Northern Territory Aboriginal Health
Key Performance Indicator Information System

Australian Government
Department of Health

AMSANT

Northern
Territory
Government

**Northern Territory Aboriginal Health
Key Performance Indicators Information System**

DATA RECEIVING PROTOCOL

April 2025-Version 2.9

Document Approval

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 Recipients should remove superseded versions from circulation.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. Prior to release all system changes have been reviewed and tested.

Action	Name	Position	Date
Prepared by	Hemant Kumar	Senior Reporting Analyst	15/04/2025
Reviewed by	Rahul Vokerla	Manager	24/04/2025
Approved by	Amanda Lanagan	Senior Manager	29/04/2025
Endorsed by	NTAHKPI Steering Committee	NTAHKPI Steering Committee	20/05/2025

Data Receiving Protocol Specification Acceptance

This document version is authorised by the NT AHKPI Steering Committee.

	Name	Title	Signature	Date
Prepared for Acceptance	Hemant Kumar	Senior Reporting Analyst	*(signature)*	15/04/2025
Accepted for Release	Chair	NTAHKPI Steering Committee		20/05/2025

Associated Documents

(These documents should be read in conjunction with the Data Receiving Protocol document).

The latest approved versions of system documents are available at: https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator/login-and-documentation

Doc	Name	File Name
1	NT Aboriginal Health Key Performance Indicators Definitions, (Endorsed for use by NT Aboriginal Health Forum), April 2021, Version 2.9	KPIDefinition_v2.9 pdf
2	NORTHERN TERRITORY, ABORIGINAL HEALTH, KEY PERFORMANCE INDICATORS, (NT AHKPIs), DATA MANAGEMENT POLICY, May 2021, Version 2.9	NT AHKPI System Data Management Policy v2.9.pdf
3	NORTHERN TERRITORY, ABORIGINAL HEALTH, KEY PERFORMANCE INDICATORS, (NT AHKPIs), DATA RELEASE PROTOCOL, May 2021, Version 2.9	NT AHKPI Data Release Protocol v2.9.pdf
4	NORTHERN TERRITORY, ABORIGINAL HEALTH, KEY PERFORMANCE INDICATORS, (NT AHKPIs), DATA SECURITY PROTOCOL, May 2021, Version 2.9	NT AHKPI Data Security Protocol v2.9.pdf

Document Control

Release Details

Ver	Date	Reason for Change	Document/Para Ref	Made By	Descriptions of Change
2.9	15/04/2025	Removal of KPI 1.9		Hemant Kumar	Removal of KPI 1.9, removal of KPI 1 from Rule 11.5, and update NT AHKPI data flow diagram.
2.8	25/06/2021	Update of KPI' definition	1.12	Peta Archer & Mohan Nallailingam & Ken Lin	Removal of 4 years reporting, and addition of 6 years reporting.
2.7	31/03/21	Update of KPI' definition	1.10	Ken Lin & Peta Archer	The definition now states: MBS item 715 or equivalent MBS item numbers for an Indigenous health check.
			1.7	Ken Lin & Peta Archer	The definition now states: MBS item 721 - General Practitioner Management Plan (GPMP), (Medicare Benefit Schedule) (Item 721 and 723) (Medicare Australia 2007), or equivalent MBS item numbers for a GPMP.
	28/09/20	Update of KPI' definition	1.4.2	Seetha Devi & Peta Archer	Immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.
			1.12	Seetha Devi & Peta Archer	Removal of 2 and 3 years reporting, and addition of 4 years reporting.
			1.2.2	Seetha Devi & Peta Archer	Measurement calculation changes for haemoglobin i.e. (Hb <110g/L at <20 wks gestation or Hb<105g/L at >=20 wks gestation)
		Additional KPI	1.4.3	Seetha Devi & Peta Archer	Immunisation timeliness measurement for 18 months and 4 years age group and received within 3 months of when they are due.
2.6	16/10/2019	Renumbering KPI 1.2 Inclusion of Additional KPI 1.2.2	1.2	Seetha Devi	KPI 1.2 First Antenatal Visit: Renumbered to KPI 1.2.1 Reporting of KPI 1.2.2 Anaemia in Pregnancy
2.5	08/05/2019	Update to KPI 1.7, 1.8.1, 1.8.2 and 1.10. Merge 1.11 into 1.10.		Seetha Devi	1.7 Include resident clients aged 5 to 14 years. 1.8.1 Include resident clients aged 5 to 14 years. 1.8.2 Include resident clients aged 5 to 14 years

					1.10 Include resident clients aged 0 to 14 years. 1.11 Merge into KPI 1.10
2.4	31/07/2017	Update to KPI 1.6;1.4.2,1.12,1.20		J Singh	1.6 Include children who are ever anaemic in reporting period 1.4.2 Immunisation timeliness measurement changed to 30 days when due and new age groups 1.12 Transitional changes from Pap smear to cervical screening till 2020 1.20 Age calculation changes for ear disease indicator
2.3	09/06/2016	Additional KPI 1.20		J Singh	Additional KPI indicator added to KPI reporting
2.2	09/06/2016	Update to KPI 1.17		J Singh	Update KPI to include HIV and Syphilis
2.1	05/10/2015	Update KPI 1.16 Update KPI 1.12 Additional KPI 1.18 & 1.19		L Riley	KPI 1.16 Addition of reporting period as 2 years. Add new KPI indicator 1.18 & 1.19 KPI 1.12 Include colposcopy test in counting rules. KPI 1.15 Update counting rules to reflect new diagnoses.
2.0.9	02/04/2015	Update Business Rule 10.8		D Atkins	Update Business Rule 10.8 to reflect age groups as listed in 1.3 Age Group Codes, code 14 was not listed as being a valid age group code for KPI 1.12.
2.0.8	10/10/14	Update KPI 1.16 to include age groups Update KPI 1.8.1 to reflect two reporting periods. Update KPI1.8.2 to counting rules. Clarification of KPI 1.8.2. Update KPI1.15 to included additional numerators		L Riley	To give further breakdown of anaemia by age groups, 6-12months, 12-24month and 24-60months. Addition of a 12 month reporting period to the KPI to allow data comparison between KPI 1.8.1 and KPI 1.8.2. KPI to only have inclusion rules rather than both inclusion and exclusion rules. To give a better coverage of the numerator, allow result measurement to be either percentage or mmol/mol. Addition of two numerator segments that breakdown injections, less than 50% and 50-80% injections received by clients.

		New indicator KPI1.14, KPI1.16, and KPI1.17			additional KPI indicator added to KPI reporting
2.0.7	30/07/14	Removal of KPI	1.14	L Riley	Removal of KPI 1.14 due to definition change.
2.0.6	24/03/14	Additional KPI's.		L Riley	Removal of KPI 1.14 due to definition change.
2.0.5	25/10/13	Update of KPI' definitions		L Riley	Add new KPI indicator 1.14 & 1.16 KPI 1.6 Addition of Age Group. KPI 1.8.1 Addition of reporting period. KPI 1.8.2 Addition of mmol/mol counting rules. KPI 1.15 Addition of numerator segments.
2.0.4	10/09/13	Additional KPI's.		L Riley	Add new KPI indicator 1.13
2.0.3	2/04/13	clarification of counting rule for KPI 1.13	Summary of KPI Data Segments (1.13)	S Noor	Changed counting rule from children less than or equal to 12 months of age to children less than 12 months of age.
		clarification of KPI 1.7 numerators	AHKPI Data Receiving File – Business Rules	L Riley	Correction to numerator denominator relationship.
		clarification of KPI 1.9 numerators			
		clarification of KPI 1.15 numerators			
2.0.2	26/03/13	incorrect rule for counting children in KPI 1.13	Summary of KPI Data Segments (1.13)	S Noor	Minor edit to exclude children under 1 month of age.
2.0.1	06/03/13	Incorporated feedback from TWG.		S Noor L Riley	Minor edits.
2.0.0	17/02/13	Tightened business rules for Segment and Value	S5 AHKPI Data Receiving File – Business Rules	S Noor	Update Business Rules 3.1-3.16 and 11.1-11.5. Restructured to clarify numerator and denominator value dependencies.
	3/12/12	Further clarification of Start and End Date Rules	Business Rules	S Noor	clarified the start and end date rules for all KPI's
	15/11/12	Tightened business rules for Start Date and End Date	S5 AHKPI Data Receiving File – Business Rules	J Robertson	Updated Business Rules 4.3, 4.4, 4.5, 4.6, 4.7 and 5.3
	27/08/12	Updated to reflect the change in data sources	S7 Summary of AHKPI Data	L Riley	Modified KPIs 1.7, 1.10, 1.11 and 1.12 Added KPI 1.20 definition

					Added report start date validation rule (4.7)
		KPI 1.14 added	S1 Overview		Dataflow Context Diagram
			S3 Performance Indicators Reference System		Updated to reflect the additional KPI indicator (1.20)
	16/08/12	Rule changes for KPIs 1.7, 1.10, 1.11 and 1.12	S5 AHKPI Data Receiving File	J Robertson	Modified or added Business Rules 2.2, 3.2, 4.3, 4.6, 7.4, 8.5, 9.5, 10.11, 11.20
		KPI 1.14 added	S6.1 Age Group Codes		Added age group codes 15, 16, 17, 18
	14/6/11	Tightened validation rule for Report start date	S5 AHKPI Data Receiving File	N Hom	Added report start date validation rule (4.6)
	19/1/11	Correct Business Rule	S7 Summary of AHKPI Data	R Inglis	Update KPI1.5.a (numerator) definition to read 'more than'.
1.3.5	29/10/2010	Steering Committee approved release	All	R Inglis	Converted from draft.
1.3.4	19/10/2010	Update business rules of age group for KPI 1.12.	S5 AHKPI Data Receiving File – Business Rules	N Hom	Updated aged group for KPI -1.1 and KPI 1.12.
			S6 Code Tables		Added aliases, new locations; deleted urban locations.
			S7 Summary of AHKPI Data		
	30/03/2010	Clarification	S5 Business Rules 4.4 and 4.5		Rewording of Start Date Rule.
	28/8/2009	Clarification	S4 Data Receiving File Format. S6.2	R Inglis	Added required quotes to sample file.
1.3.3	23/6/2009	Following testing - Update business rules	S5 AHKPI Data Receiving File – Business Rules	R Inglis	Updated (4.4, 7.3, 8.4, 9.3, 9.5, 10.3, 10.9 and 11.5) and deactivated (9.6,10.5, 11.6 and 11.7)
1.3.2	2/6/2009	Following testing - Update business rules	S5 AHKPI Data Receiving File – Business Rules	S Noor	Updated and added gender (9.5 and 9.6) and numerator/denominator combination (11.4, 11.12, 11.6 to 11.19) validation
1.3.1	18/12/2008	Approved release	All	S Noor	Converted from draft.
1.3	18/11/2008	Consultation draft	S5 AHKPI Data Receiving File – Business Rules	S Noor	Updated to reflect endorsed changes for alignment to final National Standards through OATSIH Healthy For Life (SCARF Project)
1.2	14/11/08	Consultation draft	S4 Data Receiving File Format.	S Noor	Moved from Data Management Strategy1.0.1
			S6 Code Tables		Moved from Business Rules 0.1.

			S5 AHKPI Data Receiving File – Business Rules		Moved from Data Management Strategy1.0.1
			S7 Summary of AHKPI Data		Moved from Data Management Strategy1.0.1
1.1	12/6/07	Following consultations - Update business rules and add data flow information	General Rule #2	R Inglis	Add Data Flow from Various Sources diagram
1.0	6/10/06	Add Qualitative Indicators		S Noor	KPI 2.13 – 4.19 added
1.0	2/10/06	Update to reflect data dictionary		S Noor	KPI code split into indicator segments to describe numerator and denominator
1.0	21/09/06	Initial Release	n/a	S Noor	n/a

Document Distribution
(List of Data Receiving Protocol Specification recipients)

Release No.	Date Sent	Sent To
V2.9	17/04/2025	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.8	25/06/2021	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.7	05/05/2021	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.6	xx/10/2019	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.5	08/05/2019	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.4	28/09/2017	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.3	10/06/2016	NT AHKPI Technical Working Group Chair
V2.2	09/06/2016	NT AHKPI Technical Working Group Chair
V2.2	09/06/2016	NT AHKPI Technical Working Group Chair
V2.1	07/10/15	NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.0.8	10/10/14	NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.0.7	30/07/14	NT AHKPI Steering Committee Chair NT AHKPI Clinical Reference Group Chair NT AHKPI Technical Working Group Chair
V2.0.6		NT AHKPI Steering Committee members/observers NT AHKPI Clinical Reference Group members/observers NT AHKPI Technical Working Group members/observers
V2.0.4		DRAFT
V2.0.3		Liana Riley, NT AHKPI System Team (DoH) Sharon Noor, NT AHKPI System Team (DoH)
V2.0.2	26/03/13	NT AHKPI Steering Committee members/observers

V2.0.1	20/03/13	Liana Riley, NT AHKPI System Team (DoH)
		Sharon Noor, NT AHKPI System Team (DoH)
V2.0.0	27/02/13	NT AHKPI Clinical Reference Group members/observers
	18/02/13	NT AHKPI Technical Working Group members/observers

Table of Contents

Overview

The NT Aboriginal Health Key Performance Indicators System (NT AHKPI) is an initiative of the NT Aboriginal Health Forum (NTAHF) and facilitates the capture, storage and reporting of NT Aboriginal Health primary care data measurements.

This document has been prepared by the NT Department of Health, Health Services Information Branch to provide direction to managers of community health data on the requirements for the delivery of data to the NT AHKPI system.

Currently a number of systems are used to collect Aboriginal primary care data. The Data Receiving Protocol provides a specification of a "Minimum Data Set" that defines the file format required for data delivery from these systems to the NT AHKPI system.

All delivery of NT AHKPI data to the central repository (DoH data warehouse) will be controlled under the NT AHKPI Data Receiving Protocol.

Development of the business rules to apply to the clients "Minimum Data Set" has been achieved through specifications compiled by the NT AHKPI Technical Working Group. The documentation of the business rules has been constructed based on the specifications derived by the NT AHKPI Technical Working Group.

NT Aboriginal Health KPI data flow
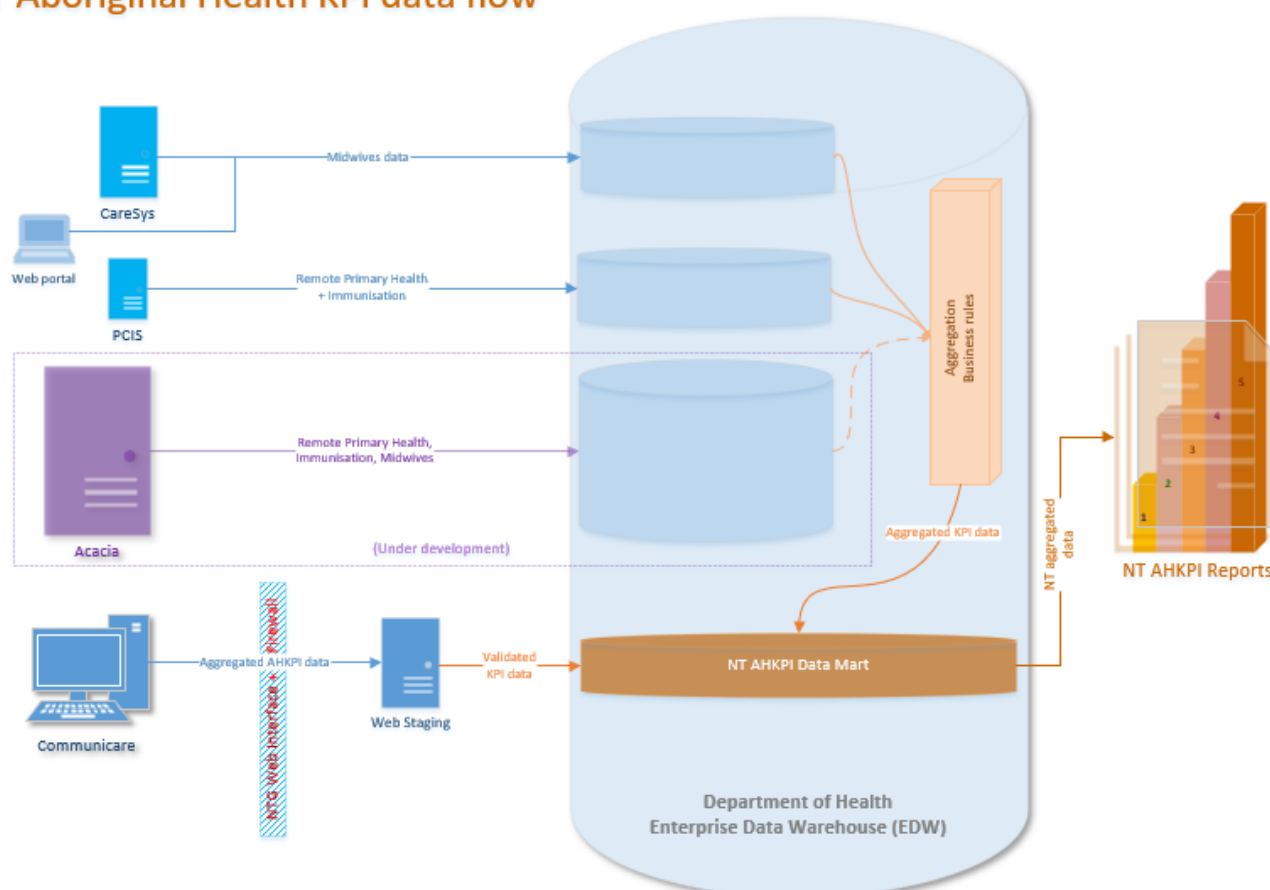
General Rules

Data is defined by the NT AHKPI Performance Indicator Definitions documents available at:-

https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator/login-and-documentation

1. Each Health Service will require Internet access to transfer the NT AHKPI data from the Health Service, into the DHF corporate data warehouse
2. File naming convention is NT AHKPI-<location>-<date>.csv where:
3. <location> refers to an appropriate code as per code table in Section 6.2 and
4. <date> refers to 'delivery date'
5. A header row is not required
6. Data files submitted to the central repository should have field separators as comma separated value (.csv) files. As different software generate different types of csv file formats field values are to be defined with:
7. String and date values delimited by double quotes.
8. Number values not delimited by any quotes.
9. Data sets should be transmitted to the central repository with data items ordered as in the data specification tables below.
10. Data should be submitted using the appropriate codes as per attached code tables.
11. Performance Indicators Reference System and KPI Segments
12. A criterion in deciding on the NT AHKPI's was that they provide information across the four health domains.
13. Most of the established NT AHKPI's have sub KPI segments that are necessary as various required numerators and denominators. In this system the sub KPI's are referred to as a "KPI segment". Each KPI segment has several data elements including gender, age group, indigenous status, locality and reporting period. This document defines the individual KPI segments data elements.
14. The project KPI's referencing style is as [KPI domain.kpi.segment] e.g. KPI.1.5.c, that are necessary as various required numerators and denominators.

KPI1.5.C

Key Performance Indicator

The domain *'Health Services'*

The KPI segment *'The number of resident children who are less than five years of age at the beginning of the reporting period or were born during the reporting period.'*

The KPI definition '*Number and proportion of children less than 5 years of age who are underweight'*

.
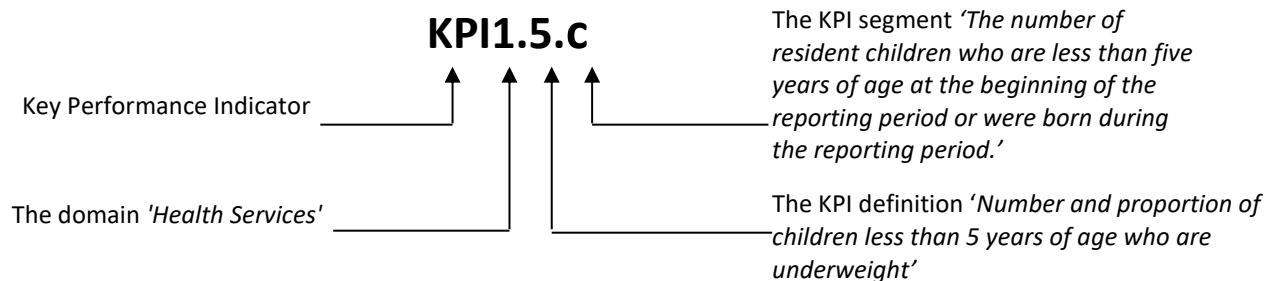
Data Receiving File Format

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11
Domain Code	KPI Code	KPI Sub Code	Report Period Start Date	Report Period End Date	Health Service Code	Residential Status Code	Indigenous Status Code	Gender Status Code	Age Group Code	Value
Description and Format of Data Elements (To determine which codes to use, refer to the Code Tables for a full description of the valid codes available.)										
KPI Domain	KPI Definition	KPI Indicator Segment	Start of Survey Period	End of Survey Period	Health Service	Residential Status	Indigenous Group	Sex Group	Age Group	Numerator or Denominator
Numeric	Numeric	Char	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	Numeric	Numeric	Numeric	Numeric	Numeric	Numeric
File Format Example										
1	1	"a"	"01/07/2011"	"30/06/2012"	10310	1	1	1	1	100
1	1	"a"	"01/07/2011"	"30/06/2012"	10310	1	1	1	3	20
1	1	"b"	"01/07/2011"	"30/06/2012"	10310					3861
1	4.1	"a"	"01/07/2011"	"30/06/2012"	10310	1	1	9		6
1	4.1	"f"	"01/07/2011"	"30/06/2012"	10310	1	1	9		51
1	6	"b"	"01/07/2011"	"30/06/2012"	10310	1	9		17	1
1	6	"c"	"01/07/2011"	"30/06/2012"	10310	1	9		15	1
1	7	"a"	"01/07/2011"	"30/06/2012"	10310	1	1	1	3	3
1	7	"a"	"01/07/2010"	"30/06/2012"	10310	1	1	1	3	9
1	7	"o"	"01/07/2010"	"30/06/2012"	10310	1	1	1	3	1
1	10	"a"	"01/07/2010"	"30/06/2012"	10310	1	1	2	3	2
1	10	"c"	"01/07/2010"	"30/06/2012"	10310	1	1	1	2	40
1	11	"a"	"01/07/2010"	"30/06/2012"	10310	1	1	2	6	3
1	11	"c"	"01/07/2010"	"30/06/2012"	10310	1	1	2	6	9
1	12	"a"	"01/07/2010"	"30/06/2012"	10310	1	1	2	9	30
1	12	"a"	"01/07/2009"	"30/06/2012"	10310	1	1	2	13	24
1	12	"a"	"01/07/2007"	"30/06/2012"	10310	1	1	2	14	3
1	12	"b"	"01/07/2010"	"30/06/2012"	10310	1	1	2	9	100

AHKPs Data Receiving File – Business Rules

Column	Rule No	Business Rules Description
Domain	1.1	A valid [Domain] value is mandatory for each record in the data set.
	1.2	Format is (Numeric)
	1.3	Valid [Domain] value is (1) for each row in the dataset.
KPI	2.1	A valid [KPI] value is mandatory for each record in the dataset.
	2.2	Format is (numeric)
	2.3	If [Domain] is (1) then valid [KPI] values are (1, 2.1, 2.2, 3, 4.1, 4.2, 4.3, 5, 6, 7, 8.1, 8.2, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20).
	2.4	*If [Domain] is (2) then valid [KPI] values are (1, 2, 3, 4) (not currently implemented).*
	2.5	*If [Domain] is (3) then a valid [KPI] value is (1) (not currently implemented).*
	2.6	*If [Domain] is (4) then valid [KPI] values are (1, 2). (not currently implemented)*
Segment	3.1	A valid [Segment] value is mandatory for each row in the dataset.
	3.2	Format is (text)
	3.3	If [KPI] is (1) then valid [Segment] values are (a, b, c);
		(a, b) are numerators.
		(c) is denominator for (a).
	3.4	If [KPI] value is (2.1) then valid [Segment] values are (a, b, c, d, e, f);
		(a, b, c, d, e) are numerators,
		(f) is denominator for (a, b, c, d, e).
	3.5	If [KPI] value is (2.2) then valid [Segment] values are (a, b, c, d,);
		(a, b, c,) are numerators,
		(a) is denominator for (b,c) and numerator for (d).
		(d) is denominator for (a).
	3.6	If [KPI] is (3) then valid [Segment] values are (a, b, c, d).
		(a, b, c) are numerators,
		(d) is denominator for (a, b, c).
	3.7	If [KPI] is (4.1) then valid [Segment] values are (a, b, c, d, e, f).
		(a, b, c) are numerators,
		(d) is denominator for (a),
		(e) is denominator for (b),
		(f) is denominator for (c).
	3.8	If [KPI] InList (5, 13, 19) then valid [Segment] values are (a, b, c).
		(a) is a numerator

Column	Rule No	Business Rules Description
		(b) is denominator for (a) and numerator for (c),
		(c) is denominator for (b).
	3.9	If [KPI] is (7) then valid [Segment] values are (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o).
		(a, b, c, d, e, f, g, h, i, j, k, l) are numerators
		(m) is denominator for (a, d) and (g, j).
		(n) is denominator for (b, e) and (h, k).
		(o) is denominator for (c, f) and (i, l).
	3.10	If [KPI] is (8.1, 12,) then valid [Segment] values are (a, b).
		(a) is numerator,
		(b) is denominator for (a).
	3.12	If [KPI] is (10) then valid [Segment] values are (a, b, c).
		(a, b) are numerators,
		(c) is denominator for (a, b).
	3.13	If [KPI] is (8.2) then valid [Segment] values are (a, b, c, d, e).
		(a, b, c, d) are numerators,
		(e) is denominator for (a, b, c, d).
	3.14	If [KPI] is (14) then valid [Segment] values are (a, b, c, d, e, f, g, h).
		(a, b, c, d, e, f, g) are numerators,
		(g) is denominator for (a, b, c, d, e, f).
		(h) is denominator for (g).
	3.15	If [KPI] is (15) then valid [Segment] values are (a, b, c, d).
		(a, c, d) are numerators,
		(b) is denominator for (a, c, d).
	3.16	If [KPI] is (16) then valid [Segment] values are (a, b, c, d, e, f).
		(a, b, c, d) are numerators,
		(e) is denominator for (a, b, c, d).
		(f) is denominator for (e).
	3.17	If [KPI] is (18) then valid [Segment] values are (a, b, c, d, e).
		(a, b, c, d) are numerators,
		(d) is denominator for (a, b, c).
		(e) is denominator for (d)
	3.18	If [KPI] is (17) then valid [Segment] values are (a, b, c, d, e)
		(a, c, d, e) are numerators,
		(b) is denominator for (a, c, d , e).
	3.19	If [KPI] is (20) then valid [Segment] values are (a, b, c, d).

Column	Rule No	Business Rules Description
		(a, b, c) are numerators,
		(c) is denominator for (a, b).
		(d) is denominator for (c).
	3.20	If [KPI] InList (6) then valid [Segment] values are (a, b, c, d).
		(a, b, d) are numerators,
		(b) is denominator for (a, d) and numerator for (c).
		(c) is denominator for (b).
	3.21	If [KPI] InList (4.2, 4.3) then valid [Segment] values are (a,b,c,d)
		(a, b) are numerators,
		(c) is denominator for (a).
		(d) is denominator for (b).
Start Date	4.1	A valid [Start Date] is mandatory for each record.
	4.2	Format is (date, "dd/mm/yyyy")
	4.3	Each [Start Date] must have a corresponding valid [End Date] for each record.
	4.4	A valid [Start Date] is calculated depending on the [KPI] and the [End Date].
	4.5	A valid [Start Date] has three data values; Day, Month and Year.
	4.6	Valid [Start Date (Day)] value is (01) for each [Start Date] in each record.
	4.7	Valid [Start Date (Month)] values are calculated depending on the [KPI] and [End Date (Month)] in each record.
		If [KPI] in (1, 2.1,2.2, 3, 4.1, 4.2, 4.3, 5, 6, 7, 8.1, 8.2, 10, 12, 13, 14, 15, 16, 17, 18, 19,20);
		If [End Date (Month)] value Is (12) then [Start Date (Month)] value is (01),
		If [End Date (Month)] value Is (06) then [Start Date (Month)] value is (07),
	4.8	If [KPI] is (8.1, 13);
		if [End Date (Month)] value Is (12) then [Start Date (Month)] value is (07).
		if [End Date (Month)] value is (06) then [Start Date (Month)] value is (01).
		Valid [Start Date (Year)] values are calculated depending on the [KPI] in each record.
	4.9	If [KPI] in (1, 2.1, 2.2, 3, 4.1, 4.2, 4.3, 5, 6, 8.2, 15, 17,20) then valid [Start Date (Year)] value is;
		[End Date (Year)] – 1 year.
	4.10	If [KPI] is (7, 19) then valid [Start Date (Year)] values are;
		[End Date (Year)] – 1 year,
		[End Date (Year)] – 2 years.
	4.11	If [KPI] in (10, 11, 14, 16, 18) then valid [Start Date (Year)] value is;
		[End Date (Year)] – 2 years.
	4.12	If [KPI] is (12) then valid [Start Date (Year)] values are;

Column	Rule No	Business Rules Description
		[End Date (Year)] – 5 years,
		[End Date (Year)] – 6 years.
	4.13	If [KPI] is (13) then valid [Start Date (Year)] values are;
		[End Date (Year)] – 6 month.
	4.14	If [KPI] is (8.1) then valid [Start Date (Year)] values are;
		[End Date (Year)] – 6 month,
		[End Date (Year)] – 1 year.
End Date	5.1	A valid [End Date] is mandatory for each row in the dataset.
	5.2	Format is (date, "dd/mm/yyyy")
	5.3	Each [End Date] must have a corresponding valid [Start Date] for each record.
	5.4	A valid [End Date] has three data values; Day, Month and Year.
	5.5	A valid [End Date (Day)] value is calculated dependent on the reporting cycle:
		If (Reporting Cycle) is (Financial Year) then [End Date (Day)] value is (30).
		If (Reporting Cycle) is (Calendar Year) then [End Date (Day)] value is (31).
	5.6	A valid [End Date (Month] value is calculated dependent on the reporting cycle;
		If (Reporting Cycle) is (Financial Year) then [End Date (Month)] value is (06).
		If (Reporting Cycle) is (Calendar Year) then [End Date (Month)] value is (12).
	5.7	A valid [End Date (Year)] value is the end of reporting (financial or calendar) year indicated by the data provider.
Health Service	6.1	Valid [Health Service] codes are listed in Code Table section
	6.2	Format is (numeric)
	6.3	Health Service codes are unique to each Health Service provider.
	6.4	[Health Service] codes are mandatory for each record.
Resident Status	7.1	Valid [Residential Status] codes are listed in the Code Table section.
	7.2	Format is (numeric)
	7.3	If [KPI] is (1)
		if [Segment] is (a)
		[Residential Status] is mandatory.
		Valid [Residential Status] values are (1, 2)
		if [Segment] is (b).
		[Residential Status] is null.

Column	Rule No	Business Rules Description
		if [Segment] is (c).
		[Residential Status] is mandatory,
		Valid [Residential Status] is (1).
	7.4	If [KPI] in (2.1, 2.2, 3, 4.1, 4.2, 4.3, 5, 6, 7, 8.1, 8.2, 10, 12, 13, 14, 15, 16, 17, 18, 19,20);
		[Residential Status] is mandatory,
		Valid [Residential Status] is (1).
Ind Status	8.1	Valid [Indigenous Status] codes are listed in the Code Table section.
	8.2	Format is (numeric)
	8.3	If [KPI] is (1);
		if [Segment] is (a, c);
		[Indigenous Status] is mandatory,
		Valid [Indigenous Status] in (1, 2, 3, 4, 9).
		if [Segment] is (b);
		[Indigenous Status] is null
	8.4	If [KPI] in (2.1, 2.2, 3, 4.1, 4.2, 4.3, 5, 6, 7, 8.1, 8.2, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20);
	8.5	[Indigenous Status] is mandatory,
	8.6	Valid [Indigenous Status] in (1, 2, 3, 4, 9).
Sex	9.1	Valid [Sex] codes are listed in the Code Table section.
	9.2	Format is (numeric).
	9.3	If [KPI] is (1);
		if [Segment] is (a, c),
		[Sex] codes are mandatory,
		Valid [Sex] codes in (1, 2, 3, 9).
		if [Segment] is (b);
		[Sex] codes are null.
	9.4	If [KPI] in (2.1, 2.2, 12);
		[Sex] codes are mandatory,
		valid [Sex] code is (2).
	9.5	If [KPI] in (4.1, 4.2, 4.3, 5, 6);
		[Sex] codes are null.
	9.6	If [KPI] in (3, 7, 8.1, 8.2, 10, 13, 15, 14, 16, 17, 18, 19,20);
		[Sex] codes are mandatory,

Column	Rule No	Business Rules Description
		Valid [Sex] codes in (1, 2, 3, 9).
Age Group	10.1	Valid [Age Group] codes are listed in the Code Table section.
	10.2	If [KPI] is (1);
		if [Segment] is (a, c);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (2, 3, 5, 7, 11, 12).
		if [Segment] is (b);
		[Age Group] codes are null.
	10.3	If [KPI] is (15);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (2, 3, 5, 7, 11, 12).
	10.4	If [KPI] in (4.1, 5);
		[Age Group] codes are null.
	10.5	If [KPI] in (7, 8.1, 8.2);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (2, 3, 5, 7, 12).
	10.6	If [KPI] is (10);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (2, 3, 4, 6, 7, 11, 12).
	10.7	If [KPI] in (13, 16);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (2, 3, 5, 7).
	10.8	If [KPI] is (12);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are 13, 14, 29).
	10.9	If [KPI] is (2.1, 2.2, 3);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (8, 9, 10).
	10.10	If [KPI] is (6);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (15, 16, 17).
	10.11	If [KPI] is (14);
		[Age Group] codes are mandatory,

Column	Rule No	Business Rules Description
		Valid [Age Group] codes are (5, 7, 18).
	10.12	If [KPI] is (17);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (19, 20, 21, 22).
	10.13	If [KPI] is (18);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (9, 23, 24, 25).
	10.14	If [KPI] is (19);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (1, 2, 3, 5, 7).
	10.15	If [KPI] is (20);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (15, 26, 27, 28).
	10.16	If [KPI] is (4.2);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (30, 31).
	10.17	If [KPI] is (4.3);
		[Age Group] codes are mandatory,
		Valid [Age Group] codes are (32, 33)
Value	11.1	This is the numerator and/or denominator [Value] for the indicated [KPI] and [Segment].
	11.2	[Value] is determined as numerator or denominator according to the corresponding [Segment] value.
	11.3	Format is (numeric).
	11.4	If [Value] is numerator (see Segment).
		[Value] is less than or equal to its corresponding denominator [Value].
		[Value (0)] is a valid count.
		[Value] is mandatory for each record.
	11.5	If [Value] is denominator (see Segment).
		[Value] is greater than or equal to its corresponding numerator [Value](s).
		if [KPI] in (2.1, 2.2, 3, 4.1, 4.2, 4.3, 5, 6, 7, 8.1, 8.2, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20)
		[Value] for denominator is mandatory.

Code Tables

1.1 Domain Codes

Domain Code	Associated KPI Code
1	1, 2.1, 2.2, 3, 4.1, 4.2, 4.3, 5, 6, 7, 8.1, 8.2, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20
2	1, 2, 3, 4
3	1
4	1, 2

1.2 KPI Codes

KPI Code	Numerator Segment Code	Denominator Segment Code
1, 10	a, b	c
2.1	a, b, c, d, e	f
2.2	a, b, c	a, d
3	a, b, c	d
4.1	a, b, c	d, e, f
8.1, 12	a	b
5, 13, 19	a, b	b, c
7	a, b, c, d, e, f, g, h, i, j, k, l	m, n, o
8.2	a, b, c, d	e
20	a, b, c	c, d
15	a, c, d	b
14	a, b, c, d, e, f, g	g, h
16	a, b, c, d, e	e, f
17	a, c , d, e	b
18	a, b, c, d	d, e
6	a, b, d	b, c
4.2, 4.3	a, b	c, d

1.3   Age Group Codes

KPI Code	Age Group Code	Age Group Description
1, 15,10	11	0 to less than 5 years
1, 15, 7, 8.1, 8.2, 10	12	5 years to less than 15 years
19	1	Less than 15 years.
1, 7, 8.1, 8.2, 10, 13, 15, 16, 19	2	15 to less than 25 years.
1, 7, 8.1, 8.2, 10, 13, 15, 16, 19	3	25 to less than 45 years.
10	4	45 to less than 55 years.
1, 7, 8.1, 8.2, 13, 14, 15, 16, 19	5	45 to less than 65 years.
10	6	55 to less than 65 years.
1, 7, 8.1, 8.2, 10, 13, 14, 15, 16, 19	7	65 years and over.
2.1, 2.2, 3	8	Less than 20 years.
2.1, 2.2, 3,18	9	20 to less than 35 years.
2.1, 2.2, 3	10	35 years and over.
12	13	35-49 (incl) years
12	14	50-74 (incl) years
6, 20	15	6 months to less than 12 months
6	16	12 months to less than 24 months
6	17	24 months to less than 72 months
14	18	31 to less than 45 years.
17	19	15 to less than 20 years.
17	20	20 to less than 25 years.
17	21	25 to less than 30 years.
17	22	30 to less than 35 years
18	23	35 to less than 55 years
18	24	55 to less than 75 years
18	25	75 years and over
20	26	3 months to less than 6 months

KPI Code	Age Group Code	Age Group Description
20	27	12 months to less than 36 months
20	28	36 months to less than 72 months
12	29	25 to 34 years
4.2	30	5 months to less than 17 months
4.2	31	13 months to less than 25 months
4.3	32	21 months to less than 33 months
4.3	33	51 months to less than 63 months

1.4 Health Service Codes

Health Service Code	Health Service Name
13720	Adelaide River
15352	Alcoota (Engawala)
10310	Ali Curung
11460	Alice Springs Urban (CAAC)
11066	Alyangula
10049	Amoonguna
10146	Ampilatwatja
10053	Angurugu
15131	Aputula (Finke)
10057	Areyonga (Utju)
10878	Ludmilla (Bagot)
10067	Barunga
11466	Batchelor
10371	Belyuen
10003	Beswick (Wugularr)
40093	Bickerton Island (Milyakburra)
10543	Binjari
15338	Bonya
12603	Borroloola
10009	Bulman
10317	Canteen Creek
10013	Daly River
10857	Darwin Urban (Danila Dilba)
15410	Docker River (Kaltukatjara)
15625	Elliott
15628	Epennara
10027	Galiwinku (Ngalkanbuy)
10499	Gapuwiyak
10510	Gunyangara

Health Service Code	Health Service Name
10043	Haasts Bluff
15366	Harts Range (Atitjere)
10044	Hermannsburg (Ntaria)
10181	Imanpa
10916	Jabiru (Kakadu Health)
15129	Jilkminggan (Duck Creek)
15190	Kalkaringi
11495	Katherine Urban (Wurli Wurlinjang)
16474	Kings Canyon (Watarrka)
10202	Kintore (Pintubi)
10073	Lajamanu
15602	Lake Nash (Alpurrurulam)
10215	Laramba
14961	Laynhapuy
10077	Maningrida
15130	Manyallaluk (Eva Valley)
16246	Marthakal
15528	Maryvale (Titjikala)
11313	Mataranka
10425	Milikapiti (Snake Bay)
10517	Milingimbi
10088	Minyerri (Hodgson Downs)
11543	Minjilang (Croker Island)
15475	Mt Liebig (Amunturrngu)
10247	Mutitjulu
15247	Nganmarriyanga (Palumpa)
11545	Wurrumiyanga
11546	Ngukurr (Roper River)
11547	Nhulunbuy
11553	Numbulwar
15505	Nyrippi
10102	Oenpelli (Gunbalanya)
11556	Papunya
10106	Peppimenarti
10980	Pine Creek
10444	Pirlangimpi (Garden Point),
12536	Pmara Jutunta (Six Mile Ti Tree)
10110	Ramingining
12602	Robinson River
10114	Santa Teresa (Ltyentye Arpurte)
15584	Stirling (Wilora)
10351	Tara
11409	Tennant Creek (Anyiniginyi)
16056	Timber Creek

Health Service Code	Health Service Name
15502	Ti Tree
10116	Umbakumba
11153	Urapuntja (Utopia).
10455	Wadeye (Port Keats)
10290	Wallace Rockhole
10458	Warruwi
10121	Willowra
40097	Woodycupildiya
10131	Yarralin
10539	Yirrkala
10307	Yuelamu
10136	Yuendumu
16334	Yulara
16041	Urapunga

1.5 Sex Group Codes

Sex Code	Sex Description
1	Male
2	Female
3	Indeterminate
9	Not Stated / Inadequately described

1.6 Indigenous Status Codes

Indigenous Status Code	Indigenous Status Description
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

1.7 Residence Indicator Codes

Resident Code	Resident Description
1	Resident
2	Visitor
9	Not Stated / Inadequately described

Summary of AHKPI Data Segments

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
General counting rules for AHKPI Data Segments							
ALL KPI's	For detailed definitions of each KPI numerator and denominator data segments, refer to the KPI Definitions document. Summary definition detail only is provided in this table.						
	Reporting Period is defined as a calendar or financial year. A financial reporting period commences on the 1st July each year and ends on the 30th June of the following year. A Calendar reporting period commences on the 1st January each year and ends on the 31st December of the same year. **0.5 reporting period (previous 6 months)** is defined as the previous 6 months of a calendar or financial year. A financial reporting period commences on the 1st January and ends on the 30th June of the same year. A calendar reporting period commences on the 1st July and ends on the 31st December of the same year.						
	Health Service code is a mandatory disaggregation and a client's Health Service is determined as their usual clinic as at the end of the reporting period.						
	Resident Status is determined as at the end of the reporting period.						
Calculating the client's age. The calculation for a client's age is dependent on the KPI.							
1.1c (denominator), 1.2.1, 1.2.2 ,1.3, 1.4.1, 1.4.2, 1.4.3, 1.7, 1.8.1, 1.8.2, 1.10, 1.12, 1.13, 1.14, 1.15, 1.16,1.6;1.20	Client's age is calculated as at the end of the reporting period.						
1.17	Client's age is calculated as at the beginning of the reporting period.						
1.1a, 1.5 (numerator)	Client's age is calculated according to the date of event (i.e. weight).						
1.5	Child's age is calculated to the end of the reporting period to include those who are less than six years of age at the end of the reporting period (e.g. include all children who were less than five years of age at the beginning of the reporting period, or were born during the reporting period).						
Counting clients.							
1.4.1, 1.4.2, 1.4.3	A fully immunised child is determined as at the end of the reporting period.						
1.5b &1.6b	If a child is measured for weight/anaemia more than once during a reporting period, include the latest measurement only.						

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
1.7(a, b, c, d, e, f)	If a resident client aged 5 years and over with type II diabetes and/or coronary heart disease is recorded as having more than one valid General Practitioner Management Plan (MBS item 721 or equivalent MBS item numbers for a General Practitioner Management Plan or Alternative General Practitioner Management Plan (that cannot be claimed)) / Coordination of Team Care Arrangements (MBS item 723 or equivalent MBS item numbers for Team Care Arrangements or Alternative (that cannot be claimed)), than count the most recent valid General Practitioner Management Plan (MBS item 721 or equivalent MBS item numbers for a General Practitioner Management Plan or Alternative General Practitioner Management Plan (that cannot be claimed))/ Coordination of Team Care Arrangements (MBS item 723 or equivalent MBS item numbers for Team Care Arrangements or Alternative (that cannot be claimed)) only.						
1.7 (All)	A client's diagnoses status of diabetes and/or coronary heart disease is determined as at the end of the reporting period. Count all clients who have been diagnosed as having diabetes and/or coronary heart disease as at the end of the reporting period, not just clients who have been diagnosed during the reporting period.						
1.8.1a	If a resident client aged 5 years and over with type II diabetes and is recorded as having received an HbA1c test during the reporting period, then count the most recent valid HbA1c test only.						
1.8 (All)	A client's diagnoses status of type II diabetes is determined as at the end of the reporting period. Count all clients who have been diagnosed as having diabetes as at the end of the reporting period, not just clients who have been diagnosed during the reporting period.						
1.10(a, b)	All clients aged 0 and over are counted in the numerator if they have had an Indigenous Health Check (MBS Item 715 or equivalent MBS item numbers for an Indigenous Health Check or Alternative Indigenous health check (that cannot be claimed)) similar to MBS item 715. Remote Procedure Manual (RPM) recommends all adults over 15 years have a health check every 2 years. Therefore, all adults 15 years and older who have had a health check in the 2 years prior to the end of the reporting period should be included in the numerator count, not just those who received a health check within the reporting period. If a resident client aged 15 years and over is recorded as having more than one valid Indigenous health check (MBS item 715 or equivalent MBS item numbers for an Indigenous Health Check or Alternative Indigenous health check (that cannot be claimed)), then count the most recent valid Indigenous Health Check (MBS item 715 or equivalent MBS item numbers for an Indigenous Health Check or Alternative Indigenous health check (that cannot be claimed)) only. Also, based on the Remote Procedure Manual, for clients 14 years and younger there must have been a check in the previous 12 months.						

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
1.15	Clients who require 2 or 3 weekly injections will be included in the numerator and denominator but for the purpose of this indicator, the number of injections required will be 13 per year for all ARF/RHD clients. Client with an ARF/RHD diagnosis date prior or equal to the report period start date are to be calculated against a 12 month period. Clients with an ARF/RHD diagnosis date after the report period start date are to be calculated as requiring injections based on number of completed months between the diagnosis date and the report period end date. Number of injections is calculated according to the specified BPG penicillin master chart periods. Percentages of injections are to be calculated as rounded down to a whole number. 	Month	Number of injections due
Month 1	1
Month 2	2
Month 3	3
Month 4	4
Month 5	5
Month 6	6
Month 7	7
Month 8	8
Month 9	9
Month 10	10
Month 11	11
Month 12	13							
1.20 (All)	Each client to be counted against each numerator once.						
KPI Specific Rules for AHKPI Data Segments							
KPI1.1.a	Count (number of episodes of health care) during the indicated reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.1.b	Count (number of client contacts) during the indicated reporting period.	1 reporting period.	☑	Null	Null	Null	Null
KPI1.1.c	Count (resident population).		☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.2.1.a	Count (number of resident women who gave birth to babies **and** (who attended their first antenatal visit before 13 weeks of pregnancy)) during the indicated reporting period.	1 reporting period.	☑	☑	☑	'2' only	☑
KPI1.2.1.b	Count (number of resident women who gave birth to babies **and** (who attended their first antenatal visit at 13 weeks or after but before 20 weeks of pregnancy)) during the indicated reporting period.	1 reporting period.	☑	☑	☑	'2' only	☑
KPI1.2.1.c	Count (number of resident women who gave birth to babies **and** (who attended their first antenatal visit at or after 20 weeks of pregnancy) during the indicated reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.2.1.d	Count (number of resident women who gave birth to babies **and** (who did not attend an antenatal visit)), during the indicated reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.2.1.e	Count (number of resident women who gave birth to babies **and** (who are not recorded as to whether they have attended an antenatal visit)), during the indicated reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.2.1.f	Count (number of resident women who gave birth to babies), during the indicated reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.2.2.a	Count (number of resident women who gave birth to Indigenous babies during the reporting period **and** (who were measured for anaemia during pregnancy)).	1 reporting period.	☑	☑	☑	☑	☑
KPI1.2.2.b	Count (number of resident clients who gave birth to Indigenous babies during the reporting period **and** whose haemoglobin was considered anaemic at their last test during the pregnancy (Hb <110g/L at <20 weeks gestation or Hb < 105g/L at >=20 weeks gestation)).	1 reporting period.	☑	☑	☑	☑	☑
KPI1.2.2.c	Count (number of resident clients who gave birth to Indigenous babies during the reporting period **and** whose haemoglobin was considered anaemic at any test during the preganancy (Hb <110g/L at <20 weeks gestation or Hb < 105g/L at >=20 weeks gestation)).	1 reporting period.	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.2.2.d	Count (number of resident women who gave birth to Indigenous babies) during the indicated reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.3.a	Count (number of babies live born to resident mothers **and** (who were recorded as low birth weight)) during the indicated reporting period	1 reporting period.	☑	☑	☑	Null	☑
KPI1.3.b	Count (number of babies live born to resident mothers **and** (who were recorded as normal birth weight)) during the indicated reporting period.	1 reporting period.	☑	☑	☑	Null	☑
KPI1.3.c	Count (number of babies live born to resident mothers **and** (who were recorded as high birth weight)) during the indicated reporting period	1 reporting period.	☑	☑	☑	Null	☑
KPI1.3.d	Count (number of babies live born to resident mothers) during the indicated reporting period.	1 reporting period.	☑	☑	☑	Null	☑
KPI1.4.1.a	Count (number of resident children who are 6 months to less than 1 year of age **and** (who have received all age appropriate immunisations on the NT Immunisation Schedule)).		☑	☑	☑	Null	Null
KPI1.4.1.b	Count (number of resident children who are 1 year to less than 2 years of age **and** (who have received all age appropriate immunisations on the NT Immunisation Schedule)).		☑	☑	☑	Null	Null
KPI1.4.1.c	Count (number of resident children who are 2 years to less than 6 years of age **and** (who have received all age appropriate immunisations on the NT Immunisation Schedule)).		☑	☑	☑	Null	Null
KPI1.4.1.d	Count (number of resident children who are 6 months to less than 1 year of age).		☑	☑	☑	Null	Null
KPI1.4.1.e	Count (number of resident children who are 1 year to less than 2 years of age).		☑	☑	☑	Null	Null
KPI1.4.1.f	Count (number of resident children who are 2 years to less than 6 years of age).		☑	☑	☑	Null	Null
KPI1.4.2.a	Count (number of resident children who received their scheduled immunisation due at 4 months of age according to the NT Immunisation schedule **and** (they received them within 30 days of when they were due)).		☑	☑	☑	Null	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.4.2.b	Count (number of resident children who received their scheduled immunisation due at 12 months of age according to the NT Immunisation schedule **and** (they received them within 30 days of when they were due)).		☑	☑	☑	Null	☑
KPI1.4.2.c	Count (number of resident children aged 4 months of age who were due a scheduled immunisation **and** (the scheduled immunisation + 30 days falls within the reporting period)).		☑	☑	☑	Null	☑
KPI1.4.2.d	Count (number of resident children aged 12 months of age who were due a scheduled immunisation **and** (the scheduled immunisation + 30 days falls within the reporting period)).		☑	☑	☑	Null	☑
KPI1.4.3.a	Count (number of resident children who received their scheduled immunisation due at 18 months of age according to the NT Immunisation schedule **and (**they received them within 3 months of when they were due)).		☑	☑	☑	Null	☑
KPI1.4.3.b	Count (number of resident children who received their scheduled immunisation due at 4 years of age according to the NT Immunisation schedule **and (**they received them within 3 months of when they were due)).		☑	☑	☑	Null	☑
KPI1.4.3.c	Count (number of resident children aged 18 months of age who were due a scheduled immunisation **and** (the scheduled immunisation + 3 months falls within the reporting period)).		☑	☑	☑	Null	☑
KPI1.4.3.d	Count (number of resident children aged 4 years of age who were due a scheduled immunisation **and** (the scheduled immunisation + 3 months falls within the reporting period)).		☑	☑	☑	Null	☑
KPI1.5.a	Count (number of resident children who are less than 5 years of age **and** (are more than -2 standard deviations away from the mean weight for age)) during the indicated reporting period.	1 reporting period.	☑	☑	☑	Null	Null

KPI & Segment	Value Definition	Reporting Period	Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.5.b	Count (number of resident children who are less than 5 years of age **and** (who are measured for weight)) during the reporting period.	1 reporting period.	☑	☑	☑	Null	Null
KPI1.5.c	Count (number of resident children who are less than 5 years of age).		☑	☑	☑	Null	Null
KPI1.6.a	Count (number of resident children greater than or equal to 6 months and less than 5 years of age **and** (whose haemoglobin level is less than:- • 105 g/L for resident children greater than or equal to 6 months and less than 12 months of age. • 110 g/L for resident children greater than or equal to 12 months and less than 5 years of age)) at the last measurement for anaemia during the indicated reporting period.	1 reporting period.	☑	☑	☑	Null	☑
KPI1.6.b	Count (number of resident children greater than or equal to 6 months and less than 5 years of age **and** (who are measured for anaemia)) during the indicated reporting period.	1 reporting period.	☑	☑	☑	Null	☑
KPI1.6.c	Count (number of resident children greater than or equal to 6 months and less than 5 years of age).		☑	☑	☑	Null	☑
KPI1.6.d	Count (number of resident children greater than or equal to 6 months and less than 5 years of age **and** (whose haemoglobin level is less than:- • 105 g/L for resident children greater than or equal to 6 months and less than 12 months of age. • 110 g/L for resident children greater than or equal to 12 months and less than 5 years of age)) at any measurement for anaemia during the indicated reporting period.		☑	☑	☑	Null	☑
KPI1.7.a	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes **and** (who have a current MBS item 721 General Practitioner Management Plan or equivalent MBS item numbers for a General Practitioner Management Plan))), during the indicated reporting period(s).	2 reporting periods. 1 reporting period.	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.7.b	Count (number of resident clients who are aged 5 years and over **and (**who have been diagnosed with coronary heart disease **and** (who have a current MBS item 721 General Practitioner Management Plan or equivalent MBS item numbers for a General Practitioner Management Plan))), during the indicated reporting period(s).	2 reporting periods.	☑	☑	☑	☑	☑
		1 reporting period.					
KPI1.7.c	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes & coronary heart disease **and** (who have a current MBS item 721 General Practitioner Management Plan or equivalent MBS item numbers for a General Practitioner Management Plan))), during the indicated reporting period(s).	2 reporting period.	☑	☑	☑	☑	☑
		1 reporting period.					
KPI1.7.d	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes **and** (who have a current Alternative General Practitioner Management Plan that cannot be claimed))), during the indicated reporting period(s).	2 reporting period.	☑	☑	☑	☑	☑
		1 reporting period.					
KPI1.7.e	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with coronary heart disease **and** (who have a current Alternative General Practitioner Management Plan that cannot be claimed))), during the indicated reporting period(s).	2 reporting period.	☑	☑	☑	☑	☑
		1 reporting period.					
KPI1.7.f	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes & coronary heart disease **and** (who have a current Alternative General Practitioner Management Plan that cannot be claimed))), during the indicated reporting period(s).	2 reporting period.	☑	☑	☑	☑	☑
		1 reporting period.					
KPI1.7.g	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes **and** (who have a current MBS item 723 Team Care Arrangement or equivalent MBS item numbers for a Team Care Arrangement))), during the indicated reporting period(s).	2 reporting period.	☑	☑	☑	☑	☑
		1 reporting period.					
KPI1.7.h		2 reporting period.	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Health Service	Residence status	Indigenous status	Sex	Age group
	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with coronary heart disease **and** (who have a current MBS item 723 Team Care Arrangement or equivalent MBS item numbers for a Team Care Arrangement))), during the indicated reporting period(s).	1 reporting period.					
KPI1.7.i	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes & coronary heart disease **and** (who have a current MBS item 723 Team Care Arrangement or equivalent MBS item numbers for a Team Care Arrangement))), during the indicated reporting period(s).	2 reporting period. 1 reporting period.	☑	☑	☑	☑	☑
KPI1.7.j	Count (number of resident clients who are aged 5 years of age and over **and** (who have been diagnosed with type II diabetes **and** (who have a current Alternative Team Care Arrangement that cannot be claimed))), during the indicated reporting period(s).	2 reporting period. 1 reporting period.	☑	☑	☑	☑	☑
KPI1.7.k	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with coronary heart disease **and** (who have a current Alternative Team Care Arrangement that cannot be claimed))), during the indicated reporting period(s).	2 reporting period. 1 reporting period.	☑	☑	☑	☑	☑
KPI1.7.l	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes & coronary heart disease **and** (who have a current Alternative Team Care Arrangement that cannot be claimed))), during the indicated reporting period(s).	2 reporting period. 1 reporting period.	☑	☑	☑	☑	☑
KPI1.7.m	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes)).		☑	☑	☑	☑	☑
KPI1.7.n	Count (number of resident clients who are aged 5 years and over **and** (who have been diagnosed with coronary heart disease)).		☑	☑	☑	☑	☑
KPI1.7.o	Count (number of Indigenous resident clients who are aged 5 years and over **and** (who have been diagnosed with type II diabetes & coronary heart disease)).		☑	☑	☑	☑	☑
KPI1.8.1.a		0.5 reporting period. (previous 6 months)	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Health Service	Residence status	Indigenous status	Sex	Age group
	Count (number of resident clients aged 5 years and over **and** (who have been diagnosed with type II diabetes **and** (who have had an HbA1c test))), during the indicated reporting period.	1 reporting period					
KPI1.8.1.b	Count (number of resident clients aged 5 years and over **and** (who have been diagnosed with type II diabetes)).		☑	☑	☑	☑	☑
KPI 1.8.2a	Count (number of resident clients greater than or equal to 5 years of age **and** (who have been diagnosed with type II diabetes **and** (who have had one or more HbA1c test **and** (with most recent being less than or equal to 7% OR less than or equal to 53 mmol/mol)))), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.8.2b	Count (number of resident clients greater than or equal to 5 years of age **and** (who have been diagnosed with type II diabetes **and** (who have had one or more HbA1c test **and** (with most recent being greater than 7% and less than or equal to 8% OR greater than 53 mmol/mol but less than or equal to 64 mmol/mo)))), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.8.2c	Count (number of resident clients greater than or equal to 5 years of age **and** (who have been diagnosed with type II diabetes **and** (who have had one or more HbA1c test **and** (with most recent being greater than 8% and less than 10% OR greater than 64 mmol/mol but less than 86 mmol/mol)))), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.8.2d	Count (number of resident clients greater than or equal to 5 years of age **and** (who have been diagnosed with type II diabetes **and** (who have had one or more HbA1c test **and** (with most recent being greater than or equal to 10% OR greater than or equal to 86 mmol/mol)))), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.8.2e	Count (number of resident clients aged 5 years over **and** (who have been diagnosed with type II diabetes **and** (who have had one or more HbA1c test))), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.10.a (numerator)	Count (number of resident clients aged 0 years and over **and** (who have a current complete MBS Item 715 or equivalent MBS item numbers for an Indigenous Health Check)), during the indicated reporting period.	2 reporting period.	☑	☑	☑	☑	☑
KPI1.10.b (numerator)	Count (number of resident clients aged 0 years and over **and** (who have a current complete Alternative Indigenous Health Check similar to MBS Item 715)), during the indicated reporting period.	2 reporting period.	☑	☑	☑	☑	☑
KPI1.10.c (denominator)	Count (number of resident clients aged 0 years and over).		☑	☑	☑	☑	☑
KPI1.12.a	Count (number of resident women greater than or equal to 25 and less than 74 years of age **and** (who have had a cervical screen test)), during the indicated reporting period(s).	5 reporting periods / 6 reporting periods	☑	☑	☑	'2' only	☑
KPI1.12.b	Count (number of resident women greater than or equal to 25 and less than 74 years of age).		☑	☑	☑	'2' only	☑
KPI 1.13a	Count (number of resident clients greater than or equal to 15 years of age who have been diagnosed with type II diabetes who have had one or more Blood Pressure test **and** (with most recent being less than or equal to 130/80 mmHg)), during the indicated reporting period.	0.5 reporting period. (previous 6 months)	☑	☑	☑	☑	☑
KPI 1.13b	Count (number of resident clients aged 15 years and over who have been diagnosed with type II diabetes **and** (who have had a Blood Pressure test)), during the indicated reporting period.	0.5 reporting period. (previous 6 months)	☑	☑	☑	☑	☑
KPI 1.13c	Count (number of resident clients aged 15 years and over who have been diagnosed with type II diabetes).		☑	☑	☑	☑	☑
KPI 1.14a	Count (number of resident clients greater than or equal to 31 years of age **and** eGFR greater than or equal to 60 mL/min/1.73m² AND ACR less than 3.5 mg/mmol for females OR ACR less than 2.5 for males), during the indicated reporting period.	2 reporting periods	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI 1.14b	Count (number of resident clients greater than or equal to 31 years of age **and** eGFR greater than or equal to 45 mL/min/1.73m² and less than 60 mL/min/1.73m² AND ACR greater than or equal to 3.5 mg/mmol and less than or equal to 35 mg/mmol for females OR greater than or equal to 2.5 mg/mmol and less than or equal to 25 mg/mmol for males), during the indicated reporting period.	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.14c	Count (number of resident clients greater than or equal to 31 years of age **and** eGFR greater than or equal to 45 mL/min/1.73m² and less than 60 mL/min/1.73m² AND ACR greater than or equal to 3.5 mg/mmol and less than or equal to 35 mg/mmol for females OR greater than or equal to 2.5 mg/mmol and less than or equal to 25 mg/mmol for males OR eGFR greater than or equal to 60 mL/min/1.73m² AND ACR greater than 35 mg/mmol and less than or equal to 300 mg/mmol for females OR greater than 25 mg/mmol and less than or equal to 300 mg/mmol for males), during the indicated reporting period.	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.14d	Count (number of resident clients greater than or equal to 31 years of age (**and** eGFR GREATER THAN 15 mL/min/1.73m² and less than 45 mL/min/1.73m² AND ACR less than or equal to 300 mg/mmol OR eGFR GREATER THAN or EQUAL TO 45 mL/min/1.73m² and less than 60 mL/min/1.73m² AND ACR GREATER THAN 35 mg/mmol and less than or equal to 300 mg/mmol for females OR greater than 25 mg/mmol less than or equal to 300 mg/mmol for males), during the indicated reporting period).	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.14e	Count (number of resident clients greater than or equal to 31 years of age (**and** eGFR less than 15 mL/min/1.73m² AND/OR ACR greater than 300), during the indicated reporting period.	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.14f	Count (number of resident clients greater than or equal to 31 years of age **and** ACR less than 300 mg/mmol AND no eGFR test result recorded OR eGFR greater than 15 mL/min/1.73m² AND no ACR test result recorded), during the indicated reporting period.	2 reporting periods	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI 1.14g	Count (number of resident clients greater than or equal to 31 years of age **and** who have had an eGFR OR ACR), during the indicated reporting period.	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.14h	Count (number of resident clients greater than or equal to 31 years of age).		☑	☑	☑	☑	☑
KPI 1.15a	Count (number of resident ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis **and** (have received equal to and greater than 80% of their injections), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.15b	Count (number of resident ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis), during the indicated reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.15c	The number of resident Indigenous clients who have been diagnosed with ARF/RHD who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received equal to or greater than 50% to less than 80% of their injections due at the end of the reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.15d	The number of resident Indigenous clients who have been diagnosed with ARF/RHD who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received less than 50% of their injections due at the end of the reporting period.	1 reporting period	☑	☑	☑	☑	☑
KPI 1.16a	Count (number of resident clients who have a smoking status of "Smoker").	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.16b	Count (number of resident clients who have a smoking status of "Ex-Smoker less than 12 months").	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.16c	Count (number of resident clients who have a smoking status of "Ex-Smoker greater than or equal to 12 months").	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.16d	Count (number of resident clients who have a smoking status of "Non-Smoker")	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.16e	Count (number of resident clients aged 15 years and over) with a smoking status recorded.	2 reporting periods	☑	☑	☑	☑	☑
KPI 1.16f	Count (number of resident clients aged 15 years and over).		☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI 1.17a	Count (number of resident clients greater than or equal to 15 and less than 35 years of age **and** (who have had a chlamydia and gonorrhoea test)) during the indicated reporting period(s).	1 reporting period	☑	☑	☑	☑	☑
KPI 1.17b	Count (number of residents greater than or equal to 15 and less than 35 years of age).		☑	☑	☑	☑	☑
KPI 1.17c	Count (number of resident clients greater than or equal to 15 and less than 35 years of age **and** (who have had a chlamydia and gonorrhoea and HIV and Syphilis test)), during the indicated reporting period(s).	1 reporting period	☑	☑	☑	☑	☑
KPI 1.17d	Count (number of resident clients greater than or equal to 15 and less than 35 years of age **and** (who have had HIV test)), during the indicated reporting period(s).	1 reporting period	☑	☑	☑	☑	☑
KPI 1.17e	Count (number of resident clients greater than or equal to 15 and less than 35 years of age **and** (who have had a Syphilis test)), during the indicated reporting period(s).	1 reporting period	☑	☑	☑	☑	☑
KPI1.18a	Count (number of resident clients aged 20 years and over) with CVD risk assessment recorded as "High" (greater than 15% change of cardiovascular event).	2 reporting periods	☑	☑	☑	☑	☑
KPI1.18b	Count (number of resident clients aged 20 years and over) with CVD risk assessment recorded as "Moderate" (10-15% change of cardiovascular event).	2 reporting periods	☑	☑	☑	☑	☑
KPI1.18c	Count (number of resident clients aged 20 years and over) with CVD risk assessment recorded as "Low" (less than 10% change of cardiovascular event).	2 reporting periods	☑	☑	☑	☑	☑
KPI1.18d	Count (number of resident clients aged 20 years and over) with CVD risk assessment recorded.	2 reporting periods	☑	☑	☑	☑	☑
KPI1.18e	Count (number of resident clients aged 20 years and over).		☑	☑	☑	☑	☑
KPI1.19a	Count (number of resident clients) with Diabetes type 1 or Diabetes type 2, who have had a retinal eye exam.	1 reporting period / 2 reporting periods	☑	☑	☑	☑	☑

KPI & Segment	Value Definition	Reporting Period	Disaggregation				
			Health Service	Residence status	Indigenous status	Sex	Age group
KPI1.19b	Count (number of resident clients) with Diabetes type 1 or Diabetes type 2.		☑	☑	☑	☑	☑
KPI1.19c	Count (number of resident clients).		☑	☑	☑	☑	☑
KPI1.20.a	Count (number of aboriginal resident children who are greater than or equal to 3 months to less than 6 years of age **and** (who have had ear examination (otoscopy) **and** (whose status is recorded as having ear discharge at **any** examination))), during the reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.20.b	Count (number of aboriginal resident children who are greater than or equal to 3 months to less than 6 years of age **and** (who have had ear examination (otoscopy) **and** (whose status is recorded as having ear discharge at **last** examination))), during the reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.20.c	Count (number of aboriginal resident children who are greater than or equal to 3 months to less than 6 years of age **and** (who have had ear examination (otoscopy))), during the reporting period.	1 reporting period.	☑	☑	☑	☑	☑
KPI1.20.d	Count (number of aboriginal resident children who are greater than or equal to 3 months to less than 6 years of age).		☑	☑	☑	☑	☑

Abbreviations

ACE	Angiotensin -converting enzyme
AHF	Aboriginal Health Forum
AHKPI	Aboriginal Health Key Performance Indicator
ARB	Angiotensin Receptor Blocker
ARF	Acute Rheumatic Fever
ATSI	Aboriginal & Torres Strait Islander
DoH	Department Health & Families
EPC	Enhanced Primary Care
GPMP	General Practitioner Management Plan
MBS	Medicare Benefit Schedule
NGO	Non-government Organisation
PCD	Preventable Chronic Disease
RHD	Rheumatic Heart Disease
TCA	Team Care Arrangements