Northern Territory Aboriginal Health

Key Performance Indicator Information System

Australian Government
Department of Health

AMSANT

NORTHERN TERRITORY GOVERNMENT

Dummy Report

Health Centre Report

FINAL REPORT

for period 01 July 2021 to 30 June 2022

Acknowledgements

The significance of this report is that it has been made possible due to an extensive team collaboration by many persons from many organisations. This team includes doctors, nurses, health centre managers, administrators, data managers, systems analysts and programmers. Thanks are extended to the whole team who have turned a concept into this community report. Most importantly, this report would not be possible without the efforts of data input into various information systems by health services staff who perform the day to day work of data collection and data entry. A huge thank you has to go to these people who tirelessly feed the systems with data and without which this report would not be possible. This important collaborative effort of members of the NT Aboriginal Health Forum continues.

Introduction

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

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

The first of the biannual NT AHKPI reports was released in 2009.This report provides a community level analysis of the suite of KPI's. Full KPI definitions can be found at:

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

Regular Client

The NT AHKPI only collects data on clients who are recognised as being regular clients in the health clinics Clinical Information Systems/Patient Information Record System (CIS/PIRS). Regular clients are defined as people who 'usually reside in the community serviced by the health centre, and have been present in the community for at least 6 months of the reporting period, and have had some contact with the health service in the previous 2 years or have recently moved to the community and intend to stay there, and are not deceased, as at the end of the reporting period'.

It is acknowledged that this definition is reliant on judgements by health service clinical or administration staff as to whether a client is defined as a regular client and also on the health service staff having the resources to keep the regular client status and address of the client updated. This has been arrived at as a practical working definition, acknowledging that a definition of who is a regular client will always be difficult.

Furthermore, a client may be a regular client for more than 1 location, or may not be recognised as a regular client at any health service as they may be transient or may not attend health clinics, so that the regular client total number can not be assumed to be the total Aboriginal population for the region or the NT.

IMPORTANT NOTE FOR READERS OF THIS REPORT

Data quality and use

NT AHKPI system was implemented in 2009. Data prior to 2009 may be incomplete. Data quality will vary across health services depending on their experience in using data and indicators and the capacity of their information systems. The 2009 report established a baseline to measure continuous quality improvements in processes for health data collection and analysis across the diverse and challenging environment that the remote communities of the Northern Territory operate in.

This report is NOT for public distribution as the quality of the jurisdiction wide information collected is being extensively reviewed by the members of the NT Aboriginal Health Forum. Through this rigorous validation process, data quality and collection methods will continue to be analysed and improved.

The format of this report is also under review and subject to change. Furthermore it should be noted that some communities have a small population and interpretation of their data is questionable when small numbers have been used or when a large percentage of the population have not been measured (low coverage). Please remember these points when determining the validity of the data.

Reporting Periods

The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.14, 1.16 and 1.18 report over the previous 2 years

Confidentiality and distribution

As noted above, there are important data quality issues to consider in determining how to use this report. It contains important information about the community served by your health service. The NT AHKPI Steering Committee recommends that this report only be distributed and used within your organisation. The Steering Committee further recommends that, if you are considering releasing the report outside your organisation, you contact the NT AHKPI Data Custodian to discuss confidentiality, data quality and interpretation issues specific to your report.

All NT AHKPI data collected through health service organisations operational information systems are the property of the health service organisations. Access to data stored in the central NTAHKPI repository will not be granted without the consent of the individual Aboriginal Community Controlled Health Organisation and will only be released to individuals/organisations following approval by the NT AHKPI Steering Committee in accordance with the NT AHKPI system Data Management Strategy and Protocols, December 2008.

The NT AHF in consultation with member organisations will decide the format and timing of public data release from the NT AHKPI system at a point in the future when the data are of sufficient quality.

Known General Issues for Dummy Report

Dummy Report Aboriginal KPIs Summary

for period 01 July 2021 to 30 June 2022

AHKPI 1.1 - Episodes of Health Care and Client Contacts	Total	Denominator	Community (%)
Episodes of health care	25,689	N/A	N/A
Client Contacts	0	N/A	N/A
Resident client population	2,558	N/A	N/A
AHKPI 1.2.1 - First Antenatal Visit	**Numerator**	**Denominator**	**Community (%)**
< 13 weeks	11	23	48%
< 20 weeks	6	23	26%
20+ weeks	5	23	22%
AHKPI 1.2.2 - Anaemia in Pregnancy	**Numerator**	**Denominator**	**Community (%)**
Clients who were anaemic at their last test during pregnancy	7	22	32%
Clients who were anaemic at any test during pregnancy	15	22	68%
Clients who gave birth to Indigenous babies and measured for Anaemia	22	23	96%
AHKPI 1.3 - Birth Weight	**Numerator**	**Denominator**	**Community (%)**
High	0	24	0%
Low	9	24	38%
Normal	15	24	63%
AHKPI 1.4.1 - Fully Immunised Children	**Numerator**	**Denominator**	**Community (%)**
6-11 months	13	13	100%
12-23 months	27	29	93%
24-71 months	109	119	92%
AHKPI 1.4.2 - Timeliness of Immunisations	**Numerator**	**Denominator**	**Community (%)**
4 months	32	33	97%
12 months	25	32	78%
AHKPI 1.4.3 - Timeliness of Immunisations	**Numerator**	**Denominator**	**Community (%)**
18 months	24	24	100%
4 years	36	40	90%
AHKPI 1.5 - Underweight Children	**Numerator**	**Denominator**	**Community (%)**
Measured	155	167	93%
Underweight	3	155	2%
AHKPI 1.6 - Anaemic Children	**Numerator**	**Denominator**	**Community (%)**
Measured	110	161	68%
Anaemic at any examination	15	110	14%
Anaemic at last examination	7	110	6%
AHKPI 1.7 - Chronic Disease Management Plan	**Numerator**	**Denominator**	**Community (%)**
Clients with CHD on GPMP/ALT GPMP	26	34	76%
Clients with Diabetes & CHD on GPMP/ALT GPMP	14	15	93%
Clients with Diabetes on GPMP/ALT GPMP	156	222	70%
AHKPI 1.8.1 - HbA1c Tests	**Numerator**	**Denominator**	**Community (%)**
HbA1c Test	181	221	82%

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 Timeliness of Immunisation numbers. There are still underlying issues with the data quality and system limitation.

Note: - The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.14, 1.16 and 1.18 report over the previous 2 years

Dummy Report Aboriginal KPIs Summary

for period 01 July 2021 to 30 June 2022

AHKPI 1.8.2 - HbA1c Measurements	Numerator	Denominator	Community (%)
Clients with HbA1c<=7%(<=53mmol/mol)	64	181	35%
Clients with HbA1c>7% and<=8%(54 to 64 mmol/mol)	34	181	19%
Clients with HbA1c>8% and<10%(65 to 85 mmol/mol)	32	181	18%
Clients with HbA1c>10%(=>86mmol/mol)	48	181	27%
AHKPI 1.9 - ACE Inhibitor and/or ARB	**Numerator**	**Denominator**	**Community (%)**
ACE	61	87	70%
ACE and/or ARB	67	87	77%
ARB	6	87	7%
AHKPI 1.10 - Health Check	**Numerator**	**Denominator**	**Community (%)**
Completed Health Check	786	2,323	34%
Completed ALT Health Check	281	2,323	12%
AHKPI 1.12 - Cervical Screening	**Numerator**	**Denominator**	**Community (%)**
Cervical Screening Recorded	448	614	73%
Cervical Screening Not Recorded	166	614	27%
AHKPI 1.13 - Blood Pressure Control	**Numerator**	**Denominator**	**Community (%)**
Blood Pressure Recorded	112	219	51%
Blood Pressure less than or equal to 130/80 mmHg	47	112	42%
AHKPI 1.14 - eGFR/ACR test recorded	**Numerator**	**Denominator**	**Community (%)**
Both eGFR and ACR recorded	583	880	66%
eGFR or ACR recorded	114	880	13%
Not screened	183	880	21%
eGFR or ACR recorded	114	697	16%
eGFR/ACR Test Mild Risk	181	697	26%
eGFR/ACR Test Moderate Risk	78	697	11%
eGFR/ACR Test High Risk	10	697	1%
eGFR/ACR Test Severe Risk	9	697	1%
AHKPI 1.15 - Rheumatic Heart Disease	**Numerator**	**Denominator**	**Community (%)**
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	33	106	31%
Clients with ARF/RHD receiving 80% prescribed BPG	69	106	65%
Clients with ARF/RHD receiving less than 50% prescribed BPG	4	106	4%
AHKPI 1.16 - Smoking status recorded	**Numerator**	**Denominator**	**Community (%)**
Smoking Status Recorded	872	1,674	52%
Smoker	495	872	57%
Non-Smoker	281	872	32%
Ex-Smoker less than 12 Months	60	872	7%
Ex-Smoker greater than or equal to 12 Months	36	872	4%
AHKPI 1.17 - STI test recorded	**Numerator**	**Denominator**	**Community (%)**
All STI Test Recorded	226	947	24%
Chlamydia and Gonorrhoea Test Recorded	394	947	42%
HIV Test Recorded	348	947	37%
Syphilis Test Recorded	261	947	28%

Note: - The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.14, 1.16 and 1.18 report over the previous 2 years

Dummy Report Aboriginal KPIs Summary

for period 01 July 2021 to 30 June 2022

AHKPI 1.18 - Cardiovascular risk assessment	Numerator	Denominator	Community (%)
CVD Assessment Recorded	791	1,364	58%
High	115	791	15%
Low	598	791	76%
Moderate	72	791	9%
AHKPI 1.19 - Retinal screening	**Numerator**	**Denominator**	**Community (%)**
Retinal eye exam	15	221	7%
AHKPI 1.20 - Ear Disease in Children	**Numerator**	**Denominator**	**Community (%)**
Ear discharge at any examination	26	161	16%
Ear discharge at last examination	14	161	9%
Ear Discharge Test Recorded	161	172	94%

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Measures the uptake of the service as well as equity in access to health services between health centres within a Health Service Delivery Area.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Dummy Report - for period 01 July 2021 to 30 June 2022

1.1a Number of health care episodes	25,689

Episodes of care shows the number of episodes of care for one person (generally coded in one day as an episodic event) using the health service

1.1b Number of clients contacts	0

Client contact shows the workload of the health service staff. For example: in one day a child attends for a health review and is seen by the Aboriginal health worker (one contact) then the GP (one contact). This is one episode of care but two client contacts.

Figure 1.1a Proportion of episodes of health care for Aboriginal clients of the community during the previous 1 year by resident status and sex

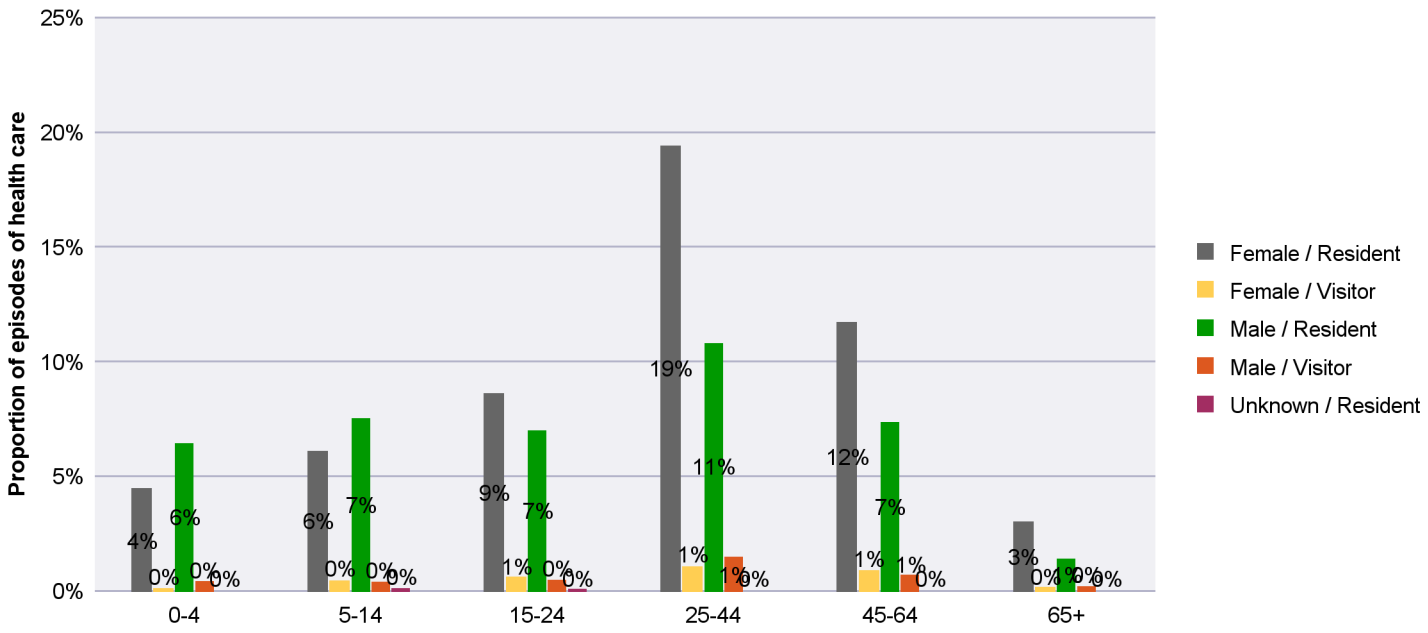
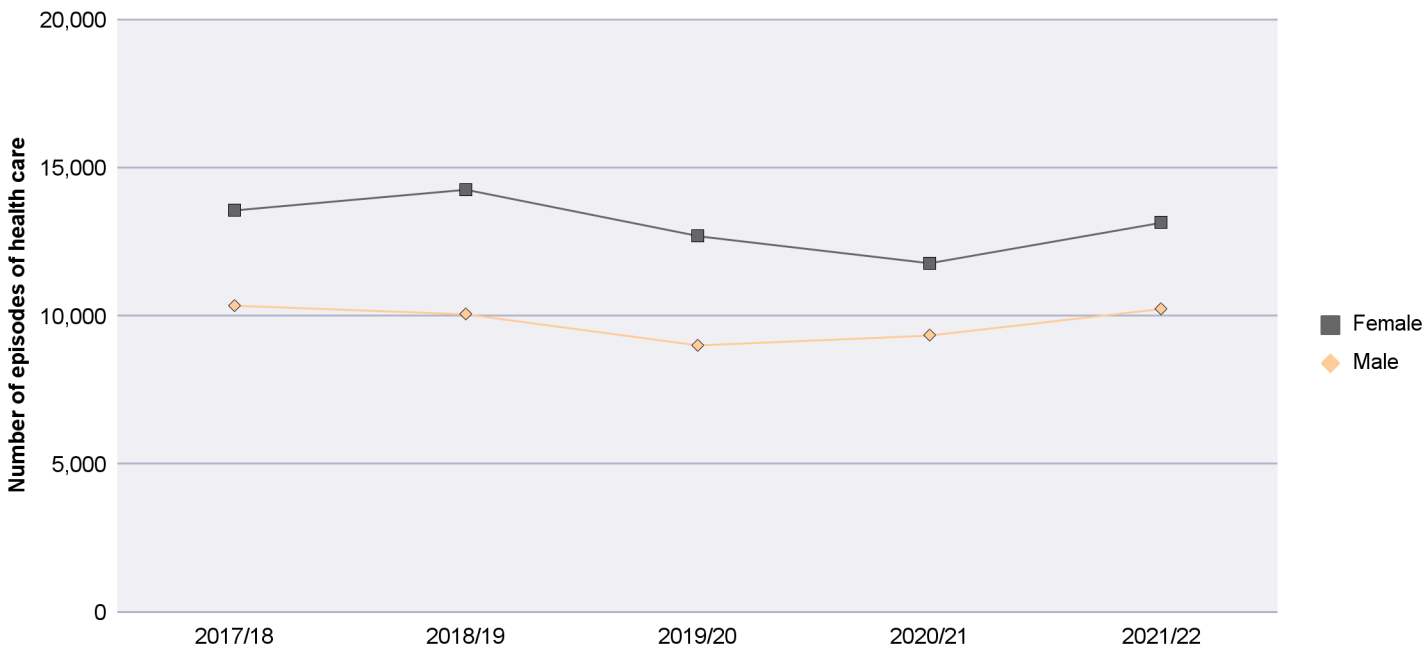


Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year

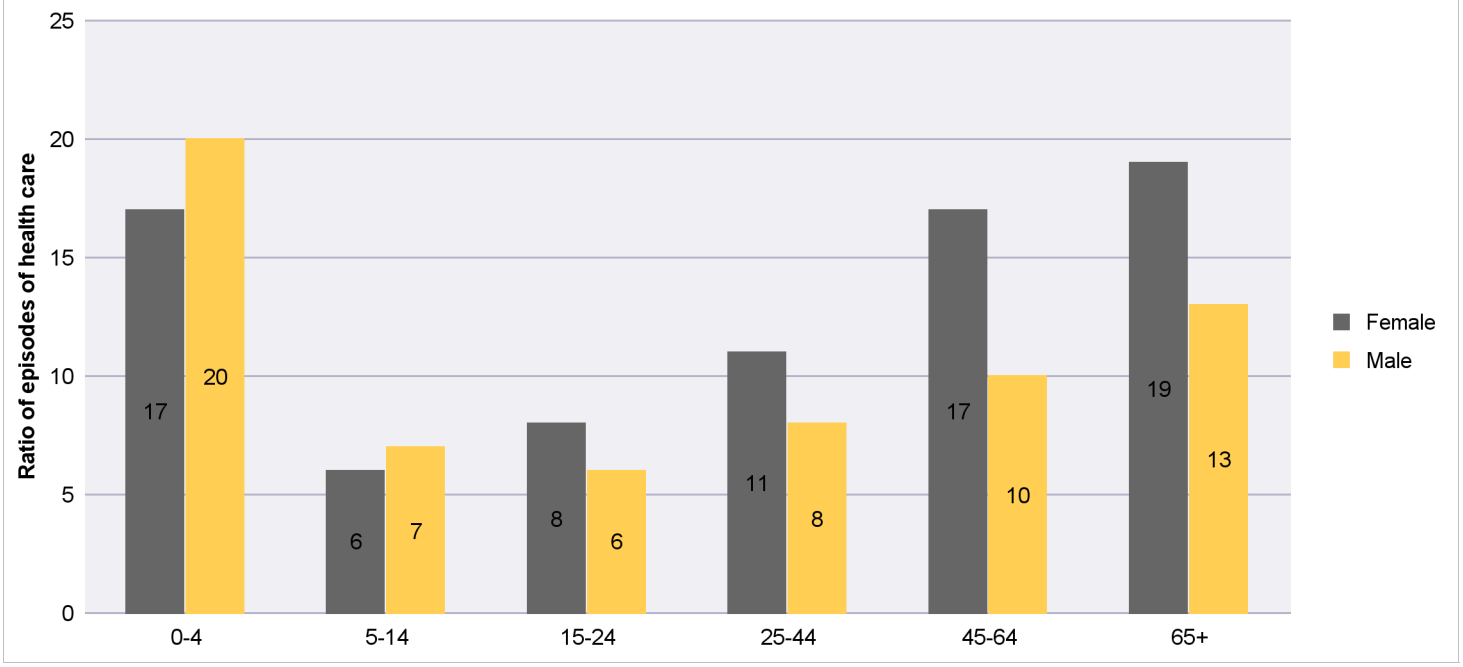


Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Female	13,571	14,274	12,705	11,787	**13,161**
Male	10,357	10,065	9,015	9,348	**10,249**

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.1c Ratio of episodes of health care for resident Aboriginal clients of the community during the previous 1 year by sex



AHKPI 1.1 Resident population and episodes of health care provided ratio

Aboriginal		Age Group 0-4	5-14	15-24	25-44	45-64	65+	Total
Female	Resident Population	61 3%	246 11%	266 11%	430 19%	157 7%	37 2%	1197 52%
	Episode Ratio	17	6	8	11	17	19	10
Male	Resident Population	74 3%	268 12%	279 12%	305 13%	167 7%	24 1%	1117 48%
	Episode Ratio	20	7	6	8	10	13	8
Total Aboriginal resident population		**135 6%**	**514 22%**	**545 24%**	**735 32%**	**324 14%**	**61 3%**	**2,314**
Total episodes of health care ratio		19	6	7	10	14	17	9

non-Aboriginal		Age Group 0-4	5-14	15-24	25-44	45-64	65+	Total
Female	Resident Population	11 5%	6 2%	13 5%	58 24%	26 11%	5 2%	119 49%
	Episode Ratio	6	6	12	9	8	3	8
Male	Resident Population	14 6%	6 2%	10 4%	57 23%	30 12%	7 3%	124 51%
	Episode Ratio	9	3	4	6	6	10	6
Total non-Aboriginal resident population		**25 10%**	**12 5%**	**23 9%**	**115 47%**	**56 23%**	**12 5%**	**243**
Total episodes of health care ratio		7	4	8	7	7	7	7

ALL clients		Age Group 0-4	5-14	15-24	25-44	45-64	65+	Total
Female	Resident Population	72 3%	252 10%	279 11%	488 19%	183 7%	42 2%	**1316 51%**
	Episode Ratio	15	6	8	10	16	17	**10**
Male	Resident Population	88 3%	274 11%	289 11%	362 14%	197 8%	31 1%	**1241 49%**
	Episode Ratio	18	6	6	8	10	13	**8**
Total clients resident population		**160 6%**	**526 21%**	**568 22%**	**850 33%**	**380 15%**	**73 3%**	**2,557**
Total episodes of health care ratio		17	6	7	9	13	15	9

The Episodes ratio is the average number of Episodes of health care provided to resident clients within the reporting period.
The percentage shows the breakdown of the resident client population by indigenous status.

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Dummy Report - for period 01 July 2021 to 30 June 2022

NT AHKPI 1.1a Episodes of Health Care

Aboriginal	Resident of the community						Total	Visitor of the community						Total	Total Episodes
	0-4	5-14	15-24	25-44	45-64	65+		0-4	5-14	15-24	25-44	45-64	65+		
Female	1,040	1,418	2,007	4,541	2,738	698	12,442	18	99	133	240	200	29	719	13,161
	4%	6%	8%	18%	11%	3%	48%	0%	0%	1%	1%	1%	0%	3%	51%
Male	1,500	1,756	1,632	2,521	1,714	320	9,443	90	84	100	339	153	40	806	10,249
	6%	7%	6%	10%	7%	1%	37%	0%	0%	0%	1%	1%	0%	3%	40%
Total episodes	**2,540**	**3,174**	**3,639**	**7,062**	**4,452**	**1,018**	**21,885**	**108**	**183**	**233**	**579**	**353**	**69**	**1,525**	**23,410**
	10%	**12%**	**14%**	**28%**	**17%**	**4%**	**85%**	**0%**	**1%**	**1%**	**2%**	**1%**	**0%**	**6%**	**91%**

non-Aboriginal	Resident of the community						Total	Visitor of the community						Total	Total Episodes
	0-4	5-14	15-24	25-44	45-64	65+		0-4	5-14	15-24	25-44	45-64	65+		
Female	68	35	151	508	210	16	988	0	7	16	150	101	6	280	1,268
	0%	0%	1%	2%	1%	0%	4%	0%	0%	0%	1%	0%	0%	1%	5%
Male	119	18	40	317	168	73	735	9	11	14	91	92	35	252	987
	0%	0%	0%	1%	1%	0%	3%	0%	0%	0%	0%	0%	0%	1%	4%
Total episodes	**187**	**53**	**191**	**825**	**378**	**89**	**1,723**	**9**	**18**	**30**	**241**	**193**	**41**	**532**	**2,255**
	1%	**0%**	**1%**	**3%**	**1%**	**0%**	**7%**	**0%**	**0%**	**0%**	**1%**	**1%**	**0%**	**2%**	**9%**

unknown status	Resident of the community					Total	of the c	Total	Total Episodes
	5-14	15-24	25-44	45-64	65+		45-64		
Female	0	0	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%
Male	0	0	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total episodes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	0%	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Total ALL	Resident of the community						Total	Visitor of the community						Total	Total Episodes
	0-4	5-14	15-24	25-44	45-64	65+		0-4	5-14	15-24	25-44	45-64	65+		
Female	1,108	1,453	2,158	5,049	2,948	714	13,430	18	106	149	390	301	35	999	14,429
	4%	6%	8%	20%	11%	3%	52%	0%	0%	1%	2%	1%	0%	4%	56%
Male	1,619	1,774	1,672	2,838	1,882	393	10,178	99	95	114	430	245	75	1,058	11,236
	6%	7%	7%	11%	7%	2%	40%	0%	0%	0%	2%	1%	0%	4%	44%
Total episodes	**2,727**	**3,227**	**3,830**	**7,887**	**4,830**	**1,107**	**23,608**	**117**	**201**	**263**	**820**	**546**	**110**	**2,057**	**25,665**
	11%	**13%**	**15%**	**31%**	**19%**	**4%**	**92%**	**0%**	**1%**	**1%**	**3%**	**2%**	**0%**	**8%**	**100%**

AHKPI 1.2.1 - First Antenatal Visit

Dummy Report - for period 01 July 2021 to 30 June 2022

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.

Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the Midwives dataset. Data may also be incomplete due to data entry backlog and alias location issues recording in Midwives. From 2012 CY report, mother demographic information will be taken from the PCIS system and matched to Midwives dataset via the client HRN. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.2.1 - First Antenatal Visit

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.2.1a Proportion of resident clients receiving antenatal care during the previous 1 year by gestational age

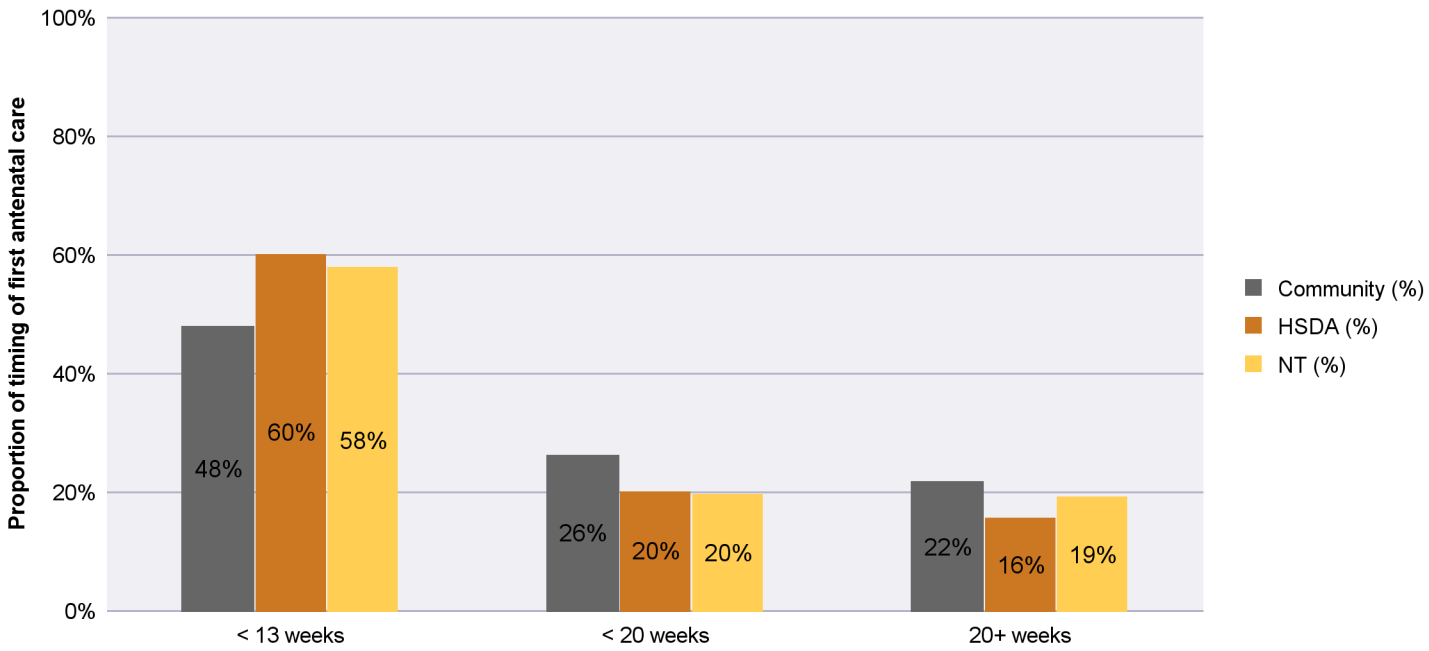
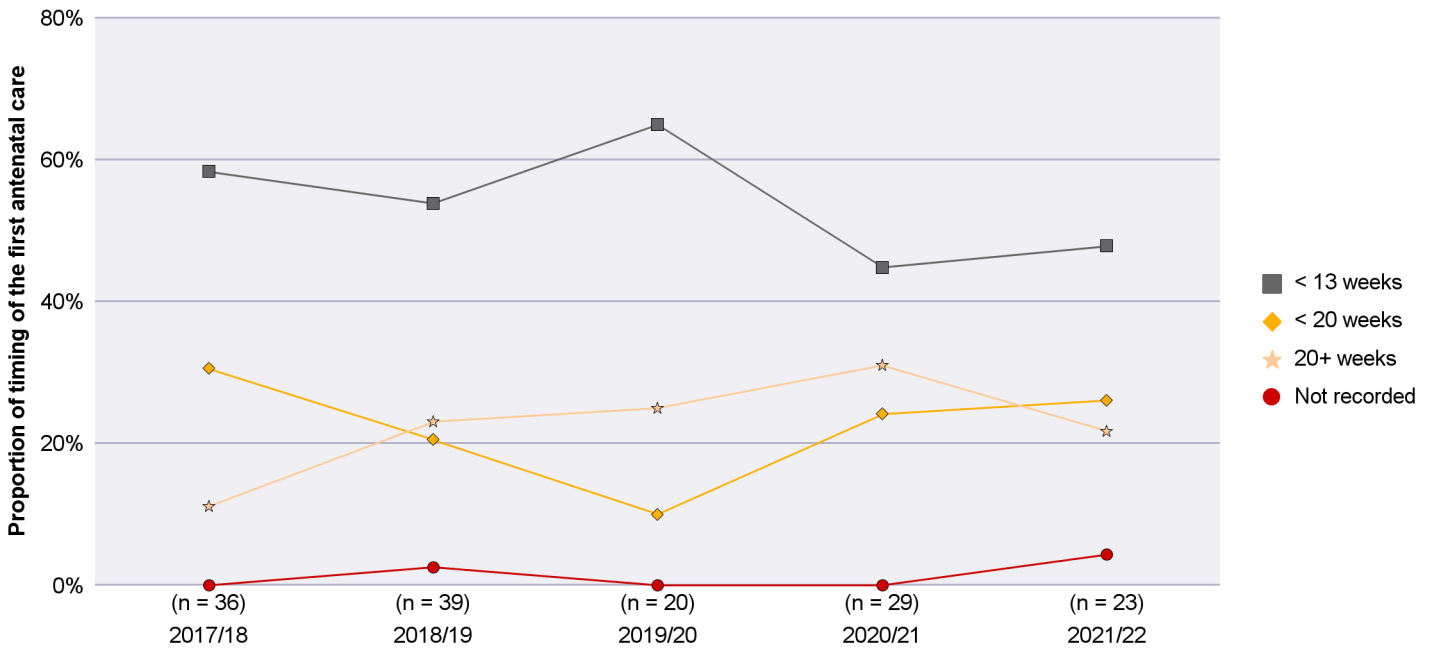


Figure 1.2.1b Trend of resident clients receiving antenatal care by gestational age and reporting year



The above trend graph displays resident clients who gave birth to Indigenous babies during each reporting year and received antenatal care prior to 20 weeks gestation, or are not recorded as receiving any antenatal care, for the current and previous reporting years.

Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	**36**	**39**	**20**	**29**	**23**
< 13 weeks	58%	54%	65%	45%	**48%**
< 20 weeks	31%	21%	10%	24%	**26%**
20+ weeks	11%	23%	25%	31%	**22%**
Not recorded	0%	3%	0%	0%	**4%**

n = Population (denominator) is the number of resident women who gave birth to Indigenous babies during the reporting period.

AHKPI 1.2.1 - First Antenatal Visit

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.2.1 Timing of first antenatal visit for regular clients delivering Aboriginal babies

Aboriginal mothers	Age of Mother 0-19	20-34	35+	Total
Number of first antenatal visit < 13 weeks	1	8	2	11
% of first antenatal visit < 13 weeks	20%	53%	67%	48%
Number of first antenatal visit < 20 weeks	2	4	0	6
% of first antenatal visit < 20 weeks	40%	27%	0%	26%
Number of first antenatal visit 20+ weeks	2	2	1	5
% of first antenatal visit 20+ weeks	40%	13%	33%	22%
Number of Aboriginal mothers attending 1st antenatal visit	**5**	**14**	**3**	**22**
% attending at first antenatal visit	100%	93%	100%	96%
Number of Aboriginal mothers	5	15	3	23

non-Aboriginal mothers	Age of Mother 0-19	20-34	35+	Total
Number of first antenatal visit < 13 weeks	0	0	0	0
% of first antenatal visit < 13 weeks	0%	0%	0%	0%
Number of first antenatal visit < 20 weeks	0	0	0	0
% of first antenatal visit < 20 weeks	0%	0%	0%	0%
Number of first antenatal visit 20+ weeks	0	0	0	0
% of first antenatal visit 20+ weeks	0%	0%	0%	0%
Number of non-Aboriginal mothers attending 1st antenatal visit	**0**	**0**	**0**	**0**
% attending at first antenatal visit	0%	0%	0%	0%
Number of non-Aboriginal mothers	0	0	0	0

TOTAL ALL	Age of Mother 0-19	20-34	35+	Total
Total recorded as attending 1st antenatal visit	**5**	**14**	**3**	**22**
% attending at first antenatal visit	100%	93%	100%	96%
Number of ALL mothers	5	15	3	23

AHKPI 1.2.2 - Anaemia in Pregnancy

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Haemoglobin levels are an indicator of the oxygen carrying capacity of the blood and are one indicator of nutritional status. Haemoglobin is included in a full blood examination (FBE) which is part of routine antenatal blood tests taken at first antenatal visit, 28 weeks and 36 weeks of the pregnancy. Point of care testing is not recommended during pregnancy.

Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the Midwives dataset. Data may also be incomplete due to data entry backlog and alias location issues recording in Midwives. Mother demographic information will be taken from the PCIS system and matched to Midwives dataset via the client HRN.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.2.2 - Anaemia in Pregnancy

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.2.2a Proportion of clients measured for Anaemia during pregnancy and were anaemic at any or last examination

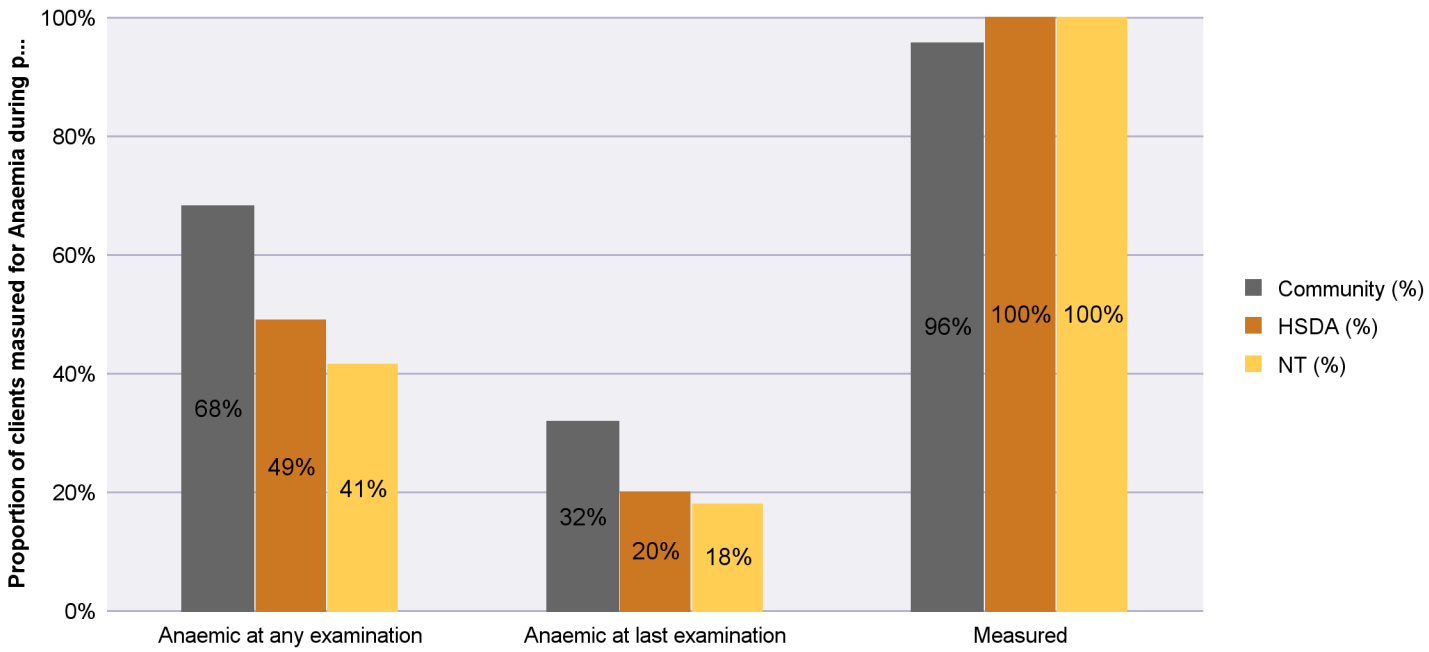
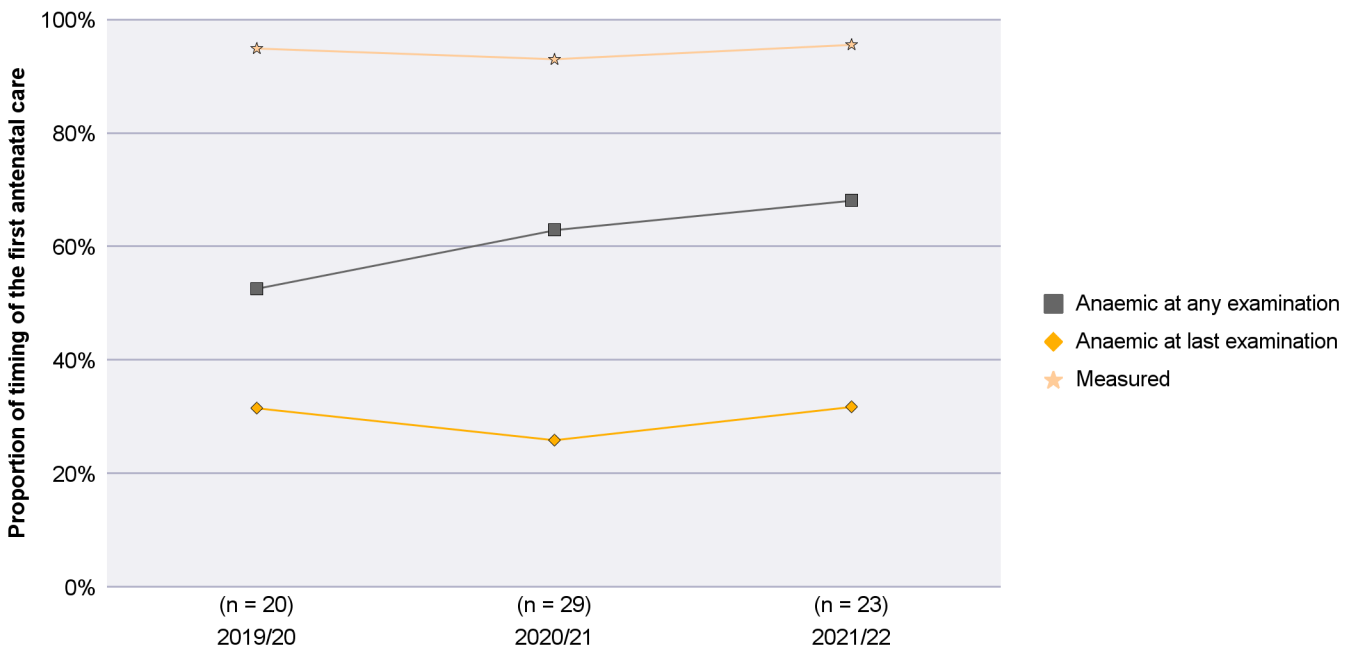


Figure 1.2.2b Trend of clients measured for Anaemia during pregnancy and were anaemic at any or last examination



Reporting Year(s)	2019/20	2020/21	2021/22
Population (Denominator)	**20**	**29**	**23**
Clients who were anaemic at their last test during pregnancy	32%	26%	**32%**
Clients who were anaemic at any test during pregnancy	53%	63%	**68%**
Clients who gave birth to Indigenous babies and measured for Anaemia	95%	93%	**96%**

n = Population (denominator) is the number of resident women who gave birth to Indigenous babies during the reporting period. From 2020/21 measurement calculation changes for haemoglobin (Hb <110g/L at <20 weeks gestation or Hb<105g/L at >=20 weeks gestation).

AHKPI 1.2.2 - Anaemia in Pregnancy

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.2.2 The number and proportion of regular clients who were anaemic during pregnancy

Aboriginal mothers	Age of Mother			Total
	0-19	20-34	35+	
Number of Clients who gave birth to Indigenous babies and measured for Anaemia	5	15	2	22
% of Clients who gave birth to Indigenous babies and measured for Anaemia	100%	100%	67%	96%
Number of Clients who were anaemic at any test during pregnancy	3	10	2	15
% of Clients who were anaemic at any test during pregnancy	60%	67%	100%	68%
Number of Clients who were anaemic at their last test during pregnancy	2	5	0	7
% of Clients who were anaemic at their last test during pregnancy	40%	33%	0%	32%
Number of Aboriginal clients delivering Aboriginal babies	**5**	**15**	**3**	**23**

non-Aboriginal mothers	Age of Mother			Total
	0-19	20-34	35+	
Number of Clients who gave birth to Indigenous babies and measured for Anaemia	0	0	0	0
% of Clients who gave birth to Indigenous babies and measured for Anaemia	0%	0%	0%	0%
Number of Clients who were anaemic at any test during pregnancy	0	0	0	0
% of Clients who were anaemic at any test during pregnancy	0%	0%	0%	0%
Number of Clients who were anaemic at their last test during pregnancy	0	0	0	0
% of Clients who were anaemic at their last test during pregnancy	0%	0%	0%	0%
Number of non-Aboriginal clients delivering Aboriginal babies		**0**		**0**

TOTAL ALL	Age of Mother			Total
	0-19	20-34	35+	
Number of Clients who gave birth to Indigenous babies and measured for Anaemia	5	15	2	22
% of Clients who gave birth to Indigenous babies and measured for Anaemia	100%	100%	67%	96%
Number of Clients who were anaemic at any test during pregnancy	3	10	2	15
% of Clients who were anaemic at any test during pregnancy	60%	67%	100%	68%
Number of Clients who were anaemic at their last test during pregnancy	2	5	0	7
% of Clients who were anaemic at their last test during pregnancy	40%	33%	0%	32%
Number of clients delivering Aboriginal babies	**5**	**15**	**3**	**23**

AHKPI 1.3 - Birth Weight

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

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

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. (NT Mothers and Babies 2000-2002)

Known Data Quality Issues (provided by the system team)

This KPI data are extracted from the Midwives dataset. Data may also be incomplete due to data entry backlog and alias location issues recording in Midwives. Please note when considering this chart that there are limitations to the data collected for this KPI, it is possible that there is a group of babies missing from this indicator who have Aboriginal fathers and non Aboriginal mothers. From 2012 CY report, mother demographic information will be taken from the PCIS system and matched to Midwives dataset via the client HRN. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.3 - Birth Weight

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.3a Proportion of Indigenous babies born to a resident mother by birth weight category

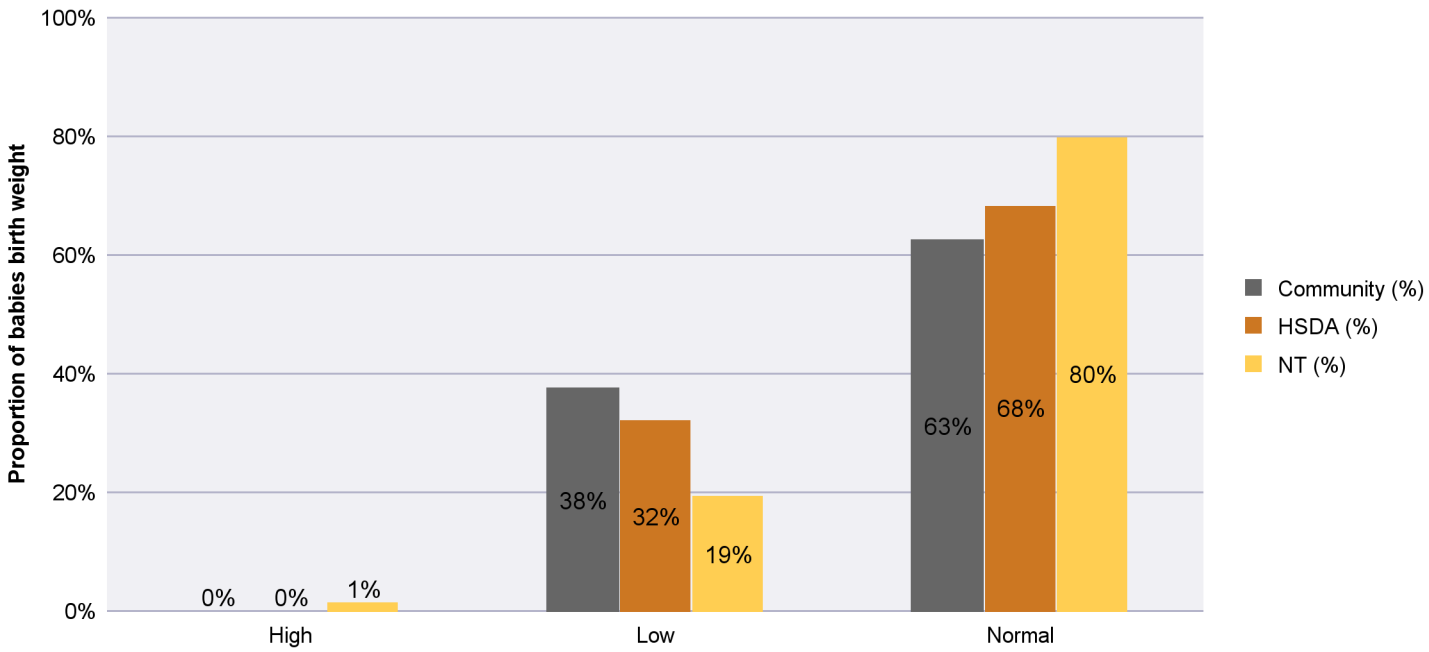
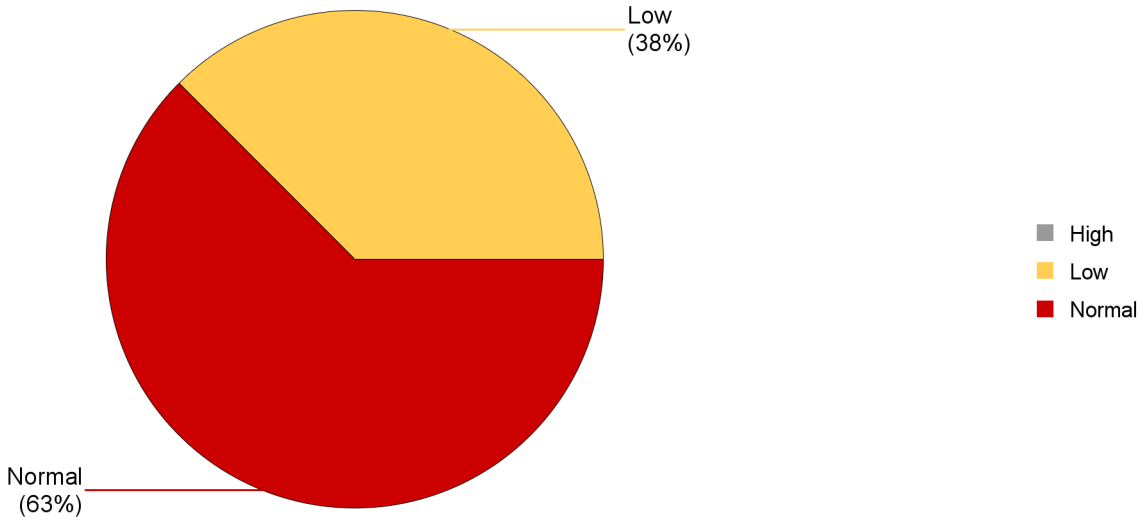


Figure 1.3b Indigenous babies born to a resident mother by birth weight category



Population (denominator) is the number of Indigenous babies born to a resident mother who were live born during the current reporting period.

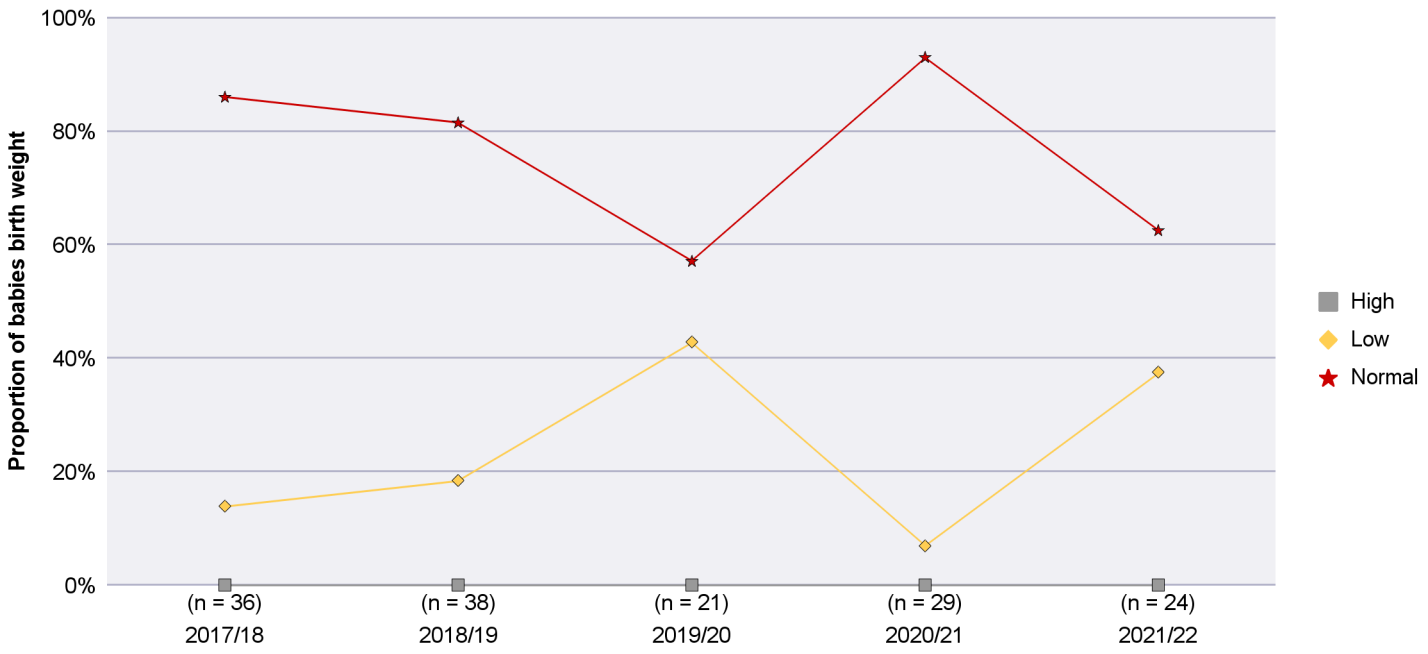
The proportion of babies who were Low Birth Weight in the latest AIHW Australian's mother and babies report (2018) was 6.7% whilst the proportion of babies of Aboriginal mothers nationally who were Low Birth Weight was 11.7%

Reference: Australia's mothers and babies 2018 AIHW.

AHKPI 1.3 - Birth Weight

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.3c Trend of Indigenous babies born to a resident mother by birth weight category and reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	**36**	**38**	**21**	**29**	**24**
High	0%	0%	0%	0%	0%
Low	14%	18%	43%	7%	**38%**
Normal	86%	82%	57%	93%	**63%**

n = Population (denominator) is the number of Indigenous babies born to a resident mother who were live born during the current reporting period.

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

Babies born to Aboriginal mother	Age of Mother 0-19	20-34	35+	Total (%)
Number of babies with birth weight - High	0	0	0	0
% of babies with birth weight - High	0%	0%	0%	0%
Number of babies with birth weight - Low	2	5	2	9
% of babies with birth weight - Low	50%	31%	50%	38%
Number of babies with birth weight - Normal	2	11	2	15
% of babies with birth weight - Normal	50%	69%	50%	63%
Number of babies born to Aboriginal mother	**4**	**16**	**4**	**24**

Babies born to non-Aboriginal mother	Age of Mother 0-19	20-34	35+	Total (%)
Number of babies with birth weight - High	0	0	0	0
% of babies with birth weight - High	0%	0%	0%	0%
Number of babies with birth weight - Low	0	0	0	0
% of babies with birth weight - Low	0%	0%	0%	0%
Number of babies with birth weight - Normal	0	0	0	0
% of babies with birth weight - Normal	0%	0%	0%	0%
Number of babies born to non-Aboriginal mother	**0**	**0**	**0**	**0**

ALL babies	**Age of Mother 0-19**	**20-34**	**35+**	**Total (%)**
Total number of babies	4	16	4	24

AHKPI 1.4.1 - Fully Immunised Children

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

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).
(Source: National Health Performance Committee (NHPC) (2002), National Report on Health Sector Performance Indicators 2001, Queensland Health, Brisbane.)

Known Data Quality Issues (provided by the system team)

From Calendar Year 2013 report, this KPI data is extracted from the PCIS system. This is to correctly reflect the child immunisations as recorded in PCIS. This data is no longer collected from the Immunisations database. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.4.1 - Fully Immunised Children

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.4.1a Proportion of resident Aboriginal children 6 to 71 months of age recorded as fully immunised during reporting period by age group

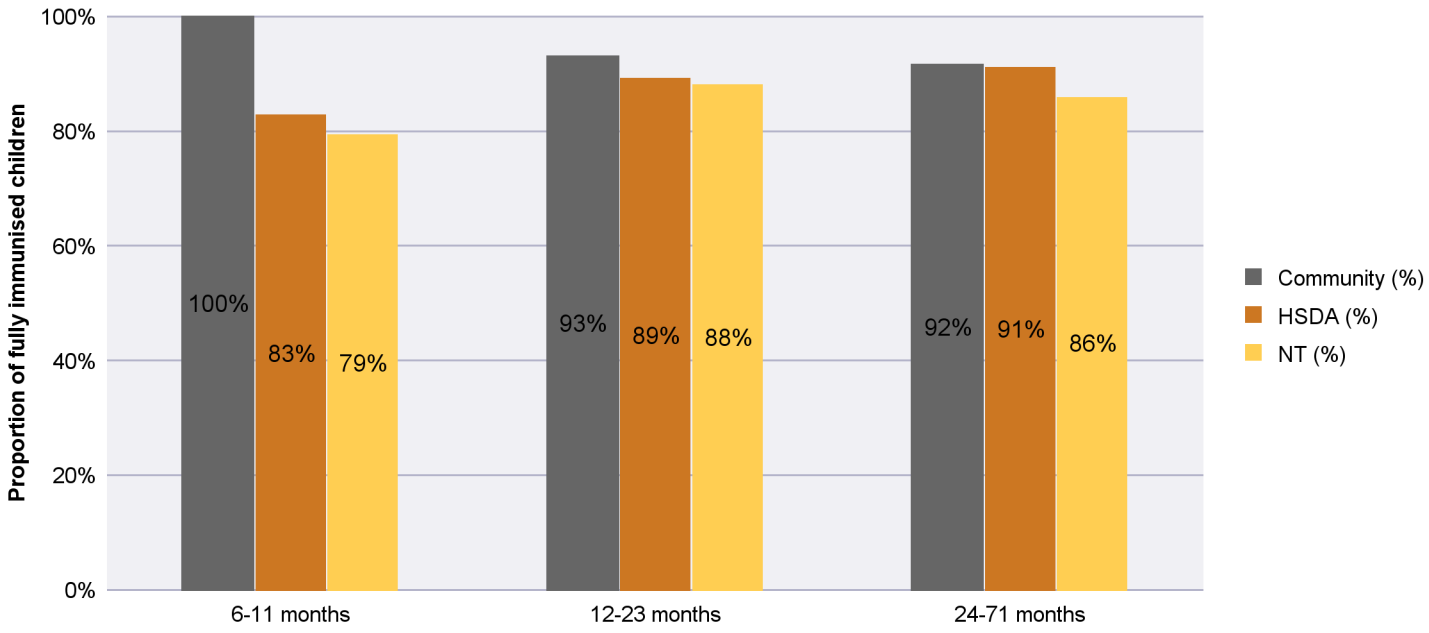
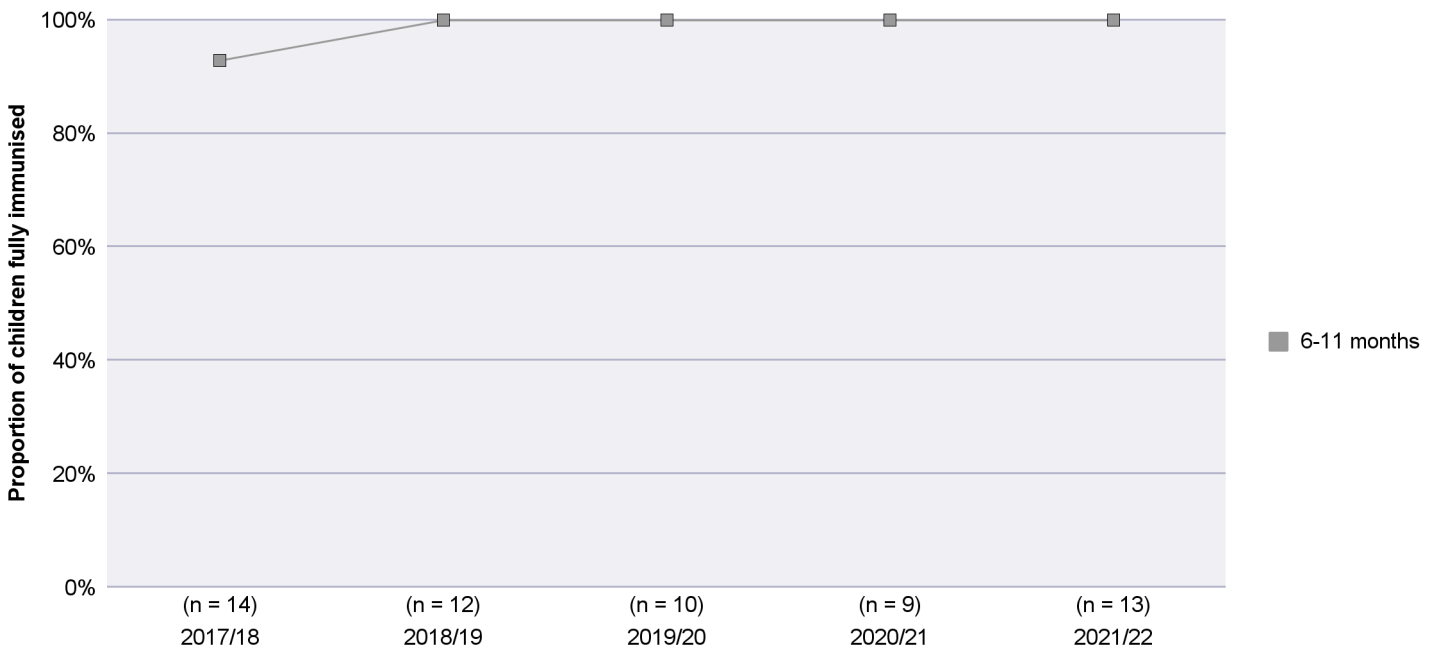


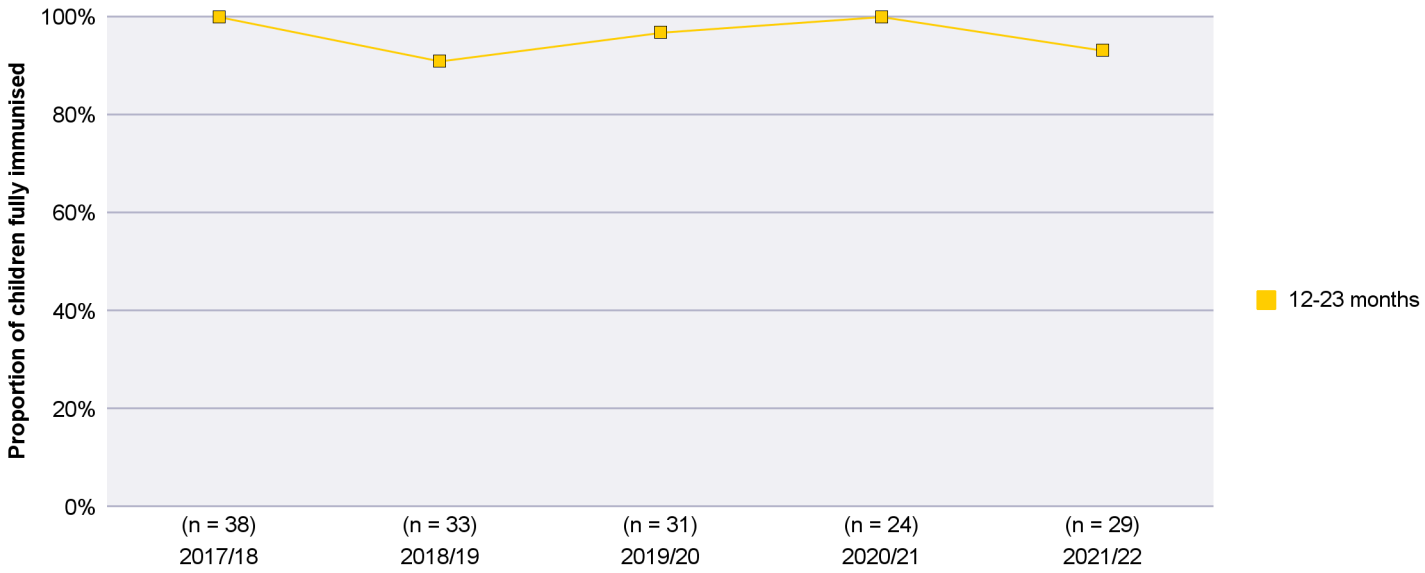
Figure 1.4.1b Trend of resident Aboriginal children 6 to 11 months of age fully immunised by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	14	12	10	9	**13**
Fully immunised children at age : 6-11 months	93%	100%	100%	100%	**100%**

n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.

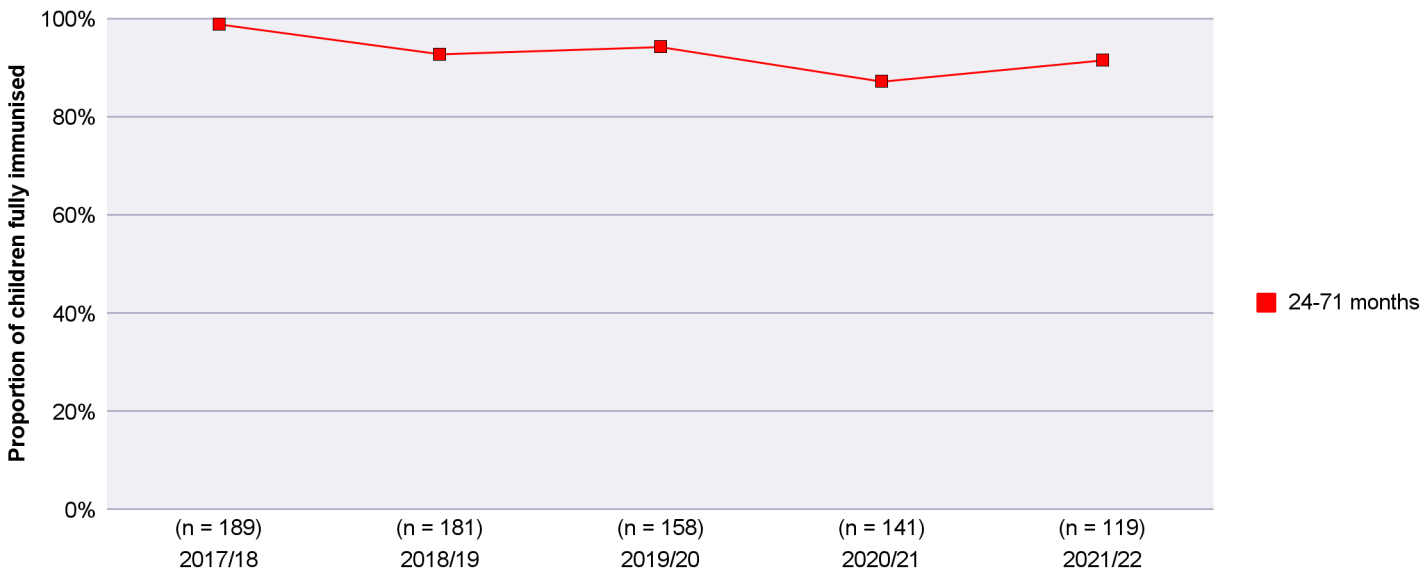
Figure 1.4.1c Trend of resident Aboriginal children 12 to 23 months of age fully immunised by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	38	33	31	24	**29**
Fully immunised children at age : 12-23 months	100%	91%	97%	100%	**93%**

n = Population (denominator) is the number of resident Aboriginal children aged 12-23 months.

Figure 1.4.1d Trend of resident Aboriginal children 24 to 71 months of age fully immunised by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	189	181	158	141	**119**
Fully immunised children at age : 24-71 months	99%	93%	94%	87%	**92%**

n = Population (denominator) is the number of resident Aboriginal children aged 24-71 months.

AHKPI 1.4.1.1 Number and proportion of Aboriginal children fully immunised at 1, 2 and 6 years of age

Aboriginal children	Age of Children			TOTAL
	6-11 months	12-23 months	24-71 months	
Fully immunised children	13	27	109	**149**
% fully immunised children	100%	93%	92%	**93%**
Number of resident Aboriginal children	**13**	**29**	**119**	**161**

AHKPI 1.4.2 - Timeliness of Immunisations

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

This indicator will assess immunisation timeliness in children due immunisations at 4 months and 12 months using a more stringent definition of fully immunised than the existing NTAHF immunisation indicator. This indicator will thus provide additional information which will assist with improving immunisation timeliness in younger children who are at high risk of adverse outcomes from vaccine preventable diseases.

Known Data Quality Issues (provided by the system team)

From financial year 2020/21 report, KPI 1.4.2 is a new KPI with a new definition and refers to the new 2.7 version of the definition manual available on the NT AHKPI website (https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator). Prior to this reporting period, the data is no longer collected for the old definition of the same numbering. Please note when considering the trend data this change has started from the referenced financial year above.

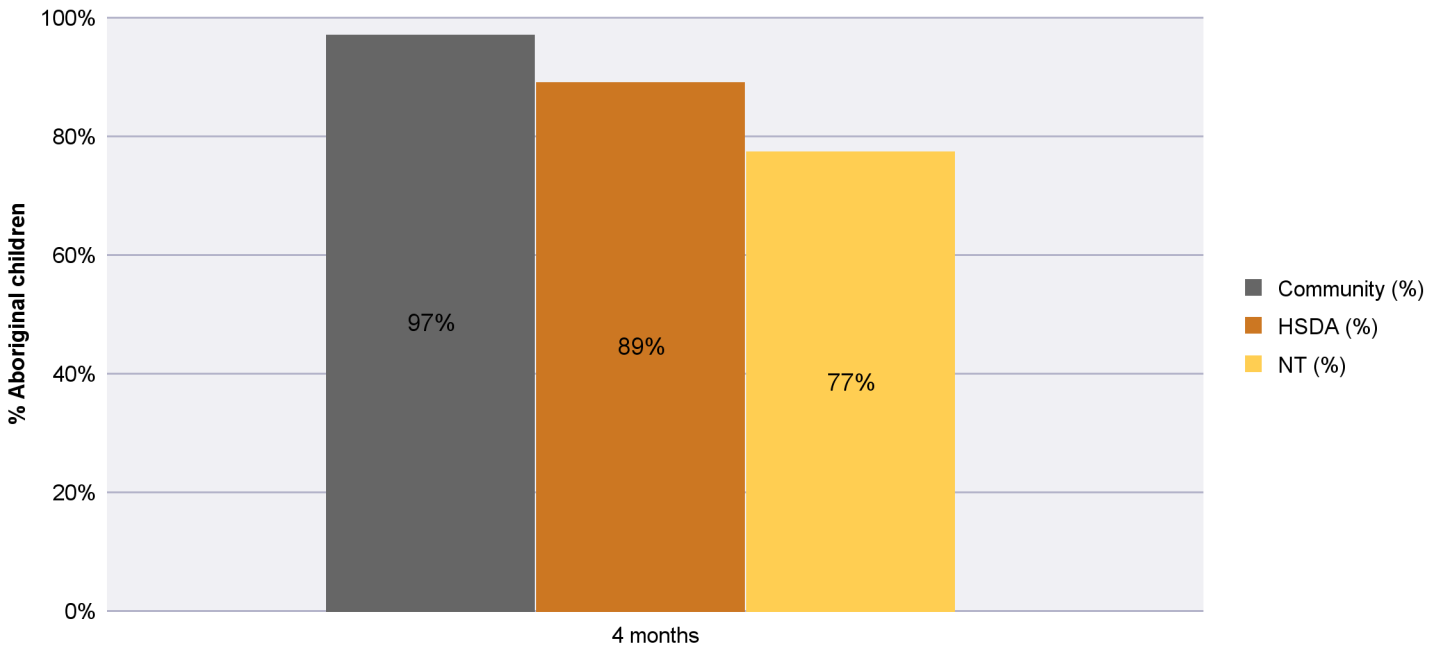
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.4.2 - Timeliness of Immunisations

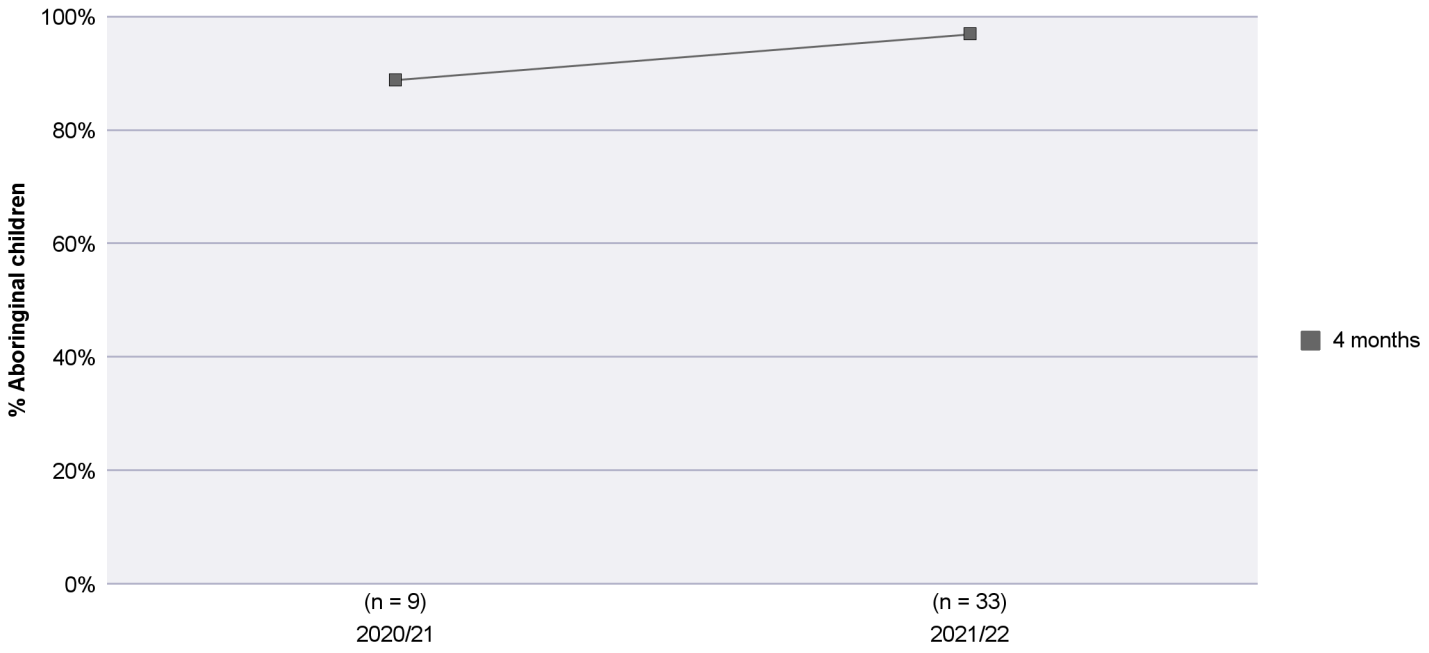
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.4.2a Proportion of resident Aboriginal children who have received immunisations due at 4 months of age



n = Population (denominator) is the number of resident Aboriginal children aged 4 months.

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations due at 4 months of age



Reporting Year(s)	2020/21	2021/22
Population (Denominator)	9	**33**
Children received immunisations due at 4 months	89%	**97%**

n = Population (denominator) is the number of resident Aboriginal children 4 months of age.
From 2020/21, KPI 1.4.2 immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.

AHKPI 1.4.2 Proportion of children who have received immunisations due at 4 months within 30 days of when they were due

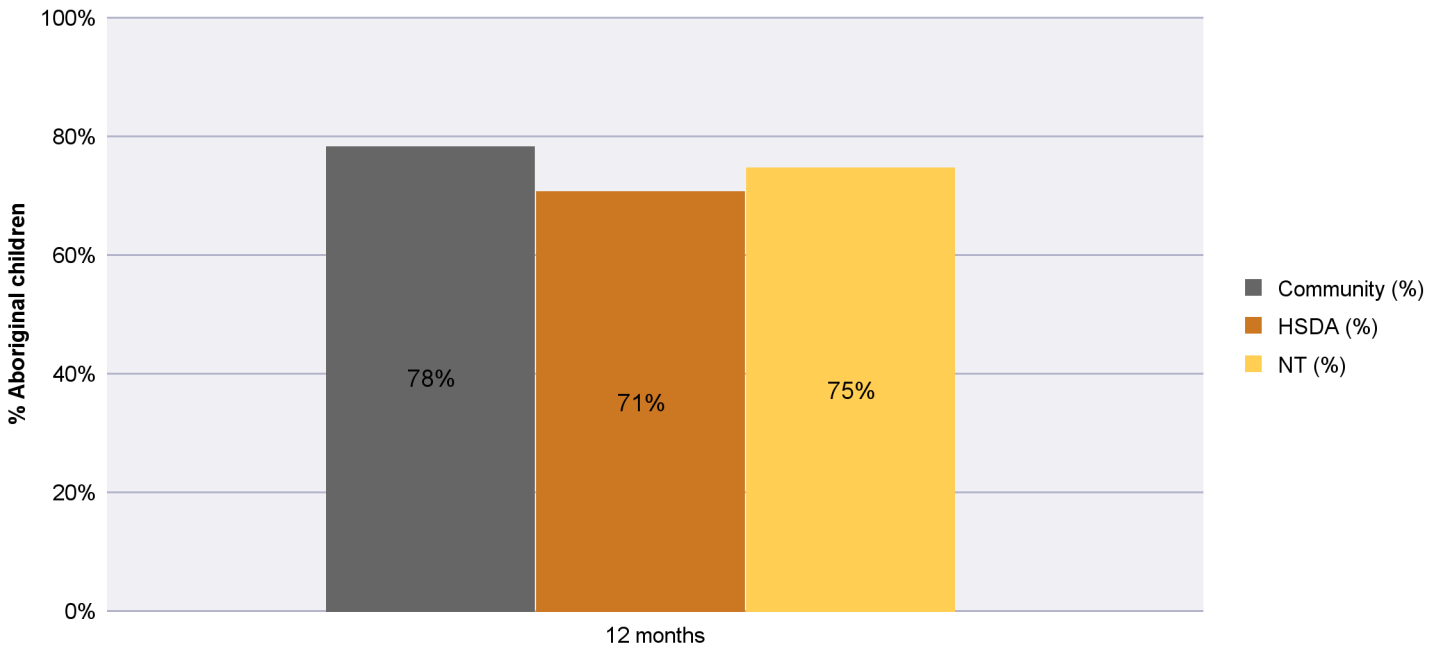
Aboriginal children	4 months
Immunised on time	32
% Immunised on time children	97%
Number of resident Aboriginal children	**33**

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 Timeliness of Immunisation numbers. There are still underlying issues with the data quality and system limitation.

AHKPI 1.4.2 - Timeliness of Immunisations

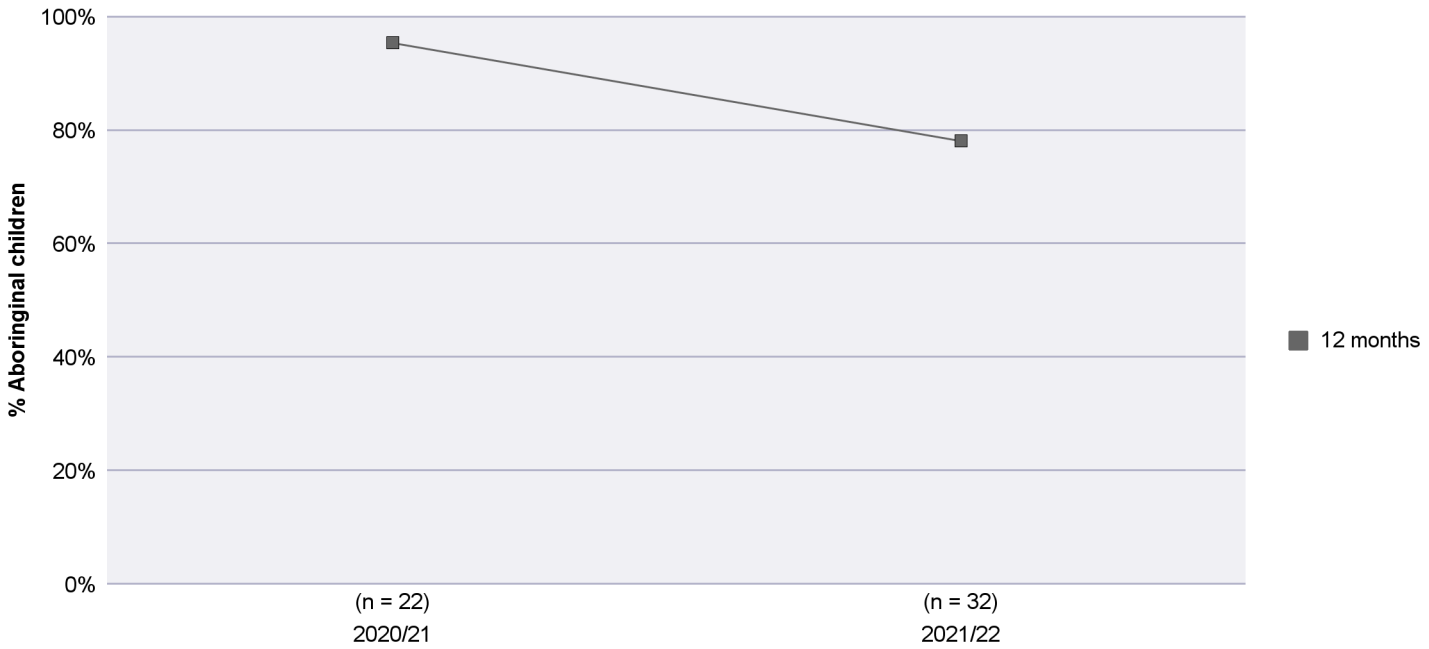
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.4.2a Proportion of resident Aboriginal children who have received immunisations due at 12 months of age



n = Population (denominator) is the number of resident Aboriginal children aged 12 months.

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations due at 12 months of age



Reporting Year(s)	2020/21	2021/22
Population (Denominator)	22	**32**
Children received immunisations due at 12 months	95%	**78%**

n = Population (denominator) is the number of resident Aboriginal children 12 months of age.
From 2020/21, KPI 1.4.2 immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.

AHKPI 1.4.2 Proportion of children who have received immunisations due at 12 months within 30 days of when they were due

Aboriginal children	12 months
Immunised on time	25
% Immunised on time children	78%
Number of resident Aboriginal children	**32**

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 Timeliness of Immunisation numbers. There are still underlying issues with the data quality and system limitation.

AHKPI 1.4.3 - Timeliness of Immunisations

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

This indicator will assess immunisation timeliness in children aged 18 months and 4 years using a more stringent definition of fully immunised than the existing NTAHF immunisation indicator. This indicator will thus provide additional information which will assist with improving immunisation timeliness in children who are at high risk of adverse outcomes from vaccine preventable diseases.

Known Data Quality Issues (provided by the system team)

From financial year 2020/21 report, KPI 1.4.3 is a new KPI with a new definition and refers to the new 2.7 version of the definition manual available on the NT AHKPI website (https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator). Prior to this reporting period, the data is no longer collected for the old definition of the same numbering. Please note when considering the trend data this change has started from the referenced financial year above.

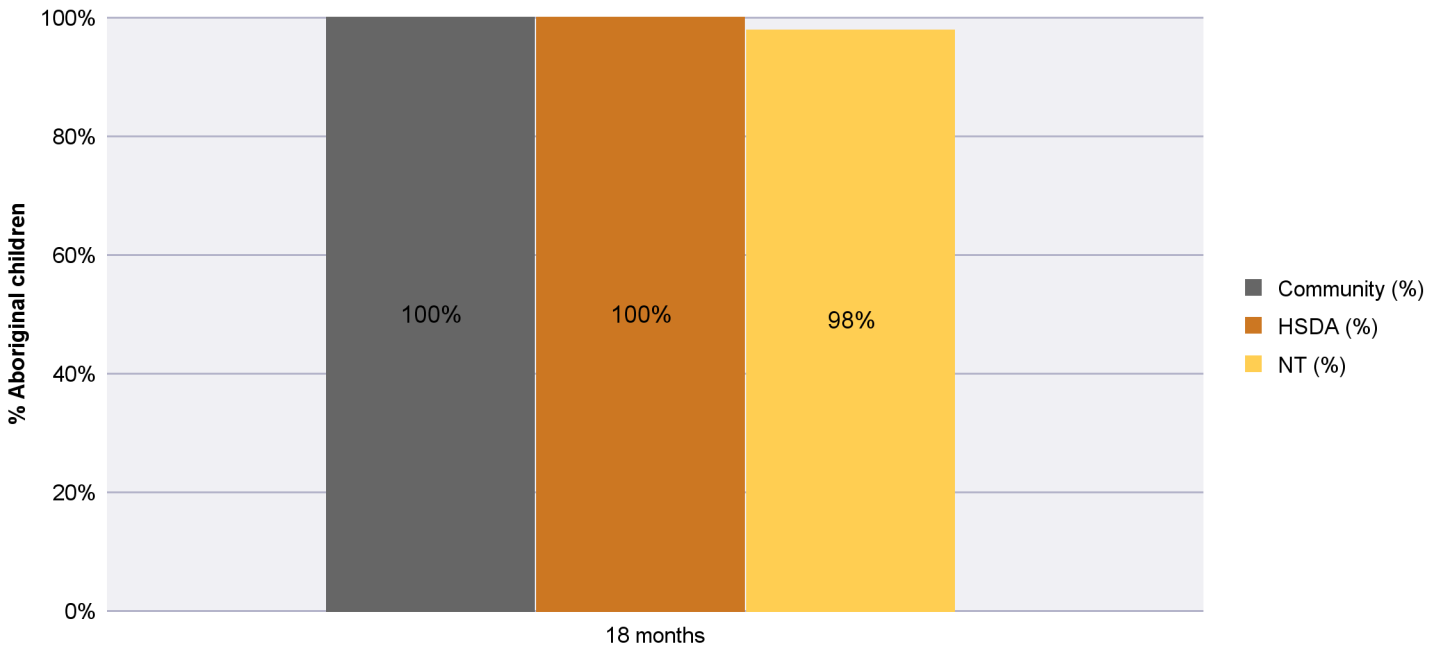
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.4.3 - Timeliness of Immunisations

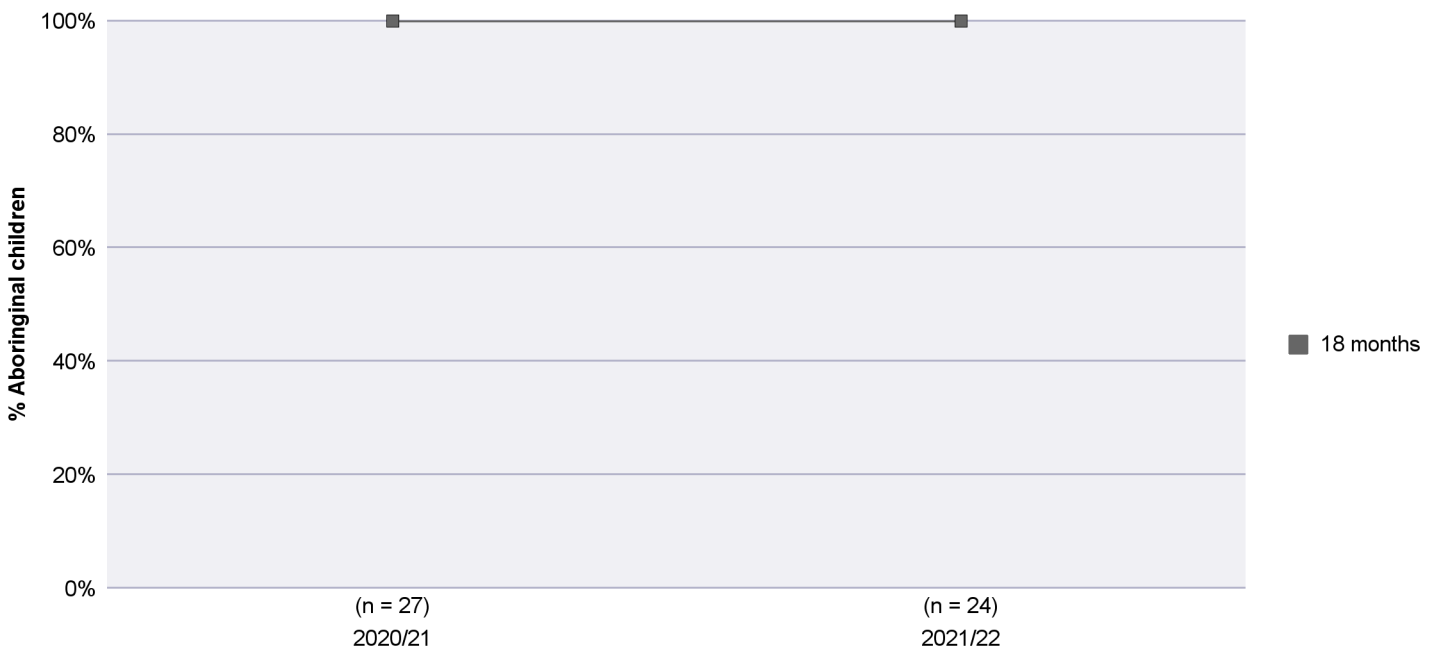
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.4.3a Proportion of resident Aboriginal children who have received immunisations due at 18 months of age



n = Population (denominator) is the number of resident Aboriginal children aged 18 months.

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations due at 18 months of age



Reporting Year(s)	2020/21	2021/22
Population (Denominator)	27	**24**
Children received immunisations due at 18 months	100%	**100%**

n = Population (denominator) is the number of resident Aboriginal children 18 months of age.
From 2020/21, KPI 1.4.3 immunisation timeliness measurement for 18 months and 4 years age group and received within 3 months of when they are due.

AHKPI 1.4.3 Proportion of children who have received the immunisations due at eighteen months of age when they were due

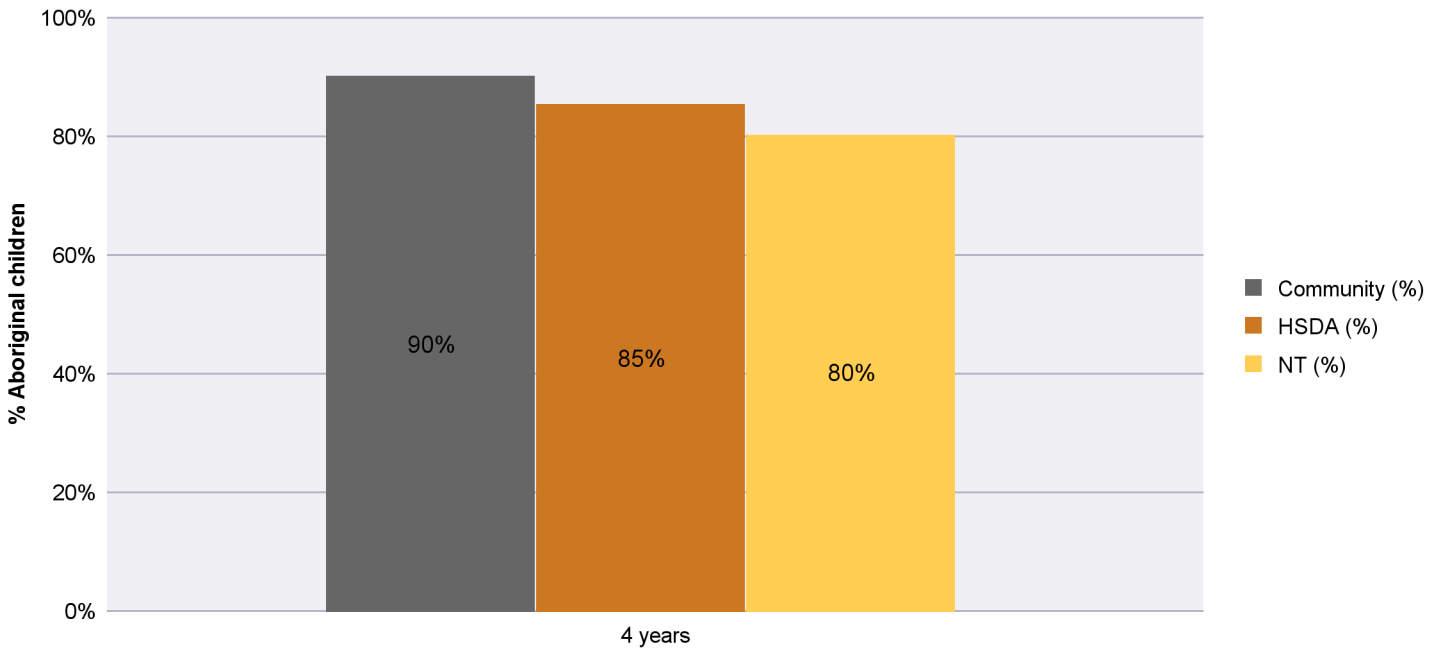
Aboriginal children	18 months
Immunised on time	24
% Immunised on time children	100%
Number of resident Aboriginal children	**24**

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 Timeliness of Immunisation numbers. There are still underlying issues with the data quality and system limitation.

AHKPI 1.4.3 - Timeliness of Immunisations

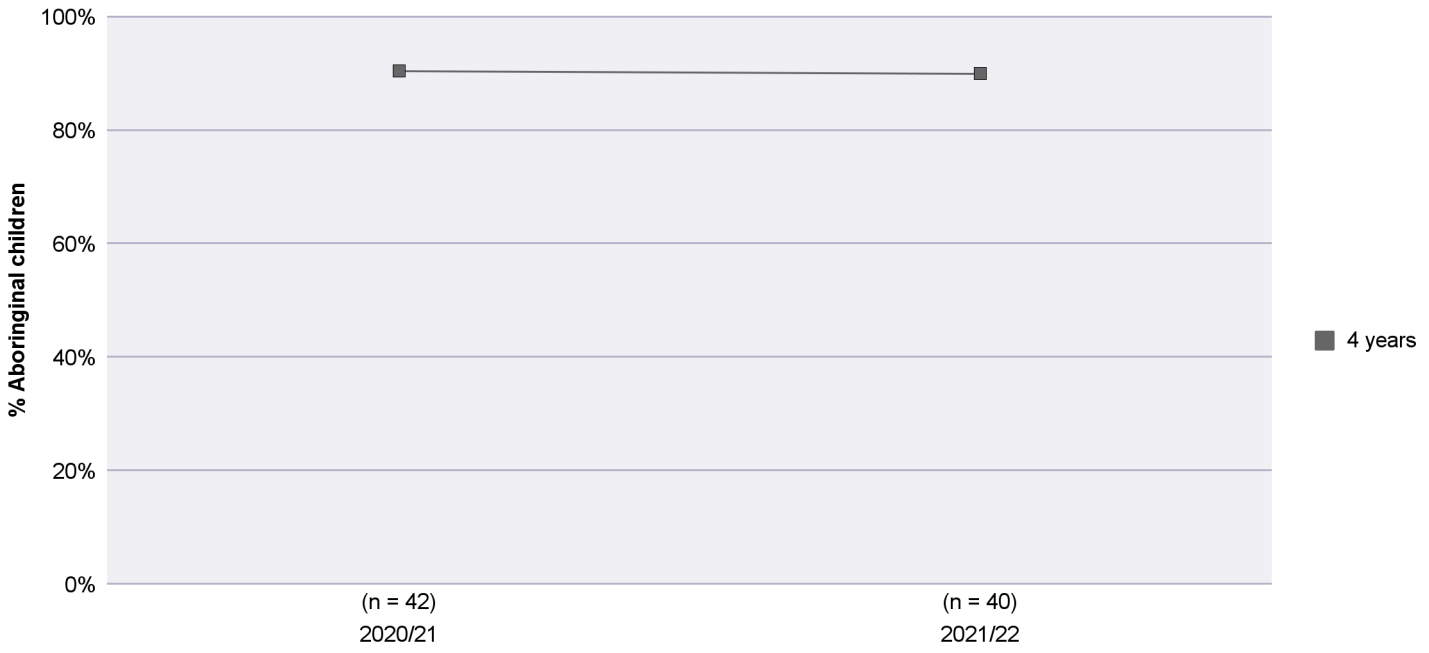
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.4.3a Proportion of resident Aboriginal children who have received immunisations due at 4 years of age



n = Population (denominator) is the number of resident Aboriginal children aged 4 years.

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations due at 4 years of age



Reporting Year(s)	2020/21	2021/22
Population (Denominator)	42	**40**
Children received immunisations due at 4 years	90%	**90%**

n = Population (denominator) is the number of resident Aboriginal children 4 years of age.
From 2020/21, KPI 1.4.3 immunisation timeliness measurement for 18 months and 4 years age group and received within 3 months of when they are due.

AHKPI 1.4.3 Proportion of children who have received the immunisations due at 4 years of age when they were due

Aboriginal children	4 years
Immunised on time	36
% Immunised on time children	90%
Number of resident Aboriginal children	**40**

Note: NTG PCIS clinics please be advised that there has been an improvement to the calculation for KPIs 1.4.2 & 1.4.3 Timeliness of Immunisation numbers. There are still underlying issues with the data quality and system limitation.

AHKPI 1.5 - Underweight Children

Dummy Report - for period 01 July 2021 to 30 June 2022

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.

Known Data Quality Issues (provided by the system team)

From 2011/12 report, this KPI data is extracted from the PCIS system. This is to correctly reflect the data definition as the PCIS data covers the specified period of this KPI in whole. This data is no longer extracted from GAA database. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.5 - Underweight Children

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.5a Proportion of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight during the previous 1 year

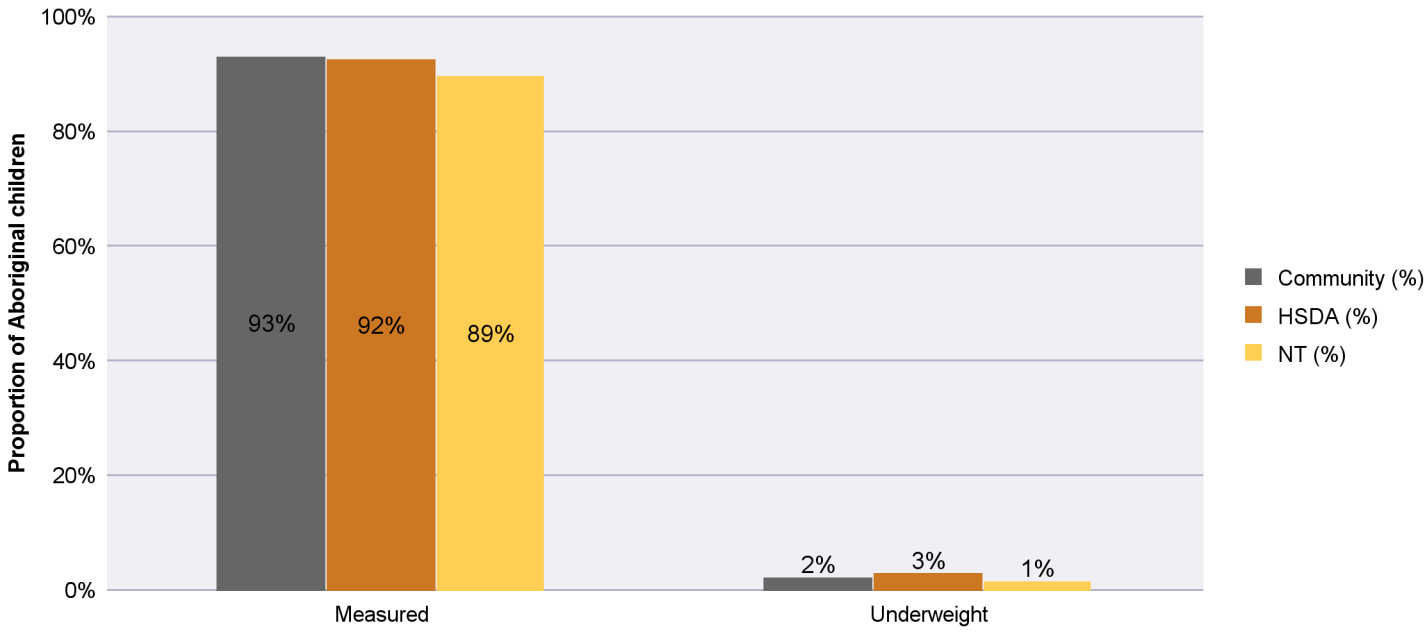
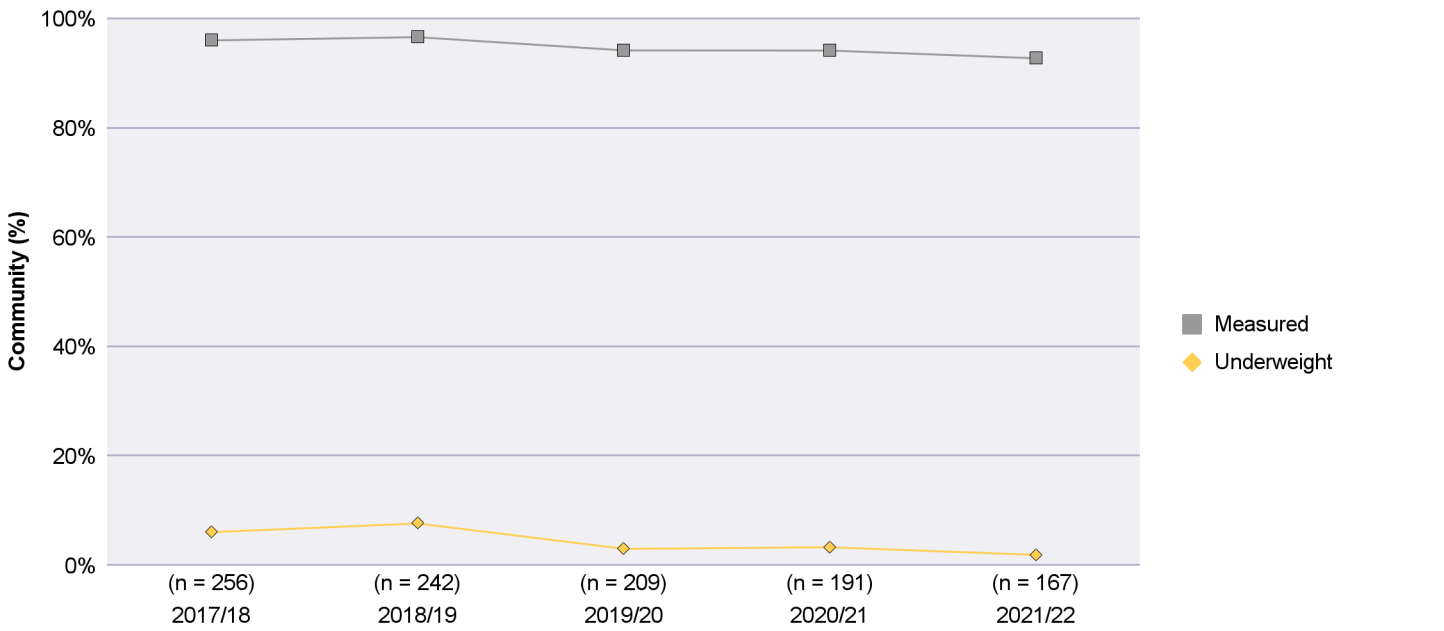


Figure 1.5b Trend of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	256	242	209	191	**167**
Coverage	246	234	197	180	**155**
Measured	96%	97%	94%	94%	**93%**
Underweight	6%	8%	3%	3%	**2%**

n = Population (denominator) is the number of resident Aboriginal children who are less then 5 years of age during the reporting period.
Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.

AHKPI 1.5 - Underweight Children

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.5 Number and proportion of children less than 5 years of age who are underweight	
Aboriginal children	**Total**
Number of children recorded as Measured	155
% of Children Measured	93%
Number of children recorded as Underweight	3
% of Children Underweight	2%
Number of Aboriginal children	**167**
non-Aboriginal children	**Total**
Number of children recorded as Measured	23
% of Children Measured	82%
Number of children recorded as Underweight	0
% of Children Underweight	0%
Number of non-Aboriginal children	**28**
Total ALL	**Total**
Number of children recorded as Measured	178
% of children Measured	91%
Number of children recorded as Underweight	3
% of children Underweight	2%
Number of ALL children	**195**

The percentage of children measured ratio is the number of resident children measured for weight in the reporting period by the resident child population.
The percentage of children underweight ratio is the number of resident children who are more than -2 standard deviations away from the mean weight for age at their most recent measure by the number of resident children measured for weight in the reporting period.

AHKPI 1.6 - Anaemic Children

Dummy Report - for period 01 July 2021 to 30 June 2022

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.

From Financial Year 2017/18, this indicator has been expanded to include whether the child was ever anaemic as well as whether they were anaemic at the last examination. This will assist you to understand the incidence (rates of new cases in the reporting period) as well as the rate at the last examination. This information will support better targeting of strategies to reduce either the incidence (e..g encourage iron rich weaning foods) and /or improve rates of treatment of existing anaemia.

Known Data Quality Issues (provided by the system team)

From 2015 Financial report this KPI has been updated to include breakdown of age groups. This data is no longer extracted from GAA database as at Financial 2011/12 report. Please note when considering the trend data this change may account for a small variation in client numbers between reporting periods.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.6 - Anaemic Children

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.6a Proportion of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic during the previous 1 year

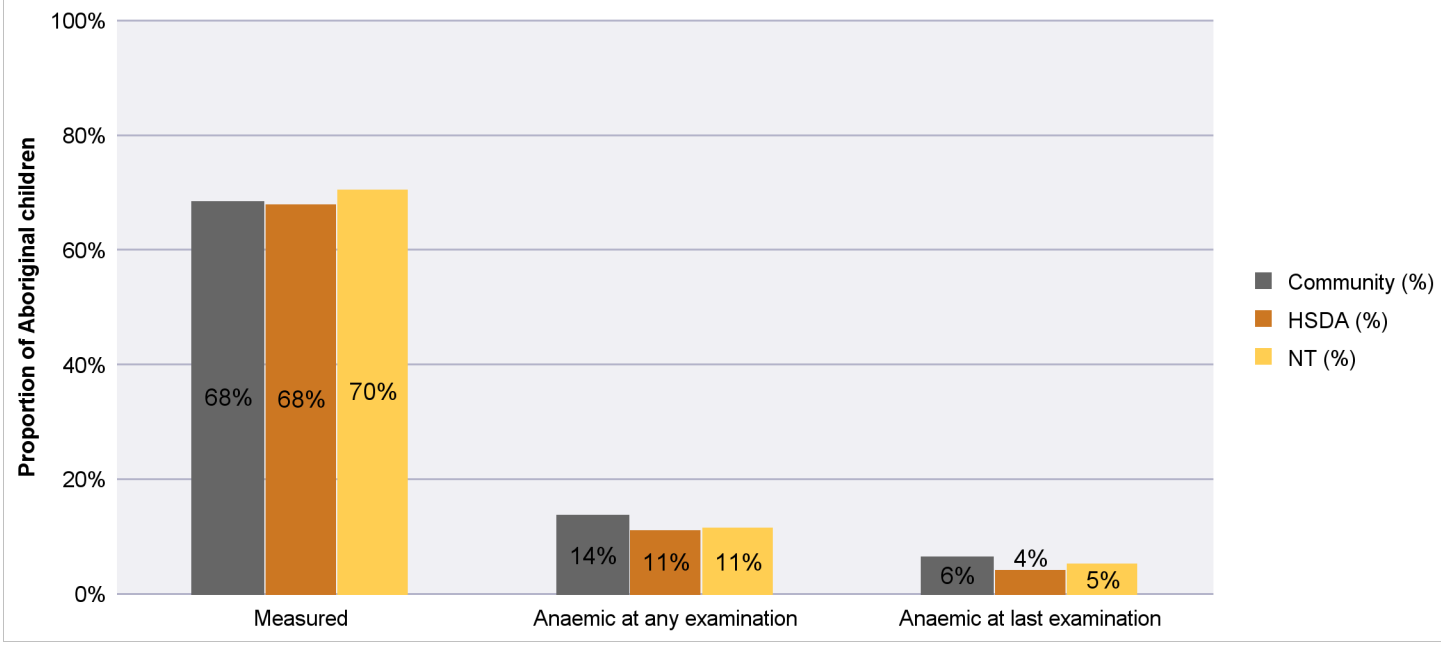
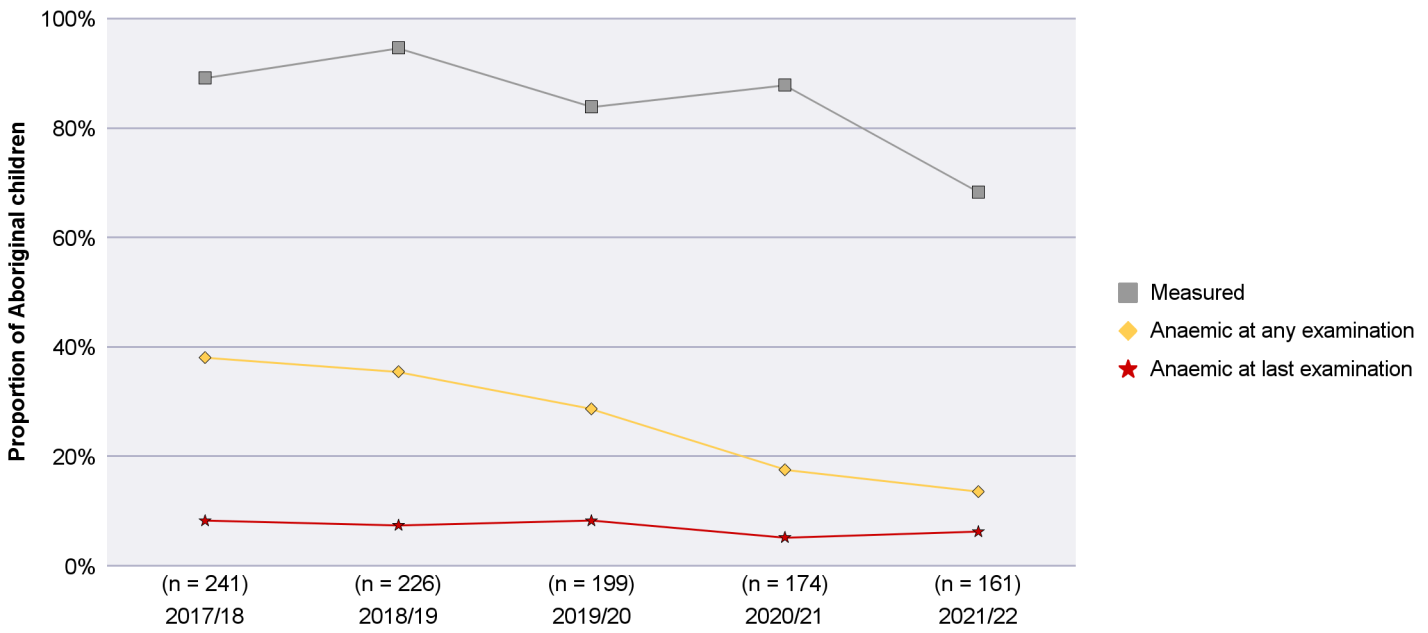


Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	241	226	199	174	**161**
Coverage	215	214	167	153	**110**
Measured	89%	95%	84%	88%	**68%**
Anaemic at any examination	38%	36%	29%	18%	**14%**
Anaemic at last examination	8%	7%	8%	5%	**6%**

n = Population (denominator) is the number of resident Aboriginal children who are between 6 months to 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for Anaemia at least once during the reporting period.

AHKPI 1.6 - Anaemic Children

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.6 Number and proportion of children between 6 months and 5 years of age who are anaemic				
Aboriginal children	Age Group (months)			Total (%)
	6-11	12-23	24-59	
Number of children recorded as Anaemic at any examination	1	7	7	15
% of children Anaemic at any examination	25%	25%	9%	14%
Number of children recorded as Anaemic at last examination	1	3	3	7
% of children Anaemic at last examination	25%	11%	4%	6%
Number of children recorded as Measured	4	28	78	110
% of children Measured	31%	97%	66%	68%
Number of Aboriginal children	**13**	**29**	**119**	**161**
non-Aboriginal children	Age Group (months)			Total (%)
	6-11	12-23	24-59	
Number of children recorded as Anaemic at any examination	0	0	0	0
% of children Anaemic at any examination	0%	0%	0%	0%
Number of children recorded as Anaemic at last examination	0	0	0	0
% of children Anaemic at last examination	0%	0%	0%	0%
Number of children recorded as Measured	0	1	5	6
% of children Measured	0%	25%	26%	25%
Number of non-Aboriginal children	**1**	**4**	**19**	**24**
ALL children	Age Group (months)			Total (%)
	6-11	12-23	24-59	
Number of children recorded as Anaemic at any examination	1	7	7	15
% of children Anaemic at any examination	25%	24%	8%	13%
Number of children recorded as Anaemic at last examination	1	3	3	7
% of children Anaemic at last examination	25%	10%	4%	6%
Number of children recorded as Measured	4	29	83	116
% of children Measured	29%	88%	60%	63%
Number of ALL children	**14**	**33**	**138**	**185**

The percentage of children measured ratio is the number of resident children measured for anaemia in the reporting period by the resident child population.
The percentage of children anaemic ratio is the number of resident children who have a haemoglobin level less than the CARPA recommendation for age at their most recent measure by the number of resident children measured for anaemia in the reporting period.

AHKPI 1.7 - Chronic Disease Management Plan

Dummy Report - for period 01 July 2021 to 30 June 2022

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.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.7 - Chronic Disease Management Plan

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.7a Proportion of resident Aboriginal clients managed on chronic disease management plan by disease group during the previous 2 years

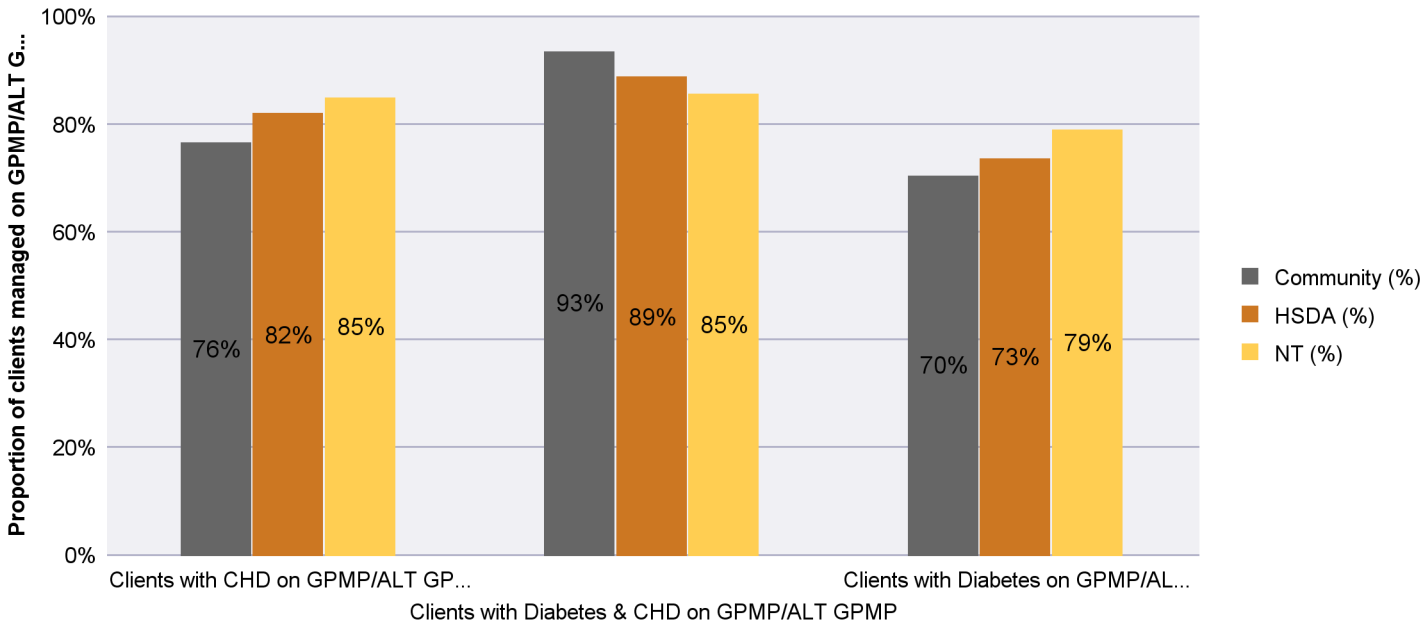
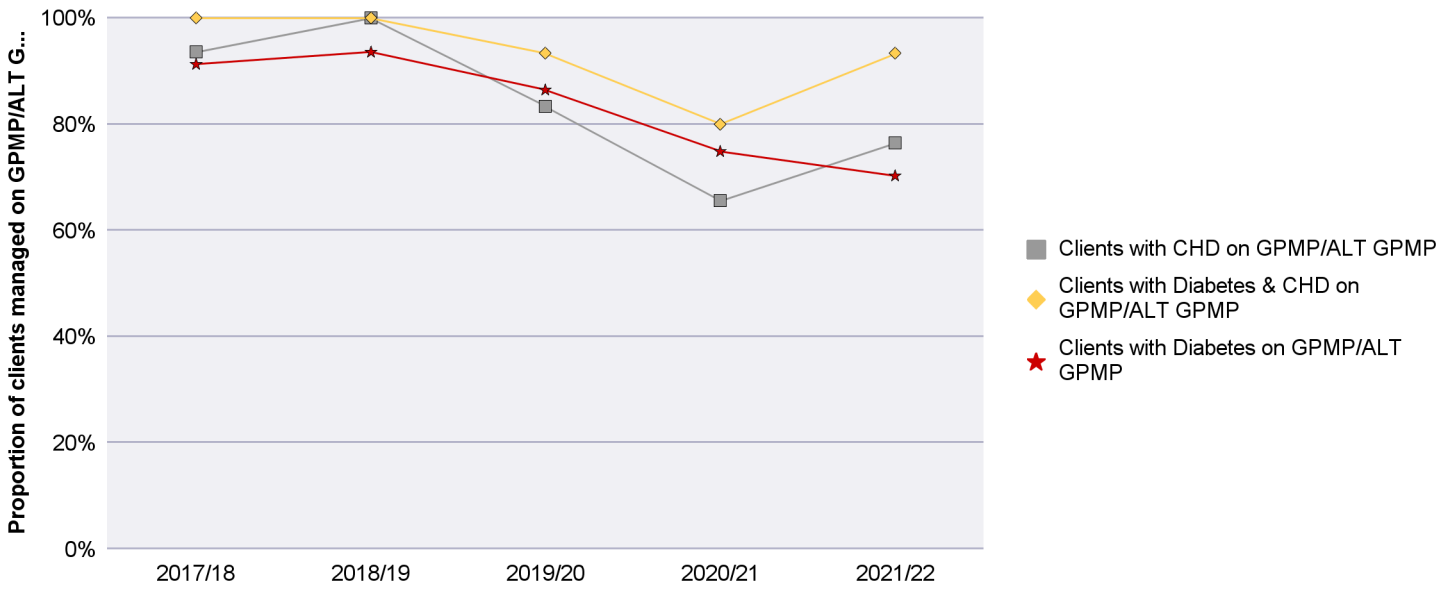


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year



Reporting Years(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Coronary Heart Disease)	31	27	30	29	**34**
Population (Type II Diabetes)	173	189	207	215	**222**
Population (Type II Diabetes & Coronary Heart Disease)	12	10	15	15	**15**
Clients with CHD on GPMP/ALT GPMP	94%	100%	83%	66%	**76%**
Clients with Diabetes & CHD on GPMP/ALT GPMP	100%	100%	93%	80%	**93%**
Clients with Diabetes on GPMP/ALT GPMP	91%	94%	86%	75%	**70%**

From 2018/19 population (Coronary Heart Disease) is the number of resident Aboriginal clients aged 5 years and over with Coronary Heart Disease.(Previously 15+ years)
From 2018/19 population (Type II Diabetes) is the number of resident Aboriginal clients aged 5 years and over with Type II Diabetes. (Previously 15+ years)
From 2018/19 population (Type II Diabetes and Coronary Heart Disease) is the number of resident Aboriginal clients aged 5 years and over with Type II Diabetes and Coronary Heart Disease.(Previously 15+ years)
From 2020/21 MBS Item 721 or equivalent MBS item numbers for a GPMP and MBS Item 723 or equivalent MBS item numbers for a TCA.

AHKPI 1.7 - Chronic Disease Management Plan

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.7 Number and proportion of clients aged 5 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan

Aboriginal clients on GP Management Plan		Age Group 5-14		15-24		25-44		45-64		65+		Total (%)	
Female	Clients with CHD 2 years	0	0%	0	0%	2	40%	5	71%	3	100%	10	67%
	Clients with Diabetes 2 years	0	0%	1	25%	28	61%	61	73%	20	83%	110	70%
	Clients with Diabetes & CHD 2 years	0	0%	0	0%	1	100%	3	100%	1	100%	5	100%
	Clients with CHD 1 year	0	0%	0	0%	1	20%	3	43%	0	0%	4	27%
	Clients with Diabetes 1 year	0	0%	0	0%	23	50%	32	39%	7	29%	62	39%
	Clients with Diabetes & CHD 1 year	0	0%	0	0%	1	100%	1	33%	0	0%	2	40%
Total number of Aboriginal Female clients who are on GP Management Plan		**0**		**1**		**31**		**69**		**24**		**125**	
Number of Aboriginal Femaleclients with CHD		0		0		5		7		3		15	
Number of Aboriginal Female clients with Diabetes		1		4		46		83		24		158	
Number of Aboriginal Female clients with Diabetes & CHD		0		0		1		3		1		5	
Male	Clients with CHD 2 years	0	0%	0	0%	2	100%	9	75%	5	100%	16	84%
	Clients with Diabetes 2 years	0	0%	1	33%	10	59%	27	75%	8	100%	46	72%
	Clients with Diabetes & CHD 2 years	0	0%	0	0%	0	0%	5	83%	4	100%	9	90%
	Clients with CHD 1 year	0	0%	0	0%	1	50%	6	50%	2	40%	9	47%
	Clients with Diabetes 1 year	0	0%	0	0%	5	29%	19	53%	3	38%	27	42%
	Clients with Diabetes & CHD 1 year	0	0%	0	0%	0	0%	2	33%	1	25%	3	30%
Total number of Aboriginal Male clients who are on GP Management Plan		**0**		**1**		**12**		**41**		**17**		**71**	
Number of Aboriginal Maleclients with CHD		0		0		2		12		5		19	
Number of Aboriginal Male clients with Diabetes		0		3		17		36		8		64	
Number of Aboriginal Male clients with Diabetes & CHD		0		0		0		6		4		10	

ALL clients	Age Group 5-14		15-24		25-44		45-64		65+		Total (%)	
Clients with CHD 2 years	0	0%	0	0%	4	57%	14	74%	8	100%	26	76%
Clients with Diabetes 2 years	0	0%	2	29%	38	60%	88	74%	28	88%	156	70%
Clients with Diabetes & CHD 2 years	0	0%	0	0%	1	100%	8	89%	5	100%	14	93%
Clients with CHD 1 year	0	0%	0	0%	2	29%	9	47%	2	25%	13	38%
Clients with Diabetes 1 year	0	0%	0	0%	28	44%	51	43%	10	31%	89	40%
Clients with Diabetes & CHD 1 year	0	0%	0	0%	1	100%	3	33%	1	20%	5	33%
Total number of ALL Aboriginal clients who are on GP Management Plan	**0**		**2**		**43**		**110**		**41**		**196**	
Number of Aboriginal clients with CHD	0		0		7		19		8		34	
Number of Aboriginal clients with Diabetes	1		7		63		119		32		222	
Number of Aboriginal clients with Diabetes and CHD	0		0		1		9		5		15	

AHKPI 1.7 - Chronic Disease Management Plan

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.7 Number and proportion of clients aged 5 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan

Aboriginal clients on Team Care Arrangement Plan		Age Group 5-14		15-24		25-44		45-64		65+		Total (%)	
Female	Clients with CHD 2 years	0	0%	0	0%	2	40%	4	57%	2	67%	8	53%
	Clients with Diabetes 2 years	0	0%	1	25%	27	59%	54	65%	18	75%	100	63%
	Clients with Diabetes & CHD 2 years	0	0%	0	0%	1	100%	1	33%	0	0%	2	40%
	Clients with CHD 1 year	0	0%	0	0%	1	20%	3	43%	0	0%	4	27%
	Clients with Diabetes 1 year	0	0%	0	0%	21	46%	29	35%	7	29%	57	36%
	Clients with Diabetes & CHD 1 year	0	0%	0	0%	1	100%	1	33%	0	0%	2	40%
Total number of Aboriginal Female clients who are on Team Care Arrangements		**0**		**1**		**30**		**59**		**20**		**110**	
Number of Aboriginal Female clients with CHD		0		0		5		7		3		15	
Number of Aboriginal Female clients with Diabetes		1		4		46		83		24		158	
Number of Aboriginal Female clients with Diabetes & CHD		0		0		1		3		1		5	
Male	Clients with CHD 2 years	0	0%	0	0%	2	100%	7	58%	5	100%	14	74%
	Clients with Diabetes 2 years	0	0%	1	33%	10	59%	25	69%	8	100%	44	69%
	Clients with Diabetes & CHD 2 years	0	0%	0	0%	0	0%	2	33%	1	25%	3	30%
	Clients with CHD 1 year	0	0%	0	0%	1	50%	5	42%	2	40%	8	42%
	Clients with Diabetes 1 year	0	0%	0	0%	5	29%	19	53%	3	38%	27	42%
	Clients with Diabetes & CHD 1 year	0	0%	0	0%	0	0%	2	33%	1	25%	3	30%
Total number of Aboriginal Male clients who are on Team Care Arrangements		**0**		**1**		**12**		**34**		**14**		**61**	
Number of Aboriginal Male clients with CHD		0		0		2		12		5		19	
Number of Aboriginal Male clients with Diabetes		0		3		17		36		8		64	
Number of Aboriginal Male clients with Diabetes & CHD		0		0		0		6		4		10	

ALL clients	Age Group 5-14		15-24		25-44		45-64		65+		Total (%)	
Clients with CHD 2 years	0	0%	0	0%	4	57%	11	58%	7	88%	22	65%
Clients with Diabetes 2 years	0	0%	2	29%	37	59%	79	66%	26	81%	144	65%
Clients with Diabetes & CHD 2 years	0	0%	0	0%	1	100%	3	33%	1	20%	5	33%
Clients with CHD 1 year	0	0%	0	0%	2	29%	8	42%	2	25%	12	35%
Clients with Diabetes 1 year	0	0%	0	0%	26	41%	48	40%	10	31%	84	38%
Clients with Diabetes & CHD 1 year	0	0%	0	0%	1	100%	3	33%	1	20%	5	33%
Total number of ALL Aboriginal clients who are on Team Care Arrangements	**0**		**2**		**42**		**93**		**34**		**171**	
Number of Aboriginal clients with CHD	0		0		7		19		8		34	
Number of Aboriginal clients with Diabetes	1		7		63		119		32		222	
Number of Aboriginal clients with Diabetes and CHD	0		0		1		9		5		15	

AHKPI 1.8.1 - HbA1c Tests

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

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.

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.

From Financial Year 2014/15, the inclusion of a twelve month reporting period will bring this indicator into alignment with the national key performance indicator on diabetes control. This may also assist in targeting those who have had less frequent test for diabetes control and who should be targeted for follow up.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.8.1 - HbA1c Tests

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.8.1a Proportion of resident Aboriginal clients with type II diabetes receiving a HbA1c test during the previous 1 year by sex

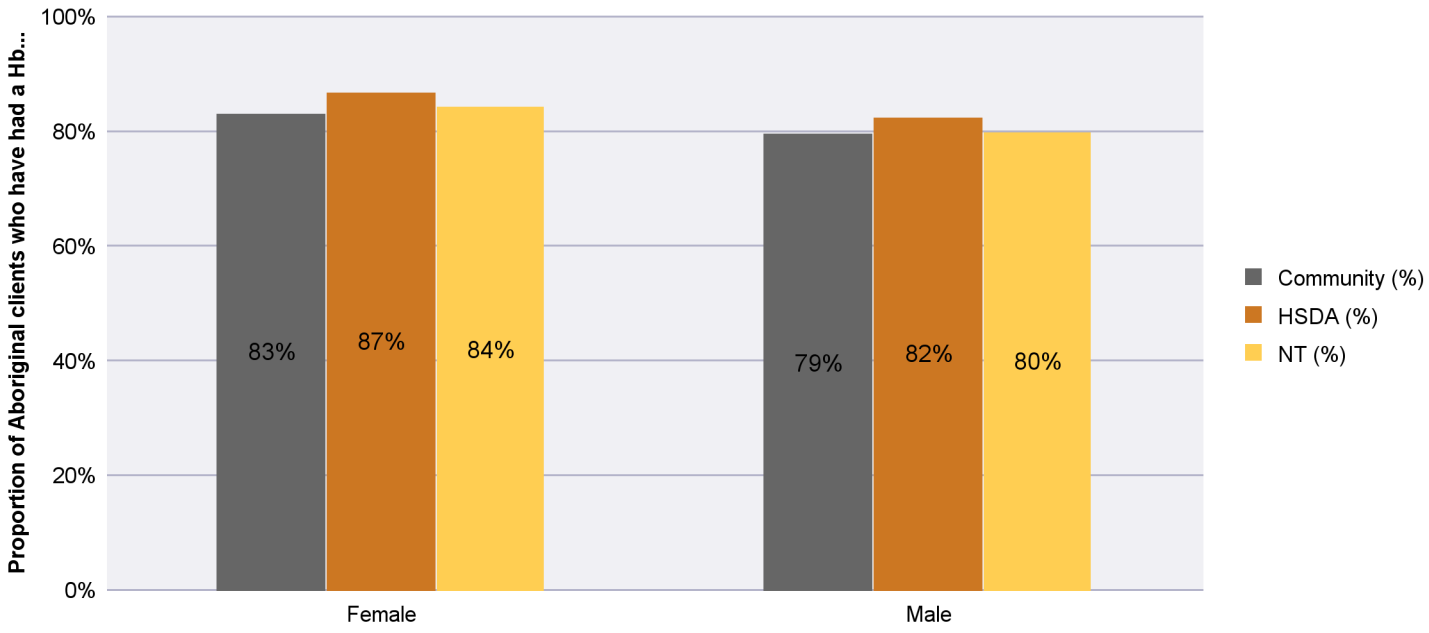
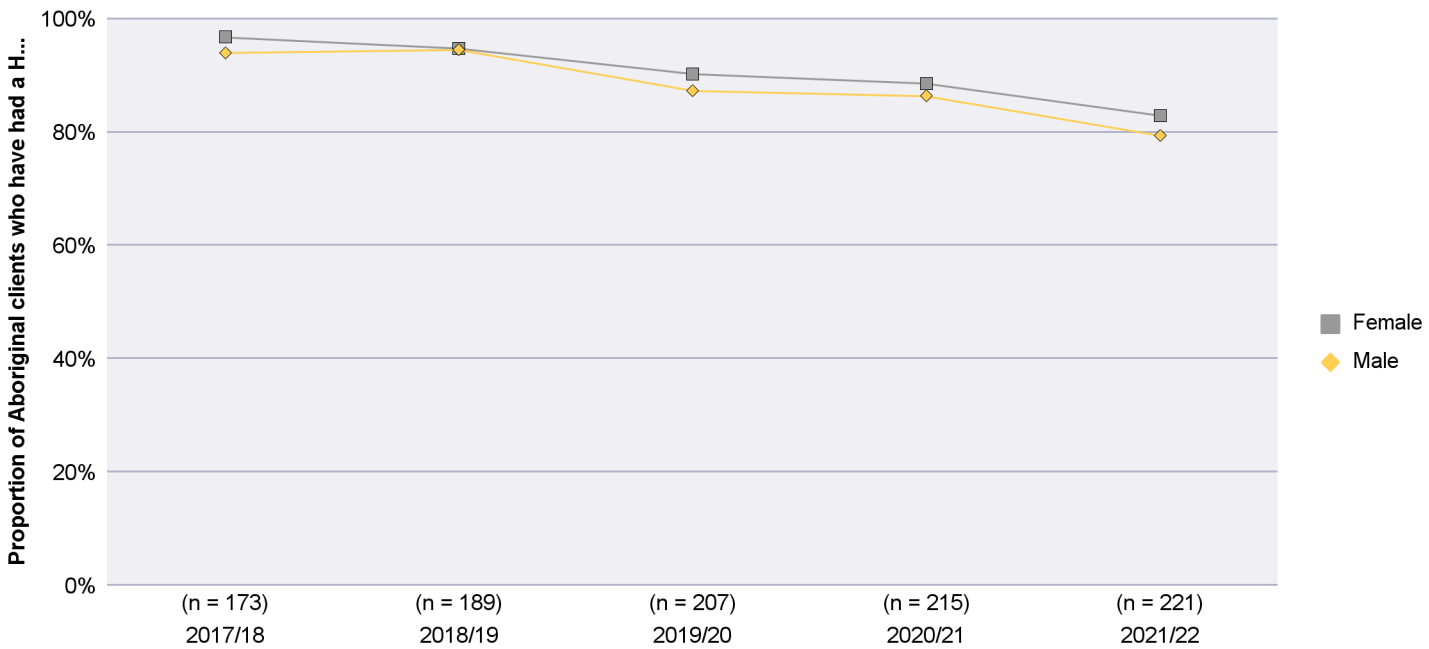


Figure 1.8.1b Trend of resident Aboriginal clients with type II diabetes receiving a HbA1c test by sex and reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	173	189	207	215	**221**
HbA1c Total Coverage	96%	95%	89%	88%	**82%**
Female	97%	95%	90%	89%	**83%**
Male	94%	95%	87%	86%	**79%**

From 2018/19,n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes aged 5 years and over.(Previously 15+ years)

AHKPI 1.8.1 - HbA1c Tests

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.8.1 Number and proportion of resident clients aged 5 years and over with Type II Diabetes who have had an HbA1c test in the reporting period

Aboriginal clients		Age Group 5-14	15-24	25-44	45-64	65+	Total (%)
Female	Clients who have had an HbA1c Test in 6 months	0	0	21	34	13	68
	% of clients who have had an HbA1c Test	0%	0%	46%	42%	50%	43%
	Clients with Type II Diabetes	0	0	46	81	26	158
	Clients who have had an HbA1c Test in 12 months	0	1	39	68	23	131
	% of clients who have had an HbA1c Test	0%	25%	85%	84%	88%	83%
	Clients with Type II Diabetes	0	4	46	81	26	158
Male	Clients who have had an HbA1c Test in 6 months	0	0	7	15	4	26
	% of clients who have had an HbA1c Test	0%	0%	44%	42%	50%	41%
	Clients with Type II Diabetes	0	0	16	36	8	63
	Clients who have had an HbA1c Test in 12 months	0	1	13	28	8	50
	% of clients who have had an HbA1c Test	0%	33%	81%	78%	100%	79%
	Clients with Type II Diabetes	0	3	16	36	8	63
Total number of Aboriginal clients who have had an HbA1c Test in 12 months		**0**	**2**	**52**	**96**	**31**	**181**
% of Aboriginal clients who have had an HbA1c Test		0%	29%	84%	82%	91%	82%
Total number of Aboriginal clients with Type II Diabetes		0	7	62	117	34	220

non-Aboriginal clients		Age Group 5-14	15-24	25-44	45-64	65+	Total (%)
Female	Clients who have had an HbA1c Test in 6 months	0	0	1	1	0	2
	% of clients who have had an HbA1c Test	0%	0%	100%	50%	0%	67%
	Clients with Type II Diabetes	0	0	1	2	0	3
	Clients who have had an HbA1c Test in 12 months	0	0	1	1	0	2
	% of clients who have had an HbA1c Test	0%	0%	100%	50%	0%	67%
	Clients with Type II Diabetes	0	0	1	2	0	3
Male	Clients who have had an HbA1c Test in 6 months	0	0	0	1	0	1
	% of clients who have had an HbA1c Test	0%	0%	0%	50%	0%	50%
	Clients with Type II Diabetes	0	0	0	2	0	2
	Clients who have had an HbA1c Test in 12 months	0	0	0	1	0	1
	% of clients who have had an HbA1c Test	0%	0%	0%	50%	0%	50%
	Clients with Type II Diabetes	0	0	0	2	0	2
Total number of non-Aboriginal clients who have had an HbA1c Test in 12 months		**0**	**0**	**1**	**2**	**0**	**3**
% of non-Aboriginal clients who have had an HbA1c Test		0%	0%	100%	50%	0%	60%
Total number of non-Aboriginal clients with Type II Diabetes		0	0	1	4	0	5

ALL clients	Age Group 5-14	15-24	25-44	45-64	65+	Total (%)
Total number of ALL clients who have had an HbA1c Test in 12 months	**0**	**2**	**53**	**98**	**31**	**184**
% of ALL clients who have had an HbA1c Test	0%	29%	84%	81%	91%	81%
Number of ALL clients with Type II Diabetes	1	7	63	121	34	226

AHKPI 1.8.2 - HbA1c Measurements

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Glycosylated haemoglobin is an index of average blood glucose level for the previous 2-3 months and is used to monitor blood sugar control in people with diabetes. The level of control is a marker for increased risk of developing complications including vision loss, neuropathy, renal disease and to a lesser extent, cardiovascular complications. The UKPDS study demonstrated significant reductions in microvascular complications with intensive control of diabetes. More recently the ADVANCE study demonstrated a significant reduction in both renal disease and cardiovascular disease in patients with improved blood pressure and diabetes control.

Known Data Quality Issues (provided by the system team)

This KPI was introduced as of the 2013 Financial report, and is extracted from PCIS dataset. This indicator reports test results outcomes over a 12 month period.

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.8.2 - HbA1c Measurements

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.8.2a Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by Community (%) during the previous 1 year

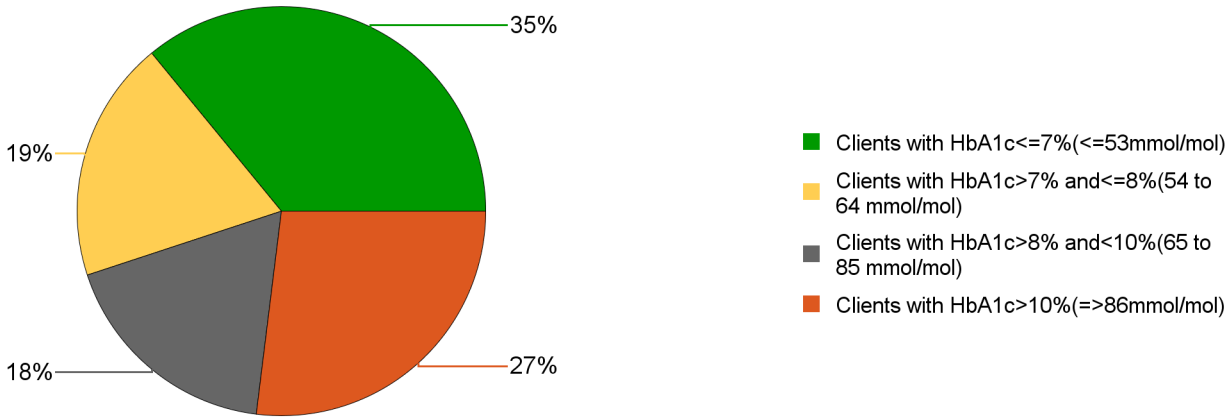
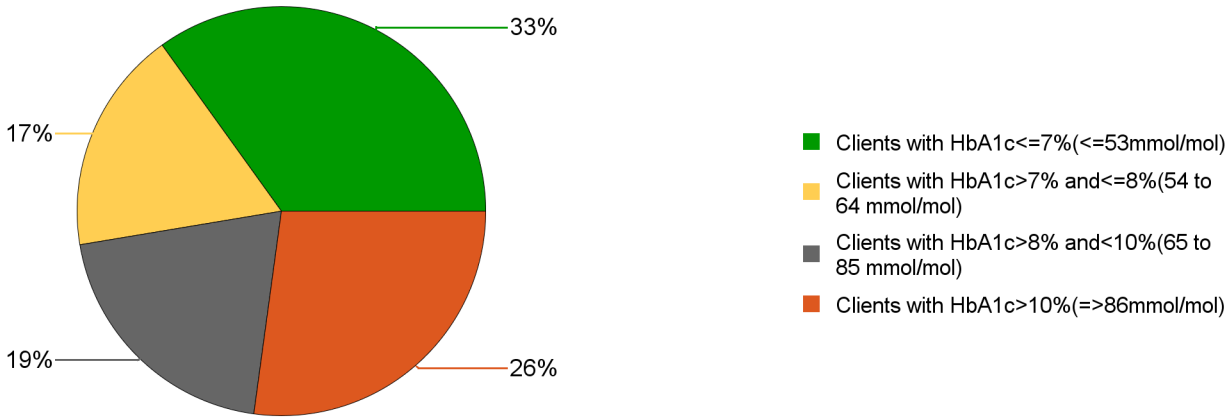


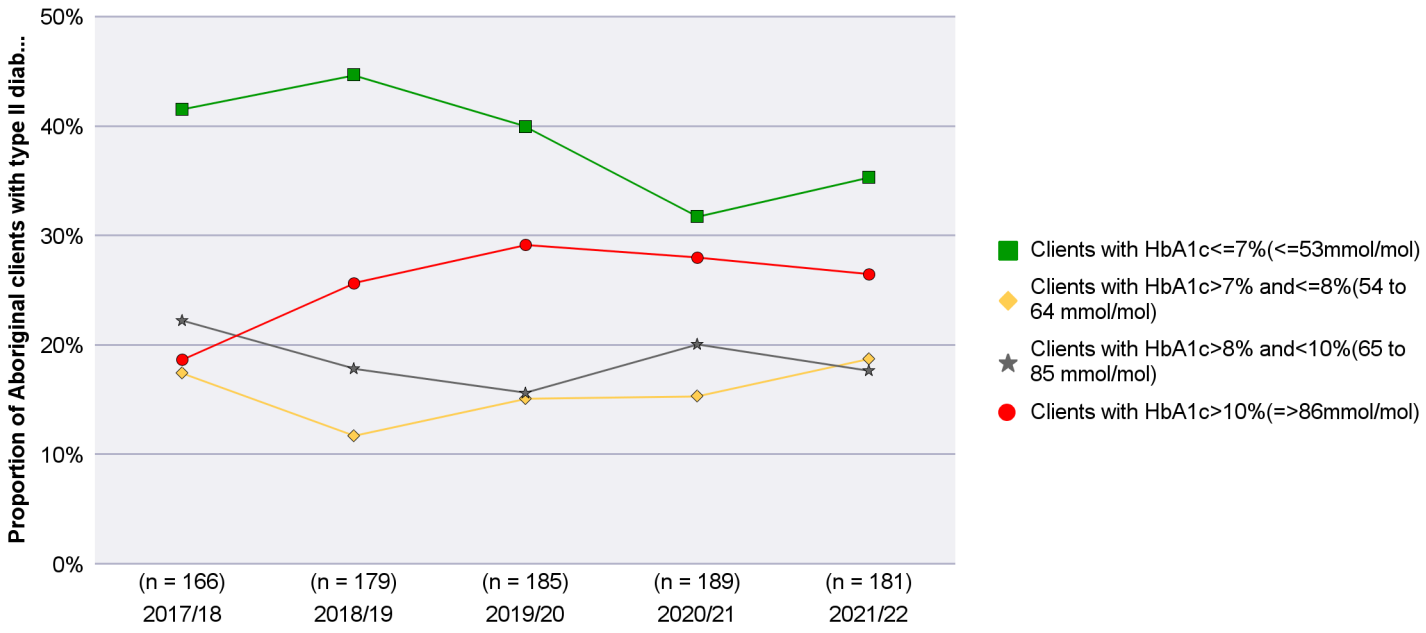
Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)



AHKPI 1.8.2 - HbA1c Measurements

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.8.2c Trend of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels during the previous 1 year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	166	179	185	189	**181**
Clients with HbA1c<=7%(<=53mmol/mol)	42%	45%	40%	32%	**35%**
Clients with HbA1c>7% and<=8%(54 to 64 mmol/mol)	17%	12%	15%	15%	**19%**
Clients with HbA1c>8% and<10%(65 to 85 mmol/mol)	22%	18%	16%	20%	**18%**
Clients with HbA1c>10%(=>86mmol/mol)	19%	26%	29%	28%	**27%**

From 2018/19, n= Population (denominator) is the number of resident Aboriginal clients with type II diabetes aged 5 years and over. (Previously 15+years)

AHKPI 1.8.2 Number and proportion of Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels

Aboriginal clients	Female					Total Female	Male					Total Male	Total
	5-14	15-24	25-44	45-64	65+		5-14	15-24	25-44	45-64	65+		
Clients with HbA1c<=7% (<=53mmol/mol)	0	0	12	23	10	45	0	0	4	11	4	19	64
	0%	0%	31%	34%	43%	34%	0%	0%	31%	39%	50%	38%	35%
Clients with HbA1c>7% and<=8%(54 to 64 mmol/mol)	0	0	6	15	5	26	0	0	1	4	3	8	34
	0%	0%	15%	22%	22%	20%	0%	0%	8%	14%	38%	16%	19%
Clients with HbA1c>8% and<10%(65 to 85 mmol/mol)	0	0	8	9	3	20	0	0	3	8	1	12	32
	0%	0%	21%	13%	13%	15%	0%	0%	23%	29%	13%	24%	18%
Clients with HbA1c>10% (=>86mmol/mol)	0	1	13	21	4	39	0	1	3	5	0	9	48
	0%	100%	33%	31%	17%	30%	0%	100%	23%	18%	0%	18%	27%
Number of Aboriginal clients	**0**	**1**	**39**	**68**	**23**	**131**	**0**	**1**	**13**	**28**	**8**	**50**	**181**

AHKPI 1.9 - ACE Inhibitor and/or ARB

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Diabetes PI chosen as sentinel PI for all PCDs.
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.

Known Data Quality Issues (provided by the system team)

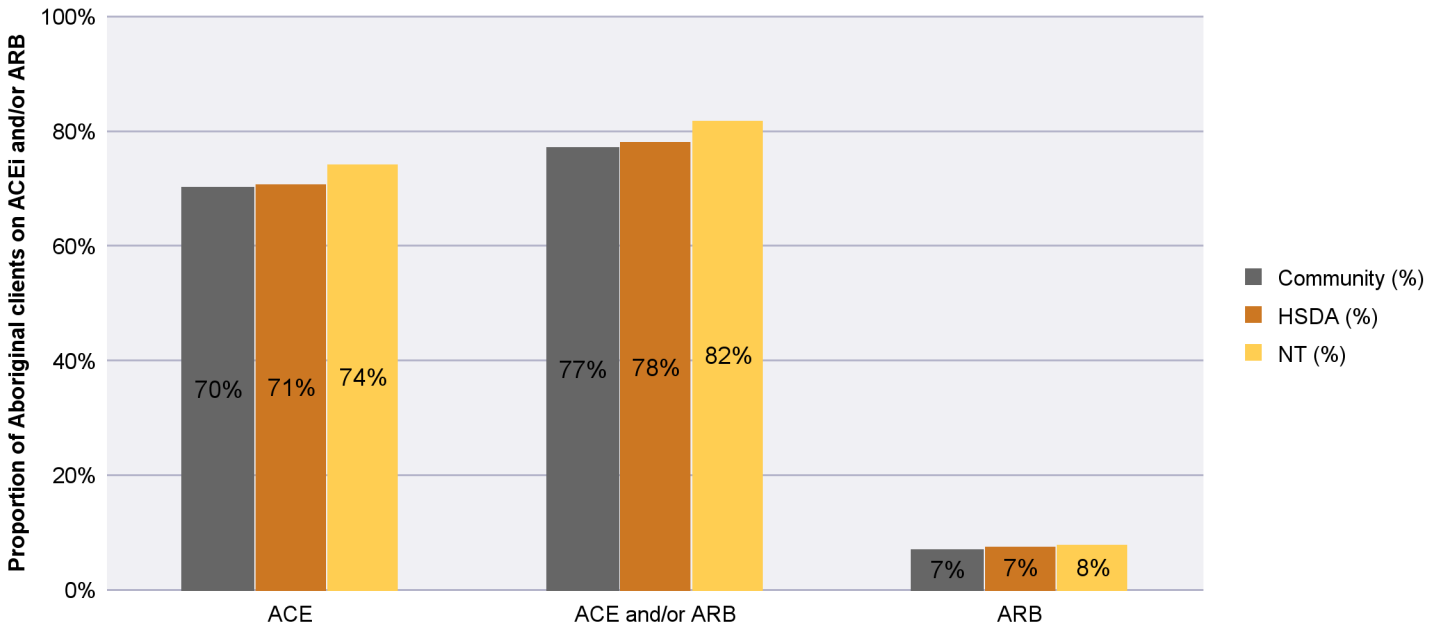
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.9 - ACE Inhibitor and/or ARB

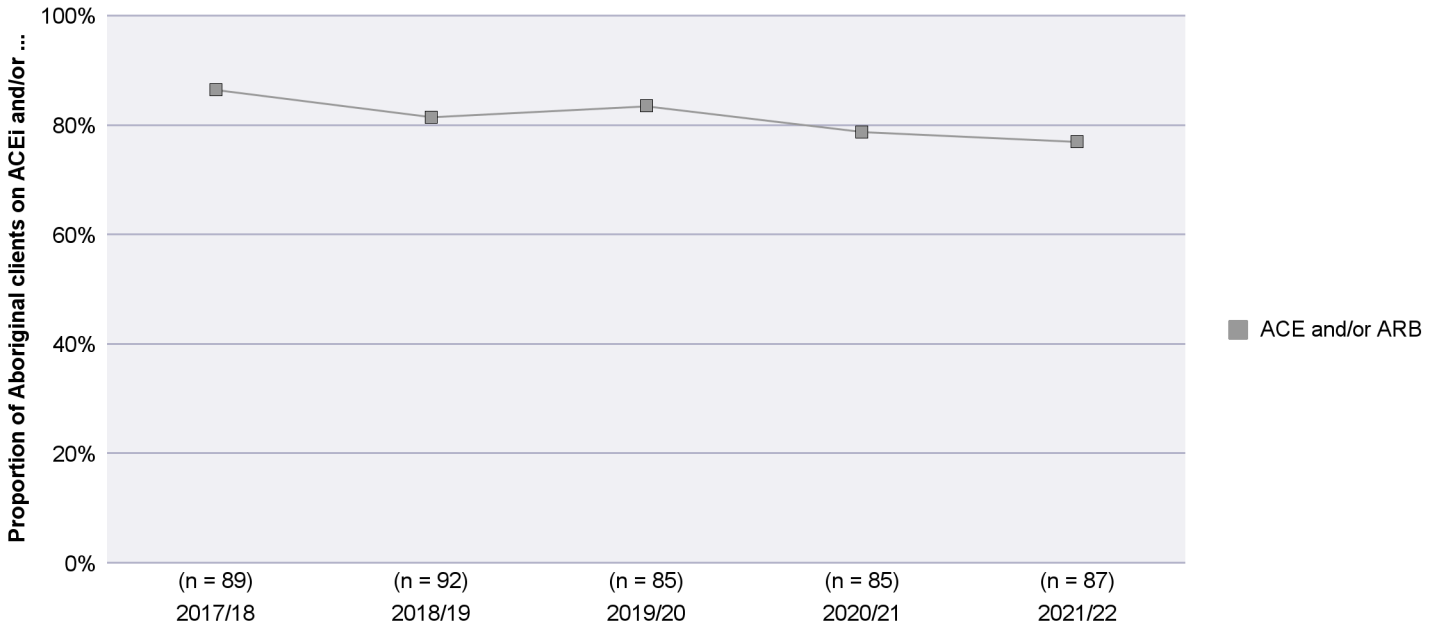
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.9a Proportion of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication during the previous 1 year



The combination of ACE and ARB has been found to worsen renal outcomes compared to treatment with either ACE or ARB alone including an increased incidence of acute renal failure. Therefore this combination should only be used under the supervision of a renal physician (Ontarget study Lancet : 2008).

Figure 1.9b Trend of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	89	92	85	85	**87**
ACE and/or ARB	87%	82%	84%	79%	**77%**

n = Population (denominator) is the number of resident clients who are 15 years old and over, who have been diagnosed with type II diabetes with albuminuria during reporting period.

AHKPI 1.9 - ACE Inhibitor and/or ARB

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.9 Number and proportion of diabetic patients with albuminuria who are on ACE inhibitor and/or ARB											
Aboriginal clients	**Female clients with albuminuria**				**Total Female**	**Male clients with albuminuria**				**Total Male**	**Total**
	15-24	**25-44**	**45-64**	**65+**		**15-24**	**25-44**	**45-64**	**65+**		
Clients on ACE	0 0%	11 52%	22 69%	8 100%	41 66.1%	0 0%	6 86%	11 92%	3 50%	20 80.0%	61 70%
Clients on ACE & ARB	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%
Clients on ARB	0 0%	0 0%	3 9%	0 0%	3 4.8%	0 0%	0 0%	1 8%	2 33%	3 12.0%	6 7%
Clients on ACE and/or ARB	0 0%	11 52%	25 78%	8 100%	44 71%	0 0%	6 86%	12 100%	5 83%	23 92%	67 77%
Total clients with albuminuria	**1**	**21**	**32**	**8**	**62**	**0**	**7**	**12**	**6**	**25**	**87**
non-Aboriginal clients	**Female clients with albuminuria**				**Total Female**	**Male clients with albuminuria**				**Total Male**	**Total**
	15-24	**25-44**	**45-64**	**65+**		**15-24**	**25-44**	**45-64**	**65+**		
Clients on ACE	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%
Clients on ACE & ARB	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%
Clients on ARB	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%	0 0%	0 0%	0 0%	0 0.0%	0 0%
Clients on ACE and/or ARB	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Total clients with albuminuria	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
All Clients	**Female clients with albuminuria**				**Total Female**	**Male clients with albuminuria**				**Total Male**	**Total**
	15-24	**25-44**	**45-64**	**65+**		**15-24**	**25-44**	**45-64**	**65+**		
Clients on ACE	0 0%	11 52%	22 69%	8 100%	41 66%	0 0%	6 86%	11 92%	3 50%	20 80%	61 70%
Clients on ACE & ARB	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Clients on ARB	0 0%	0 0%	3 9%	0 0%	3 5%	0 0%	0 0%	1 8%	2 33%	3 12%	6 7%
Clients on ACE and/or ARB	0 0%	11 52%	25 78%	8 100%	44 71%	0 0%	6 86%	12 100%	5 83%	23 92%	67 77%
Total clients with albuminuria	**1**	**21**	**32**	**8**	**62**	**0**	**7**	**12**	**6**	**25**	**87**

AHKPI 1.10 - Health Check

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

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

Known Data Quality Issues (provided by the system team)

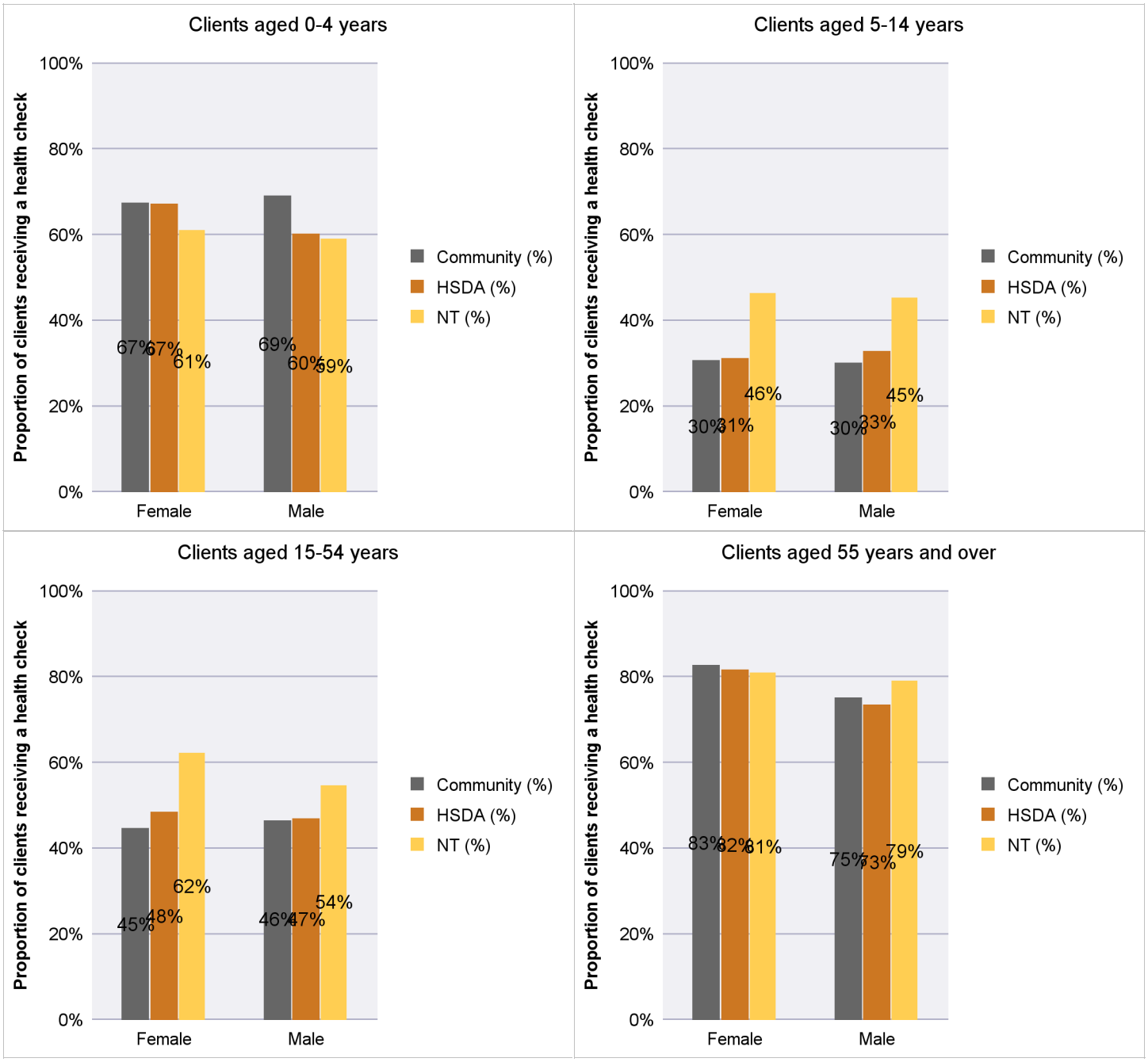
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.10 - Health Check

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.10a Proportion of resident Aboriginal clients who have a completed health check by sex



AGE 0-4 -- Reporting Year(s)	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	185	170	147	**135**
Health Check Coverage Total	95%	86%	73%	**68%**
Female completed Health Check	93%	88%	70%	**67%**
Male completed Health Check	98%	85%	77%	**69%**
AGE 5-14 -- Reporting Year(s)	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Population (Denominator)	603	592	563	**513**
Health Check Coverage Total	86%	73%	47%	**30%**
Female completed Health Check	88%	79%	48%	**30%**
Male completed Health Check	85%	68%	46%	**30%**

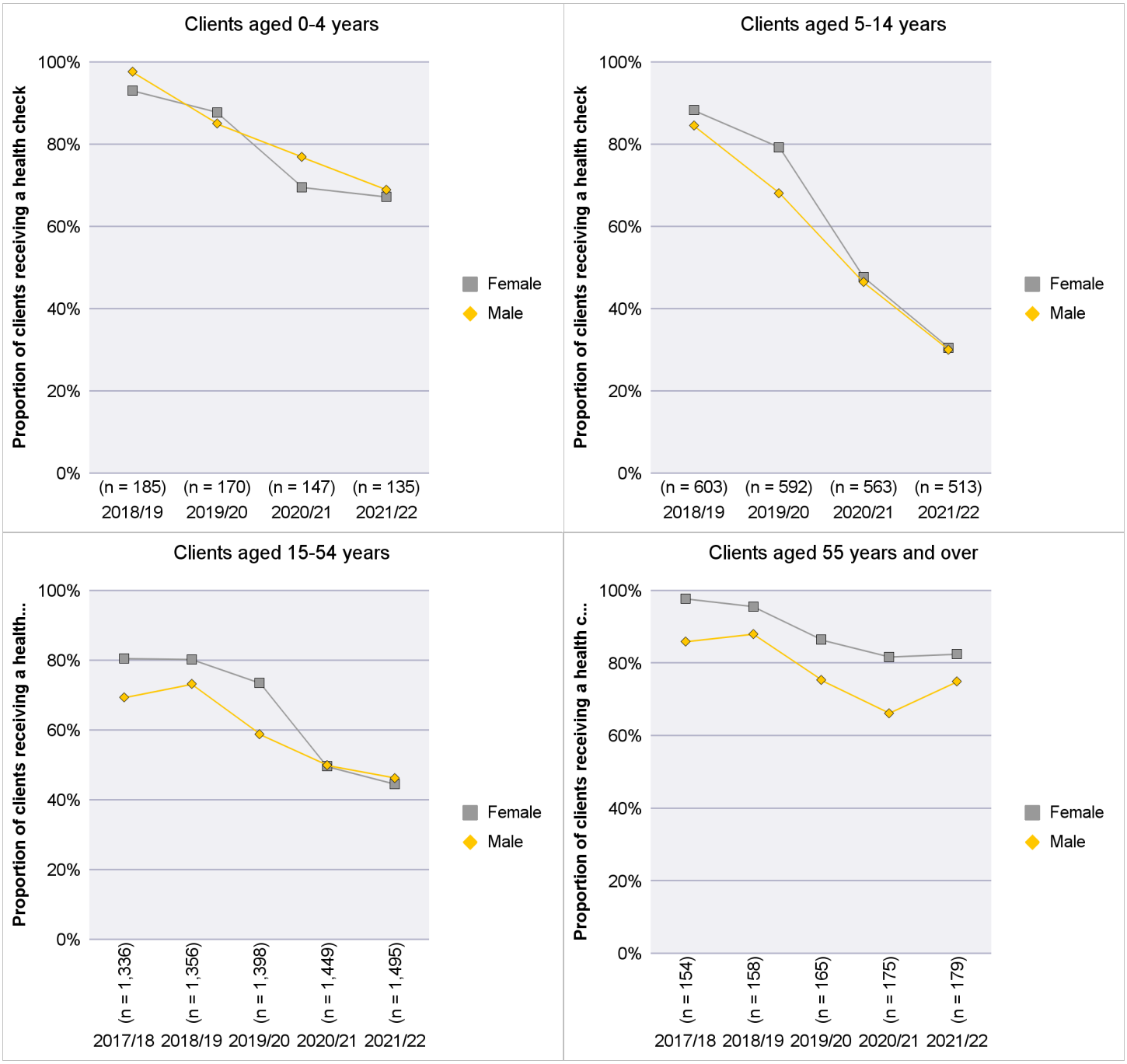
The 0-4 and 5-14 years age groups were introduced into this KPI from FY201819 reporting.
From 2020/21 MBS Item 715 or equivalent MBS item numbers for an Indigenous Health Check.

AHKPI 1.10 - Health Check

Dummy Report - for period 01 July 2021 to 30 June 2022

AGE 15-54 -- Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	1,336	1,356	1,398	1,449	**1,495**
Health Check Coverage Total	75%	77%	67%	50%	**45%**
Female completed Health Check	81%	80%	73%	50%	**45%**
Male completed Health Check	69%	73%	59%	50%	**46%**
AGE 55+ -- Reporting Year(s)	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Population (Denominator)	154	158	165	175	**179**
Health Check Coverage Total	93%	92%	82%	75%	**79%**
Female completed Health Check	98%	96%	86%	82%	**83%**
Male completed Health Check	86%	88%	75%	66%	**75%**

Figure 1.10b Trend graphs of resident Aboriginal clients who have a completed health check by sex and reporting year



n = Population (denominator) in each of the tables/graphs above, is the number of clients in each age group.

AHKPI 1.10 - Health Check

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.10 Number and proportion of Aboriginal clients who have had a full health check in the recommended timeframe								
Aboriginal Female clients	**Age Group**							**Total**
	0-4	**5-14**	**15-24**	**25-44**	**45-54**	**55-64**	**65+**	
Completed Health Check	41	75	43	139	52	45	29	424
% Completed Health Check	67%	30%	16%	32%	57%	67%	81%	35%
Completed ALT Health Check	0	0	35	74	9	7	4	129
% Completed ALT Health Check	0%	0%	13%	17%	10%	10%	11%	11%
Number of resident clients	**61**	**246**	**267**	**433**	**91**	**67**	**36**	**1,201**
Aboriginal Male clients	**Age Group**							**Total**
	0-4	**5-14**	**15-24**	**25-44**	**45-54**	**55-64**	**65+**	
Completed Health Check	51	80	47	81	55	30	18	362
% Completed Health Check	69%	30%	17%	26%	48%	58%	75%	32%
Completed ALT Health Check	0	0	47	76	20	7	2	152
% Completed ALT Health Check	0%	0%	17%	24%	18%	13%	8%	14%
Number of resident clients	**74**	**267**	**279**	**311**	**114**	**52**	**24**	**1,121**
Total ALL	**Age Group**							**Total**
	0-4	**5-14**	**15-24**	**25-44**	**45-54**	**55-64**	**65+**	
Completed Health Check	92	155	90	220	107	75	47	786
% Completed Health Check	68%	30%	16%	30%	52%	63%	78%	34%
Completed ALT Health Check	0	0	82	150	29	14	6	281
% Completed ALT Health Check	0%	0%	15%	20%	14%	12%	10%	12%
Number of resident clients	**135**	**513**	**546**	**744**	**205**	**119**	**60**	**2,322**

AHKPI 1.12 - Cervical Screening

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

From FY2019/20 report, the three year data has been excluded from the report because women who were screened from 1st December 2017 to 30th June 2018 require a screen in five rather than two years if their result is normal. Therefore, over half of the woman would be misclassified as overdue if the three year data was presented. Please note that women screened from 1st July 2017 to 30th November 2017 would have been recalled at two rather than five years and so are classified correctly as being overdue by the three year screening interval. A four year interval has been introduced as all women who have not had a screening test for four years are overdue.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.12 - Cervical Screening

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.12a Proportion of resident Aboriginal women receiving a cervical screen during the previous 6 years

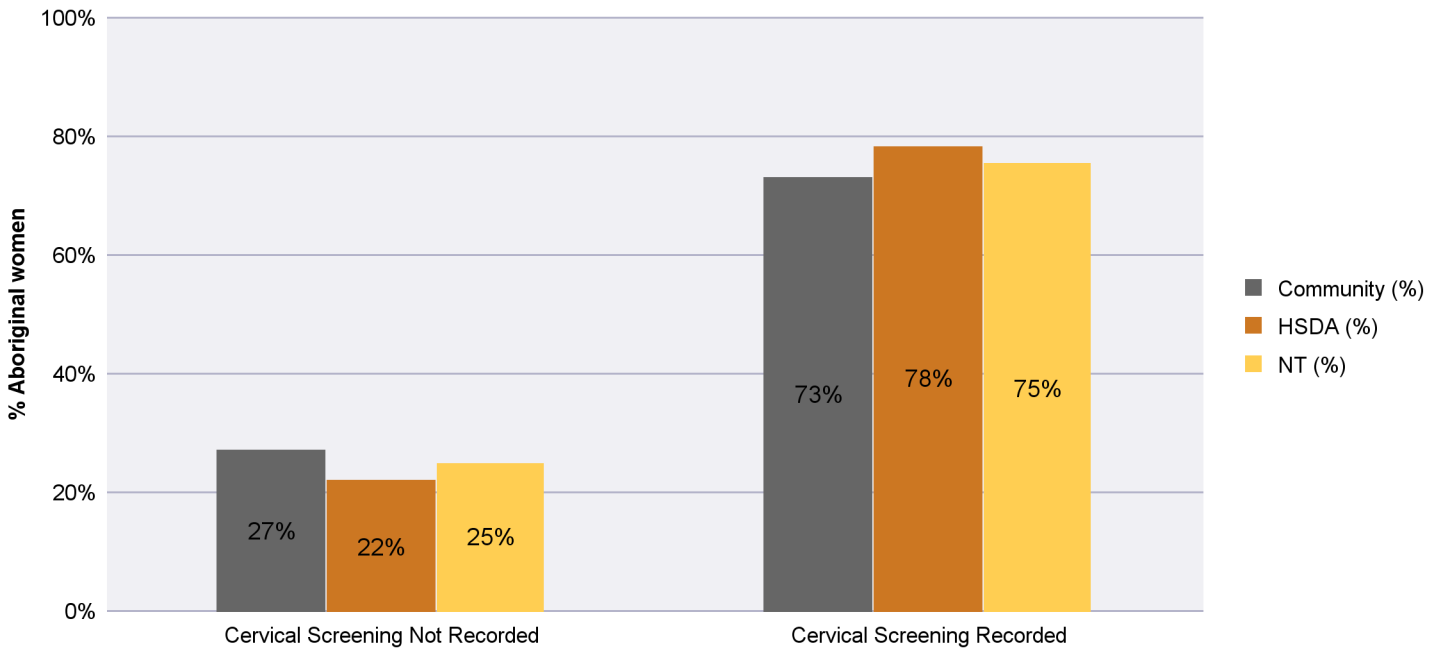
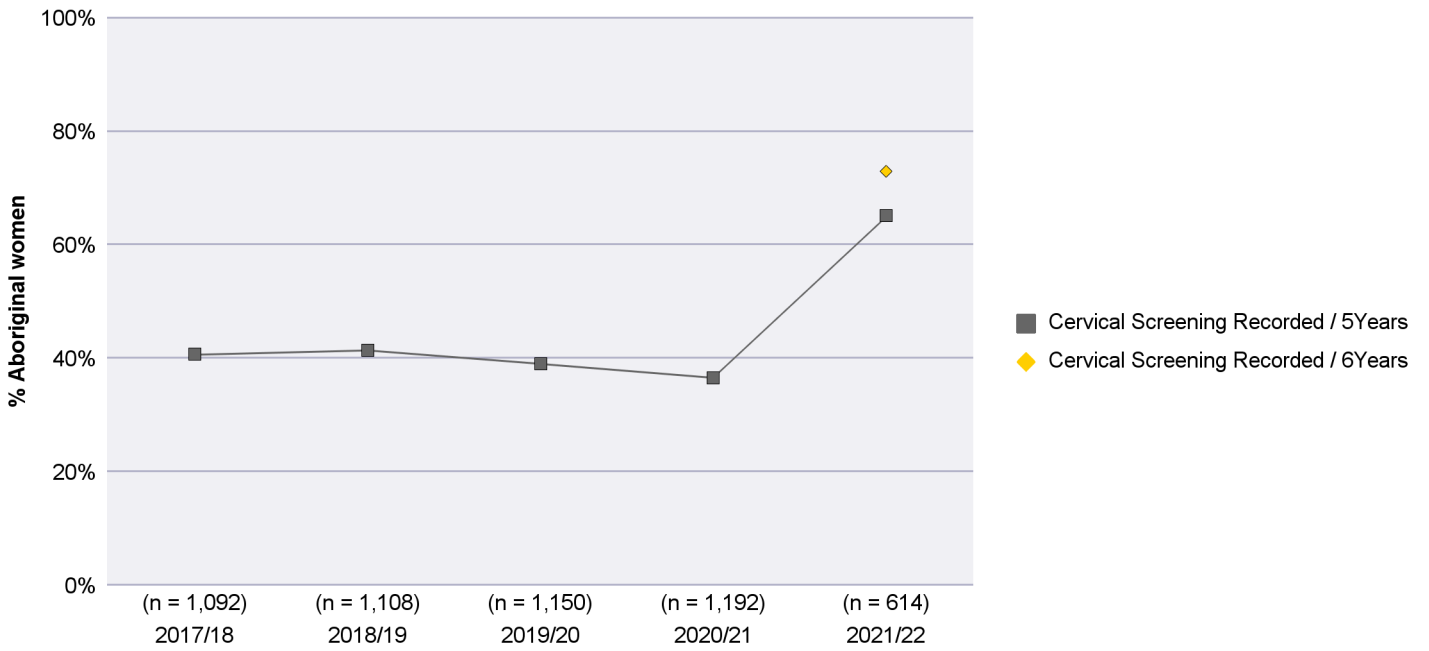


Figure 1.12b Trend of resident Aboriginal women receiving a cervical screening by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	1,092	1,108	1,150	1,192	**614**
Cervical Screening Recorded 5 Years	41%	41%	39%	37%	**65%**
Cervical Screening Recorded 6 Years	N/A	N/A	N/A	N/A	**73%**

n = Population (denominator) is the number of resident Aboriginal women who were aged 25 to 74 years inclusive. From 2021/22, removal of 4 years reporting, and addition of 6 years reporting.

AHKPI 1.12 - Cervical Screening

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.12 Number and proportion of women who have had at least one Cervical Screening test during reporting period								
Aboriginal women	**Age Group**						**Total**	
	25-34		**35-49**		**50-74**			
Cervical Screening recorded 5 Years	135	58%	181	75%	84	60%	400	65%
Cervical Screening recorded 6 Years	158	68%	194	80%	96	69%	448	73%
Number of Aboriginal women	**233**		**242**		**139**		**614**	
non-Aboriginal women	**Age Group**						**Total**	
	25-34		**35-49**		**50-74**			
Cervical Screening recorded 5 Years	5	13%	6	29%	3	12%	14	16%
Cervical Screening recorded 6 Years	8	20%	7	33%	3	12%	18	21%
Number of non-Aboriginal women	**40**		**21**		**26**		**87**	
ALL Women	**Age Group**						**Total**	
	25-34		**35-49**		**50-74**			
Total number of women	273		263		165		701	

AHKPI 1.13 - Blood Pressure Control

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Good control of Blood Pressure with diabetes reduces the incidence of cardiovascular disease and delays the progression of renal disease.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.13 - Blood Pressure Control

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.13a Proportion of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control during the previous 6 months

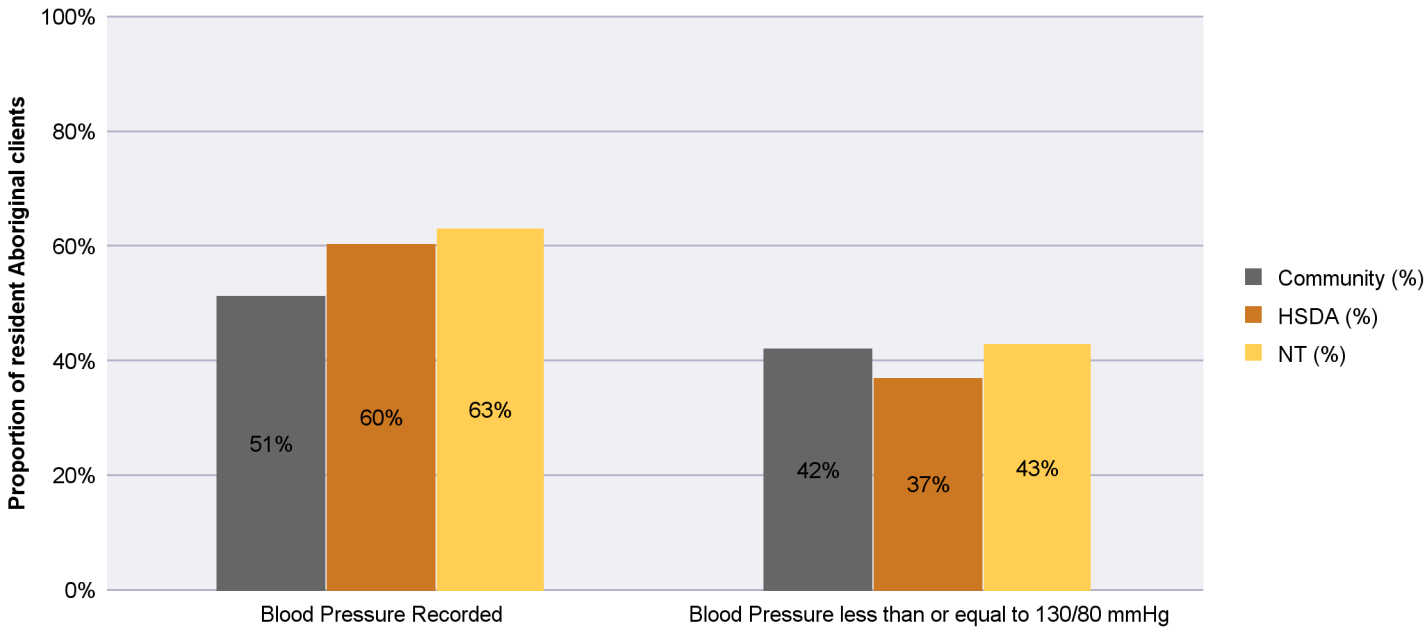
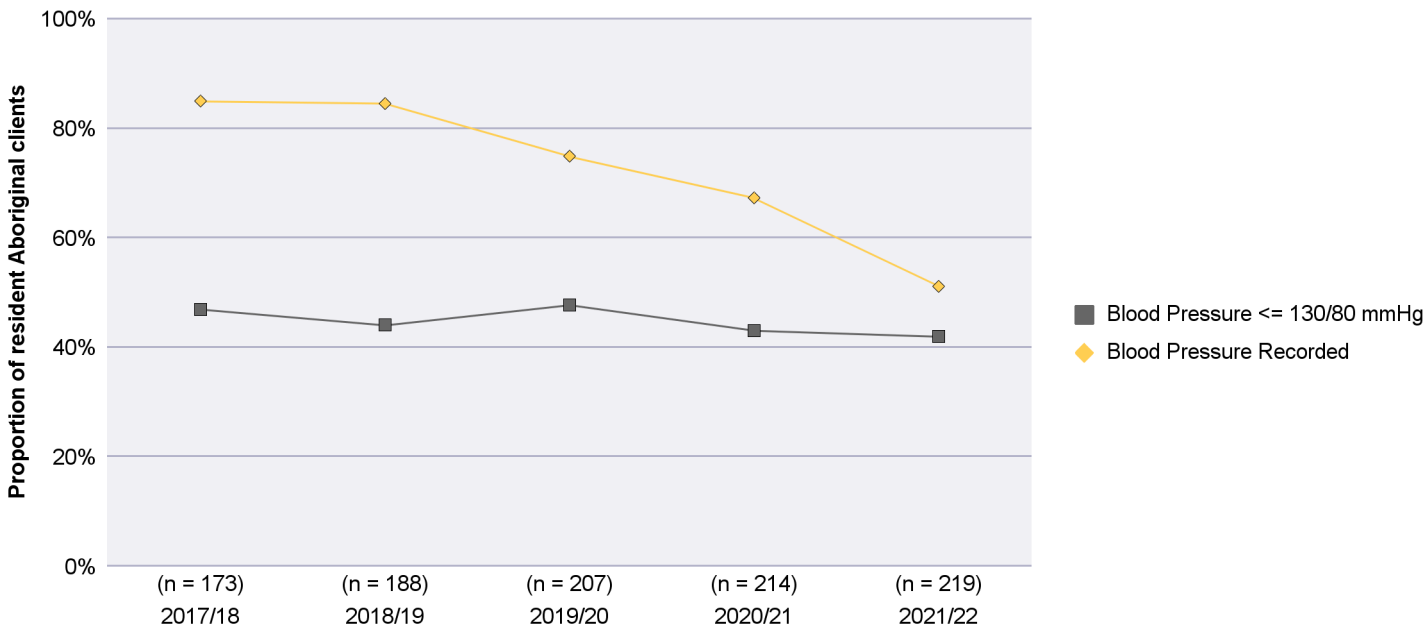


Figure 1.13b Trend of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	173	188	207	214	**219**
Coverage	147	159	155	144	**112**
Blood Pressure Recorded	85%	85%	75%	67%	**51%**
Blood Pressure less than or equal to 130/80	47%	44%	48%	43%	**42%**

n = Population (denominator) is the number of resident Aboriginal clients who have type 2 diabetes. Coverage is the number of resident Aboriginal clients with type 2 diabetes who have had a blood pressure recorded within a 6 month period.

AHKPI 1.13 - Blood Pressure Control

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.13 Number and proportion of Aboriginal resident clients who have diabetes type 2 and who have good BP control within 6 month period					
Aboriginal Female clients	**Age Group**				**Total**
	15-24	**25-44**	**45-64**	**65+**	
Blood Pressure Recorded	1	28	39	13	81
% of Blood Pressure Recorded	25%	61%	48%	52%	52%
Blood Pressure less than or equal to 130/80 mmHg	0	14	18	6	38
% of Blood Pressure less than or equal to 130/80 mmHg	0%	50%	46%	46%	47%
Number of Aboriginal Female clients	**4**	**46**	**81**	**25**	**156**
Aboriginal Male clients	**Age Group**				**Total**
	15-24	**25-44**	**45-64**	**65+**	
Blood Pressure Recorded	0	10	17	4	31
% of Blood Pressure Recorded	0%	63%	47%	50%	49%
Blood Pressure less than or equal to 130/80 mmHg	0	4	5	0	9
% of Blood Pressure less than or equal to 130/80 mmHg	0%	40%	29%	0%	29%
Number of Aboriginal Male clients	**3**	**16**	**36**	**8**	**63**
Total ALL	**Age Group**				**Total**
	15-24	**25-44**	**45-64**	**65+**	
Blood Pressure Recorded	1	38	56	17	112
% of - Blood Pressure Recorded	14%	61%	48%	52%	51%
Blood Pressure less than or equal to 130/80 mmHg	0	18	23	6	47
% of - Blood Pressure less than or equal to 130/80 mmHg	0%	47%	41%	35%	42%
Number of clients	**7**	**62**	**117**	**33**	**219**

The percentage of blood pressure recorded ratio is the number of resident clients measured for blood pressure in the reporting period by the resident population.
The percentage of good blood pressure control ratio is the number of resident clients who have blood pressure result less than 130/80 mmHg at their most recent measure by the number of resident clients measured for blood pressure in the reporting period by the resident population.

AHKPI 1.14 - eGFR/ACR test recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Early detection and appropriate treatment of renal disease slows down the progression of renal disease and delays the need for dialysis. Estimating the burden of renal disease through Aboriginal PHC will also assist in long term health planning dialysis facilities. The presentation of this indicator has been changed to highlight population screening for renal disease as the key outcome..This indicator reports on screening for undiagnosed renal disease and also includes people who are being monitored for previously diagnosed renal disease.

Correct population screening requires two tests to be completed (egfr and urine ACR from age 31). CARPA guidelines require two abnormal tests (either urine ACR or eGFR) 3 months apart to diagnose CKD for the first time. This indicator only requires one test and therefore risk levels are given rather than a confirmed diagnosis of CKD. Confirmation of a new diagnosis of CKD will require further review of results to ensure there have been two abnormal test results at least 3 months apart. However this indicator will provide a useful approximation of the burden of CKD.

For patients with already diagnosed CKD, egfr should be monitored regularly, but an ACR may not always be clinically required- for instance where there is already confirmed macroalbuminuria or where more definitive tests of urinary protein excretion are being undertaken.

Known Data Quality Issues (provided by the system team)

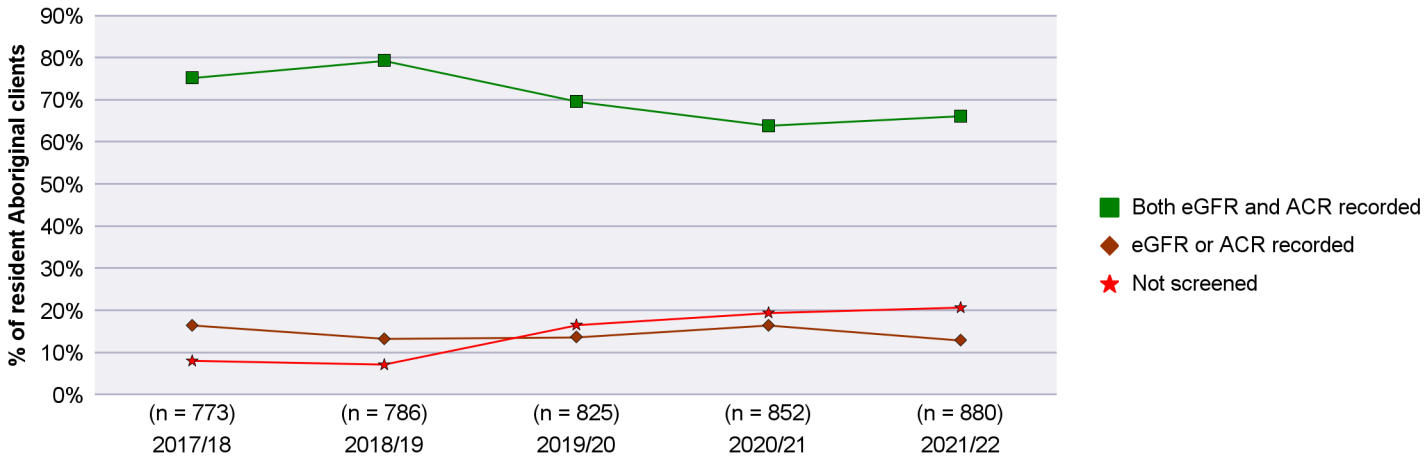
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.14 - eGFR/ACR test recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.14a Trend of resident Aboriginal clients who have had renal screening test recorded during the previous 2 years



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	773	786	825	852	**880**
Both eGFR and ACR recorded	75%	79%	70%	64%	**66%**
eGFR or ACR recorded	17%	13%	14%	17%	**13%**
Not screened	8%	7%	17%	19%	**21%**

n = Population (denominator) is the number of Aboriginal clients aged 31 years and over who are eligible for renal screening in the previous 24 months.
m = Population (denominator) is the number of Aboriginal clients aged 31 years and over who have

Note:- severe risk can be defined by one test only but best practice is usually to do both eGFR/ACR tests.

Figure 1.14b Trend of resident Aboriginal clients who have had one or more eGFR/ACR test recorded by reporting year

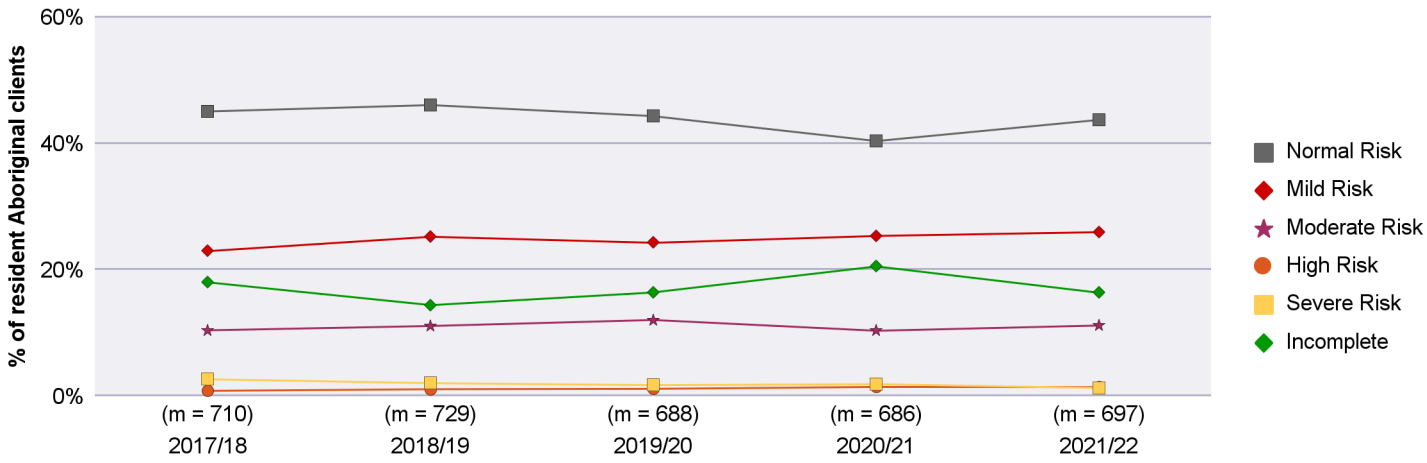
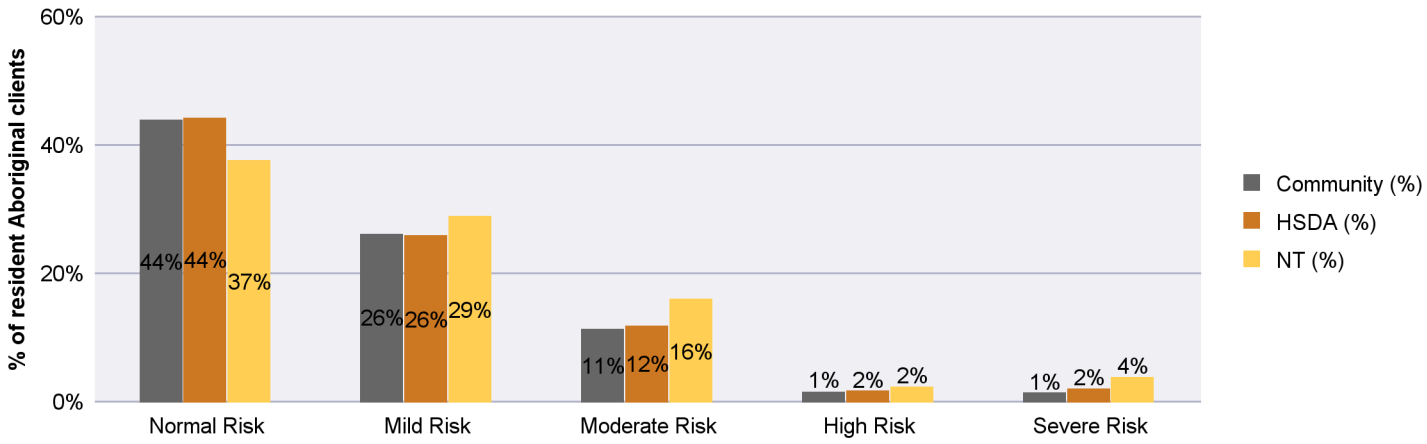


Figure 1.14c Proportion of resident Aboriginal clients who have had one or more eGFR/ACR test recorded during the previous 2 years



AHKPI 1.14 - eGFR/ACR test recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.14 The number of Aboriginal clients who are residents, who are 31 years old and over and who have an eGFR and/or ACR test result recorded within the previous 24 months

Aboriginal clients		Age Group 31-44		45-64		65+		Total (%)	
Female	Both eGFR and ACR recorded	171	60%	121	77%	31	86%	323	68%
	eGFR or ACR recorded	47	17%	18	11%	3	8%	68	14%
	Not screened	66	23%	19	12%	2	6%	87	18%
	eGFR/ACR Test Normal Risk	103	47%	43	31%	11	32%	157	40%
	eGFR/ACR Test Mild Risk	49	22%	48	35%	11	32%	108	28%
	eGFR/ACR Test Moderate Risk	16	7%	25	18%	5	15%	46	12%
	eGFR/ACR Test High Risk	2	1%	2	1%	2	6%	6	2%
	eGFR/ACR Test Severe Risk	1	0%	3	2%	2	6%	6	2%
	eGFR or ACR recorded	47	22%	18	13%	3	9%	68	17%
Total number of Aboriginal Female clients who have an ACR or eGFR test recorded		**218**		**139**		**34**		**391**	
% of clients who have an ACR or eGFR test recorded		**77%**		**88%**		**94%**		**82%**	
Total number of Aboriginal Female clients who are 31 years and over		**284**		**158**		**36**		**478**	

Aboriginal clients		Age Group 31-44		45-64		65+		Total (%)	
Male	Both eGFR and ACR recorded	117	55%	121	73%	22	92%	260	65%
	eGFR or ACR recorded	29	14%	16	10%	1	4%	46	11%
	Not screened	66	31%	29	17%	1	4%	96	24%
	eGFR/ACR Test Normal Risk	79	54%	60	44%	9	39%	148	48%
	eGFR/ACR Test Mild Risk	27	18%	38	28%	8	35%	73	24%
	eGFR/ACR Test Moderate Risk	10	7%	19	14%	3	13%	32	10%
	eGFR/ACR Test High Risk	1	1%	1	1%	2	9%	4	1%
	eGFR/ACR Test Severe Risk	0	0%	3	2%	0	0%	3	1%
	eGFR or ACR recorded	29	20%	16	12%	1	4%	46	15%
Total number of Aboriginal Male clients who have an ACR or eGFR test recorded		**146**		**137**		**23**		**306**	
% of clients who have an ACR or eGFR test recorded		**69%**		**83%**		**96%**		**76%**	
Total number of Aboriginal Male clients who are 31 years and over		**212**		**166**		**24**		**402**	

AHKPI 1.14 - eGFR/ACR test recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

ALL clients	Age Group						Total (%)	
	31-44		45-64		65+			
Both eGFR and ACR recorded	288	58%	242	75%	53	88%	583	66%
eGFR or ACR recorded	76	15%	34	10%	4	7%	114	13%
Not screened	132	27%	48	15%	3	5%	183	21%
eGFR/ACR Test Normal Risk	182	50%	103	37%	20	35%	305	44%
eGFR/ACR Test Mild Risk	76	21%	86	31%	19	33%	181	26%
eGFR/ACR Test Moderate Risk	26	7%	44	16%	8	14%	78	11%
eGFR/ACR Test High Risk	3	1%	3	1%	4	7%	10	1%
eGFR/ACR Test Severe Risk	1	0%	6	2%	2	4%	9	1%
eGFR or ACR recorded	76	21%	34	12%	4	7%	114	16%
Total number of ALL Aboriginal clients who have an ACR or eGFR test	**364**		**276**		**57**		**697**	
% of clients who have an ACR or eGFR test recorded	**73%**		**85%**		**95%**		**79%**	
Total number of ALL Aboriginal clients who are 31 years and over	**496**		**324**		**60**		**880**	

AHKPI 1.15 - Rheumatic Heart Disease

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Penicillin secondary prophylaxis is currently the most cost effective intervention in preventing a recurrence of Acute Rheumatic fever and the subsequent development of Rheumatic heart disease with the risk of significant damage to heart valves.

As from the Financial Year 2014/15 report this KPI has been updated to include the proportion of people who received 50-80% of injections as well as the proportion of people who received >80%. It is important to note that people who receive 50-80% of injections are not adequately protected and are at risk of recurrences. However, providing additional information may assist with CQI efforts in that it will determine the proportion of people who require some additional effort to increase the proportion of injections given and the proportion of people who are receiving a low proportion of their injections and may require a different approach.

Known Data Quality Issues (provided by the system team)

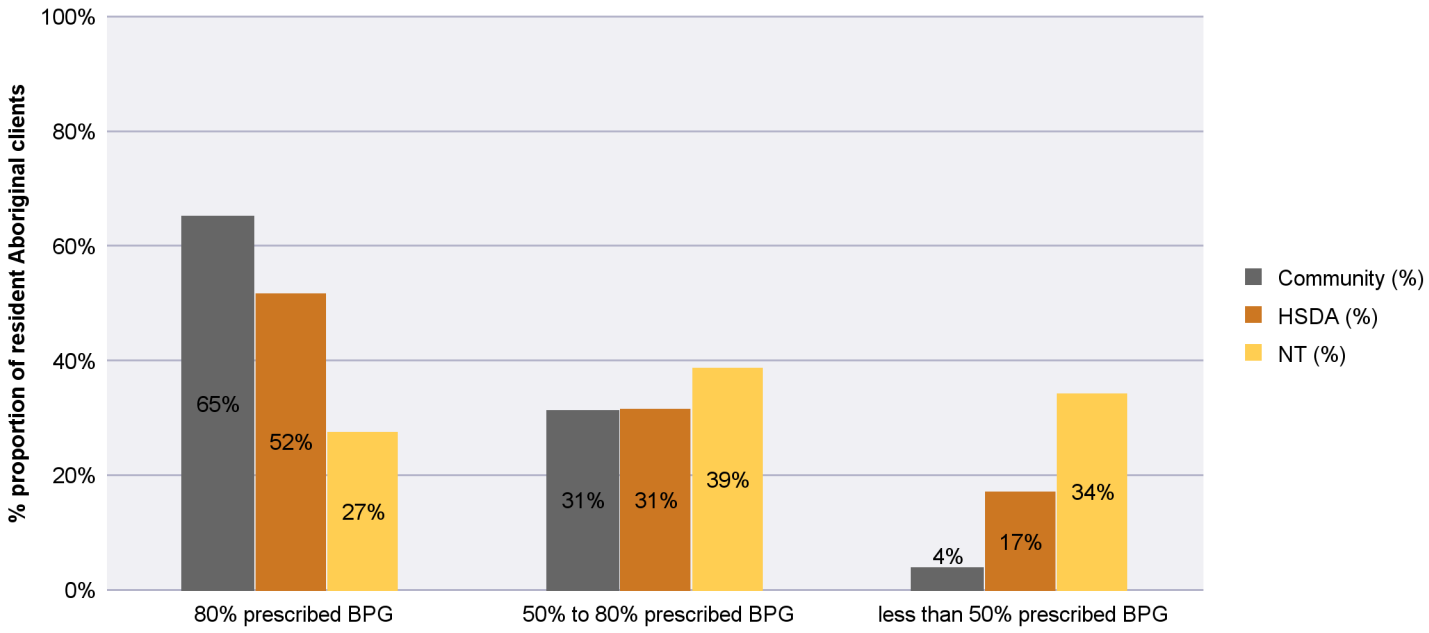
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.15 - Rheumatic Heart Disease

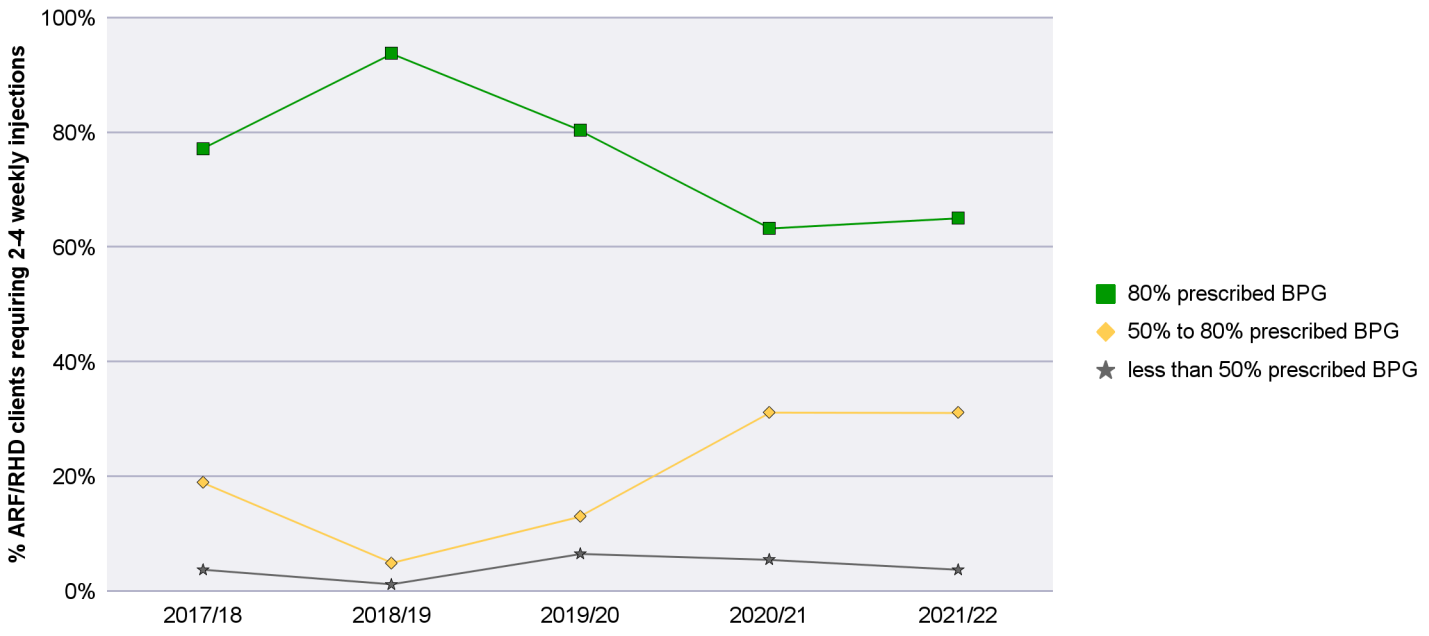
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.15a Proportion of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections during the previous 1 year



n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Figure 1.15b Trend of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections by reporting year



n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	79	81	107	109	**106**
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	19%	5%	13%	31%	**31%**
Clients with ARF/RHD receiving 80% prescribed BPG	77%	94%	80%	63%	**65%**
Clients with ARF/RHD receiving less than 50% prescribed BPG	4%	1%	7%	6%	**4%**

AHKPI 1.15 - Rheumatic Heart Disease

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.15 Number and proportion of Aboriginal ARF / RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections over a 12 month period

Aboriginal Female clients	Age Group						Total
	0-4	5-14	15-24	25-44	45-64	65+	
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0	7	5	5	1	0	18
	0%	44%	26%	20%	25%	0%	28%
Clients with ARF/RHD receiving 80% prescribed BPG	0	9	14	19	3	1	46
	0%	56%	74%	76%	75%	100%	71%
Clients with ARF/RHD receiving less than 50% prescribed BPG	0	0	0	1	0	0	1
	0%	0%	0%	4%	0%	0%	2%
Number of Aboriginal Female clients	**0**	**16**	**19**	**25**	**4**	**1**	**65**

Aboriginal Male clients	Age Group						Total
	0-4	5-14	15-24	25-44	45-64	65+	
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0	2	11	2	0	0	15
	0%	15%	48%	50%	0%	0%	38%
Clients with ARF/RHD receiving 80% prescribed BPG	0	10	10	2	0	0	22
	0%	77%	43%	50%	0%	0%	55%
Clients with ARF/RHD receiving less than 50% prescribed BPG	0	1	2	0	0	0	3
	0%	8%	9%	0%	0%	0%	8%
Number of Aboriginal Male clients	**0**	**13**	**23**	**4**	**0**	**0**	**40**

Total ALL	Age Group						Total
	0-4	5-14	15-24	25-44	45-64	65+	
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	0	9	16	7	1	0	33
	0%	31%	38%	24%	25%	0%	31%
Clients with ARF/RHD receiving 80% prescribed BPG	0	19	24	21	3	1	68
	0%	66%	57%	72%	75%	100%	65%
Clients with ARF/RHD receiving less than 50% prescribed BPG	0	1	2	1	0	0	4
	0%	3%	5%	3%	0%	0%	4%
Number of Aboriginal clients	**0**	**29**	**42**	**29**	**4**	**1**	**105**

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.

AHKPI 1.16 - Smoking status recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Tobacco use is the single most important modifiable factor conributing to the chronic disease burden and life expectancy gap between Aboriginal and non Aboriginal people. Evidence shows that brief interventions can make a significant population health difference to tobacco related morbidity at a population health level.

Ex-smokers have been further classified according to the length of time of quitting (less than 12 months and more than 12 months). This is because more recent quitters should be targeted for frequent relapse prevention advice as they are at higher risk of relapse compared to longer term quitters. Also, ex-smokers of < 12 months are classified as equivalent to smokers for the purpose of calculating cardiovascular risk.

This indicator now includes proportion screened with age and sex disaggregation.

Known Data Quality Issues (provided by the system team)

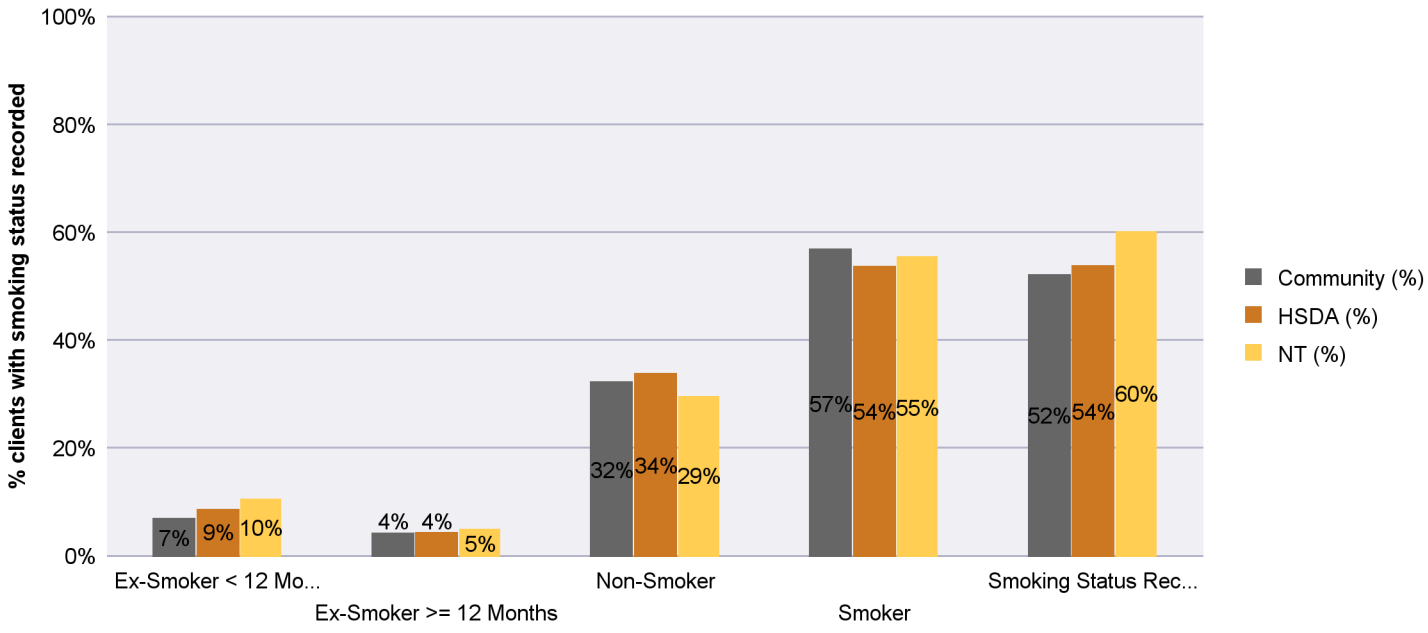
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.16 - Smoking status recorded

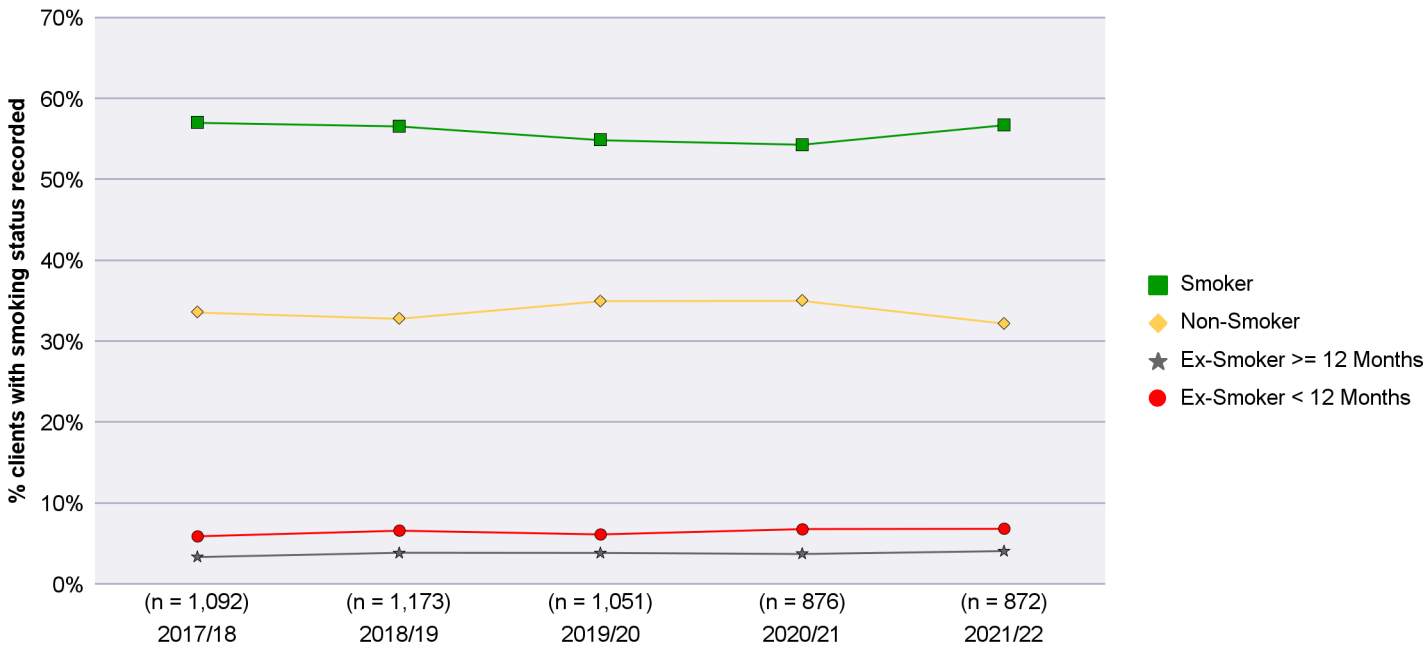
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.16a Proportion of resident clients aged 15 years and over who have have had their smoking status recorded during the previous 2 years



n = Population (denominator) is the number of Aboriginal clients aged 15 and over whose smoking status has been recorded

Figure 1.16b Trend of resident clients aged 15 years and who have have had their smoking status recorded by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	1,092	1,173	1,051	876	**872**
Ex-Smoker < 12 Months	6%	7%	6%	7%	**7%**
Ex-Smoker >= 12 Months	3%	4%	4%	4%	**4%**
Non-Smoker	34%	33%	35%	35%	**32%**
Smoker	57%	57%	55%	54%	**57%**
Smoking Status Recorded	73%	77%	67%	54%	**52%**

n = Population (denominator) is the number of Aboriginal clients aged 15 and over whose smoking status has been recorded

AHKPI 1.16 - Smoking status recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.16 The number of Aboriginal clients who are residents, who are 15 years old and over who have a smoking status recorded											
Aboriginal clients		**Age Group**								**Total (%)**	
		15-24		**25-44**		**45-64**		**65+**			
Female	**Ex-Smoker < 12 Months**	2	2%	16	7%	7	6%	6	21%	31	7%
	Ex-Smoker >= 12 Months	3	3%	4	2%	1	1%	0	0%	8	2%
	Non-Smoker	63	54%	59	27%	72	66%	11	39%	205	43%
	Smoker	48	41%	141	64%	29	27%	11	39%	229	48%
Total number of Aboriginal Female clients who have an smoking status recorded in previous 2 years		**116**		**220**		**109**		**28**		**473**	
% of clients who have an smoking status recorded		**43%**		**51%**		**69%**		**78%**		**53%**	
Total number of Aboriginal Female clients who are 15 years and over		**267**		**433**		**158**		**36**		**894**	
Male	**Ex-Smoker < 12 Months**	4	4%	15	9%	7	7%	3	16%	29	7%
	Ex-Smoker >= 12 Months	7	6%	16	10%	5	5%	0	0%	28	7%
	Non-Smoker	43	40%	13	8%	17	16%	3	16%	76	19%
	Smoker	54	50%	123	74%	76	72%	13	68%	266	67%
Total number of Aboriginal Male clients who have an smoking status recorded in previous 2 years		**108**		**167**		**105**		**19**		**399**	
% of clients who have an smoking status recorded		**39%**		**54%**		**63%**		**79%**		**51%**	
Total number of Aboriginal Male clients who are 15 years and over		**279**		**311**		**166**		**24**		**780**	
ALL clients		**Age Group**								**Total (%)**	
		15-24		**25-44**		**45-64**		**65+**			
Ex-Smoker < 12 Months		6	3%	31	8%	14	7%	9	19%	60	7%
Ex-Smoker >= 12 Months		10	4%	20	5%	6	3%	0	0%	36	4%
Non-Smoker		106	47%	72	19%	89	42%	14	30%	281	32%
Smoker		102	46%	264	68%	105	49%	24	51%	495	57%
Total number of ALL Aboriginal clients who have an smoking status recorded in previous 2 years		**224**		**387**		**214**		**47**		**872**	
% of clients who have an smoking status recorded		**41%**		**52%**		**66%**		**78%**		**52%**	
Total number of ALL Aboriginal clients who are 15 years and over		**546**		**744**		**324**		**60**		**1,674**	

AHKPI 1.17 - STI test recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Most Sexually Transmissable Infections (STI) are asymptomatic, therefore infections will only be identified by testing people, with or without symptoms. Increasing the number of people tested is therefore crucial in identifying infections. Early detection and treatment of STIs can reduce transmissions and complications. Full bacterial STI testing requires trichomonas screening so this indicator is only partially assessing compliance with CARPA guidelines. People who have a positive STI test should have a full STI screen including for trichomonas, syphilis and HIV screening.

Monitoring the proportion of people in the age group at risk who have had an STI test enables assessment of the effectiveness of current sexual health service delivery in primary health care and also provides necessary information for interpreting STI epidemiology.

Known Data Quality Issues (provided by the system team)

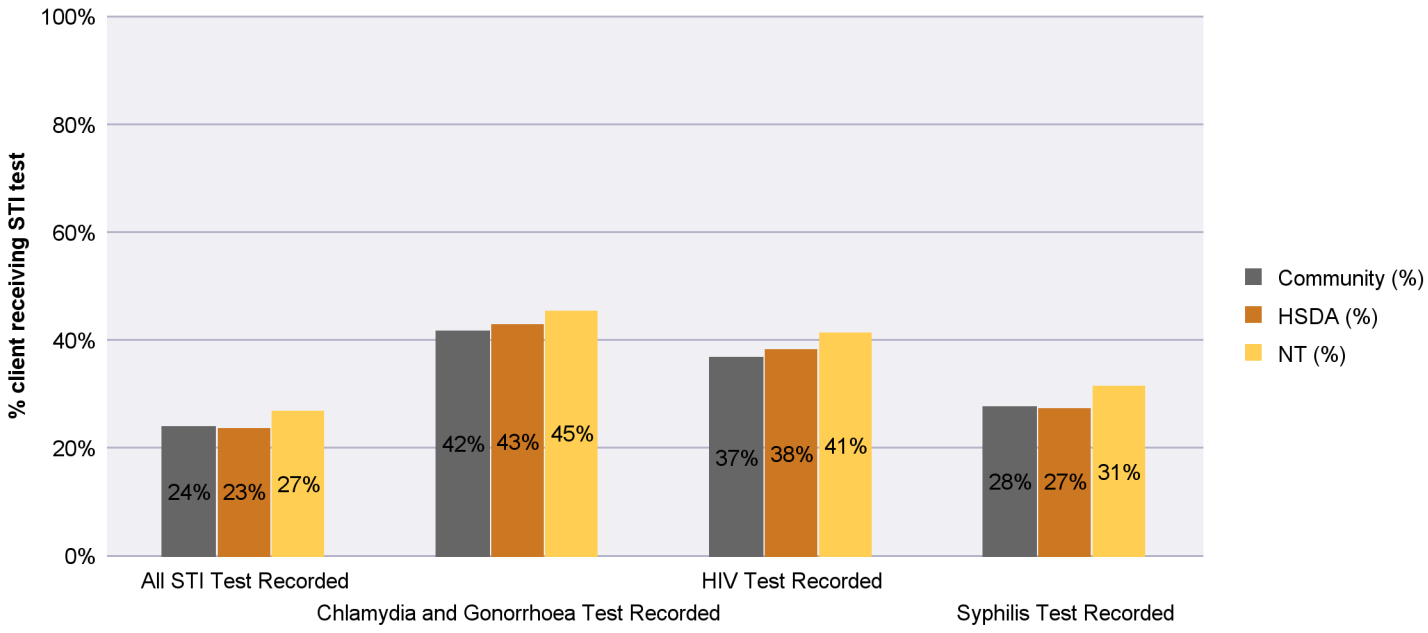
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.17 - STI test recorded

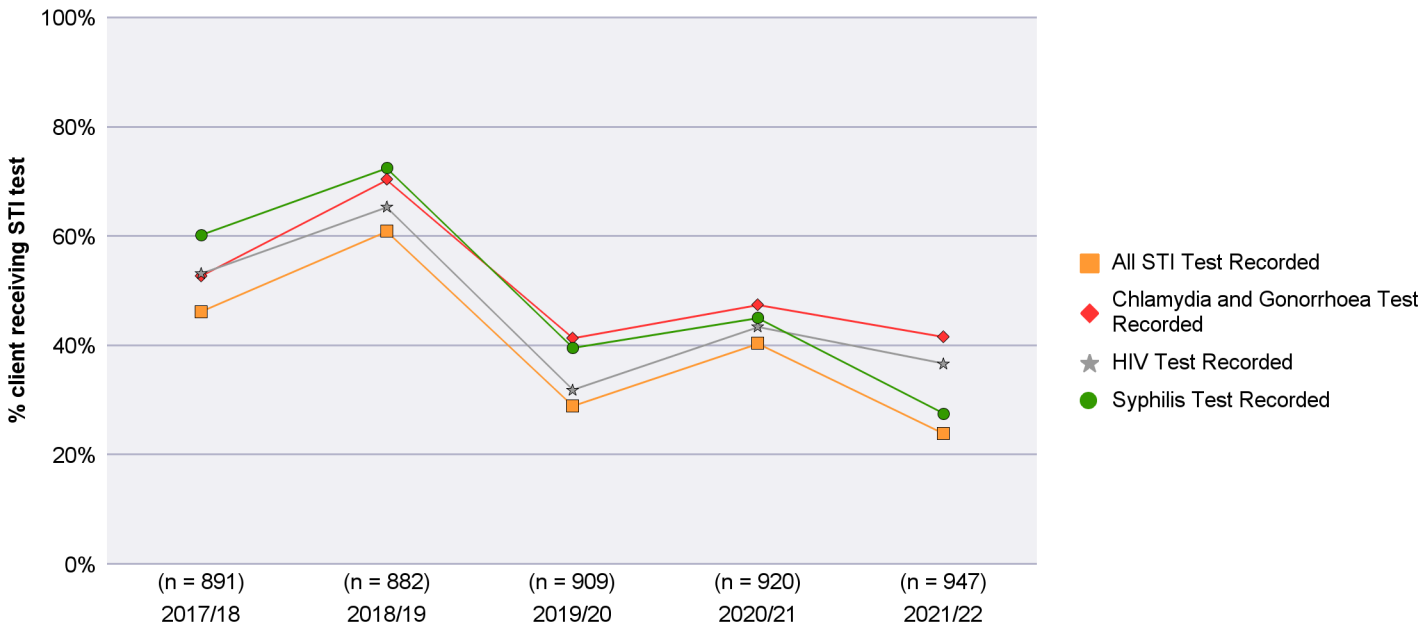
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.17a Proportion of resident clients aged between 15 and 35 who have been tested for HIV, Syphilis, Chlamydia and Gonorrhoea during the previous 1 year



n = Population (denominator) is the number of resident clients aged between 15 and 35.

Figure 1.17b Trend of resident clients aged between 15 and 35 who have been tested for HIV, Syphilis, Chlamydia and Gonorrhoea by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	891	882	909	920	**947**
All STI Test Recorded	46%	61%	29%	40%	**24%**
Chlamydia and Gonorrhoea Test Recorde	53%	70%	41%	48%	**42%**
HIV Test Recorded	53%	65%	32%	43%	**37%**
Syphilis Test Recorded	60%	73%	40%	45%	**28%**

n = Population (denominator) is the number of resident clients aged between 15 and 35

AHKPI 1.17 - STI test recorded

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.17 The number of resident clients, who are 15 years and over and less than 35 years old and who have been tested for HIV, Syphilis,Chlamydia and Gonorrhoea

Aboriginal Female clients	Age Group				Total
	15-19	20-24	25-29	30-34	
All STI Test Recorded	24	23	28	38	113
	16%	21%	22%	30%	22%
Chlamydia and Gonorrhoea Test Recorded	55	49	63	71	238
	38%	45%	49%	56%	47%
HIV Test Recorded	44	43	50	63	200
	30%	40%	39%	50%	39%
Syphilis Test Recorded	31	28	35	43	137
	21%	26%	27%	34%	27%
Number of Aboriginal Female clients	**146**	**108**	**128**	**127**	**509**

Aboriginal Male clients	Age Group				Total
	15-19	20-24	25-29	30-34	
All STI Test Recorded	35	28	23	27	113
	22%	29%	26%	29%	26%
Chlamydia and Gonorrhoea Test Recorded	48	37	39	32	156
	30%	39%	44%	35%	36%
HIV Test Recorded	44	35	34	35	148
	27%	36%	38%	38%	34%
Syphilis Test Recorded	37	32	25	30	124
	23%	33%	28%	33%	28%
Number of Aboriginal Male clients	**161**	**96**	**89**	**92**	**438**

Total ALL	Age Group				Total
	15-19	20-24	25-29	30-34	
All STI Test Recorded	59	51	51	65	226
	19%	25%	24%	30%	24%
Chlamydia and Gonorrhoea Test Recorded	103	86	102	103	394
	34%	42%	47%	47%	42%
HIV Test Recorded	88	78	84	98	348
	29%	38%	39%	45%	37%
Syphilis Test Recorded	68	60	60	73	261
	22%	29%	28%	33%	28%
Number of Aboriginal clients	**307**	**204**	**217**	**219**	**947**

AHKPI 1.18 - Cardiovascular risk assessment

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Cardiovascular disease (CVD) is the biggest cause of premature morbidity and mortality for Aboriginal peoples. The incidence of myocardial infarction for NT Indigenous peoples aged 20-34 is more than 10 times that for non-Indigenous NT residents. CVD risk calculation includes modifiable risk factors and age/sex of clients based on the Framingham equations. Holistic CVD risk appraisal is demonstrably superior to the assessment and management of individual risk factors within a high-risk population.

The calculator used is in the CARPA manual. The CARPA logarithm differs from the national guidelines in that there is a 5% loading for Aboriginality and CV risk calculation starts at age 20 whereas national guidelines recommend 35 for Aboriginal people. Clinical judgement is still important in all cases. Once people have been assessed as high risk, they should remain at high risk and not be re-evaluated because risk factors have been treated (e.g. by treatment with statins). This could lead to treatment being stopped because the patient is now medium risk. A patient may be clinically classified as high risk even though the calculator has classified them as medium risk for instance because of a strong family history of cardiovascular disease.

Known Data Quality Issues (provided by the system team)

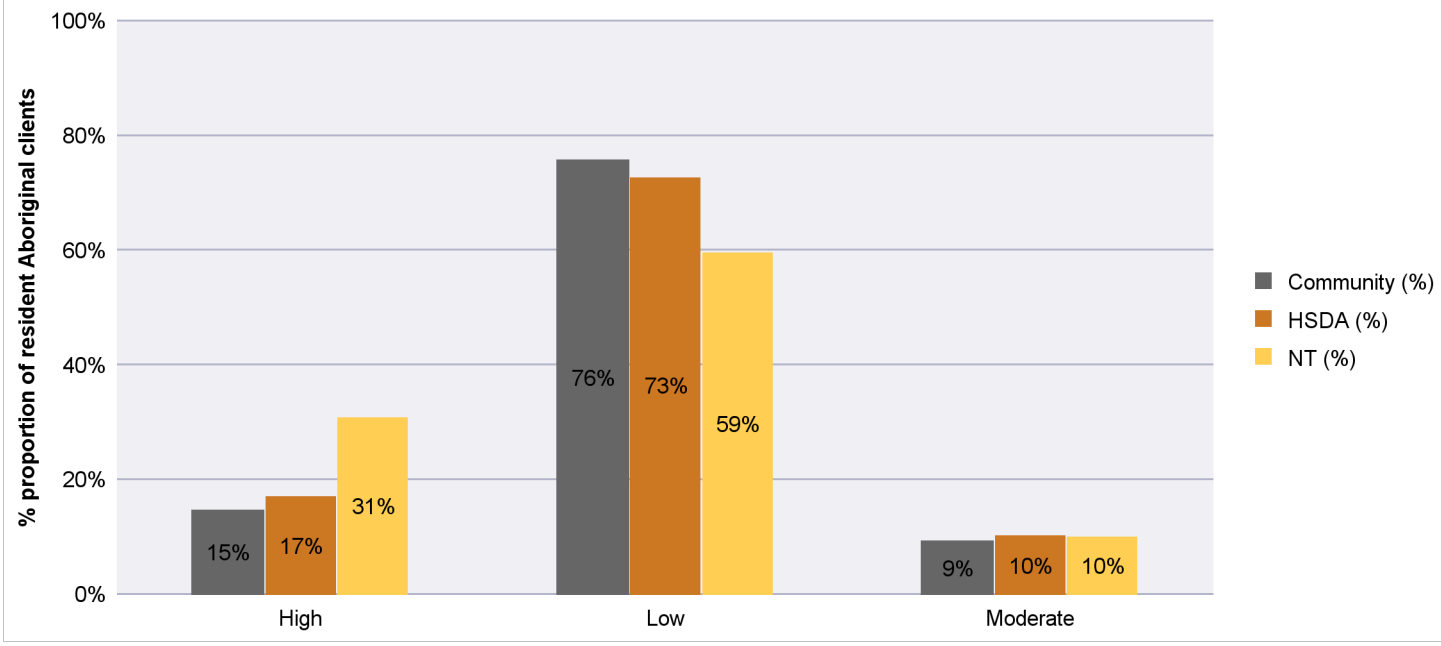
Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.18 - Cardiovascular risk assessment

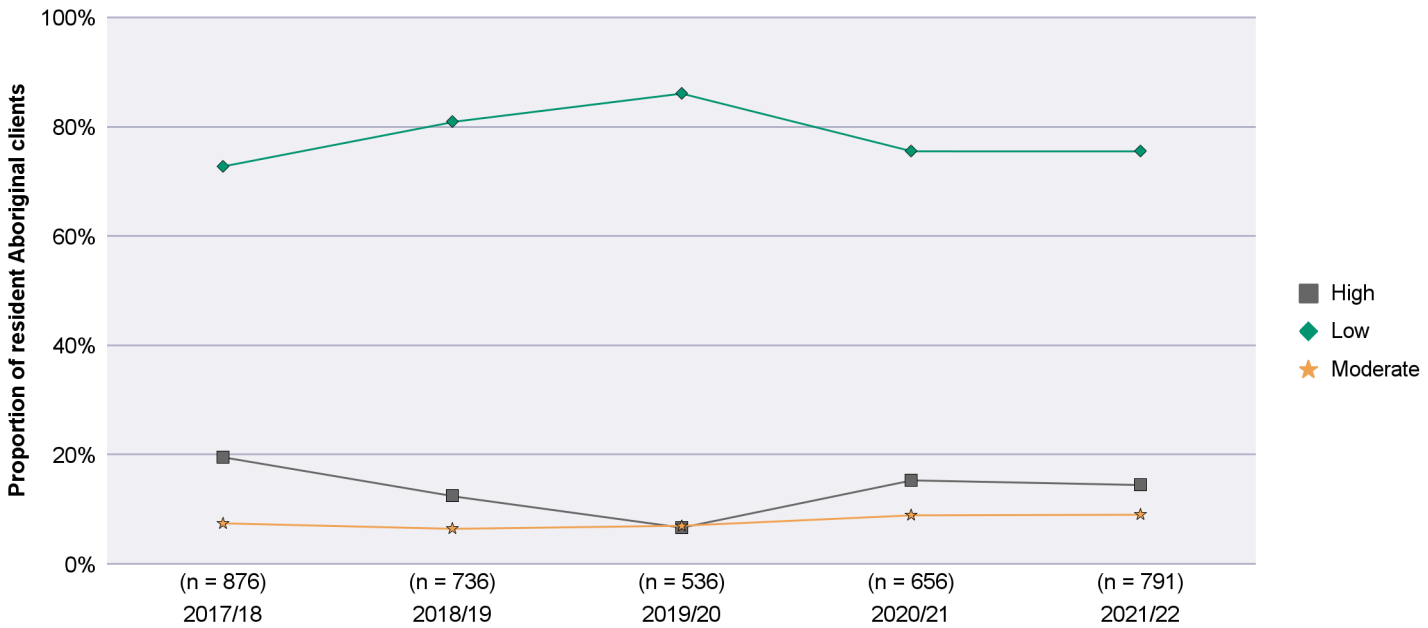
Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.18a Proportion of resident Indigenous clients, who are 20 years old and over, who have had a Cardiovascular Risk Assessment recorded during the previous 2 years



n = Population (denominator) is the number of Aboriginal clients aged 20 and over whose CVD status has been recorded

Figure 1.18b Trend of resident clients aged 20 years and who have have had a Cardiovascular Risk Assessment recorded by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	1,218	1,215	1,269	1,311	**1,364**
Coverage	876	736	536	656	**791**
CVD Assessment Recorded	72%	61%	42%	50%	**58%**
High	20%	13%	7%	15%	**15%**
Low	73%	81%	86%	76%	**76%**
Moderate	8%	7%	7%	9%	**9%**

n = Population (denominator) is the number of resident Aboriginal clients who are aged 20 years and over during the reporting period.
Coverage is the number of resident Aboriginal clients aged 20 and over whose CVD status has been recorded during the reporting period.

AHKPI 1.18 - Cardiovascular risk assessment

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.18 Number and proportion of Aboriginal residents aged 20 years and over who have had a cardiovascular risk assessment												
Aboriginal clients		**Age Group**								**Total (%)**	
		20-34		**35-54**		**55-74**		**75+**			
Female	**High**	8	4%	21	11%	23	58%	8	100%	60	14%
	Low	181	94%	152	82%	8	20%	0	0%	341	80%
	Moderate	1	1%	12	6%	9	23%	0	0%	22	5%
Total number of Aboriginal Female clients who have a CVD status recorded		**190**		**185**		**40**		**8**		**423**	
% of clients who have a CVD status recorded		**55%**		**64%**		**43%**		**73%**		**57%**	
Total number of Aboriginal Female clients who are 20 years and over		**352**		**289**		**92**		**11**		**744**	
Male	**High**	2	1%	17	10%	33	79%	3	100%	55	15%
	Low	144	94%	110	66%	3	7%	0	0%	257	70%
	Moderate	5	3%	39	23%	6	14%	0	0%	50	14%
Total number of Aboriginal Male clients who have a CVD status recorded		**151**		**166**		**42**		**3**		**362**	
% of clients who have a CVD status recorded		**55%**		**63%**		**59%**		**60%**		**59%**	
Total number of Aboriginal Male clients who are 20 years and over		**280**		**264**		**71**		**5**		**620**	
ALL clients		**Age Group**								**Total (%)**	
		20-34		**35-54**		**55-74**		**75+**			
High		10	3%	38	11%	56	68%	11	100%	115	15%
Low		325	94%	262	74%	11	13%	0	0%	598	76%
Moderate		6	2%	51	14%	15	18%	0	0%	72	9%
Total number of ALL Aboriginal clients who have a CVD status recorded		**341**		**351**		**82**		**11**		**785**	
% of clients who have a CVD status recorded		**55%**		**64%**		**50%**		**69%**		**58%**	
Total number of ALL Aboriginal clients who are 20 years and over		**632**		**553**		**163**		**16**		**1,364**	

AHKPI 1.19 - Retinal screening

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

Diabetic retinopathy is a major cause of blindness but is largely preventable with retinal screening and referral for laser treatment. However, only a minority of Aboriginal people are screened yearly as recommended.

Non-Aboriginal people with diabetes and no other risk factors should be screened two yearly but those at greater risk should have a yearly screen.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.19 - Retinal screening

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.19a Proportion of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded during the previous 1 year

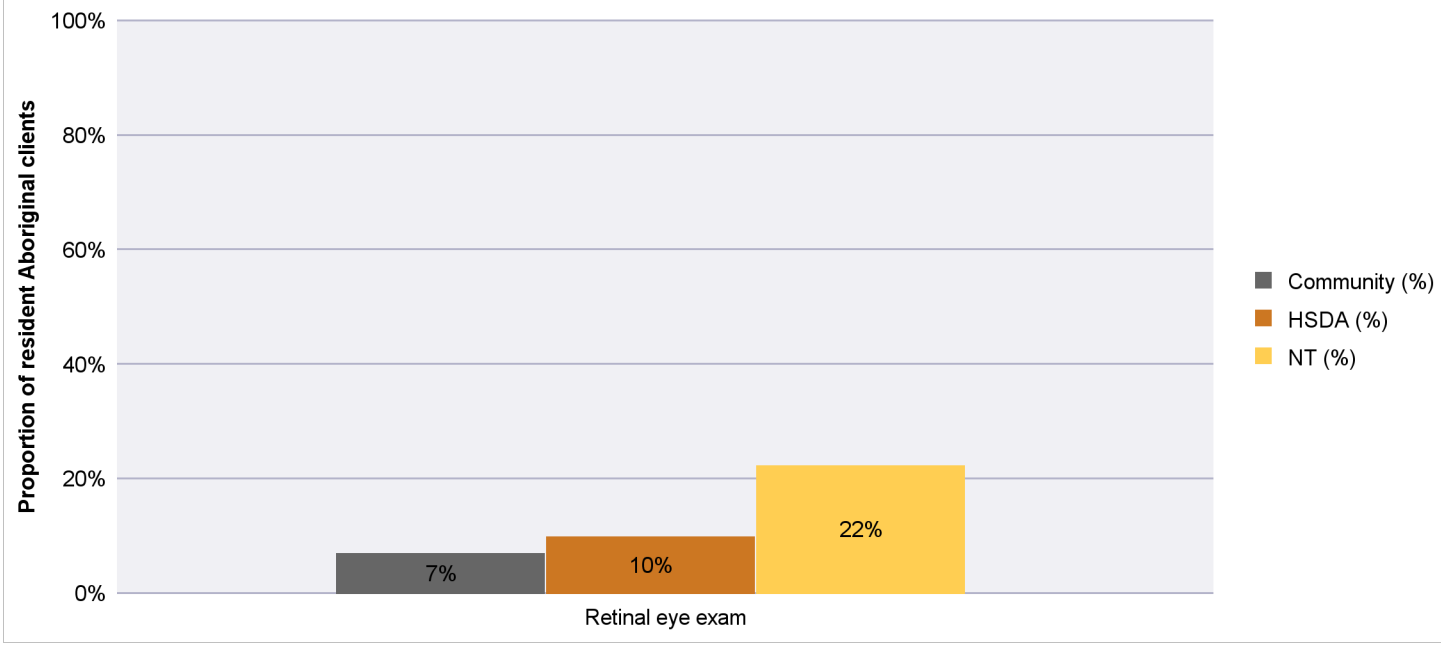
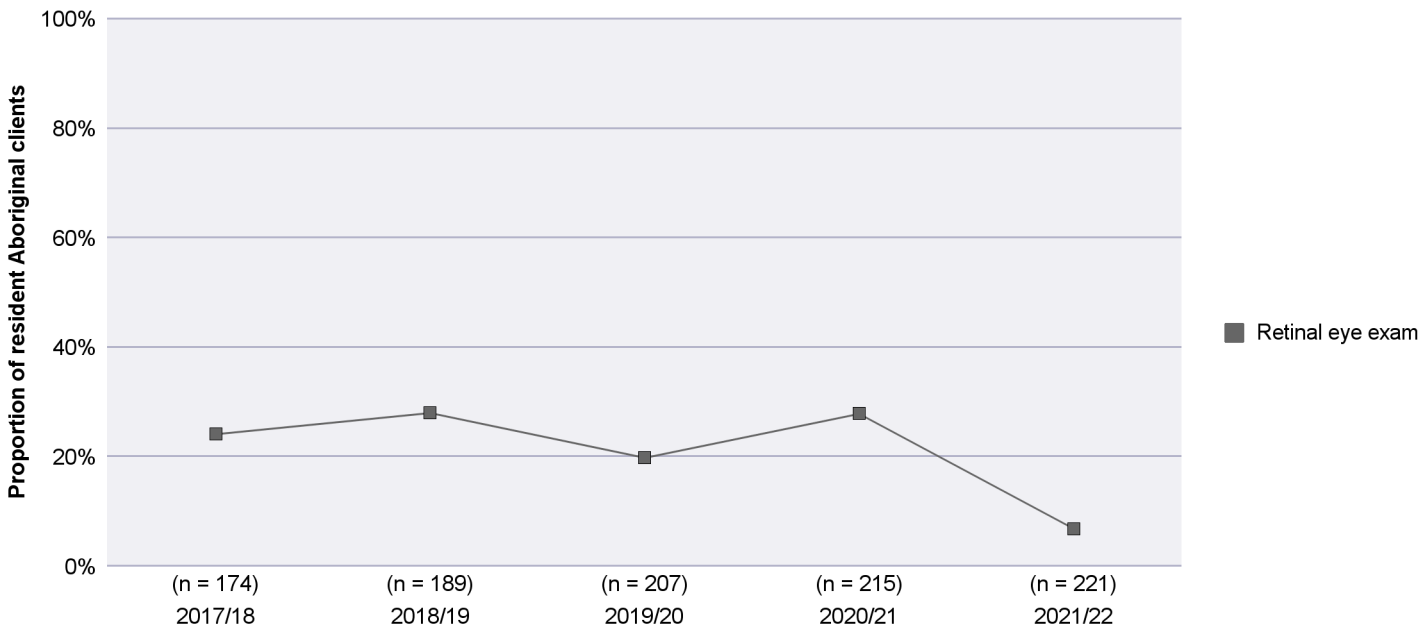


Figure 1.19b Trend of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	174	189	207	215	**221**
Retinal eye exam	24%	28%	20%	28%	**7%**

n = Population (denominator) is the total number of resident Aboriginal clients who have diabetes recorded during 1 year period.

AHKPI 1.19 - Retinal screening

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.19 Number and proportion of Aboriginal residents with diabetes who have had retinal screening							
Aboriginal clients		Age Group					Total (%)
		<15	15-24	25-44	45-64	65+	
Female	Clients who have had an Retinal eye exam in 1 years	0	0	4	3	2	9
	% of clients who have had an Retinal eye exam	0%	0%	9%	4%	8%	6%
	Clients with Diabetes	1	4	46	81	26	158
	Clients who have had an Retinal eye exam in 2 years	0	0	9	26	11	46
	% of clients who have had an Retinal eye exam	0%	0%	20%	32%	42%	29%
	Clients with Diabetes	1	4	46	81	26	158
Male	Clients who have had an Retinal eye exam in 1 years	0	0	0	5	1	6
	% of clients who have had an Retinal eye exam	0%	0%	0%	14%	13%	10%
	Clients with Diabetes	0	3	16	36	8	63
	Clients who have had an Retinal eye exam in 2 years	0	0	4	11	2	17
	% of clients who have had an Retinal eye exam	0%	0%	25%	31%	25%	27%
	Clients with Diabetes	0	3	16	36	8	63
Total number of Aboriginal clients who have had an Retinal eye exam in 1 years		**0**	**0**	**4**	**8**	**3**	**15**
% of Aboriginal clients who have had an Retinal eye exam		**0%**	**0%**	**6%**	**7%**	**9%**	**7%**
Total number of Aboriginal clients with Diabetes		**1**	**7**	**62**	**117**	**34**	**221**
ALL clients		Age Group					Total (%)
		<15	15-24	25-44	45-64	65+	
Total number of ALL clients who have had an Retinal eye exam in 1 years		**0**	**0**	**4**	**8**	**3**	**15**
% of ALL clients who have had an Retinal eye exam		**0%**	**0%**	**6%**	**7%**	**9%**	**7%**
Number of ALL clients with Diabetes		**1**	**7**	**64**	**121**	**35**	**228**

AHKPI 1.20 - Ear Disease in Children

Dummy Report - for period 01 July 2021 to 30 June 2022

Rationale

In Aboriginal children in the Northern Territory otitis media is highly prevalent (70%), commences very early in life and is more severe; leading to perforations of the ear drum and increasing the risk for Chronic Suppurative Otitis Media: persistent discharging ears. Otitis media symptoms are rarely recognised by families and health professionals and prevention, early detection and management is best supported through routine ear examinations linked to other well baby checks and immunisations. Complex and chronic otitis media needs to be tightly case managed as treatment or surgical interventions are required at critical times.

Unlike nerve deafness or sensorineural hearing loss, conductive hearing loss is a fluctuating loss of hearing. Where speech sound different day to day depending on the disease state. It leads to reduction in sound volume and also sound quality. This impacts on the auditory experience or access to speech and sound and the development of neural pathways for auditory skills and processing. Hearing loss affects language, communication, relationships, emotional health, behaviour, education, employment and increases risk of contact with the criminal justice system. The impact of a hearing loss is greatest during the early years.

The degree and impact of hearing loss associated with otitis media varies according to the severity and frequency of episodes, but research suggests that three or more episodes before the age of three years may seriously affect auditory and language development. Ultimately, this affects a child's ability to learn to communicate and read and write, and contributes to poor educational outcomes.

Known Data Quality Issues (provided by the system team)

Key Comments (provided by the health service management)

No comment provided by Health Centre Management for this KPI

AHKPI 1.20 - Ear Disease in Children

Dummy Report - for period 01 July 2021 to 30 June 2022

Figure 1.20 a Proportion of resident Aboriginal children aged between 3 months to less than 6 years at the time of ear discharge test, who have had an ear exam test recorded during the previous 1 year

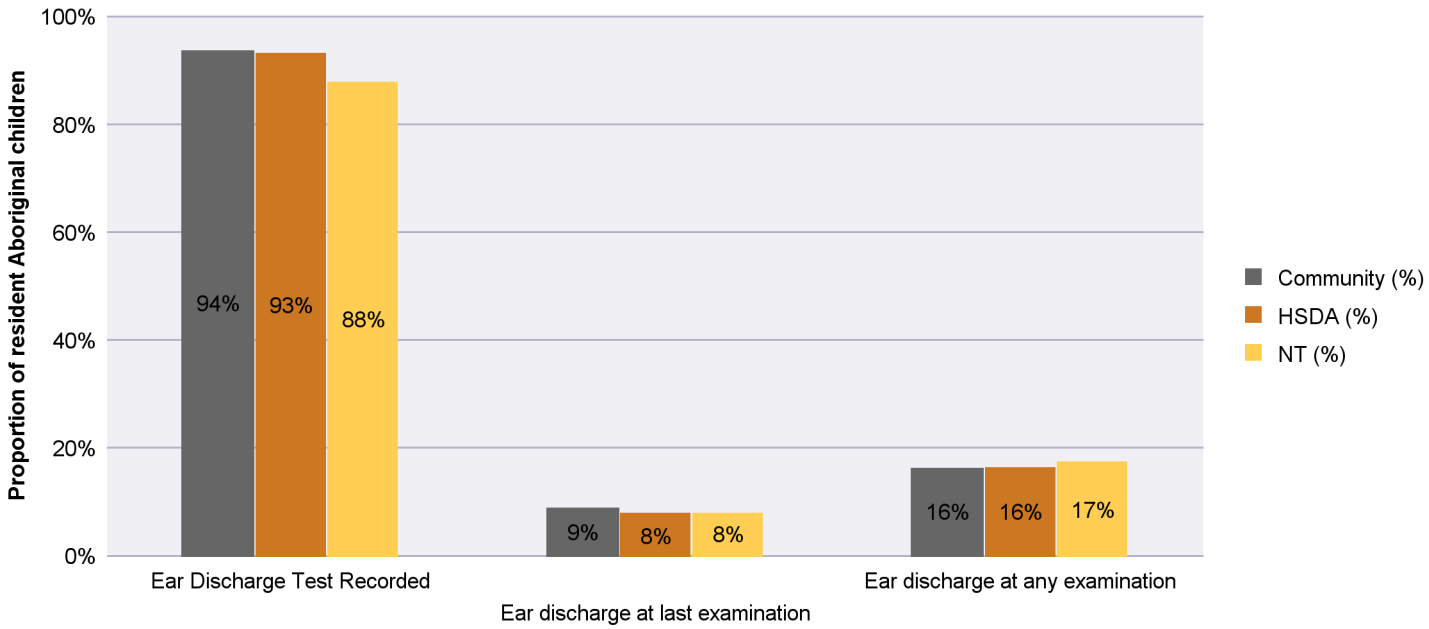
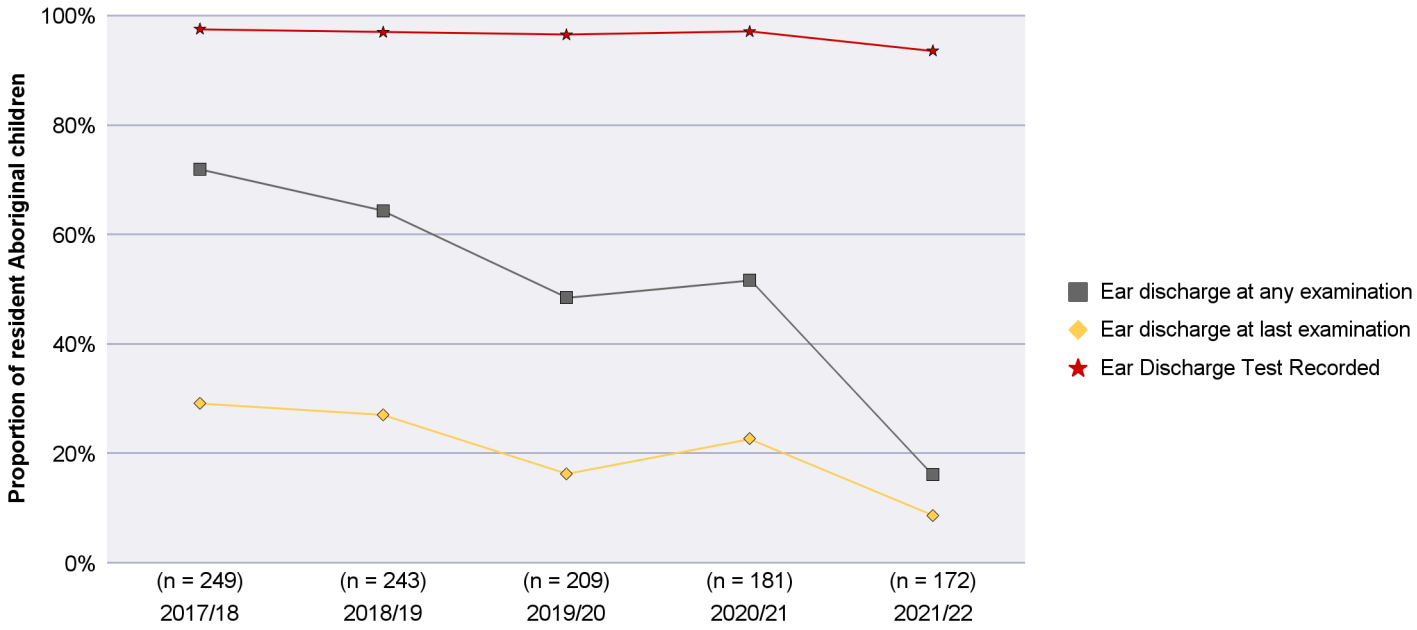


Figure 1.20 b Trend of resident Aboriginal children aged between 3 months to less than 6 years at the time of ear discharge test, who have had an ear exam test recorded by reporting year



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	249	243	209	181	**172**
Ear discharge at any examination	72%	64%	49%	52%	**16%**
Ear discharge at last examination	29%	27%	16%	23%	**9%**
Ear Discharge Test Recorded	98%	97%	97%	97%	**94%**

n = Population (denominator) is the total number of resident Aboriginal children during reporting period.

Note: NTG PCIS clinics please be advised that an enhancement on the parameters used to identify a suppurating ear for KPI 1.20 Ear Disease in Children was implemented in this reporting round CY2021.

AHKPI 1.20 - Ear Disease in Children

Dummy Report - for period 01 July 2021 to 30 June 2022

AHKPI 1.20 Number and proportion Aboriginal resident children who are greater than or equal to 3 months to less than 6 years of age at the end of reporting period and who have had ear examination (otoscopy)

Aboriginal Female children	Age Group (months)				Total
	3-5	6-11	12-35	36-71	
Ear discharge at any examination	0 0%	0 0%	2 9%	9 18%	11 14%
Ear discharge at last examination	0 0%	0 0%	2 9%	6 12%	8 10%
Ear Discharge Test Recorded	4 100%	4 100%	23 100%	50 94%	81 96%
Number of Aboriginal Female children	**4**	**4**	**23**	**53**	**84**

Aboriginal Male children	Age Group (months)				Total
	3-5	6-11	12-35	36-71	
Ear discharge at any examination	0 0%	0 0%	8 31%	7 16%	15 19%
Ear discharge at last examination	0 0%	0 0%	3 12%	3 7%	6 8%
Ear Discharge Test Recorded	2 100%	9 100%	26 96%	43 86%	80 91%
Number of Aboriginal Male children	**2**	**9**	**27**	**50**	**88**

Total All Children	Age Group (months)				Total
	3-5	6-11	12-35	36-71	
Ear discharge at any examination	0 0%	0 0%	10 20%	16 17%	26 16%
Ear discharge at last examination	0 0%	0 0%	5 10%	9 10%	14 9%
Ear Discharge Test Recorded	6 100%	13 100%	49 98%	93 90%	161 94%
Number of Aboriginal children	**6**	**13**	**50**	**103**	**172**