

# Data Reference Manual for Communicare

Based on version 22.1



JANUARY 2023

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

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

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

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

### Support Contacts

### Communicare

JIRA Job-Logging system: jira.telstrahealth.com/servicedesk/customer/portal/ E: support@communicare.telstrahealth.com Helpline: 1800 798 441

### **PEN CAT4**

pencs.com.au/support/ E: support@pencs.com.au Helpline: 1800 762 993

NACCHO affiliate link: naccho.org.au/naccho-affiliates

### **PHN Directory by state/territory**

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



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## n KPI: PI**01** Birthweight recorded

### **Description:**

Proportion of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birth weight was recorded.

Current %							
National Current	73.7%						
National Target	100%						

New Directions

**Service Responsibility** 

- Nurses/AWA
- GPs

### **Improvement Strategies**

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

### Action

- Birth weights are obtained from the infant's record.
- All births in last 12 months are considered whether infant was a regular client or not.
- The infant must have at least one recorded visit to the health service.
- Only live births.

### **Numerator**

• Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight was recorded.

### Denominator

• Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once.

### **Data Entry Field**

- **1.** Report > National KPI > PI**01** Birth Weight Recorded
- 2. Report > National KPI > PIO1 Birth Weight Recorded Patients

3.75 Kg
ru

ents taken at birth. Record this information i d in kilograms (kg). Ensure the date is chan
Aboriginal Health Service) 05/05/2021 10:54:45 AM

Date of Birth	05/05/2021		•
Height	50	cm	1
Weight	3.75	kg	

## n KPI: PIO2 Birthweight result (Low, normal or high)

### **Description:**

Proportion of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once and whose birth weight result was:

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

Current %						
National Current %	13.2%					
National Target %	n/a					

- **Primary Responsibility**
- New Directions
- Nurses/AWA
- GPs

### **Improvement Strategies**

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

### Action

- Birth weights are obtained from the infant's record.
- All births in the last 12 months are considered, whether the infant was a regular client or not.
- The infant must have at least one recorded visit to the health service.
- Exclude babies with unknown birthweight

### **Numerator**

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

### Denominator

• Number of Indigenous babies born in the 12 months up to the census date who attended the organisation more than once whose birthweight was recorded.

### **Data Entry Field**

- 1. Report > National KPI > PI01 Birth Weight Categories
- 2. Report > National KPI > PIO1 Birth Weight Categories Patients

### Disaggregation

• Birthweight result: Low, normal, high

## Indigenous Health Assessment completed

### **Description:**

Proportion of Indigenous regular clients with a current completed Indigenous health assessment, consisting of:

 Proportion of Indigenous regular clients aged 0–14 with an Indigenous health assessment (In-person MBS items: 715, 228; Telehealth MBS items: 92004, 92016, 92011, 92023) completed in the 12 months up to the census date.

### AND

 Proportion of Indigenous regular clients aged 15 and over with an Indigenous health assessment (In-person MBS items: 715, 228; or Telehealth MBS items: 92004, 92016, 92011, 92023) completed in the 24 months up to the census date.

Current %						
National	0–4yrs 37%					
Current %	+25yrs 52%					
National	0-4yrs 39%					
Target %	25yrs &63+ 74%					

### **Primary Responsibility**

### • Clinic staff

### **Improvement Strategies**

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

### Action

• A patient is deemed to have received an MBS Health Assessment if a service has the MBS item selected for claiming, regardless of whether it has been submitted or paid.

### Numerator

- Calculation A: Ages 0-14: Number of Indigenous regular clients who had an Indigenous health assessment completed in the 12 months up to the census date
- Calculation B: Ages 15 and over: Number of Indigenous regular clients who had an Indigenous health assessment completed in the 24 months up to the census date.

### Denominator

• Number of Indigenous regular clients

### **Data Entry Field**

- 1. Report > National KPI > PI03 Health Checks
- 2. Report > National KPI > PIO3 Health Checks Patients

- **Age:** 0–4 years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- Gender: Male and Female
- **Type of health Assessment:** In-person MBS- rebated Indigenous health assessment, telehealth MBS- rebated Indigenous health assessment.

## **HbA1c recorded** (Type 2 Diabetes patients)

### **Description:**

Proportion of regular clients with Type 2 diabetes and who have had an HbA1c measurement result recorded. Proportion of Indigenous regular clients who have either:

- Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous **6 months**
- Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 12 months

Current %		
National Current %	6 mths 52%	
National Target %	6 mths 69%	

### **Primary Responsibility**

- New Directions
- Nurses/AWA
- GPs

### **Improvement Strategies**

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

### Action

• Only Type 2 diabetes is considered.

### Numerator

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

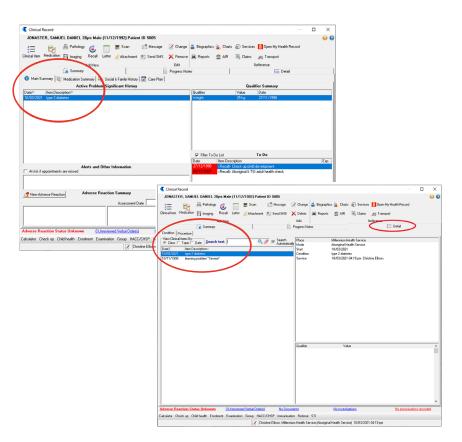
### Denominator

• Number of Indigenous regular patients with Type 2 diabetes.

### **Data Entry Field**

- 1. Report > National KPI > PI05 Diabetes HbA1c Tests
- 2. Report > National KPI > PIO5 Diabetes HbA1c Tests Patients

- Age: 0-4 years, 5-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 years and older
- Gender: Male and Female
- Duration: 6 months and 12 months



### HbA1c results (Type 2 Diabetes patients)

### **Description:**

Proportion of Indigenous regular clients with Type 2 diabetes whose HbA1c measurement result was within a specified level.

Number of Indigenous regular clients who have Type 2 diabetes and who have had an HbA1c measurement result recorded within the previous 6 or 12 months.

### Current %

National Current %

(6 mths ≤7%) 39%

### **Primary Responsibility**

- Nurses
- AHW
- GPs
- Chronic care coordinator

### **Improvement Strategies**

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

### Action

- Only Type 2 diabetes is considered
- Only the most recent HbA1c measurement result for each time period is considered.

### **Numerator**

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

### Denominator

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

### **Data Entry Field**

- 1. Report > National KPI > PIO6 Diabetes HbA1c Results 6 Months
- 2. Report > National KPI > PIO6 Diabetes HbA1c Results 12 Months
- 3. Report > National KPI > PIO6 Diabetes HbA1c Results Patients

- Age: 0-4 years, 5-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 years and older
- Gender: Male and Female
- Duration: 6 months and 12 months
- HbA1c measurement result

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Performed date	10/03/2021	•		
Actual duration (minutes)				
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lbA1c (%)	5.9	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(No previous values )	
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If the patient is diabetic there should be a diagnosis/condition listed in their Clinical Record, Main Summary, in the 'Active Problem/Significant History' panel, and/or under the 'Details' tab, viewing by 'Class' and on the 'Condition' tab.

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# n KPI: PIO7

## **Chronic Disease Management Plan prepared**

### **Description:**

Proportion of Indigenous regular clients with a chronic disease (Type 2 diabetes) for whom a chronic disease management plan (IN-person MBS items: 721, 229; Telehealth MBS items: 92024, 92068, 92055or 92099).

Proportion of Indigenous regular clients who have Type 2 diabetes and who have received a GP Management Plan (MBS Item 721) within the previous 24 months up to the census date.

### Current %

National Current % 56%

### **Primary Responsibility**

- GPs
- AHW
- Nurses

### **Improvement Strategies**

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

### Action

• A patient is deemed to have received a GP Management Plan if a service has the MBS item checked for claiming, regardless of whether it has been submitted or paid..

### Numerator

• Number of Indigenous regular clients with type 2 diabetes for whom an included chronic disease management plan was prepared in the 24 months up to the census date.

### Denominator

• Number of Indigenous regular clients' patients with Type 2 diabetes.

### **Data Entry Field**

- 1. Report > National KPI > PIO7 Diabetes GP Management Plan
- 2. Report > National KPI > PI07 Diabetes GP Management Plan Patients

- Age: 0-4 years, 5-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 years and older
- Gender: Male and Female
- Type of chronic disease management plan

## **Smoking status recorded**

83%

### **Description:**

Proportion of Indigenous regular clients aged 11 and over whose smoking status was recorded in the 24 months up to the census date.

#### **Current %**

National Current %

### **Primary Responsibility**

- IHPs
- Nurses

### **Improvement Strategies**

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

### Action

Patients must have had a qualifier recorded with a system code of SMO or SMP to be included. Central qualifiers are Smoking status and smoking during pregnancy.

### Numerator

• Number of Indigenous regular clients aged 11 and over who had their smoking status recorded in the 24 months up to the census date.

### **Denominator**

• Regular, Indigenous patients aged 11 years and over.

### **Data Entry Field**

- 1. Report > National KPI > PI09 Smoking Status
- 2. Report > National KPI > PIO9 Smoking Status Patients

- Age: 11–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65 years and older
- Gender: Male and Female

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## **Smoking status result**

### **Description**:

Proportion of Indigenous regular clients aged 11 and over whose smoking status was recorded in the 24 months up to the census date was:

- Current smoker
- Ex-smoker
- Never smoked

#### **Current %**

National Current %	52%
National Target %	40%

### **Primary Responsibility**

- Clinic staff
- New Directions

### **Improvement Strategies**

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

### Action

- Patients must have had a qualifier recorded with a system code of SMO or SMP to be included. Central qualifiers are Smoking status and smoking during pregnancy
- For 'current smoker' add together 'daily smoker', 'weekly smoker' and 'irregular smoker'.

### Numerator

• Number of Indigenous regular clients aged 11 and over who had a specified smoking status result in the 24 months up to the census date.

### Denominator

• Number of Indigenous regular clients aged 11 and over who had their smoking status recorded in the 24 months up to the census date.

### **Data Entry Field**

- 1. Report > National KPI > PI10 Smoking Status
- 2. Report > National KPI > PI10 Smoking Status Patients

- Age: 11-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 years and older
- Gender: Male and Female
- Smoking status results

## Smoking during pregnancy

### **Description:**

Proportion of female Indigenous regular clients who gave birth in the 12 months up to the census date whose smoking status result during pregnancy was:

- Current smoker
- Ex-smoker
- Never smoked

### Current %

National Current %	50%
National Target %	37%

### **Primary Responsibility**

- New Directions
- Nurse/AWA
- GPs

### **Improvement Strategies**

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

### Action

- Patients must have had a qualifier recorded with a system code of SMO or SMP to be included. Central qualifiers are Smoking status and smoking during pregnancy
- Include only the most recent smoking status recorded prior to the completion of the latest pregnancy. Where an Indigenous regular client's tobacco smoking status does not have an assessment date assigned in the CIS, smoking status should not be counted.

### Numerator

• Number of female Indigenous regular clients who gave birth in the 12 months up to the census date who had a specified smoking status result recorded during pregnancy.

### **Denominator**

Number of female Indigenous regular clients who gave birth in the 12 months up to the census date who had their smoking status recorded during pregnancy.

### **Data Entry Field**

- 1. Report > National KPI > PI11 Smoking in Pregnancy
- 2. Report > National KPI > PI11 Smoking in Pregnancy Patients

- Age: Less than 20 years, 20-34 years, 35 and over
- Gender: Male and Female
- Smoking status results

## Body Mass Index (BMI) (overweight or obese)

### **Description:**

Proportion of Indigenous regular clients aged 18 and over who had their Body Mass Index (BMI) classified as underweight, normal weight, overweight, obese, and not calculated in the 24 months up to the census date.

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

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

Current %				
National Current %	71%			
National Target %	n/a			

### **Primary Responsibility**

- AWA
- Nurses

### **Improvement Strategies**

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

Refer to Dietitian

### Action

- Only the most recent measurement result with a system code of BMI in the previous 24 months is considered.
- Only include clients with both height and weight recorded whose BMI was classified using a height measurement taken since the client turned 18 years old and a weight measurement taken within the previous 24 months. The 'not calculated' category includes clients with neither height nor weight recorded, as well as those with invalid height and/or weight recorded.

### Numerator

• Number of Indigenous regular clients aged 18 and over who had a specified BMI classification recorded in the last 24 months up to the census date.

### Denominator

Number of Indigenous regular clients aged 18 and over.

### **Data Entry Field**

- 1. Report > National KPI > PI12 Overweight
- 2. Report > National KPI > PI12 Overweight Patients

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

Weight	78	kg
Height	159	cm
Click in the BMI box to automatically calculate fro	m last recorded weight	and height.
BMI	<b> </b> 30.9	kg/m2

## First antenatal care visit

### **Description:**

Proportion of female Indigenous regular clients who gave birth in the 12 months up to the census date who:

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

Current %					
National Current %	42.2%				
National Target %	60%				

### **Primary Responsibility**

- IHPs
- Nurses/AHW
- New Directions

### **Improvement Strategies**

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

### Action

- Although the category of No result is included as part of the specifications, the additional category of (No known antenatal care) is specifically to report on patients where, in Communicare, the clinical item No known antenatal care has been recorded, and there is no prior or subsequent antenatal activity recorded.
- Percentages may not add up to 100%.
- Live births and stillbirths; if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.

### **Numerator**

 Number of female Indigenous regular clients who gave birth in the 12 months up to the census date and who had a specified gestational age recorded at their first antenatal care visit.

### Denominator

Number of female Indigenous regular clients who gave birth in the 12 months up to the census date.

### **Data Entry Field**

- 1. Report > National KPI > PI13 Antenatal Care
- 2. Report > National KPI > PI13 Antenatal Care Patients

### Disaggregation

- Age: Less than 20, 20-34, 35 and over
- Gender: Females only
- Gestational age group: Less than 11 weeks, 11-13 weeks, 14-19 weeks, and 20 weeks or later, no result recorded

Check up;antenatal Christine Ellison, Millennium Health Service	(Aboriginal Health Service) 07/04/2021 01	:51 pm		
Pregnancy details				
Date of LNMP		•	(11/07/2007 25/06/2007)	L
Estimated delivery (by ultrasound)	08/04/2021	•	( No previous values )	
Estimated delivery (by date)	08/04/2021	-	(11/07/2007 31/03/2008)	L
[If weeks and days are known then enter o 4 enter 31.6.]	lays as a decimal: 0.1 for one day, 0.3 for tw	o days, 0.4 for three day	rs, 0.6 for four days, 0.7 for five days and 0.9 for six days. For ea	ample, for 31/40 +
Gestation	39 weeks		(12/06/2008 40 weeks)	

13

## Influenza immunisation (aged 6 months and over)

### **Description:**

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

n/a

#### Current %

National Current %

### **Primary Responsibility**

- Clinic Staff
- Nurses
- GPs
- IHPs

### **Improvement Strategies**

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

### Action

- All immunisations are to be entered into the file even if they were not administered at this clinic (just note as 'not given here')
- Do not include Indigenous regular clients in the numerator if they have not been vaccinated, regardless of the reason.

### Numerator

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

### Denominator

• Number of Indigenous regular clients aged 6 months and over.

### **Data Entry Field**

- 1. Report > National KPI > PI14 Influenza Immunisations
- 2. Report > National KPI > PI14 Influenza Immunisations Patients

- Age: 6 months 4years, 5–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65 years and over
- Gender: Male and Female

Edit Clinical Item - BROWN, JANE SUSA	N 43yrs Current Patient Female					×
Immunisation;bioCSL F	luvax					
Always check annual seasonal in change from year to year.	fluenza vaccine availability sta	atements on the <u>In</u>	munisation Handbo	o <u>k website</u> . Vaccines ar	nd age eligibility	^ ~
Christine Ellison, Millennium Health Service (A	boriginal Health Service) 09/04/2021 1	10:42 am				
Comment			^		Display on Main Sym	imary 🗌
			~	Disp	olay on <u>O</u> bstetric Sum	mary
Performed date	09/04/2021	-				
Actual duration (minutes)						
Route and Site	Buttock IM, Left Side		•			
Dose (this course)	1st		<b>~</b>			
Dose number	1					
Performed at Millennium Health Service						
Vaccine batch	B×12345					
Vaccine expiry date	10/07/2021	•				
Viewing right: Common			🗐 <u>P</u> rint	& Save 🛛 🧹 Save	🗙 Cancel 🛛 🧯	<u>H</u> elp

## **Alcohol consumption recorded**

### **Description:**

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

### Current %

National Current %

65%

### **Primary Responsibility**

- Nurses/AHW
- GPs
- IHPs

### **Improvement Strategies**

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

### Action

- Patients must have had a qualifier with a system code of ALC or ALPrecorded to be included
- Central qualifiers are Alcohol Consumption Level and Alcohol Consumption During Pregnancy.
- Example clinical items include Checkup; Aboriginal & TSI adult, Checkup; antenatal
- Alternatively, in the AUDIT-C assessment (Checkup; alcohol; AUDIT-C), they may have at least the first two qualifiers recorded, or an AUDIT-C score or a full AUDIT score.

### Numerator

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

### Denominator

Number of Indigenous regular clients aged 15 and over.

### **Data Entry Field**

- 1. Report > National KPI > PI16 Alcohol Status
- 2. Report > National KPI > PI16 Alcohol Status Patients

- Age: 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, and 65 years and over
- Gender: Male and Female

hristine Ellison, Millennium Health Ser	vice (Aboriginal Health Service) 07/04/2021 02:17 pm	
Co <u>m</u> ment		^
Planned date	20/12/2000	•
Recall expiry date Re <u>s</u> ponsibility		 
Performed date Actual duration (minutes)	07/04/2021	•
Pre-check	patient Assessment of patient	
Gmoking status		•
Alcohol consumption level		
AUDIT-C offered	Ex-drinker Non-drinker	
Ask question "How often do you have	a drink conta Unsafe - needs intervention Within safe drinking limits	

## n KPI: PI 17 Audit-C result recorded

46%

### **Description:**

Proportion of Indigenous regular clients aged 15 and over who had an AUDIT-C with result recorded in the 24 months up to the census date of:

- greater than or equal to 4 in males and 3 in females; or
- less than 4 in males and 3 in females.

### Current %

National Current %

### **Primary Responsibility**

- Nurses/AHW
- GPs
- IHPs

### **Improvement Strategies**

- Alcohol patient education and resources
- Clinical staff updated on AUDIT-C assessment tool
- Alcohol status to be updated at each visit

### Action

- Any numeric qualifier with an export code of AUDITC is considered an AUDIT-C result. For example, in Check up; alcohol; AUDIT-C, the three Alcohol audit interview questions must have a value and the Alcohol AUDIT-C total must be calculated. These four qualifiers can be added to any clinical item to augment data collection.
- Do not include results from any other alcohol use screening tool.

### **Numerator**

• Number of Indigenous regular clients aged 15 and over who had a specified AUDIT-C score in the 24 months up to the census date.

### Denominator

• Number of Indigenous regular clients aged 15 and over who had an AUDIT-C result recorded.

### **Data Entry Field**

- 1. Report > National KPI > PI17 AUDIT-C
- 2. Report > National KPI > PI17 AUDIT-C Patients

- Age: 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, and 65 years and over
- Gender: Male and Female
- AUDIT-C result

Add Clinical Item - BROWN, MARTI	N EVAN 55yrs Current Patient Male		- 🗆 🗙
Check up;alcohol;AU	DIT-C		
	I am going to ask you some questions about your use y using local examples of beer, wine, vodka, etc. lick to view and/or print):	of alcoholic beverages during the pas	t year". Explain what is
Christine Ellison, Millennium Health Service	(Aboriginal Health Service) 29/03/2021 02:59 pm		
Comment	ľ	~	Display on Main S <u>u</u> mmary
Performed date	29/03/2021		
Actual duration (minutes)			
Ask question "How often do you have a d	ink containing alcohol?"		
Alcohol audit interview Q1		<ul> <li>(No previous values)</li> </ul>	
Ask guestion "How many drinks containing	alcohol do you have on a typical day when you are drinking?"		
Alcohol audit interview Q2		<ul> <li>(No previous values)</li> </ul>	
Ask question "How often do you have six	or more drinks on one occasion?"		
Alcohol audit interview Q3		<ul> <li>(No previous values)</li> </ul>	
In women, a score of 3 or more is consider However, when all the points are from Que patient's alcohol intake over the past few r	stion 1 alone (2 and 3 are zero), it can be assumed that the patient		uggested that the provider review the
Alcohol AUDIT-C total	score	(No previous values)	
	Calculate Alcohol AUDIT-C total		
iewing right: Psychological		🚊 Print & Save 🖌 🖌	Save 🗙 Cancel 🕜 <u>H</u> elp

### Kidney function test recorded (Type 2 Diabetes or CVD)

### **Description:**

Proportion of Indigenous regular clients aged 18 and over with type 2 diabetes and/ or cardiovascular disease (CVD) who had a kidney function test recorded in the 12 months up to the census date, consisting of:

- only an estimated glomerular filtration rate (eGFR); or
- only an albumin/creatinine ratio (ACR); or
- both an eGFR and an ACR; or
- only an ACR test result recorded
- neither an eGFR nor an ACR test result recorded.

### Current %

National Current %

Type 2 62% CVD 59%

### **Primary Responsibility**

- Nurses
- GPs
- IHPs

### **Improvement Strategies**

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

### Action

- ACR results are identified as belonging to a qualifier with the system code of ACR and eGFR results are identified as belonging to a qualifier with the system code of GFE. Both laboratory and manually entered results are included.
- Do include results from all relevant pathology tests.
- In the 'type 2 diabetes and/or CVD' category, count clients with either or both conditions once only. For example, count a client with both type 2 diabetes and CVD once, not twice.

### **Numerator**

• Number of Indigenous regular clients with type 2 diabetes or with CVD or type 2 diabetes and/or CVD who had a specified kidney function test result recorded in the 12 months up to the census date.

### Denominator

Number of Indigenous regular clients with type 2 diabetes, CVD, type 2 diabetes and/or CVD.

### **Data Entry Field**

- 1. Report > National KPI > PI18 Kidney Function
- 2. Report > National KPI > PI18 Kidney Function Patients

### Disaggregation

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

assessment is complete.	original and Torres Strait Islander people's	s health assessment should be claimed when this hea	alth û
Christine Ellison, Millennium Health Sen	rice (Aboriginal Health Service) 07/04/2021 02:17 pm		
Comment		Display on Main Display on Qbstetric	
Planned date	20/12/2000		
Recall expiry date			
Regponsibility		<b>•</b>	
Performed date	07/04/2021		
Actual duration (minutes)			
Pre-check A Examination of the contraction of the AER (Alb/Creat Ratio)	Assessment of patient I mg/mmol n.and Plasma Creating without differentiation	(No previous values )	
	m and Plasma Creatinine without differentiation.	(No previous values )	
Creatinine			
Creatinine eGFR (Estimated GFR)	mL/min/1.73m2	(No previous values )	
eGFR (Estimated GFR)	mL/min/1.73m2 salculate from last recorded weight, height and creatinine.	(No previous values )	
eGFR (Estimated GFR)		(No previous values ) (No previous values )	
eGFR (Estimated GFR) Click in the GFR box to automatically of	calculate from last recorded weight, height and creatinine.		

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17

## Kidney function test result (Type 2 Diabetes or CVD)

### **Description**:

Proportion of Indigenous regular clients with Type 2 diabetes and/or cardiovascular disease (CVD) who had both an estimated glomerular filtration rate (eGFR) and albumin/creatinine ratio (ACR) result recorded in the 12 months up to the census date, categorised as normal/low/ moderate/high risk.

**KIDNEY FUNCTION TEST RISK RESULTS CATEGORIES** 

- Normal risk—eGFR ≥60 mL/min/1.73m<sup>2</sup> a
- ACR <3.5 mg/mmol (females)
- ACR <2.5 mg/mmol (males).</li>
- Low risk—eGFR ≥45 mL/min/1.73m<sup>2</sup> and <60 mL/min/1.73m<sup>2</sup> and either:
  - ACR <3.5 mg/mmol (females)</li>
  - ACR <2.5 mg/mmol (males);</li>
  - **OR** eGFR ≥60 mL/min/1.73m<sup>2</sup> and either:
  - ACR ≥3.5 mg/mmol & ≤35 mg/mmol (females
  - ACR ≥2.5 )mg/mmol & ≤25 mg/mmol (males).
- Moderate risk—eGFR ≥45 mL/min/1.73m<sup>2</sup> and <60 mL/min/1.73m<sup>2</sup> and either:
- ACR ≥3.5 mg/mmol & ≤35 mg/mmol (females)
- ACR ≥2.5 mg/mmol & ≤25 mg/mmol (males);

OR eGFR ≥30 mL/min/1.73m<sup>2</sup> and

- <45 mL/min/1.73m2 and either:
- ACR <35 mg/mmol (females
- ACR <25 mg/mmol (males).
- **High risk**—eGFR ≥30 mL/min/1.73m<sup>2</sup> and either:
  - ACR >35ml/mmol (females)
  - ACR >25mg/mmol (males);

**OR** eGFR less than 30 mL/min/1.73m<sup>2</sup> anda any ACR result for both females and males.

### **Current %** Kidney test, eGFR ≥60 ml/min/1.73 m<sup>2</sup>

National Current % Type 2 82%, CVD 76%

### **Primary Responsibility**

• GPs • Nurses • IHPs

### **Improvement Strategies**

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

### Action

- Count is of people, not tests.
- Clients must have both a valid eGFR AND a valid ACR test result recorded to be categorized as normal/low/moderate/high risk.
- Consider only the most recent eGFR and ACR tests. This means that if a client has had several tests, include only the results from the most recent tests.
- Results from all relevant pathology tests.

### **Numerator**

Number of Indigenous regular clients with type
 2 diabetes or with CVD or type 2 diabetes and/or
 CVD who had a specified kidney function test result
 recorded in the 12 months up to the census date.

### Denominator

• Number of Indigenous regular clients with type 2 diabetes, CVD, type 2 diabetes and/or CVD.

### **Data Entry Field**

- 1. Report > National KPI > PI18 Kidney Function Results
- Report > National KPI > PI18 Kidney Function Results Patients

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

## **CVD risk assessment factors**

### **Description:**

Proportion of Indigenous regular clients aged 35-74 with no known cardiovascular disease (CVD) who had all the necessary factors assessed in the 24 months up to the census date to enable CVD risk assessment. These risk factors are:

- Tobacco smoking
- Diabetes assessment
- Systolic blood pressure
- Total cholesterol and HDL cholesterol levels
- Age
- Sex

### Current %

National Current %

49%

### **Primary Responsibility**

- GPs
- Nurses
- IHPs

### **Improvement Strategies**

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

### Action

- Patients must have a sex and date of birth.
  - Patients must have the following recorded in the previous 24 months:smoking status (reference qualifier with system code of SMO or SMP).
  - systolic blood pressure (numeric qualifier with system code of BPS).
  - either total cholesterol and HDL (numeric qualifiers with system
  - codes of CHO and HDL) or cholesterol/HDL level (numeric qualifier with system code of CHR)
- Do not include Indigenous regular clients with CVD.

### Numerator

• Number of Indigenous regular clients aged 35-74 without known CVD who had all the necessary factors assessed in the 24 months up to the census date to enable CVD risk assessment.

### Denominator

• Number of Indigenous regular clients aged 35-74 without know CVD.

### **Data Entry Field**

- 1. Report > National KPI > PI20 CVD Risk Factors
- 2. Report > National KPI > PI20 CVD Risk Factors Patients

Idd Clinical Item - BROWN, JANE SUSAN 43						×						
V Risk Calculator (CARF		in antipat in the next former. Of	to the Martanda	. Carllananda	Dist: Audit	0						
This clinical item assesses the absolute (CARPA STM)' button to see if you have button to see the result. Double-click I	e sufficient data to make the	he calculation, then click the 'Cal	culate Cardio	vascular Risk: 5 Y	ear (CARPA STM)							
nistine Ellison, Milennium Health Service (Aborg	ginal Health Service) 03/04/202	1 10:42 am										
igment		~		Di	Display on Main Symm splay on <u>O</u> bstettic Summa							
erformed date	09/04/2021	-										
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adovacolar Risk: Audt (CARPA STM)	Calculate Cardiovasc	odar Risk: Audr (CARPA STM)	[No previous valu	es )								
adiovascular Risk: 5 Year (CARPA STM)		-	(No mevious valu	es)								
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19

## **CVD risk assessment result**

### **Description:**

Proportion of Indigenous regular clients aged 35-74 with no known cardiovascular disease (CVD) who had an absolute CVD risk assessment recorded in the 24 months up to the census date as:

- high (greater than 15% chance of a cardiovascular event in the next 5 years)
- moderate (10%–15% chance of a cardiovascular event in the next 5 years)
- low (less than 10% chance of a cardiovascular event in the next 5 years).



### **Primary Responsibility**

- GPs
- Nurses
- AWH

### **Improvement Strategies**

- Screening updated
- Clinical staff training
- External education

### Action

- Do not include Indigenous regular clients with CVD.
- Only the most recently recorded result from an absolute CVD risk assessment. This means that if a client has had several assessments, include only the results from the most recent assessment.
- Patients must have a record of their cardiovascular risk (high, moderate, or low) recorded within the previous 24 months. For the purpose of this report the cardiovascular risk needs to be recorded as a reference type qualifier or a numeric type of qualifier with appropriate export or system codes:
  - For CARPA STM guidelines, either of the following:
    - Reference type qualifier with an export code of CVR-R05C and dropdown references with system codes of H, M or L (for high, moderate, or low)
    - Numeric type qualifier with units of % and an export code of CVR-N05C
  - For Framingham calculations either of the following:
    - Reference type qualifier with an export code of CVR-R05F and dropdown references with system codes of H, M or L (for high, moderate, or low)
    - Numeric type qualifier with units of % and an export code of CVR-N05F

### Numerator

• Number of Indigenous regular clients aged 35 to 74 who had a specified absolute CCVD risk assessment recorded in the 24 months up to the census date.

### Denominator

• Number of Indigenous regular clients aged 35-74 without known CVD who had an absolute CVD risk assessment result recorded.

### **Data Entry Field**

- 1. Report > National KPI > PI21 CVD Risk
- 2. Report > National KPI > PI21 CVD Risk Patients

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

## n KPI: PI22 Cervical screening

### **Description:**

Proportion of female Indigenous regular clients aged 25-74 who have not had a hysterectomy and who had a cervical screening human papillomavirus (HPV) test within the 5 years up to the census date where the test occurred on or after 1 December 2017.

Proportion of female Indigenous regular clients aged 25–74, who have not had a hysterectomy and who have had a cervical screening (human papillomavirus (HPV)) test within the previous 5 years.



### **Primary Responsibility**

- Nurses/AHW
- GPs
- New Directions

### **Improvement Strategies**

- Women wellness clinic
- Screening updated
- Staff nKPI education

### Action

- A cervical screening result is any incoming electronic pathology result identified as being a cervical screening where its laboratory description contains CST, HPV, LBC, CERVICAL SCREEN, GYNAECOLOGICAL CYTOLOGY or NCSP.
- A cervical screening request is a pathology request which has a keyword of CST, HPV, or LBC.
- A cervical screening clinical item is a completed item of any class with the export code of CST, HPV or LBC.
- A cervical screening qualifier is any qualifier which is a Yes/No qualifier with the export code of CST, HPV or LBC where the response recorded was Yes.
- Do not include Indigenous regular clients whose last screening was more than 5 years ago or before 1 December 2017.

### Numerator

Number of female Indigenous regular clients aged 25–74, who have not had a hysterectomy and who have had a cervical screening (human papillomavirus (HPV)) test within the previous 5 years where the test occurred on or after 1 December 2017.

### Denominator

• Number of female Indigenous, regular client aged between 25 – 74 who have not had a hysterectomy.

### **Data Entry Field**

- 1. Report > National KPI > PI22 Cervical Screening
- 2. Report > National KPI > PI22 Cervical Screening

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

Test;cervical screen	ing			
Click here for details: http://www	w.cancerscreening.gov.au/internet/scre-	ning/publishing.nsf/C	ontent/cenical-screening-	1 or call 13 15 56
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the age of 30 years AND who are unscre	s to have a clinician collected cervical screening eened OR overdue by more than 2 years. If a se hen encourage nest screening as a CST.)	test (CST). If a CST is dev I collected LVS returns a p	fined, a self-collected lower vag sositive result, a speculum exam	inal swab may be performed for women over for collection of cervical sample for liquid base
HPV test type			(No previous values )	
Note that abnormal bleeding may indicat	te a need for a HPV + LBC co-test - please see g	uidelines.		
Any abnomal vaginal bleeding?	[		(No previous values )	
Tests (CSP) (Select one of the following options: Add Laboratory performs HPV test and select This button will correspt a pathology re	d relevant information to clinical notes in the path IBC (subtractic, LBC if positive HPV test) quant preventiering are test that has the keywoor memoriese administratio.)	alogy request to ensure co		ms, previous history and treatment[]
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### Blood pressure recorded (Type 2 Diabetes)

### **Description:**

Proportion of Indigenous regular clients with Type 2 diabetes who had a blood pressure measurement result recorded in the 6 months up to the census date.

Proportion of regular clients who are Indigenous, have Type 2 diabetes and who have had a blood pressure measurement result recorded at the primary health care service within the previous 6 months.

Current %					
National Current %	66.2%				
National Target %	70%				

### **Primary Responsibility**

- GPs
- Nurses
- AHW

### **Improvement Strategies**

- Screening updated
- Equipment regularly calibrated
- calibrate
- Staff nKPI education

### Action

- Only Type 2 diabetes is considered (any ICPC code of T90). Type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance is not included. For more information, see System codes.
- Any qualifier with a system code of BPS or BPD is considered a systolic or diastolic blood pressure measurement.

### **Numerator**

• Number of Indigenous regular clients with Type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date

### Denominator

• Number of Indigenous regular clients with Type 2 diabetes.

### **Data Entry Field**

- 1. Report > National KPI > PI23 Diabetes BP Tests
- 2. Report > National KPI > PI23 Diabetes BP Tests Patients

- Age: 0-4 years, 5-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 years and older
- Gender: Male and Female

Add Clinical Item - BROWN, GRETA	A BERTHA 46yrs Current Patient Female		- 🗆	×
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### Blood pressure result (Type 2 Diabetes)

### **Description:**

Proportion of Indigenous regular clients with Type 2 diabetes whose blood pressure measurement result, recorded in the 6 months up to the census date, was less than or equal to 140/90 mmHg.

### Current %

National Current % 41.3%

### **Primary Responsibility**

- GPs
- Nurses
- AHW

### **Improvement Strategies**

- DACC updated at each visit
- Screening updated
- Staff nKPI education

### Action

- Only Type 2 diabetes is considered (any ICPC code of T90). Type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose, impaired glucose tolerance is not included. For more information, see System codes.
- The patient does not have a blood pressure measurement of less than or equal to 140/90 mmHg if either the systolic or diastolic reading is above the threshold (140 and 90 respectively).
- Only the most recent blood pressure measurement result in previous 6 months is considered.

### **Numerator**

• Number of Indigenous regular clients with type 2 diabetes who had a recorded blood pressure of 140/90 mmHg or less in the 6 months up to the census date.

### Denominator

 Number of Indigenous regular clients with type 2 diabetes who had their blood pressure measurement result recorded in the 6 months up to the census date.

### **Data Entry Field**

- 1. Report > National KPI > PI24 Diabetes BP Results
- 2. Report > National KPI > PI24 Diabetes BP Results Patients

### Disaggregation

- Age: 0-4 years, 5-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65 years and older
- Gender: Male and Female

n KVI Data Reference Manual for Communicare

## **Sexually transmissible infections**

### **Description:**

Proportion of Indigenous regular clients aged 15-34 who were tested for one or more sexually transmissible infections (STIs) (Clamydia and/or gonorrhoea) within the previous 12 months.

### Current %

National Current %

n/a

### **Primary Responsibility**

- GPs
- Nurses
- AHW

### Evidence for the National current %

National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care: results to June 2018, An overview of nKPI results to June 2018 – Australian Institute of Health and Welfare (aihw.gov.au)

### Action

- Consider only tests where the result is recorded in the Clinical Information System (CIS). Do not include tests that have been requested but a result has not been recorded.
- Ensure that your data are from the correct time period, as specified in the indicator description.
- Count is of people, not tests.
- Consider only the most recent test.

### Numerator

• Number of Indigenous regular clients who were tested for chlamydia and/or gonorrhoea within the previous 12 months.

### Denominator

• Number of Indigenous regular clients.

### **Data Entry Field**

- 1. Report > National KPI > PI25 STI Results
- 2. Report > National KPI > PI25 STI Results Patients

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

## NKPT PENCAT EXTRACTIONS for auditing and improvement cycles

### PI**01** & PI**02**

- Report Tab
- Maternal Health Care, baby birth weight, patient record tab
- Set the filter as follows:
  - Ethnicity tab—select Indigenous
  - Date Range (results): select results <=12months
  - Recalculate

### PI**03**

- MBS Tab, Count
- Set the filter as follows:
  - Ethnicity tab select Indigenous

### For 0–4 Age

- Select Active (3 x in 2yrs)
- General Tab, End Age = 4
- Date Range (results): select results <=12months
- Recalculate

### For 25 and Above Age

- General tab, start age = 25, select Active (3 x 2yrs)
- Date range (results): select results <=24months
- Recalculate

### PI05 & PI06

- Report Tab
- Pathology, HbA1c Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, select Active (3x in 2yrs)
  - Conditions tab, select Diabetes Type II ticked

### 6 months

- Date range (results): select results <=6months
- Recalculate
- 12 months
  - Run the report again to select results <=12months
  - Recalculate

### PI**07**

- Report Tab
- MBS Items, select the 721 segment
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, select Active (3x in 2yrs)
  - Conditions tab, select Diabetes Type II ticked

### 24 months

- Date Range (results): select results <=24mths
- Recalculate

### 12 months

- Run the report again to select results <=12mths
- Recalculate

### PI**09** & PI**10**

- Report Tab
- Smoking Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
- General tab, start age 15, select Active (3x in 2yrs)
- Recalculate

### PI**11**

- Report Tab
- Smoking Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, start age 15, select Active (3x in 2yrs)
  - Conditions tab, select other, select pregnant yes
  - Recalculate

### PI**12**

- Report Tab
- Measures, BMI
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, start age 25, select Active (3x in 2yrs)
  - Date Range (results): select results <=24mths
  - Recalculate

### PI**13**

- Report Tab
- Maternal Health Care, antenatal visits, size in weeks at first visit tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Gender Female, select Active (3x in 2yrs)
  - Recalculate

### PI**14**

- Report Tab
- Immunisations Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Start age = 6 months, select Active (3x in 2vrs)
  - Recalculate

## NKPT PENCAT EXTRACTIONS for auditing and improvement cycles

### PI16 & PI17

- Report Tab
- Alcohol Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Start age = 15, select Active (3x in 2yrs)
  - Date Range (Results) tab, select <=24mths
  - Recalculate

### PI18 & PI19

- Report Tab
- Pathology tab, eGFR, ACR, Microalbumin tabs
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Start age = 15, select Active (3x in 2yrs)
    Conditions tab, Diabetes Type II and Cardiovascular
  - Disease (CVD) tickedDate Range (Results) tab, select <=24mths</li>
  - Recalculate

### PI**20**

- Report Tab
- CV Event Risk
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, start age 35, End age = 74, select Active (3x in 2yrs)
  - Conditions tab, Cardiovascular Disease "No" ticked
  - Date Range (Results) tab, select <=24mths
  - o Recalculate

### PI**21**

- Report Tab
- CV Event Risk
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, start age 35, End age = 74, select Active (3x in 2yrs)
  - Conditions tab, Cardiovascular Disease "No" ticked
  - Date Range (Results) tab, select <=24mths
  - Recalculate
  - General tab, Start age = 20, End Age = 69
  - Gender Female, select Active (3x in 2yrs)
  - Conditions tab, select other, select pregnant yes
  - Recalculate

### PI**22**

- Report Tab
- Screening, Pap Smear tab
- Pap smear done date
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Start age = 25, End age = 74
  - Gender Female, Select Active (3x in 2yrs)
  - Recalculate

### PI**23**

- Report Tab
- Measures, BP Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Select Active (3x in 2yrs)
  - Conditions tab, Diabetes type II selected
  - Date Range (Results) tab, select <=6mths
  - Recalculate

### PI**24**

- Report Tab
- Measures, BP Tab
- Set the filter as follows:
  - Ethnicity tab, select Indigenous
  - General tab, Select Active (3x in 2yrs)
  - Conditions tab, Diabetes type II selected
  - Date Range (Results) tab, select <=6mths
  - Recalculate









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