnover creates particular problems with continuity, corporate memory and the sort of incremental change over an appropriate timeframe required in chronic disease management. Informal communication networks are vulnerable to staff turnover. Productivity is lost when skilled staff leave and replacements need to be inducted and trained.
Definition	Provide qualitative report on unplanned staff turnover. Unplanned staff turnover is those staff who “didn’t complete contract” (resigned OR sacked). The report should include: The level of unplanned staff turnover for all staff and if possible by occupation. The total number of staff, if possible by occupation.
Calculation	Not applicable.

Validation Criteria

Relevance	Reflects management support systems, staff packages Impacts significantly on service delivery
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	The information for this report will be sourced from the Community Health Clinic HR records.
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	Elaine Topping (DOHA) Cate Kildea (OATSIH) Greg Henscke and Simon Stafford (AMSANT) John Boffa (Central Australian Aboriginal Congress and AHF) Bev Sibthorpe (Menziess School of Health Research and SCARF) Andrew Bell (KWHB) Amanda Hand (Wurli Wurlinjang Health Service) Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)

AHKPI 2.14 Recruits completing orientation training**Domain:** 2. Management and Support Services.**Indicator:** 14. Report on recruits (excluding locums) completing an orientation and induction program, including cultural awareness

Rationale	<p>A good induction program benefits both the organisation and the new employee and can help to reduce recruitment costs as staff are more likely to give longer term commitment to the organisation.</p> <p>Cultural awareness training enables staff to understand issues that are specific to Indigenous people and increases the organisation's effectiveness in recruiting Indigenous people.</p>
Definition	<p>Provide a qualitative report on processes in place to ensure recruits complete an orientation and induction program over past 12 months.</p> <p>The scope of an organisation's orientation and induction programs could be classified as</p> <ul style="list-style-type: none"> • Introduction into policy and protocols • Introduction into workplace • Introduction into cultural awareness. Cultural awareness can be specified as either "community culture" versus "aboriginal culture". • Introduction into occupational health and safety <p>Include all recruits who are hired for longer than one month. Specify the number and proportion of new staff who involve into each aspect mentioned above over past 12 months.</p>
Calculation	Not applicable

Validation Criteria

Relevance	Reflects management commitment to providing a culturally appropriate health service that meets the needs of their clients. May also impact on staff retention rates.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	The information for this report will be sourced from the Community Health Clinic Education and Training records.
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	<p>Elaine Topping (DOHA)</p> <p>Cate Kildea (OATSIH)</p> <p>Greg Henscke and Simon Stafford (AMSANT)</p> <p>John Boffa (Central Australian Aboriginal Congress and AHF)</p> <p>Bev Sibthorpe (Menziess School of Health Research and SCARF)</p> <p>Andrew Bell (KWHB)</p> <p>Amanda Hand (Wurli Wurlinjang Health Service)</p> <p>Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)</p>

AHKPI 2.15 Overtime Workload**Domain:** 2. Management and Support Services.**Indicator:** 15. Report on overtime workload

Rationale	Overtime is unavoidable in a service which must always be on-call, irrespective of often widely fluctuating demand. Overtime in excess of projected needs increases operating costs. Costs associated with overtime as compared to the employment of extra resources. Excessive overtime has implications for occupational health and safety. Potential to reduce overtime by better matching of resources to identified demands.
Definition	Provide a report about clinic overtime workload over past 12 months, including the number and proportion of after hour episode of health care outside of standard opening hours and comments
Calculation	Numerator: a. The number of after hour episode of health care outside of standard opening hours. Denominator: b. The total number of episodes of health care.

Validation Criteria

Relevance	Expenditure on overtime reduces the capacity for staffing of the normal hour's health service and impacts on the ability to provide programs.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	The information for this report will be sourced from clinic information systems including Communicare, Ferret, PCIS and KPI Interim Data Collection Tool.
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	Elaine Topping (DOHA) Cate Kildea (OATSIH) Greg Henscke and Simon Stafford (AMSANT) John Boffa (Central Australian Aboriginal Congress and AHF) Bev Sibthorpe (Menzies School of Health Research and SCARF) Andrew Bell (KWHB) Amanda Hand (Wurli Wurlinjang Health Service) Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)

AHKPI 2.16 Quality Improvement**Domain:** 2. Management and Support Services.**Indicator:** 16. Report on quality improvement systems including the use of best practice guidelines; eg CARPA.

Rationale	Provides information on steps taken to identify strengths and opportunities for improvement which can be addressed through operational planning.
Definition	Provide a qualitative annual report on quality assurance processes including development of procedures manual and systems for audit and review of health services.
Calculation	Descriptive reports – Health Board/AMS decides what to include and how much detail is to be reported.

Validation Criteria

Relevance	Reflects management commitment to best practice systems: guidelines, recall systems, clinical audit & feedback. Reflects capacity of service to identify & monitor effective performance.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	Not applicable
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	Elaine Topping (DOHA) Cate Kildea (OATSIH) Greg Henscke and Simon Stafford (AMSANT) John Boffa (Central Australian Aboriginal Congress and AHF) Bev Sibthorpe (Menzies School of Health Research and SCARF) Andrew Bell (KWHB) Amanda Hand (Wurli Wurlinjang Health Service) Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)

AHKPI 3.17 Report on service activities**Domain:** 3. Linkages, Policy and Advocacy.**Indicator:** 17. Report on service activities (position papers, collaborative meetings and services, published papers, policy submissions, participative research).

Rationale	Measures involvement in policy revision and development and health program planning and evaluation. Stronger linkages between service providers may lead to improved quality of care and enhanced programme effectiveness and efficiency. Identification of opportunities to participate in research to produce relevant information for policy-making purposes. Identification of communication barriers.
Definition	Provide a qualitative report on the following activities on an annual basis: <ul style="list-style-type: none"> • Published papers, including position papers • Collaborative meetings and services • Policy submissions • Participation in research projects • Community meetings and consultation
Calculation	Not applicable. Descriptive reports – Health Board/AMS decides what to include and how much detail is to be reported.

Validation Criteria

Relevance	Reflects the involvement of the organisation in regional issues and policy formulation.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	Not applicable
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	Elaine Topping (DOHA) Cate Kildea (OATSIH) Greg Henscke and Simon Stafford (AMSANT) John Boffa (Central Australian Aboriginal Congress and AHF) Bev Sibthorpe (Menziess School of Health Research and SCARF) Andrew Bell (KWHB) Amanda Hand (Wurli Wurlinjang Health Service) Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)

AHKPI 4.18 Community involvement in determining health priorities**Domain:** 4. Community Involvement.**Indicator:** 18. Report on community involvement in determining health priorities and strategic directions through any of the following: health boards; steering committees; advisory committees; community councils; health councils.

Rationale	Community participation in determining health priorities and strategic directions enables a health service to be more responsive to community views and preferences and hence more accountable to the community it serves. It creates opportunities for healthy debate and two-way communication between the health service and the community.
Definition	Provide a qualitative annual report on strategies and practices for community involvement in health planning. "Community" encompasses members of the public with an interest in health and well-being and service users such as patients, carers and family members. "Community involvement" is the process of involving members of the public including service users in decision-making about health service planning, delivery and quality and safety improvement.
Calculation	Not applicable. Descriptive reports – Health Board/AMS decides what to include and how much detail is to be reported.

Validation Criteria

Relevance	Reflects the commitment of the organisation to community participation in service planning and decision making.
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	Not applicable
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	Elaine Topping (DOHA) Cate Kildea (OATSIH) Greg Henscke and Simon Stafford (AMSANT) John Boffa (Central Australian Aboriginal Congress and AHF) Bev Sibthorpe (Menzies School of Health Research and SCARF) Andrew Bell (KWHB) Amanda Hand (Wurli Wurlinjang Health Service) Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)

AHKPI 4.19 Evidence of appropriate reporting to community**Domain:** 4. Community Involvement.**Indicator:** 19. Show evidence of appropriate reporting to community on progress against core PIs.

Rationale	<p>Appropriate reporting to communities on health service progress against core performance indicators has the potential to:</p> <ul style="list-style-type: none"> • promote stronger governance within the health service • provide better accountability to the community • improve community understanding of health systems • enhance consumer influence within health systems • promote service quality improvement. <p>Health outcomes of the health care system should be evaluated and providers should be accountable to the community, in terms of both cost and quality for the outcomes achieved.</p>
Definition	Provide qualitative annual report on evidence of information sharing with communities on progress against core health performance indicators during a calendar year. Describe, if applicable, the strategies that have been developed to enable reporting to groups or individuals that are difficult to reach.
Calculation	Not applicable. Descriptive reports – Health Board/AMS decides what to include and how much detail is to be reported.

Validation Criteria

Relevance	<p>Critical feedback loop for improving health outcomes.</p> <p>Promotes health services to consider effective feedback mechanisms</p>
Sensitivity	The indicator would be sensitive to trend changes over time.
Policy and program continuity	There are no expected changes to policy that will affect reporting of the PI.
Data quality, feasibility and availability	Not applicable
Sound methodology	Not applicable

Performance Indicator Validation

Date last reviewed	13 August 2007
Review Team	Representative
NT KPI Technical Working Group	<p>Elaine Topping (DOHA)</p> <p>Cate Kildea (OATSIH)</p> <p>Greg Henscke and Simon Stafford (AMSANT)</p> <p>John Boffa (Central Australian Aboriginal Congress and AHF)</p> <p>Bev Sibthorpe (Menzies School of Health Research and SCARF)</p> <p>Andrew Bell (KWHB)</p> <p>Amanda Hand (Wurli Wurlinjang Health Service)</p> <p>Sally Matthews, Christine Connors, Noelene Swanson, Jan Tucker and Richard Inglis (DHF)</p>