



MedicalDirector®

# nKPI Technical Documentation

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# Introduction

This purpose of this document is to guide you through the process of accurately recording data points during a clinical consult to ensure effective nKPI reports can be created.

## Frequent Definitions

### Aboriginal Patient Definition

A client who is recorded in the clinical software identifying as Aboriginal or Torres Strait Islander.

**Patient Details**

Pt. Details | Allergies/Adverse Reactions/Warnings | Family/Social Hx | Notes | Smoking | Alcohol | Personal Details

Title: Mrs  Single Name  Head of Family: Mrs Jennifer Andrews (48yrs 10mths)

First Name: Jennifer Medicare No: 3500 26512 1  2

Middle Name: Medicare Expiry:

Surname: ANDREWS Pension No:

Known as: Jennifer DVA No:

Date of Birth: 20/04/1970 Gender: Female  Transgender Safety Net No:

Record No:

ATSI: Aboriginal  IHI No:

Ethnicity: Aboriginal  IHI Record Status:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Neither Aboriginal nor Torres Strait Islander

Contact Details: Residential  Postal  Preferred Mailing Address  Residential  Postal

This patient has withdrawn consent to upload clinical documents to MyHealthRecord (except for prescription records and investigation requests)

Address: 2 Kennedy Road

City/Suburb: Bundaberg Postcode: 4670

Default phone number to be displayed:  Home  Work  Mobile

Phone:

E-mail: andrews.jennifer@hcn.samplesdb.com.au

Preferred Contact: Letter  Do not send SMS

Update address for all family members  Auto-capitalise names

### Regular Patient Definition

A client who has 3 or more visits within the previous 2 years recorded in the clinical software. Note: this does not include Deceased and Inactive patients.

# PI01 – Birthweight Recorded

## Description

Proportion of Indigenous babies born within the previous 12 months who attended the organisation more than once whose birthweight has been recorded at your primary health care service.

- The baby is considered Indigenous if one or both parents identify as Indigenous.
- This patient does not need to be recorded as 'Regular'.
- If a patient record exists, it will be considered as a live birth.
- Does not include deceased patient records.

## Business Rules

- Birthweight is defined as the first weight of a baby obtained after birth.
- Only live births are included.
- Results arising from measurements conducted outside of the service, that are known by the service, are included in the calculation of this indicator.
- Where a baby does not have a separate client record, and the mother's record is used as a source of birth details, the baby is considered Indigenous if the mother is Indigenous.

## Numerator

- Number of Indigenous babies born within the previous 12 months who have had more than one visit and whose birthweight has been recorded at the primary health care service.

## Denominator

The total number of patient records including:

- Total number of Indigenous babies born within the previous 12 months who have had more than one visit and had a medical record at the primary health care service.

## Records Excluded

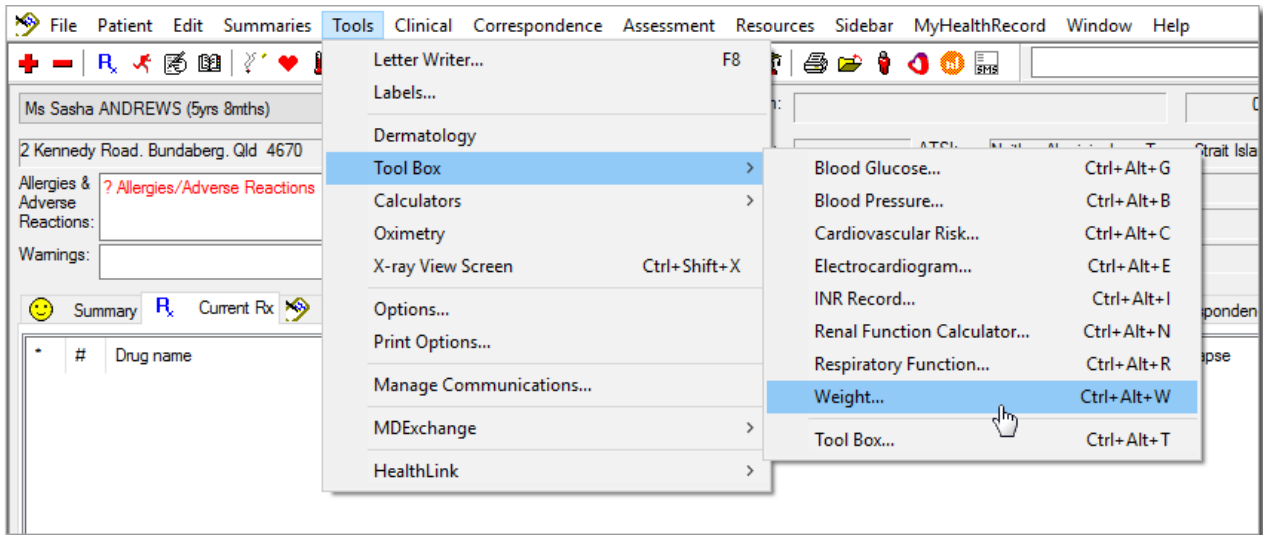
- Stillborn babies.
- Babies without a medical record of their own at your organisation, even if their information is recorded in their mother's record.

## Notes

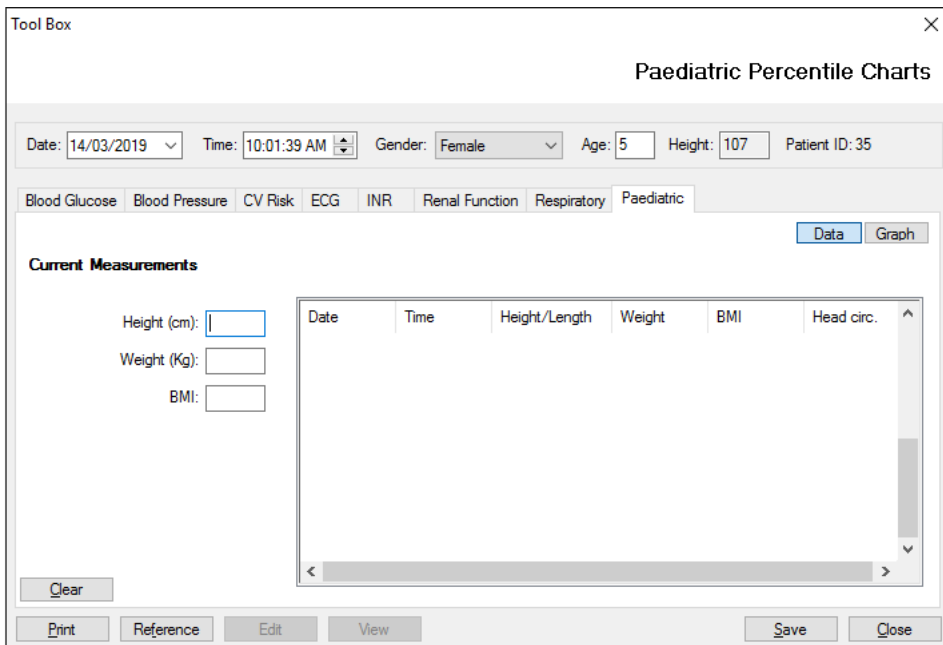
- The birthweight is to be taken from the baby's client record where available.
- Where a baby does not have a separate client record, the mother's record may be used as a source of birth details. (Note that this is a deviation from the METeOR definition).
- The date of the weight recorded must match the babies' date of birth. (The date of the recorded weight can be modified in the top left of the window as indicated below in the example).

## Example – Enter A Birth Weight for A Patient

1. Open a patient's record.
2. Select on Tools > Tool Box > Weight



3. Paediatric percentile charts will be displayed as below.



4. Enter a value for weight.
  - Note that the date/time fields will autofill to **today's** date and time. Modify this to the patient's date of birth.
5. Click **Save**.

## PI02 – Birthweight Result

### Description

Proportion of Indigenous babies born within the previous 12 months, who attended the organisation more than once whose birthweight results were categorised as one of the following:

Category	Birth Weights
Low	Less than 2,500 grams
Normal	Between 2,500 grams to less than 4,500 grams
High	Equal to or greater than 4,500 grams

### Business Rules

- 'Birth weight' is defined as the lowest weight measurement recorded since patient's DOB.
- This patient does not need to be recorded as 'Regular'.
- Only live births are included.
- Results arising from measurements conducted outside of the service, that are known by the service, are included in the calculation of this indicator.
- Where a baby does not have a separate client record, and the mother's record is used as a source of birth details, the baby is considered Indigenous if the mother is Indigenous.

### Calculation 1: Babies Born with A Low Birthweight

#### Numerator

The number of babies born within the previous 12 months, who have had more than one visit and whose birthweight results were categorised as low.

#### Denominator

Number of indigenous babies with a birthweight recorded and meet the below criteria:

- Only live births as defined in [PI01](#).
- The number of babies born within the previous 12 months, who have had more than one visit and whose birthweight has been recorded. Include all babies with a file, regardless of whether they are regular patients.

## Calculation 2: Babies Born with A Normal Birthweight

### Numerator

The number of babies born within the previous 12 months, who have had more than one visit and whose birthweight results were categorised as normal.

### Denominator

Number of indigenous babies with a birthweight recorded and meet the below criteria:

- Only live births as defined in [PI01..](#)
- The number of babies born within the previous 12 months, who have had more than one visit and whose birthweight has been recorded. Include all babies with a file, regardless of whether they are regular patients.

## Calculation 3: Babies Born with A High Birthweight

### Numerator

The number of babies born within the previous 12 months, who have had more than one visit and whose birthweight results were categorised as high.

### Denominator

Number of indigenous babies with a birthweight recorded and meet the below criteria:

- Only live births as defined in [PI01](#)
- The number of babies born within the previous 12 months, who have had more than one visit and whose birthweight has been recorded. Include all babies with a file, regardless of whether they are regular patients.

### Records Excluded

- Multiple births (including twins). Babies born as part of multiple births are more likely to have a lower birthweight.
- Babies with unknown birthweight.
- Babies who were stillborn.
- Babies born before 20 weeks gestation.
- Babies with a birthweight recorded of less than 400 grams.
- Babies without a medical record of their own, even if their information is recorded in their mother's record.

## Notes

- The birthweight is to be taken from the baby's client record where available.
- Where a baby does not have a separate client record, the mother's record may be used as a source of birth details.

## Example - Enter A Birth Weight for A Patient

The birthweight for a patient can be entered following the method outlined in [PI01](#).

## Check

- Total number of Indigenous babies born with birthweight recorded = low birthweight + normal birthweight + high birthweight babies.

The Denominator is the same for 1, 2 and 3 above.

The Denominator is equal to or less than the Numerator in [PI01](#) (that is, you cannot have more birthweight results than number of babies with birthweights recorded).



# PI03 - MBS Health Assessment

## Description

Proportion of Indigenous regular clients who have a current completed Indigenous health assessment as indicated by an MBS-rebate Indigenous health assessment:

- In-person MBS-rebate items - MBS items: 715 or 228.
- Telehealth MBS-rebate items - MBS items: 92004, 92016, 92011 or 92023.

For ages 0–14: an Indigenous health assessment is counted if it was completed within the previous 12 months.  
For ages 15+: an Indigenous health assessment is counted if it was completed within the previous 24 months.

## Business Rules

- Patient must have had at least one MBS claim where the 'date lodged' falls in the previous 12 or 24 months.
- The claim is required to be transmitted to Medicare and the payment report requested and returned.

### Calculation 1: Indigenous regular clients for whom a Medicare Benefits Schedule Health Assessment for Aboriginal and Torres Strait Islander People (MBS Items 715, 228) was claimed

#### Numerator

Number of **[Disaggregation: Gender]** indigenous regular clients aged **[Disaggregation: Age]** who have a current completed in person MBS-rebate Indigenous health assessment (MBS items: 715 or 228).

Include in the Numerator **only** those patients whose MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS 715 or 228) was claimed by **your organisation**. See DOH (2018) for more information.

#### Denominator

Total number of **[Disaggregation: Gender]** Indigenous regular clients aged **[Disaggregation: Age]**.

### Calculation 2: Indigenous regular clients for whom a Medicare Benefits Schedule Health Assessment for Aboriginal and Torres Strait Islander People (MBS Items 92004, 92016, 92011, 92023) was claimed

#### Numerator

Number of **[Disaggregation: Gender]** indigenous regular clients aged **[Disaggregation: Age]** who have a current completed in-person MBS-rebate Indigenous health assessment (MBS items: 92004, 92016, 92011, 92023)

Include in the Numerator only those patients whose MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS 92004, 92016, 92011, or 92023) was claimed by your organisation. See DOH (2018) for more information.

## Denominator

Total number of **[Disaggregation: Gender]** Indigenous regular clients aged **[Disaggregation: Age]**

## Reporting by Age Group

	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

## Notes

A note in the submission comments if your organisation does not claim this MBS item but provides an equivalent level of care, such as a comprehensive health Check that cannot be claimed through the MBS.

For information on recording the visit and transmitting the claim to Medicare please refer to the following help files:

- [Recording a visit.](#)
- [Transmitting bulk claims to Medicare.](#)

## Check

For each age and gender group, you cannot have more patients for whom an MBS Item was claimed than there are regular patients.

When considering the '12 months up to census date' we have 2 dates:

- LastClaimed - which is shared by all claims of the same type used for those items asking for the Days since last claim.
- DateLodged - which is specific to individual claims used to find out when the claim is done.

Both dates are used in the extract.

## PI04 – Fully Immunised Children

### Description

Proportion of Indigenous children who are regular patients, aged:

- 12 months to less than 24 months.
- 24 months to less than 36 months.
- 60 months to less than 72 months.

and who are 'fully immunised'.

### Business Rules:

For a 12-month-old child to be considered 'fully Immunised' their record must show the following:

	Minimum Count	Antigens
		Each of the antigens have been immunised for times equal or larger than the minimum count. Not to sum up all in the same group
DTPa count	3	DIPHTHERIA, TETANUS, PERTUSSIS
Polio count	3	POLIO
HiB count	2	HIB
Hep B count	2	HEPB
MMR count	0	MEASLES, MUMPS, RUBELLA

For a 24-month-old child to be considered 'fully Immunised' their record must show the following:

	Minimum Count	Antigens
		Each of the antigens have been immunised for times equal or larger than the minimum count. Not to sum up all in the same group.
DTPa count	3	DIPHTHERIA, TETANUS, PERTUSSIS
Polio count	3	POLIO
HiB count	3	HIB
Hep B count	3	HEPB
MMR count	1	MEASLES, MUMPS, RUBELLA

For a 60-month-old child to be considered 'fully Immunised' their record must show the following:

	Minimum Count	Antigens
		Each of the antigens have been immunised for times equal or larger than the minimum count. Not to sum up all in the same group.
DTPa count	4	DIPHTHERIA, TETANUS, PERTUSSIS
Polio count	4	POLIO
MMR count	2	MEASLES, MUMPS, RUBELLA
HiB count	0	HIB
Hep B count	0	HEPB

### Calculation 1: 12 Months to Less Than 24 Months

#### Numerator

How many regular indigenous patients were fully immunised and aged from 12 months to less than 24 months.

#### Denominator

How many of your regular indigenous patients were aged 12 months to less than 24 months.

### Calculation 2: 24 Months to Less Than 36 Months

#### Numerator

How many regular indigenous patients were fully immunised and aged from 24 months to less than 36 months.

#### Denominator

How many of your regular indigenous patients were aged 24 months to less than 36 months.

### Calculation 3: 60 Months to Less Than 72 Months

#### Numerator

How many patients were fully immunised and aged 60 months to less than 72 months.

#### Denominator

How many of your regular indigenous patients were aged 60 months to less than 72 months.

#### Notes

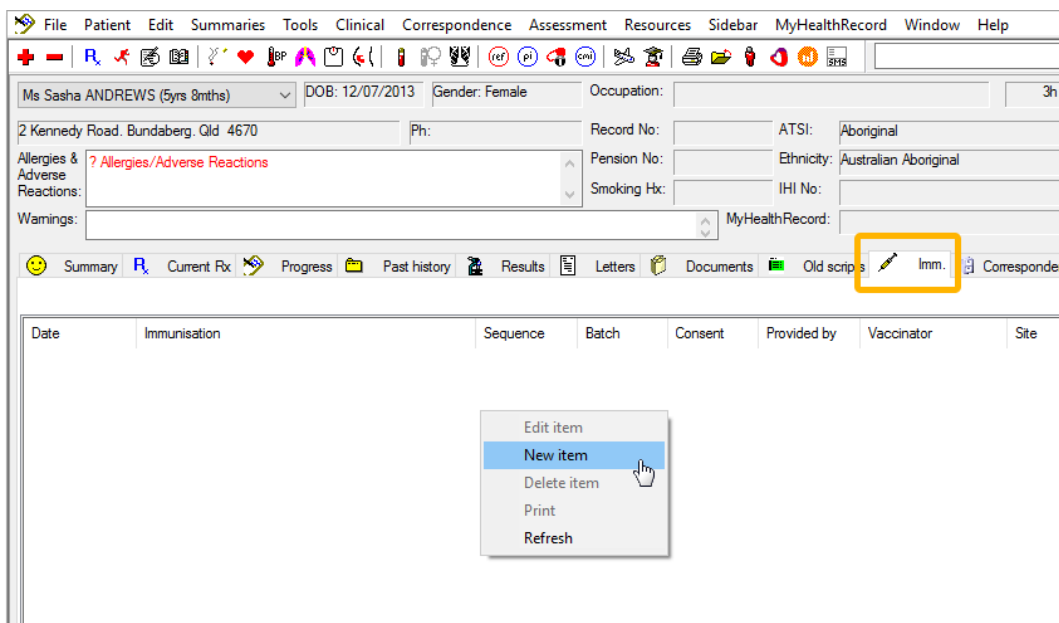
A child is considered 'fully immunised' if they have received the relevant vaccinations as per the National Immunisation Program Schedule by the specified age milestones. Currently these vaccinations include:

- DTPa (diphtheria, tetanus, pertussis).
- Polio.
- HiB (haemophilus influenzae type B).
- Hep B (hepatitis B).
- MMR (measles, mumps, rubella).

### Example – To View or Edit Child Immunisation Records

For correct data entry you will need to follow the below workflow.

1. Open the record of a child patient.
2. Select the 'Imm.' Tab.
3. Right click within the white space to add new Immunisations



4. Add immunisation details and click **Save**

National Immunisation Program Schedule (for this patient) ✕

Select the boxes if you have sighted documentation that this child has received the dose or you have given it yourself.

The boxes presented do not reflect 'Catch-up' dosing. For more information regarding 'Catch-up' dosing click here. ---->

Legend   
 Catch-up Doses

This table has been prepared from information contained in the Australian Immunisation Handbook, 10th Edition 2013 and State schedules as amended from time to time.

All vaccines in this schedule are free under the National Immunisation Program except those marked with the (\$) symbol.

Age	Combo	HepA	HepB	DTP	Polio	HIB	MMR	MenCCV	Rotavirus	PCV	VZV	HPV	BCG	MenACWY
Birth				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
2 mths	+			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
4 mths	+			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
6 mths	+			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
12 mths		<input checked="" type="checkbox"/> Avax...					<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>
18 mths		<input checked="" type="checkbox"/> Avax...				<input type="checkbox"/>					<input type="checkbox"/>			
2 yrs														
▶ 4 yrs				<input checked="" type="checkbox"/> CDT	<input type="checkbox"/>		<input type="checkbox"/>							
10-15 yrs			<input type="checkbox"/> Dose 1	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/> Dose 1		
10-15 yrs			<input type="checkbox"/> Dose 2									<input type="checkbox"/> Dose 2		
10-15 yrs														

Enter another type of vaccination Add Recall Save Cancel

### Check

For each age group, you cannot have more immunised children than the total number of Indigenous children who were your regular clients.

## PI05 - HbA1c Recorded (Type 2 Diabetes Patients)

### Description

Proportion of regular patients who are Indigenous, have type 2 diabetes and who have had an HbA1c (glycosylated haemoglobin) measurement result recorded at your primary health-care organisation within the previous 6 months **AND** proportion of regular patients who are Indigenous, have type 2 diabetes and who have had an HbA1c measurement result recorded at your primary health-care organisation within the previous 12 months.

### Business Rules:

- Patients with a history of Type 2 Diabetes are defined as having a condition listed under 'Past History' with one of the below DOCLE codes:

diabm@niddm	Diabetes Mellitus - NIDDM
diabm@niddm	Diabetes Mellitus - Type II
diabm@niddm	NIDDM
diabm@niddm	NIDDM (Non-Insulin dependent diabetes mellitus)
diabm@niddm	Non-insulin dependent diabetes mellitus
diabm@niddm&rx%insu	Diabetes Type II requiring insulin
diabm@niddm&rx%insu	NIDDM - requiring insulin
- The latest HbA1c measurement must have been recorded in previous 6 or 12 months. The minimum value for this calculation is 0 days. This is recorded through the 'Diabetes Assessment' screen.

### Calculation 1: HbA1c Measurement in the 6 Months Up to The Census Date

#### Numerator

Number of regular Indigenous patients who have had an HbA1c measurement result in the past 6 months.

#### Denominator

Number of regular Indigenous patients with type 2 diabetes as recorded in their file as per the below:

- Has Diabetes Type 2 as a 'reason for visit' OR
- Type Diabetes 2 Conditions are listed in the patient's history.

## Calculation 2: HbA1c Measurement in the 12 Months Up to The Census Date

### Numerator

Number of regular Indigenous patients who have had an HbA1c measurement result in the past 12 months.

### Denominator

Number of regular Indigenous patients with type 2 diabetes as recorded in their file as per the below:

- Has Diabetes Type 2 as a 'reason for visit' OR
- Type Diabetes 2 Conditions are listed in the patient's history.

### Reporting by Age Group

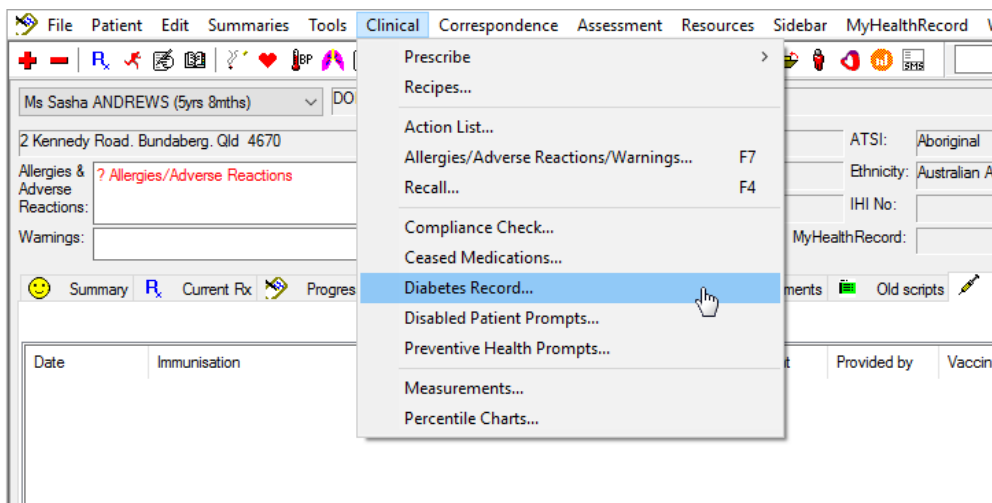
	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

### Records Excluded

Patients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

### Example – How to Record HbA1c Value to Patient File

1. Open a patient's record.
2. Select **Clinical > Diabetes Record**.





3. The **Diabetes Follow Up** window appears.

Diabetes Follow Up

Assessments performed:

Assessment date
-----------------

Last review by:

Ophthalmologist:

Podiatrist:

Dietitian:

Endocrinologist:

Diabetes educator:

Last provided HypoKit:

Major parameters:

Date	f Blood Gluc.	Height (cm)	Weight (kg)	HbA1c mmol/mol (%)	Creatinine	Pr
------	---------------	-------------	-------------	--------------------	------------	----

Assessment Add Values Graph Close

4. Click **Add Values**. The **Diabetes Record** window appears.

Diabetes record

Date:

Parameters

Weight (kg)

Systolic BP

f Blood Gluc.

Total Chol.

Triglycerides

Height (cm)

Diastolic BP

HbA1c (mmol/mol)

HDL

Creatinine

Unanalysis

Protein

Blood

Glucose

Ketones

Leucocytes

Bilirubin

Last review by:

Ophthalmologist

Podiatrist

Dietitian

Endocrinologist

Diabetes educator

Last Provided HypoKit:

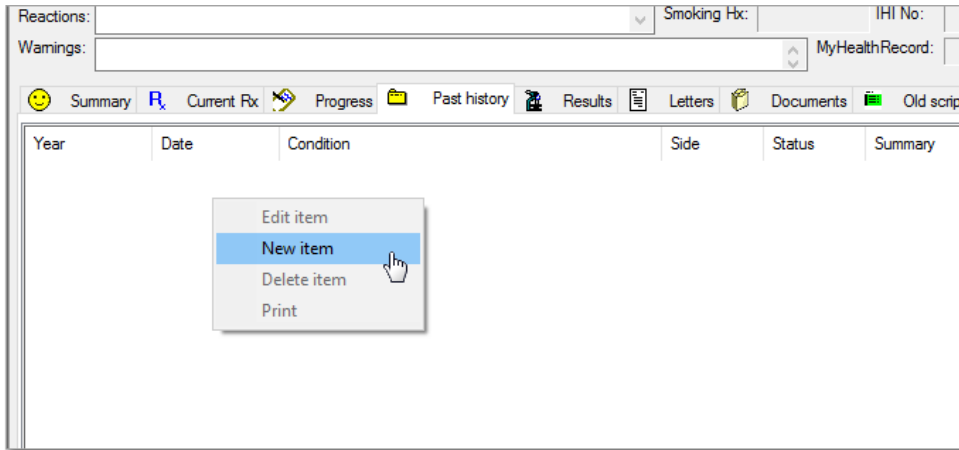
Save Close

5. Input a value for HbA1c (either % or mmol/mol).

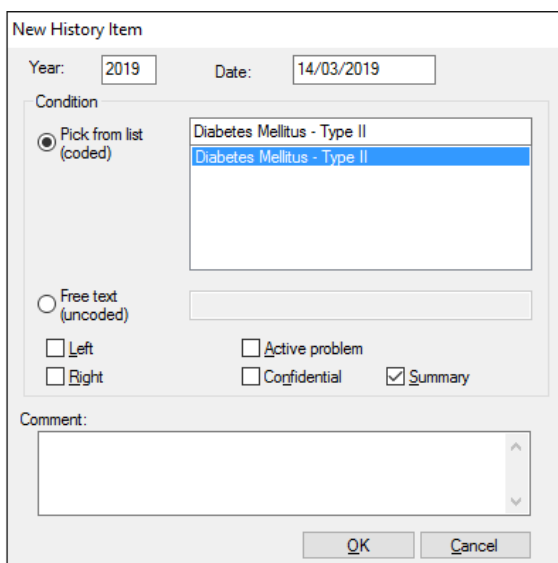
6. Click **Save**.

## Example - Record Type II Diabetes to Patient File in Patient History

1. Select the **Past History** tab.
2. Right click within the white space to add a new item.



3. The **New History Item** window appears.
4. Fill In the appropriate date and enter **Diabetes Mellitus - Type II** In the condition field.



5. Click **OK**.

## Check

A regular patient who has had a test within the last 6 months should be counted in both the 6-month and 12-month calculations. For example, a regular patient who had a test 5 months ago would be counted in both.

For each age and gender group:

- You cannot have more regular patients who have had HbA1c tests than the total number of regular patients with type 2 diabetes.
- You cannot have more regular patients who have had HbA1c tests in the previous 6 months than the number of regular patients who have had HbA1c tests in the previous 12 months.
- The total number of regular patients with type 2 diabetes should be the same for both the previous 6 months and the previous 12 months.
- The total number of regular patients with type 2 diabetes should be the same as the total number of regular patients with type 2 diabetes in each relevant age and gender group in these nKPIs: PI07, PI08, PI15, PI18 and PI23.
- The number of regular patients with type 2 diabetes should not exceed the number of regular patients in each group in these nKPIs: PI03 (adults), PI09 and PI16.

# PI06 - Hba1c Results (Type 2 Diabetes Patients)

## Description

Proportion of regular patients who are Indigenous, have type 2 diabetes and whose HbA1c measurement result was categorised as one of the following:

- less than or equal to 7% (less than or equal to 53 mmol/mol).
- greater than 7% but less than or equal to 8% (greater than 53 mmol/mol but less than or equal to 64 mmol/mol).
- greater than 8% but less than 10% (greater than 64 mmol/mol but less than 86 mmol/mol).
- greater than or equal to 10% (greater than or equal to 86 mmol/mol).

As recorded in the previous 6 months, **AND** as recorded in the previous 12 months.

## Business Rules

- 'Type 2 Diabetes' as defined in PI05.
- The patient's HbA1c % is taken from the most recently recorded measurement. The minimum value for days since HbA1c recorded is 0.

## Calculation 1: Less Than or Equal To 7% In The 6 Months Up to The Census Date

### Numerator

The number of regular Indigenous patients have had an HbA1c measurement **less than or equal to 7%** (less than or equal to 53 mmol/mol) in the **6 months up to the census date**.

Recorded hba1cPercent matches the following boundary:

- hr-1 <=7% (<= 53 mmol/mol).

### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months** and fulfils the below criteria.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 6 months (Calculated in PI05).

## Calculation 2: Less Than or Equal To 7% In The 12 Months Up to The Census Date

### Numerator

The number of regular Indigenous patients have had an HbA1c measurement **less than or equal to 7%** (less than or equal to 53 mmol/mol) in the **12 months up to the census date**.

Recorded hba1cPercent matches the following boundary:

- hr-1  $\leq 7\%$  ( $\leq 53$  mmol/mol).

### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 12 months (Calculated in PI05).

## Calculation 3: More Than 7% But Less Than or Equal To 8% In The 6 Months Up to The Census Date

### Numerator

The number of regular Indigenous patients have had an HbA1c measurement **more than 7% but less than or equal to 8%** (greater than 53 mmol/mol but less than or equal to 64 mmol/mol) in the **6 months up to the census date**.

Recorded hba1cPercent matches the following boundary:

- hr-2  $> 7\%$  and  $\leq 8\%$  ( $> 53$  but  $\leq 64$  mmol/mol)

### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 6 months Calculated in PI05).

## Calculation 4: More Than 7% But Less Than or Equal To 8% In The 6 Months Up to The Census Date

### Numerator

The number of regular Indigenous patients have had an HbA1c measurement **more than 7% but less than or equal to 8%** (greater than 53 mmol/mol but less than or equal to 64 mmol/mol) in the **12 months up to the census date**.

Recorded hba1cPercent matches the following boundary:

- hr-2  $> 7\%$  and  $\leq 8\%$  ( $> 53$  but  $\leq 64$  mmol/mol).

## Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 6 months (Calculated in PI05).

## Calculation 5: More Than 8% But Less Than 10% In The 6 Months Up to The Census Date

### Numerator

The number of regular Indigenous patients have had an HbA1c measurement **more than 8% but less than 10%** (greater than 64 mmol/mol but less than 86 mmol/mol) in the **6 months up to the census date**.

Recorded hba1cPercent matches the following boundary:

- hr-3 >8% and <10% (>64 but <= 86 mmol/mol)

### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 6 months (Calculated in PI05).

## Calculation 6: More Than 8% But Less Than 10% In The 12 Months Up to The Census Date

### Numerator

The number of regular Indigenous patients have had an HbA1c measurement **more than 8% but less than 10%** (greater than 64 mmol/mol but less than 86 mmol/mol) in the **12 months up to the census date**.

Recorded hba1cPercent matches the following boundary:

- hr-3 >8% and <10% (>64 but <86 mmol/mol).

### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 12 months (Calculated in PI05).

### Calculation 7: More Than 10% In The 6 Months Up to The Census Date

#### Numerator

The number of regular Indigenous patients have had an HbA1c measurement of 10% or more (greater than or equal to 86 mmol/mol) in the 6 months up to the census date.

Recorded hba1cPercent matches the following boundary:

- hr-4  $\geq 10\%$  ( $\geq 86$  mmol/mol).

#### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 6 months (Calculated in PI05) .

### Calculation 8: More Than 10% In The 12 Months Up to The Census Date

#### Numerator

The number of regular Indigenous patients have had an HbA1c measurement of 10% or more (greater than or equal to 86 mmol/mol) in the 12 months up to the census date.

Recorded hba1cPercent matches the following boundary:

- hr-4  $\geq 10\%$  ( $\geq 86$  mmol/mol).

#### Denominator

The number of regular Indigenous patients have had an HbA1c measurement result recorded in the **same 6 months**.

- Has Diabetes (See PI05) AND
- Has a record of HbA1c within 12 months (Calculated in PI05).

### Reported by Age Group

	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

## Records Excluded

- Patients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance were excluded.

## Notes

- Only the most recently recorded result from an HbA1c test. This means that if a patient has had several tests, include only the result from the most recent test.
- Results from all relevant pathology tests. If your organisation doesn't have a good system for adding pathology results to patient records, you will need to make sure they have been included in the correct field for all patients in this nKPI.

## Example – Recording HbA1c Value to a Patient's File

HbA1c value may be recorded following the method outlined in [PI05](#).

## Example - Record Type 2 Diabetes to a Patient's File

History of diabetes may be recorded following the method outlined in [PI05](#).

## Check

A regular patient who has had a test within the last 6 months should be counted in both the 6-month and 12-month calculations. For example, a regular patient who had a test 5 months ago would be counted in both.

For each age and gender group:

- You cannot have more people with HbA1c test results in each group than the total number of regular patients who've had HbA1c tests recorded.



# PI07 - Chronic Disease Management Plan prepared

## Description

Proportion of Indigenous regular clients who have a chronic disease (Type 2 diabetes) and for whom a Chronic Disease Management Plan was prepared within the previous 24 months as indicated by:

An MBS-rebate Chronic Disease Management Plan:

- In-person MBS-rebate items: 721 or 229.
- Telehealth MBS-rebate items: 92024, 92068, 92055, or 92099.

At this stage, Type 2 Diabetes is the only chronic disease included for this indicator.

## Business Rules

- 'Type 2 Diabetes' as defined in PI05..
- 'MBS Item' claimed as defined in P103.

**Calculation 1: Indigenous regular clients with a chronic disease (Type 2 diabetes) for whom a GP Management Plan (MBS items 721, 229) was claimed within the previous 24 months**

### Numerator

Number of **[Disaggregation: Gender]** Indigenous regular clients aged **[Disaggregation: Age]** who have Type 2 diabetes and for whom an in-person MBS-rebate Chronic Disease Management Plan (MBS items: 721 or 229) was prepared within the previous 24 months. (MBS Claimed explained in [PI03](#)).

### Denominator

Total number of **[Disaggregation: Gender]** Indigenous regular clients aged **[Disaggregation: Age]** who have Type 2 diabetes.

**Calculation 2: Indigenous regular clients with a chronic disease (Type 2 diabetes) for whom a GP Management Plan (MBS items 92024, 92068, 92055, or 92099) was claimed within the previous 24 months**

### Numerator

Number of **[Disaggregation: Gender]** Indigenous regular clients aged **[Disaggregation: Age]** who have Type 2 diabetes and for whom an in-person MBS-rebate Chronic Disease Management Plan (MBS items: 92024, 92068, 92055, 92099) was prepared within the previous 24 months. (MBS Claimed explained in [PI03](#)).

### Denominator

Total number of **[Disaggregation: Gender]** Indigenous regular clients aged **[Disaggregation: Age]** who have Type 2 diabetes.

## Reporting by Age Group

	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

## Records Excluded

- Patients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.
- Do not include patients who have only had a GP Management Plan review (Medicare Item 732) within the recording period.

## Notes

Include in the Numerator only those patients whose GP Management Plan was claimed by your organisation under MBS Item 721. See DoH (2016) for more information.

- Services taking part in the Health Care Homes Trial: For the duration of the HealthCare Homes trial (currently 1 October 2017 to 30 November 2019), patients who are part of the trial will be deemed to have had an MBS Item 721 claimed if there is evidence of a GP Management Plan recorded.
- While Type 2 Diabetes is the only chronic disease needed for this nKPI, MedicalDirector Insights also reports on: Cardiovascular disease, Chronic Obstructive Pulmonary Disease and Chronic Kidney Disease.

## Example – Creating and Processing a 715 Claim

The method for creating and processing a 715 claim can be seen in [PI03](#).

## Example – Recording History of Type 2 Diabetes

A history of Type 2 Diabetes may be added to the patient file by following the method outlined in [PI05](#).

## Check

For each age and gender group:

- You cannot have more patients for whom an MBS Item (for managing type 2 diabetes) was claimed than there are patients with type 2 diabetes.
- The total number of regular patients with type 2 diabetes should be the same as the total number of regular patients with type 2 diabetes in each relevant age and gender group in these nKPIs: PI05, PI08, PI15, PI18 and PI23.
- The total number of regular patients with type 2 diabetes should not exceed the corresponding number of total regular patients for corresponding groups in these nKPIs: PI03 (adults), PI09 and PI16.

## PI08 - Team Care Arrangement (MBS Item 723)

### Description

Proportion of regular patients who are Indigenous, have a chronic disease (type 2 diabetes) and for whom a Team Care Arrangement (MBS Item 723) was claimed within the previous 24 months.

Currently, Type 2 diabetes is the only chronic disease included for this indicator.

### Business Rules

- Patient has a history of Type 2 Diabetes as defined in PI05.
- Patient has had an MBS Item 721 claimed as defined in P103.

### Numerator

The number of regular Indigenous patients had a Team Care Arrangement (claimed under MBS Item 723) in the **24 months up to the census date**.

In the Numerator, only those patients whose Team Care Arrangement was claimed by your organisation under MBS Item 723. See DoH (2016) for more information.

### Denominator

The number of regular Indigenous patients have type 2 diabetes.

### Reporting by Age Group

	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

### Records Excluded

Patients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

## Notes

- The extract only looks for the MBS claim and whether the patient is in the specified disease category (as per the denominator).
- A note in the submission comments if your organisation does not claim this MBS item but provides an equivalent level of care, such as an equivalent team care approach that cannot be claimed through the MBS.
- A note in the submission comments if your patients cannot access Team Care Arrangements. This is often the case in remote regions.
- Services taking part in the Health Care Homes Trial: For the duration of the Health Care Homes trial (currently 1 October 2017 to 30 November 2019), patients who are part of the trial will be deemed to have had an MBS Item 723 claimed if there is evidence of a Team Care Arrangement recorded.
- While Type 2 Diabetes Is the only chronic disease needed for this nKPI, MedicalDirector Insights also reports on: Cardiovascular disease, Chronic Obstructive Pulmonary Disease and Chronic Kidney Disease.

## Example – Creating and Processing a 715 Claim

The method for creating and processing a 715 claim can be seen in [PI03](#).

## Example – Recording History of Type 2 Diabetes

A history of Type 2 Diabetes may be added to the patient file by following the method outlined in [PI05](#)

## Check

For each age and gender group:

- You cannot have more patients for whom an MBS Item 723 (for managing type 2 diabetes under a Team Care Arrangement) was claimed than there are patients with type 2 diabetes.
- The total number of regular patients with type 2 diabetes should be the same as the total number of regular patients with type 2 diabetes in each relevant age and gender group in these nKPIs: PI05, PI07, PI15, PI18 and PI23.
- You cannot have more people with type 2 diabetes than there are in the same age and gender groups in these nKPIs: PI03 (adults), PI09 and PI16.

# PI09 - Smoking Status Recorded

## Description

Proportion of regular patients who are Indigenous, aged 11 and over **and** whose smoking status has been recorded at your primary health-care organisation within the previous 24 months.

## Business Rules

- Patient's smoking status is recorded in the smoking tab in the patient's details menu.

## Numerator

The number of regular Indigenous aged over 11 have had their smoking status recorded in the **24 months up to the census date**.

## Denominator

The number of your regular Indigenous patients were there in each age and gender group.

## Reporting by Age Group

	Age (years)						
	11-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓

## Notes

- Where an Indigenous regular patient's tobacco smoking status does not have an assessment, date assigned within the Patient Information Record System (PIRS), smoking status as recorded in the PIRS should be treated as current (that is, as having been updated within the previous 24 months).
- Results arising from measurements conducted outside of the organisation that are known by the organisation should be included.

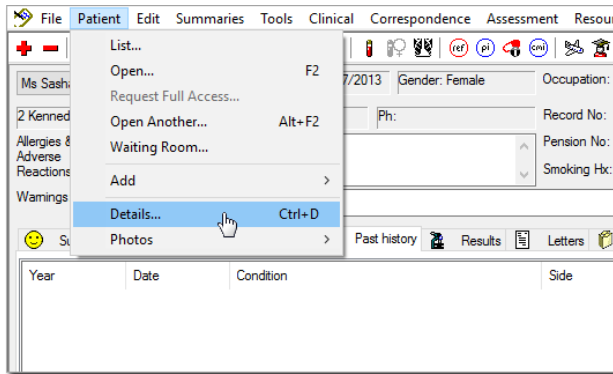
## Check

For each age and gender group:

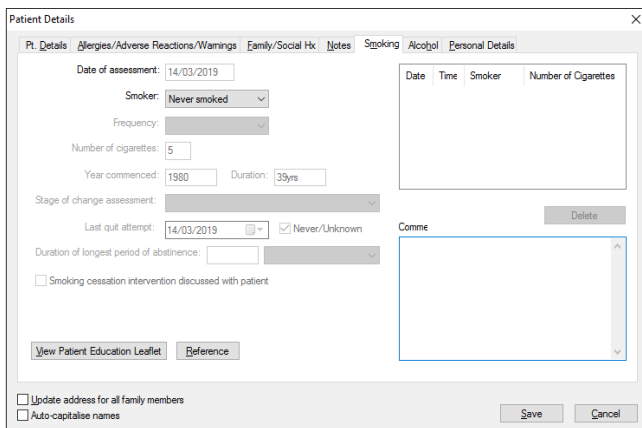
- You cannot have more people with their smoking status recorded than you have patients of the same age and gender.
- The number of regular patients with smoking status recorded should be the same as the total number of regular patients of the same age and gender with their smoking status recorded in this nKPI: PI10.
- The total number of regular patients should be the same as the total number of patients of the same age and gender in these nKPIs: PI03 (adults) and PI16.

## Example – Record Smoking Status

1. Open a patient's record.
2. Select **Patient > Details**.



3. Select the **Smoking** tab.



4. Set smoking status via the **Smoker** dropdown
5. Click **Save**
- 6.

## Check

For each age and gender group:

- You cannot have more people with their smoking status recorded than you have clients of the same age and gender.
- The number of regular clients with smoking status recorded should be the same as the total number of regular clients of the same age and gender with their smoking status recorded in this nKPI: PI10.
- The total number of regular clients should be the same as the total number of clients of the same age and gender in these nKPIs: PI03 (adults) and PI16.

# PI10 - Smoking Status Result

## Description

Proportion of regular patients who are Indigenous, aged 11 and over **and** whose smoking status has been recorded within the previous 24 months as one of the following:

- current smoker.
- ex-smoker.
- never smoked.

There's no agreement on how long a person needs to have quit smoking to be considered an ex-smoker rather than a smoker—what is put on the record is a clinical judgement. To be counted as having ever smoked, the person must have smoked more than **100 cigarettes in total (or equivalent)**.

## Business Rules

- 'Smoking status' as defined in [PI09](#).

## Calculation 1: Current Smokers

### Numerator

The number of regular Indigenous patients are entered as **current smokers** in the **24 months up to the census date**.

- All patients who are 'daily smoker', 'weekly smoker' and 'irregular smoker'—add them together and count them as 'current smoker'.

### Denominator

The number of regular Indigenous patients have their smoking status recorded in the **same 24 months**.

## Calculation 2: Ex-smokers

### Numerator

The number of regular Indigenous patients are entered as **ex-smokers** in the **24 months up to the census date**.

### Denominator

The number of regular Indigenous patients have their smoking status recorded in the **same 24 months**.

### Calculation 3: Non-smokers

#### Numerator

The number of regular Indigenous patients are entered as **never smoked** in the **24 months up to the census date**.

#### Denominator

The number of regular Indigenous patients have their smoking status recorded in the **same 24 months**.

#### Reporting by Age Group

	Age (years)						
	11-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓

#### Notes

Where an Indigenous regular patient's tobacco smoking status does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status as recorded in the PIRS should be treated as current (that is, as having been updated within the previous 24 months).

#### Example - Record Smoking Status

See example listed in [PI09](#)

#### Check

For each age and gender group:

- You cannot have more people with a smoking status (sum of current smokers, ex-smokers and those who never smoked) than you have patients of the same age and gender with any smoking status in their record.
- The total number of regular patients with their smoking status recorded should be the same as the number of regular patients of the same age and gender with their smoking status recorded in this PI09.



# PI11 - Smoking During Pregnancy

## Description

Proportion of female regular clients who are Indigenous, who gave birth within the previous 12 months and whose smoking status was recorded during pregnancy as one of the following:

- current smoker.
- ex-smoker.
- never smoked.

There's no agreement on how long a person needs to have quit smoking to be considered an ex-smoker rather than a smoker—what is put on the record is a clinical judgement. To be counted as having ever smoked, the person must have smoked more than **100 cigarettes in total (or equivalent)**.

## Business Rules

- Counts clients with a recorded smoking status, who recorded 3 or more visits within the previous 2 years
- Includes live births and still births if the birthweight is at least 400 grams OR the gestational age was 20 weeks or more.
- Include only the most recent smoking status recorded prior to the completion of the latest pregnancy. Where a smoking status does not have an assessment date assigned within the CIS, smoking status should not be counted.
- Include results arising from measurements conducted outside of the organisation that are known by the organisation.

## Calculation 1: Current Smoker

### Numerator

How many regular Indigenous female patients aged *[Disaggregation: Age]* who gave birth within the previous 12 months whose most recent smoking status has been recorded as **current smoker**

- All patients who are 'daily smoker', 'weekly smoker' and 'irregular smoker'—add them together and count them as 'current smoker'.
- Note: If smoking status has been recorded, we do not have a date limit on when this data point was recorded.

### Denominator

The number of regular Indigenous female patients aged *[Disaggregation: Age]* gave birth within the previous 12 months who had their smoking status recorded in the **same 12 months**.

## Calculation 2: Ex-smoker

### Numerator

How many regular Indigenous female patients aged *[Disaggregation: Age]* who gave birth within the previous 12 months whose most recent smoking status has been recorded as **ex-smoker**.

Note: Provided smoking status has been recorded we do not have a date limit on when this data point was recorded.

### Denominator

The number of regular Indigenous female patients aged *[Disaggregation: Age]* gave birth within the previous 12 months who had their smoking status recorded in the **same 12 months**.

## Calculation 3: Non-smoker

### Numerator

How many regular Indigenous female patients aged *[Disaggregation: Age]* who gave birth within the previous 12 months whose most recent smoking status has been recorded as **never smoked**.

Note: Provided smoking status has been recorded we do not have a date limit on when this data point was recorded.

### Denominator

The number of regular Indigenous female patients aged *[Disaggregation: Age]* gave birth within the previous 12 months who had their smoking status recorded in the **same 12 months**.

## Reporting by Age Group

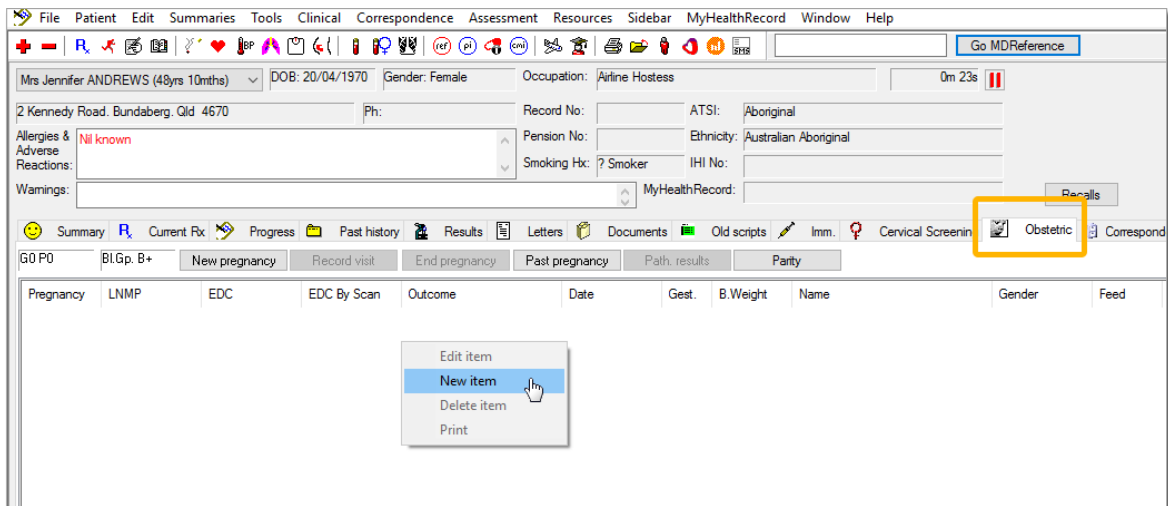
	Age (years)		
	less than 20 years	20-34	35+
Female	✓	✓	✓

## Notes

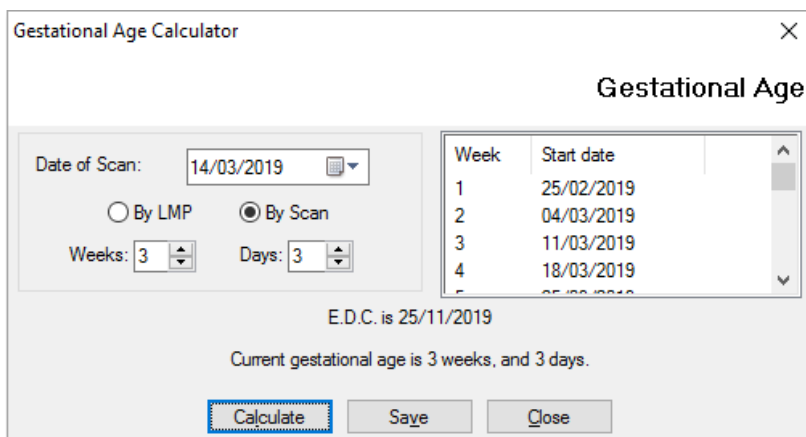
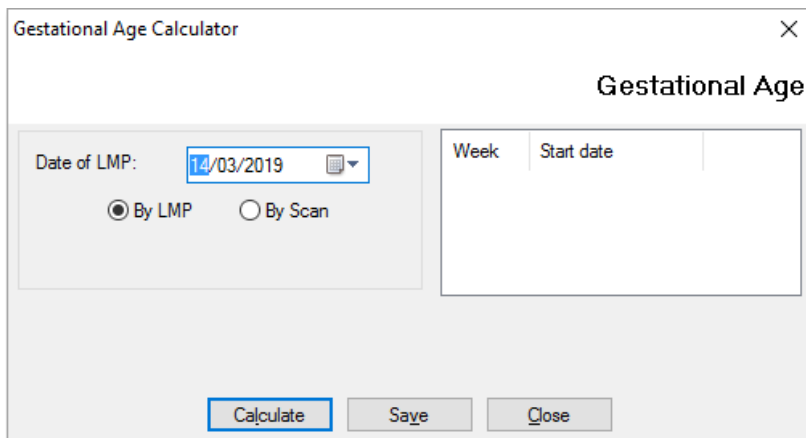
- Live births and stillbirths if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.
- Where an Indigenous regular patient's tobacco smoking status does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status as recorded in the PIRS should be treated as current (that is, as having been updated within the previous 12 months).

## Example - Recording Pregnancy

1. Open a female patient's record.
2. Select the **Obstetric** tab.
3. Right-click in the white space to add a **New Item**.

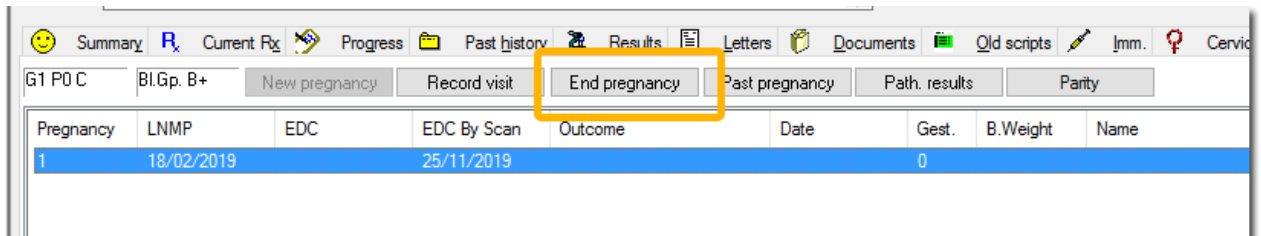


4. Input the value for **Date of LMP** or gestational age by scan and click **Save**.

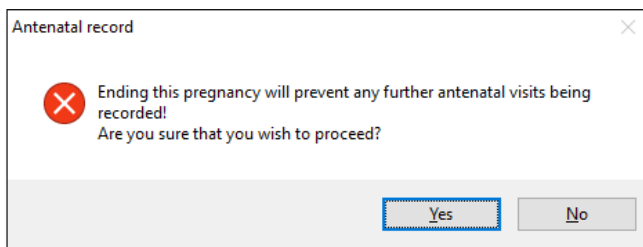


## Example - Recording Pregnancy Result

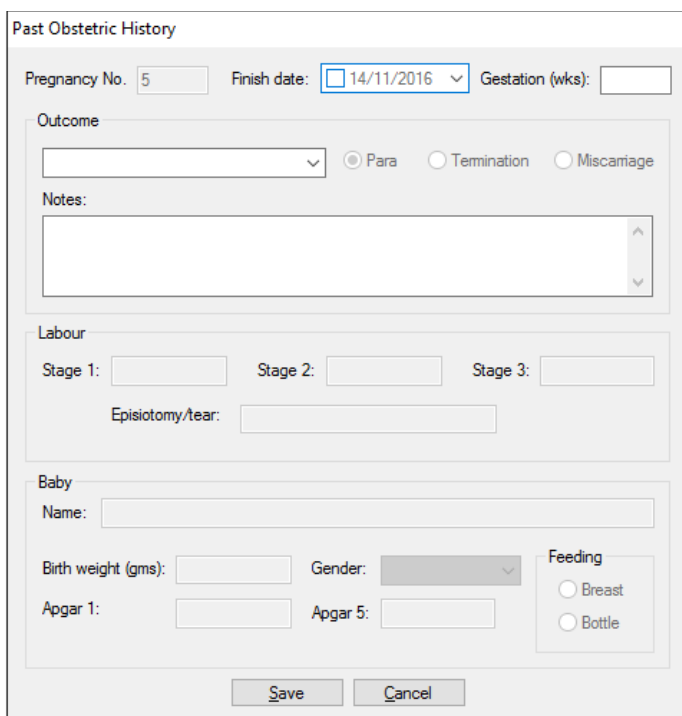
1. Click the **End Pregnancy** button.



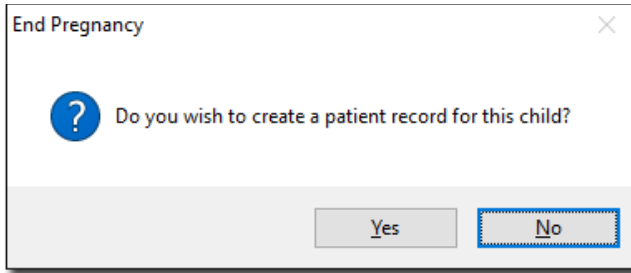
2. When the **Antenatal Record** dialogue box appears, click **Yes**.



3. When the **Past Obstetric History** dialogue box appears:
  - Record a **Finish Date**.
  - Select an **Outcome** from dropdown list (e.g., Normal vaginal delivery).
  - Enter Baby Name, Baby Weight, Baby Gender.



4. Click **Save**.
5. When the **End Pregnancy** dialog box appears, select **No** and do not create a patient file.



### Example - Record Smoking Status

Smoking status should be recorded as outlined in [nKPI09](#)

### Check

For each age group (<20, 20–34 and 35 and over):

- You cannot have more people with a smoking status (sum of current smokers, ex-smokers and who never smoked) than you have patients of the same age with any smoking status in their record.
- The number of regular patients who gave birth within the previous 12 months with their smoking status recorded should not be more than the total number of regular patients of the same age and gender with their smoking status recorded in this [nKPI: P109](#).
- The total number of regular patients who gave birth within the previous 12 months with their smoking status recorded should be equal to or less than the total number of regular patients who gave birth in the previous 12 months in the relevant age groups in [P113](#) as per the table below:

PI11	PI13
<20	<20
20-34	20-34
35+	35+

# PI12 - Body Mass Index (Overweight or Obese)

## Description

Proportion of regular clients who are Indigenous, aged 18 and over who have had their body mass index (BMI) classified as:

- underweight ( $<18.50$ ).
- normal weight ( $\geq 18.50$  but  $<25$ ).
- overweight ( $\geq 25$  but  $<30$ ).
- obese ( $\geq 30$ ).
- not calculated.

Within the previous 24 months.

## Business Rules

- Only the **most recent** BMI is considered.
- Only weight measurements recorded in the last 24 months are considered.
- Only height measurements recorded since the patient turned 18 are considered.
- If any of the above conditions are not met, then the patient is excluded from the calculation.

## Calculation 1: Underweight

### Numerator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age] who have had their BMI classified as bmi-5 Underweight (BMI  $<18.50$ ) within the previous 24 months.

### Denominator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age].

## Calculation 2: Normal weight

### Numerator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age] who have had their BMI classified as bmi-4 Normal weight (BMI  $\geq 18.50$  AND  $<25$ ) within the previous 24 months

### Denominator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age].

### Calculation 3: Overweight

#### Numerator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age] who have had their BMI classified as bmi-1 Overweight (BMI  $\geq 25$  and  $< 30$ ) within the previous 24 months.

#### Denominator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age].

### Calculation 4: Obese

#### Numerator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age] who have had their BMI classified as bmi-2 Obese (BMI  $\geq 30$ ) within the previous 24 months.

#### Denominator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age].

### Calculation 5: Not calculated

#### Numerator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age] who have not had their BMI classified within the previous 24 months.

#### Denominator

The number of indigenous regular [Disaggregation: Gender] clients aged [Disaggregation: Age].

## Disaggregation

A visual representation of the disaggregation per calculation (overweight, obese, normal weight, underweight and not calculated) can be seen below:

	Age (years)					
	18-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓

## Notes

- 'Body Mass Index (BMI)' – is a measure of an adult's weight (body mass) relative to height used to assess the extent of weight deficit or excess where height and weight have been measured. BMI is the weight in kilograms divided by the square of the height in metres (WHO 2000).
- 'Constituent Elements of a BMI' – weight in kilograms, recorded within the previous 24 months; height in meters, recorded since the client turned 18 years of age.
- BMI is more likely to be recorded for certain client groups, such as those with diabetes.
- BMI is more likely to be recorded if a client appears underweight, overweight, or obese. This could result in a higher apparent proportion of underweight, overweight, or obese patients.
- If height and weight are recorded for a client, their BMI is also considered as recorded.



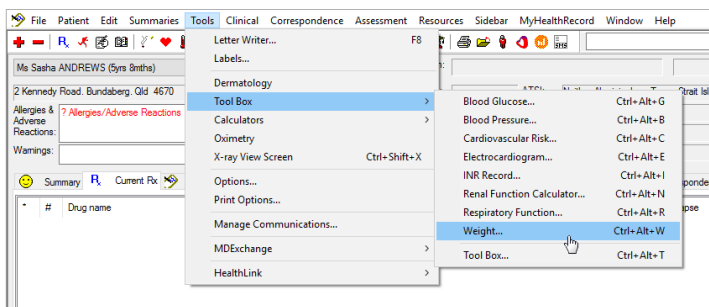
## Example – How to Enter BMI

Use height and weight measured based on the following rules:

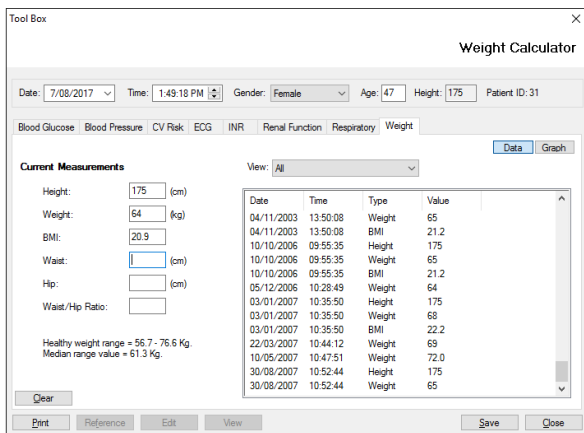
- A height taken since age 25 or taken within the previous 24 months for patients aged 15-26 years.
- A weight taken within the previous 24 months.

The BMI needs to be recorded in the Weight Calculator per the below steps:

1. Open a patient's record.
2. Select **Tools > Tool Box > Weight.**



3. Input height and weight values.



4. Click **Save.**

## Check:

For each age and gender group:

- You cannot have more overweight or obese regular clients than you have regular clients whose BMI has been recorded.
- The number of regular clients who have had their BMI recorded must be less than in the total number of regular clients in the relevant age and gender groups in these nKPIs: [PI03](#) (adults), [PI09](#) and [P116](#). The only exception is if you have very few clients in the age or gender group.

# PI13 - First Antenatal Care Visit

## Description

Proportion of female Indigenous regular patients, who gave birth within the previous 12 months and who had gestational age recorded at their first antenatal care visit as one of the following:

- less than 11/40 weeks.
- 11/40 to less than 14/40.
- 14/40 weeks to less than 20/40 weeks.
- at or after 20/40 weeks.
- no result.
- did not attend an antenatal care visit.

## Business Rules

- 'Parity Birth' and 'Gestational Age' is defined as per [P111](#).

### Calculation 1: Less Than 11/40 Weeks

**Numerator:** The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months, who had gestational age recorded at their first antenatal care visit with results less than 11/40 weeks of gestation.

**Denominator:** The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months.

### Calculation 2: 11/40 and less than 14/40 Weeks

**Numerator:** The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months, who had gestational age recorded at their first antenatal care visit with results 11/40 weeks and less than 14/40 weeks of gestation.

**Denominator:** The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months.

### Calculation 3: 14/40 weeks and less than 20/40 Weeks

**Numerator:** The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months, who had gestational age recorded at their first antenatal care visit with results 14/40 weeks to less than 20/40 weeks of gestation.

**Denominator:** The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months.

#### Calculation 4: At or after 20/40 Weeks

##### Numerator

The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months, who had gestational age recorded at their first antenatal care visit with results at or after 20/40 weeks of gestation.

##### Denominator

The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months.

#### Calculation 5: No Gestational Age Recorded

##### Numerator

The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months, who had no gestational age recorded at their first antenatal care visit.

##### Denominator

The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months.

#### Calculation 6: No Antenatal Visit Recorded

##### Numerator

The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months, who had no antenatal care visit recorded.

##### Denominator

The number of female clients aged *[Disaggregation: Age]* who gave birth within the previous 12 months.

#### Reporting by Age Group

Mother's Age (years)		
Under 20	20-34	35 and over
✓	✓	✓
✓	✓	✓

#### Notes

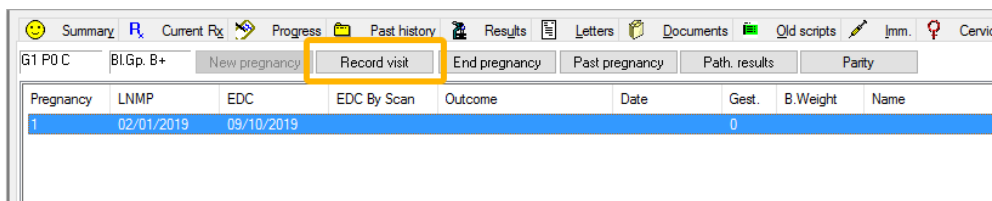
Include live births and still births if the birthweight was at least 400 grams or the gestational age was 20 weeks or more.

## Example - Add New Pregnancy Record

A new pregnancy can be recorded following the method outlined in [PI11](#)

## Example - Record First Antenatal Visit

1. Select a pregnancy record from the list.
2. Click **Record Visit**.



3. Input the date as the visit date.

The screenshot shows the 'Antenatal record' form. It contains the following fields: Date (14/03/2019), Weight, B.P. Systolic, Diastolic, Oedema, Urine, Size (weeks) Calc: 10, Clin, Fundal height (cm), Foetal heart, and Presentation. There is also a Comments text area and Save/Cancel buttons at the bottom.

4. Click **Save**.

## Check

For each age group:

- You cannot have more mothers with gestational age recorded at their first antenatal visit than number of mothers who've given birth.
- You cannot have more mothers with no gestational age recorded at their first antenatal visit than number of mothers who've given birth.
- The number of mothers with any gestational age recorded, the number of mothers without gestational age recorded, and the number of mothers who did not have an antenatal visit should add up to the total number of mothers who've given birth. (Make a note in the submission comments if this is not the case and there is a reason for the difference).

# PI14 - Influenza Immunisation

## Description

Proportion of Indigenous regular clients aged 6 months and over who are immunised against influenza.

## Business Rules

- Patient's Influenza Immunisation status is defined in the 'Immunisation record' under the code 'flu' or description 'Influenzae'. If this is present in the patient's file, the date between the immunisation date and date of reporting is calculated. If this date difference is  $\geq 12$  months, the record is included.

## Numerator

The number of regular, Indigenous patients have had an influenza vaccination in the 12 months up to the census date.

Note: These need to be recorded in the immunisations tab like [PI04](#).

## Denominator

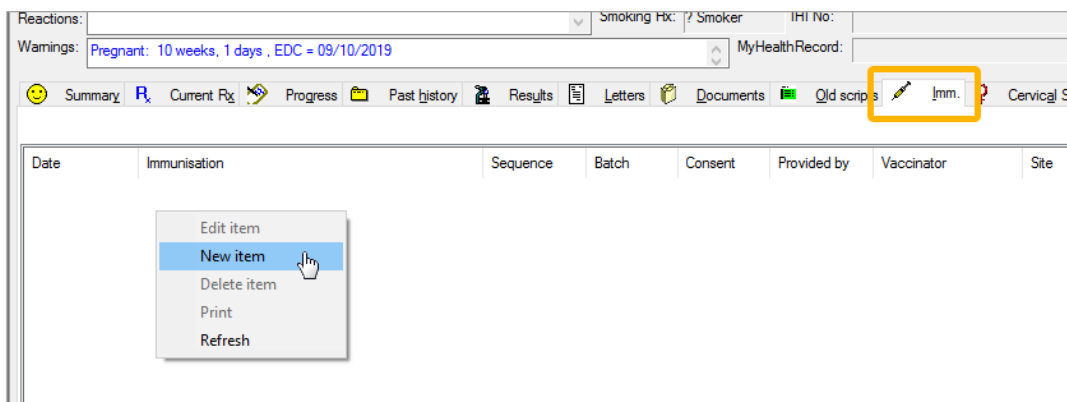
The number of your regular Indigenous patients [**Disaggregation: Age**] in each gender group.

## Records Excluded

Patients in the Numerator if they have not been vaccinated, regardless of the reason (you will still include them in the Denominator). People who have not been vaccinated are at a higher risk of catching influenza.

## Example - Record Influenza Immunisation

1. Open a patient's record.
2. Select the **Immunisation** tab.
3. Right-click in the white space to add a **New Item**.



4. Enter date, type (Influenza) site and sequence.

5. Click **Save**.

## Check

For your regular patients in the age groups:

- You cannot have more patients being immunised than the total number of patients who fall under that age category.
- You cannot have more men being immunised than the total number of men who fall under that age category.
- You cannot have more women being immunised than the total number of women who fall under that age category.

	Age							
	6 months-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65years+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

## PI15 - Influenza Immunisation (Type 2 Diabetes or COPD Patients)

### THIS REPORT HAS BEEN RETIRED

#### Description

Proportion of regular patients who are Indigenous, aged 15–49, are recorded as having type 2 diabetes and are immunised against influenza, **AND SIMILARLY** for chronic obstructive pulmonary disease (COPD).

#### Business Rules

- Patients with a history of Type II diabetes defined as per PI05.
- Patient's influenza immunisation history defined as per PI14.
- Patients with a history of COPD are defined as having a condition listed under one of the below DOCLE codes:

bronchit@chro	Bronchitis - Chronic
bronchit@chro/infe	Chronic Bronchitis - Infective exacerbation
coad	CAL (Chronic Airways Limitation)
coad	Chronic Airways Limitation
coad	Chronic Bronchitis
coad	Chronic Obstructive Airways Disease
coad	Chronic Obstructive Pulmonary Disease
coad	COAD
coad	COAD (Chronic Obstructive Airways Disease)
coad	COPD (Chronic Obstructive Pulmonary Disease)
coad/infe	COAD - Infective exacerbation
coad/infe	COPD - Infective exacerbation
emph	Emphysema
emph/infe	Emphysema - Infective exacerbation

## Calculation 1: Type 2 Diabetes

### Numerator

The number of regular Indigenous patients have type 2 diabetes and had an influenza vaccination in the 12 months up to the census date.

Note: These need to be recorded in the immunisations tab like [PI04](#).

### Denominator

The number of regular Indigenous patients who have type 2 diabetes.

## Calculation 2: COPD

### Numerator

The number of regular Indigenous patients have COPD and had an influenza vaccination in the 12 months up to the census date. Note: These need to be recorded in the immunisations tab like [PI04](#).

### Denominator

The number of regular Indigenous patients have COPD.

## Reported by Age Group

	Age (years)			
	15-24	25-34	35-44	45-49
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

## Records Excluded

Patients in the Numerator if they have not been vaccinated, regardless of the reason (you will still include them in the Denominator if they are aged 15–49).

## Example - Record Influenza Immunisation

Influenza Immunisation may be recorded through the method explained in [PI14](#).

## Example - Record history of Type 2 Diabetes or COPD

A history of Type 2 Diabetes may be added following the method explained in [PI05](#).



## Check

For each age and gender group:

- You cannot have more people being immunised than the total number of regular patients with either type 2 diabetes or COPD.
- You cannot have more regular patients with type 2 diabetes or COPD than the total number of regular patients in these nKPIs: PI03 (adults), PI09 and PI16.
- The total number of regular patients with type 2 diabetes should be the same as the total number of regular patients with type 2 diabetes in each relevant age and gender group for these nKPIs: PI05, PI07, PI08, PI18 and PI23 (other than for the 45–49 age group, see below).

For age 45–49:

- The total number of regular patients with type 2 diabetes should be less than or the same as the total number of regular patients with type 2 diabetes in the 45–54 age group for these nKPIs: [PI05](#), [PI07](#), [PI08](#), [PI18](#) and [PI23](#).

# PI16 - Alcohol Consumption Recorded

## Description

Proportion of regular patients who are Indigenous, aged 15 and over and who have had their alcohol consumption status recorded at your primary health-care organisation within the previous 24 months.

## Business Rules

Alcohol consumption status recorded is defined as patients for whom an Audit-C measurement exists.

## Numerator

The number of regular Indigenous patients have had their alcohol consumption status recorded in the 24 months up to the census date.

- Any record of alcohol consumption. This could include a record of:
  - Whether the regular patient consumes alcohol.
  - The amount and frequency of the regular patient's alcohol consumption.
  - The results of tests such as the AUDIT or AUDIT-C.
- Where an Indigenous regular patient's alcohol consumption status does not have an assessment date assigned in the Patient Information Record System (PIRS), alcohol consumption status as recorded in the PIRS should be treated as current (that is, as having been updated within the previous 24 months).

## Denominator

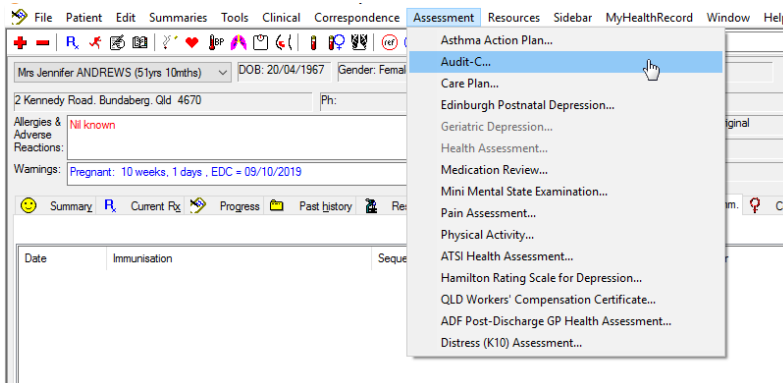
The number of your regular Indigenous patients were there in each age and gender group.

## Reporting by Age Groups

	Age (years)					
	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓

## Example - Recording Alcohol Consumption

1. Open a patient's record.
2. Select **Assessment > Audit-C**.



3. The **Audit-C Assessment** is presented.

The screenshot shows the 'Patient Details' window with the 'Audit-C Assessment' form. The 'Date of assessment' is 10/11/2016. The form includes three questions:

1. How often do you have a drink containing alcohol?  
 Never  Monthly or less  2-4 times a month  
 2-3 times a week  4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?  
 1 or 2  3 or 4  5 or 6  
 7 to 9  10 or more
3. How often do you have six or more drinks on one occasion?  
 Never  Less than monthly  Monthly  
 Weekly  Daily or almost daily

The **Audit-C Total Score: 9** is displayed. A red warning message states: "In men a score of 4 or more and in women a score of 3 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders. The guidelines to reduce health risks from drinking alcohol provide further assessment and treatment options." The 'Patient concerned about drinking?' question has 'Don't know' selected. The 'Comments' field is empty. The 'Save' and 'Cancel' buttons are at the bottom right.

4. Input data and click Save.

## Check

For each age and gender group:

- You cannot have more regular patients with a record of their alcohol consumption status than the total number of regular patients.
- The number of regular patients who had their alcohol consumption status recorded should be greater than or equal to the total number of regular patients who had an AUDIT-C recorded in this nKPI: PI17.
- The total number of regular patients should be the same as the total number of regular patients in these nKPIs: PI03 (adults) and PI09.

# PI17 - AUDIT-C Result Recorded

## Description

Proportion of regular patients who are Indigenous, aged 15 and over and who have had an AUDIT-C result recorded within the previous 24 months with result (score) as one of the following:

- Greater than or equal to 4 in males and 3 in females: OR
- Less than 4 in males and 3 in females.

## Business Rules

- AUDIT-C result recorded as defined in [PI16.](#)
- The score is defined as the result recorded for the AUDIT-C assessment.

## Calculation 1: Males with A Score Equal to Or Greater Than 4

### Numerator

The number of regular Indigenous male patients had an AUDIT-C score of greater than or equal to 4 in the 24 months up to the census date.

For correct data entry please see [PI16.](#)

### Denominator

The number of regular Indigenous male patients had an AUDIT-C result recorded in the same 24 months.

An AUDIT-C with a result within the specified levels recorded in last 24 months via the Audit-C Assessment only.

## Calculation 2: Males with A Score Less Than 4

### Numerator

The number of regular Indigenous male patients had an AUDIT-C score of less than 4 in the 24 months up to the census date.

For correct data entry please see [PI16.](#)

### Denominator

The number of males who had an AUDIT-C result recorded in the same 24 months.

An AUDIT-C with a result within the specified levels recorded in last 24 months via the Audit-C Assessment only.

### Calculation 3: Females with A Score Equal to Or Greater Than 3

#### Numerator

The number of regular Indigenous female patients had an AUDIT-C score of greater than or equal to 3 in the 24 months up to the census date.

For correct data entry please see [PI16](#).

#### Denominator

The number of regular Indigenous female patients had an AUDIT-C result recorded in the same 24 months.

An AUDIT-C with a result within the specified levels recorded in last 24 months via the Audit-C Assessment only.

### Calculation 4: Females with A Score Less Than 3

#### Numerator

The number of regular Indigenous female patients had an AUDIT-C score of less than 3 in the 24 months up to the census date.

For correct data entry please see [PI16](#).

#### Denominator

The number of females who had an AUDIT-C result recorded in the same 24 months.

An AUDIT-C with a result within the specified levels recorded in last 24 months via the Audit-C Assessment only.

### Reporting by Age Group

	Age (years)					
	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓

### Records Excluded

- Results from any other alcohol use screening tool.

## Notes

Where an Indigenous regular patient's AUDIT-C score does not have an assessment date assigned within the Patient Information Record System (PIRS), the AUDIT-C score as recorded in the PIRS should be treated as current (that is, as having been updated within the previous 24 months).

## Example - Recording Alcohol Consumption Status

A Patient's alcohol consumption status should be entered following the method outlined in [PI16](#).

If this patient has had an Audit-C assessment recorded in their file before, click 'New Assessment' to add a new record.

**Patient Details**

Pt. Details Allergies/Adverse Reactions/Warnings Family/Social Hx Notes Smoking Alcohol Personal Details

Date of assessment: 10/11/2016

**Audit-C Assessment**

1. How often do you have a drink containing alcohol?  
 Never  Monthly or less  2-4 times a month  
 2-3 times a week  4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?  
 1 or 2  3 or 4  5 or 6  
 7 to 9  10 or more

3. How often do you have six or more drinks on one occasion?  
 Never  Less than monthly  Monthly  
 Weekly  Daily or almost daily

Date	Time	Score	Concerns	Comments
10/11/2016	10:55:22	9	Don't know	No
10/11/2016	09:53:28	2	Don't know	No

**Audit-C Total Score: 9**

In men a score of 4 or more and in women a score of 3 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders. The guidelines to reduce health risks from drinking alcohol provide further assessment and treatment options.

Patient concerned about drinking?  
 Yes  No  Don't know

[View Alcohol Guidelines](#) [Reference](#) [New Assessment](#)

Currently displaying data from assessment performed on 10/11/2016. Click 'New Assessment' to conduct a new assessment.

Update address for all family members  
 Auto-capitalise names

[Save](#) [Cancel](#)

## Check

For each age and gender group:

- You cannot have more regular patients with AUDIT-C results in each range than the total number of regular patients who had an AUDIT-C result recorded.
- The total number of regular patients who had an AUDIT-C result recorded should be less than or equal to the number of regular patients who had alcohol consumption status recorded in PI16.

## PI18 - Kidney Function Test Recorded (Type 2 Diabetes or CVD Patients)

### Description

Proportion of regular clients who are Indigenous, who are recorded as having

- Type 2 diabetes OR
- Cardiovascular disease (CVD) OR
- Type 2 diabetes and/or CVD

AND who have had either:

- An estimated glomerular filtration rate (eGFR) AND an albumin/creatinine ratio (ACR) test result recorded.
- Only an eGFR test result recorded.
- Only an ACR test result recorded.
- Neither an eGFR NOR an ACR test result recorded within the previous 12 months.

### Business Rules

- Type II Diabetes recorded as outlined in PI05.
- History of CVD recorded is defined as patients with a condition listed as at least one of the below:
- ACR or other micro albumin test result recorded is defined as patients whose records contain at least one of the following:
  - Pathology results containing one of the following LOINC codes: '14959-1', '32294-1', '30001-2', '30000-4', '9318-7'.
  - A manually recorded ACR measurement of type: 'MALB', 'MALBUN' or 'MALDATE'.
- eGFR recorded is defined as patients whose records contain at least one of the following:
  - Pathology results containing one of the following LOINC codes: '33914-3', '62238-1'.
  - A manually recorded eGFR measurement of type: 'EGFR'.

### Calculation 1: Type 2 Diabetes

#### Numerator

The number of Indigenous regular [Disaggregation: Gender] clients with Type 2 Diabetes aged [Disaggregation: Age] who have had [Disaggregation: Tests] recorded within the previous 12 months.

#### Denominator

The number of Indigenous regular [Disaggregation: Gender] clients with Type 2 Diabetes aged [Disaggregation: Age] (see [PI05](#)).

### Calculation 2: CVD

#### Numerator

The number of Indigenous regular [Disaggregation: Gender] clients with CVD aged [Disaggregation: Age] who have had [Disaggregation: Tests] recorded within the previous 12 months.

#### Denominator

The number of Indigenous regular [Disaggregation: Gender] clients with CVD aged [Disaggregation: Age] (see [PI05](#)).

### Calculation 3: Type 2 Diabetes OR CVD

#### Numerator

The number of Indigenous regular [Disaggregation: Gender] clients with Type 2 Diabetes or CVD aged [Disaggregation: Age] who have had [Disaggregation: Tests] recorded within the previous 12 months.

#### Denominator

The number of Indigenous regular [Disaggregation: Gender] clients with Type 2 Diabetes or CVD aged [Disaggregation: Age] (see [PI05](#)).



## Disaggregation

A visual representation of the disaggregation per calculation (Type 2 Diabetes, CVD and Type 2 Diabetes or CVD) can be seen below:

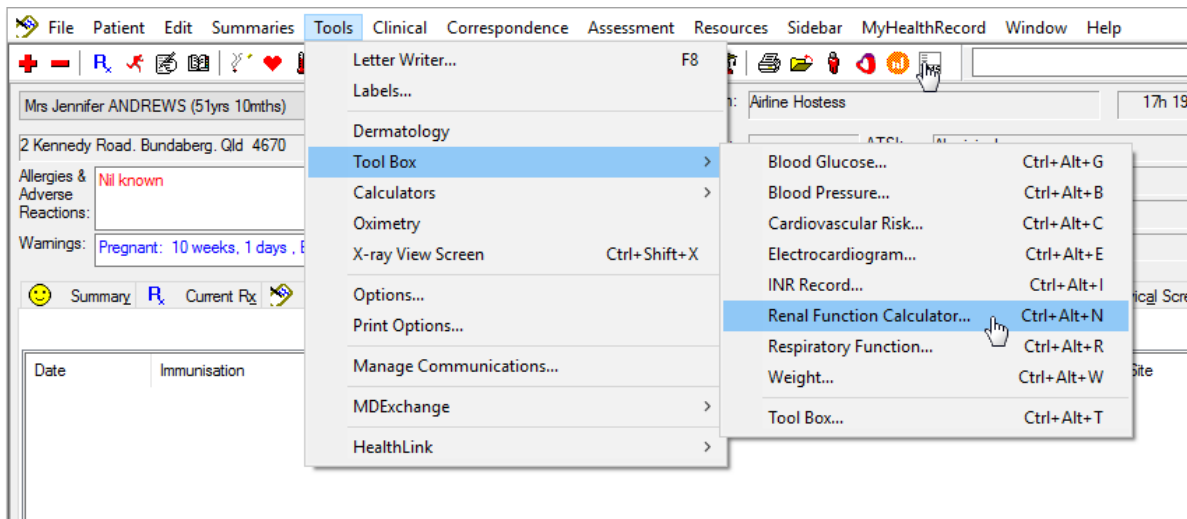
		Age (years)					
		18-24	25-34	35-44	45-54	55-64	65+
eGFR only	Male	✓	✓	✓	✓	✓	✓
	Female	✓	✓	✓	✓	✓	✓
ACR only	Male	✓	✓	✓	✓	✓	✓
	Female	✓	✓	✓	✓	✓	✓
eGFR and ACR	Male	✓	✓	✓	✓	✓	✓
	Female	✓	✓	✓	✓	✓	✓
Neither an eGFR nor an ACR	Male	✓	✓	✓	✓	✓	✓
	Female	✓	✓	✓	✓	✓	✓

## Notes

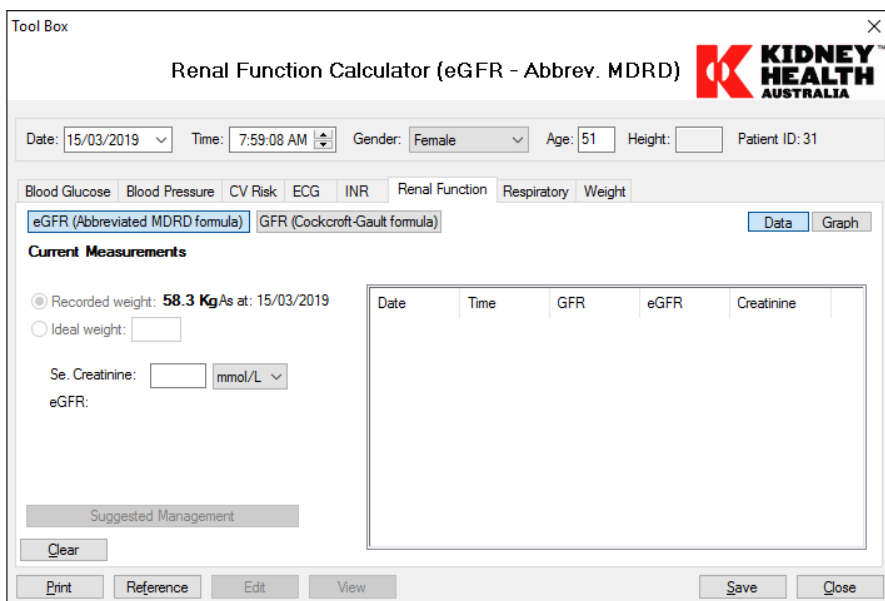
- 'Type 2 diabetes' – specifically excludes Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, Impaired fasting glucose, and impaired glucose tolerance CVD
- 'ACR' – refers to an albumin/creatinine ratio, or other micro albumin urine test result.
- 'An eGFR only' – a recorded eGFR result, where an ACR result HAS NOT been recorded.
- 'An ACR only' – a recorded ACR result, where an eGFR result HAS NOT been recorded.
- 'Both an eGFR and an ACR' – a recorded eGFR result AND a recorded ACR result.
- 'Neither an eGFR NOR an ACR' – an eGFR result AND an ACR result HAS NOT been recorded.

## Example - Record Kidney Function Test (eGFR result) Manually

1. Open a patient's record.
2. Select Tools > Tool Box > Renal Function Calculator.



3. The Renal Function Calculator window appears.



4. Enter a value for creatine to generate eGFR value and click **Save**.

## Example - Add eGFR/ACR Result from An Existing hl7 File

Please refer to this Online Help Guide: [The Holding File](#)

### Check

For each age and gender group:

- You cannot have more regular patients with type 2 diabetes who've had a test (eGFR, ACR or both) than the total number of regular patients with type 2 diabetes.
- You cannot have more regular patients with CVD who've had an eGFR test than the total number of regular patients with CVD.
- The total number of regular patients with type 2 diabetes should be the same as the total number of regular patients in the relevant age and gender groups in these nKPIs: PI05, PI07, PI08, PI15 and PI23.
- You cannot have more regular patients with CVD or type 2 diabetes than the total number of regular patients in these nKPIs: PI03 (adults), PI09 and PI16.

## PI19 - Kidney Function Test Result (Type 2 Diabetes or CVD Patients)

### Description

Proportion of clients with:

- Type 2 Diabetes, OR
- CVD.
- Type 2 Diabetes and/or CVD.

Whose estimated glomerular filtration rate (eGFR) AND albumin/creatinine ratio (ACR) recorded within the previous 12 months were categorised as:

- Normal risk.
- Low risk.
- Moderate risk.
- High risk.

Note: Some risk groups have more than one result classification (See description of risk categories table below).

Description of risk categories:

- Normal risk:
  - eGFR  $\geq$  60 mL/min/1.73 m<sup>2</sup> AND (ACR < 3.5 mg/mmol for females OR ACR < 2.5 mg/mmol for males).
- Low risk:
  - (eGFR  $\geq$  45 mL/min/1.73m<sup>2</sup> and < 60 mL/min/1.73m<sup>2</sup> AND (ACR < 3.5 mg/mmol for females OR ACR < 2.5 mg/mmol for males)) OR
  - (eGFR  $\geq$  60 mL/min/1.73m<sup>2</sup> AND ((ACR  $\geq$  3.5 mg/mmol and  $\leq$  35 mg/mmol for females) OR (ACR  $\geq$  2.5 mg/mmol and  $\leq$  25 mg/mmol for males))).
- Moderate risk:
  - (eGFR  $\geq$  45 mL/min/1.73m<sup>2</sup> and < 60 mL/min/1.73m<sup>2</sup> AND (ACR  $\geq$  3.5 mg/mmol and  $\leq$  35 mg/mmol for females OR ACR  $\geq$  2.5 mg/mmol and  $\leq$  25 mg/mmol for males)) OR
  - (eGFR  $\geq$  30 mL/min/1.73m<sup>2</sup> and < 45 mL/min/1.73m<sup>2</sup>) AND ((ACR < 35 mg/mmol for females) OR (ACR < 25 mg/mmol for males))).
- High risk:
  - (eGFR  $\geq$  30 mL/min/1.73m<sup>2</sup> AND (ACR > 35 mg/mmol for females OR ACR > 25 mg/mmol for males) OR
  - (eGFR < 30 mL/min/1.73m AND any ACR result).

## Business Rules

- eGFR results recorded in patient file defined per PI18.
- ACR results recorded in patient file defined per PI18.
- Type II Diabetes recorded in patient file defined per PI05.
- CVD recorded in patient file defined per PI18.

### Calculation 1: Male

#### Numerator

The number of male indigenous regular clients with [Disaggregation: Chronic disease] aged [Disaggregation: Age] whose most recent eGFR and ACR results, recorded within the previous 12 months, were [Disaggregation: Results].

#### Denominator

The number of male indigenous regular clients with [Disaggregation: Chronic disease] aged [Disaggregation: Age] who had both an eGFR and ACR result recorded within the previous 12 months.

### Calculation 2: Female

#### Numerator

The number of female indigenous regular clients with [Disaggregation: Chronic disease] aged [Disaggregation: Age] whose most recent eGFR and ACR results, recorded within the previous 12 months, were [Disaggregation: Results].

#### Denominator

The number of female indigenous regular clients with [Disaggregation: Chronic disease] aged [Disaggregation: Age] who had both an eGFR and ACR result recorded within the previous 12 months.

## Disaggregation

A visual representation of the disaggregation per calculation (male and female) can be seen below:

		Age (years)					
		18-24	25-34	35-44	45-54	55-64	65+
Type 2 Diabetes	Pathology result categories (see table below)	✓	✓	✓	✓	✓	✓
		✓	✓	✓	✓	✓	✓
CVD	Pathology result categories	✓	✓	✓	✓	✓	✓
		✓	✓	✓	✓	✓	✓
Type 2 Diabetes OR CVD	Pathology result categories	✓	✓	✓	✓	✓	✓
		✓	✓	✓	✓	✓	✓

## Pathology result categories

Renal function test result	Range	Applicable gender
rfr-1	eGFR $\geq$ 60 and ACR $<$ 2.5	Male
rfr-2	eGFR $\geq$ 60 and ACR $<$ 3.5	Female
rfr-3	(eGFR $\geq$ 45 and $<$ 60 and ACR $<$ 2.5) OR (eGFR $\geq$ 60 and ACR $\geq$ 2.5 and $\leq$ 25)	Male
rfr-4	(eGFR $\geq$ 45 and $<$ 60 and ACR $<$ 3.5) OR (eGFR $\geq$ 60 and ACR $\geq$ 3.5 and $\leq$ 35)	Female
rfr-5	(eGFR $\geq$ 45 and $<$ 60 and ACR $\geq$ 2.5 and $\leq$ 25) OR (eGFR $\geq$ 30 and $<$ 45 and ACR $<$ 25)	Male
rfr-6	(eGFR $\geq$ 45 and $<$ 60 and ACR $\geq$ 3.5 and $\leq$ 35) OR (eGFR $\geq$ 30 and $<$ 45 and ACR $<$ 35)	Female
rfr-7	(eGFR $\geq$ 30 and ACR $>$ 25) OR (eGFR $<$ 30 and any ACR result)	Male
rfr-8	(eGFR $\geq$ 30 and ACR $>$ 35) OR (eGFR $<$ 30 and any ACR result)	Female

## Notes

- 'Type 2 diabetes' – specifically excludes Type I diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, Impaired fasting glucose, and impaired glucose tolerance.
- The report only considers the most recently recorded eGFR test result per patient.
- The report only considers the most recently recorded ACR test result per patient.
- Results taken from relevant pathology results. If your organisation does not have a system for adding pathology results to patient records, ensure the results have been included in the correct fields for this nKPI.
- For correct data entry please see [PI05](#).
- 'ACR' – refers to an albumin/creatinine ratio, or other micro albumin urine test result.

## Example - Add eGFR data

eGFR results may be added manually through the Renal Function Calculator or via HL7 file as described in [PI18](#).

## Example - Add history of Type 2 Diabetes or Cardiovascular Disease

Type 2 Diabetes can be recorded via the method shown in [PI05](#).

## Check

For each age and gender group:

- you cannot have more regular patients with type 2 diabetes with eGFR results in each range than the total number of regular patients with type 2 diabetes who had an eGFR result recorded.
- you cannot have more regular patients with CVD with eGFR results in each range than the total number of regular patients with CVD who had an eGFR result recorded.
- the total number of regular patients with type 2 diabetes who had an eGFR recorded should be the same as the sum of the number of regular patients with type 2 diabetes who had an eGFR only recorded and both eGFR and ACR recorded in this nKPI: PI18.
- the total number of regular patients with CVD who had an eGFR recorded should be the same as the number of regular patients with CVD who had an eGFR recorded in this nKPI: PI18.
- you cannot have more regular male patients with type 2 diabetes with ACR results in each specified ranged than the total number of regular male patients with type 2 diabetes who had an ACR result recorded.
- the total number of regular male patients with type 2 diabetes with an ACR result recorded should be the same as the sum of the number of regular male patients with type 2 diabetes who had an ACR only recorded and both eGFR and ACR recorded in this nKPI: PI18.
- you cannot have more regular female patients with type 2 diabetes with ACR results in each specified ranged than the total number of regular female patients with type 2 diabetes who had an ACR result recorded.
- the total number of regular female patients with type 2 diabetes with an ACR result recorded should be the same as the sum of the number of regular female patients with type 2 diabetes who had an ACR only recorded and both eGFR and ACR recorded in this nKPI: PI18..

# PI20 - Cardiovascular Disease (CVD) Risk Assessment

## Description

Proportion of Indigenous regular patients with no known cardiovascular disease (CVD), aged 35 to 74, with information available to calculate their absolute CVD risk.

## Business Rules

- CVD recorded per PI18.
- Smoking status recorded per PI09.
- Diabetes recorded per PI05.
- Absolute CV risk is defined as patients with a measurement type of 'ACVRISK'. These results are collated into low, medium, and high by the below calculations:
  - $0 \leq \text{measurement value} < 10$ : set element value as 3 (low).
  - $10 \leq \text{measurement value} \leq 15$ : set element value as 2 (medium).
  - $15 < \text{measurement value}$ : set element value as 1 (high).
- High-Density Lipoprotein Cholesterol recorded is defined as patients with a measurement type of 'LIPIDDATE' or 'HDL'.

## Numerator

Number of regular Indigenous patients whose:

- Smoking Status has been recorded, AND
- Diabetes status, BP, Total cholesterol, and High-Density Lipoprotein Cholesterol have been measured and recorded within the last 24 months.

## Denominator

Number of regular Indigenous patients **NOT CODED** with CVD (As we want Check for risk factors after) (See [PI07](#)).

## Records Excluded

- Patients coded with CVD.
- Patients without known CVD if information is not available for all risk factors (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex).



## Reporting by Age Group

Separate the results for males and females into each of the following age groups:

	Age (years)			
	35-44	45-54	55-64	65-74
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

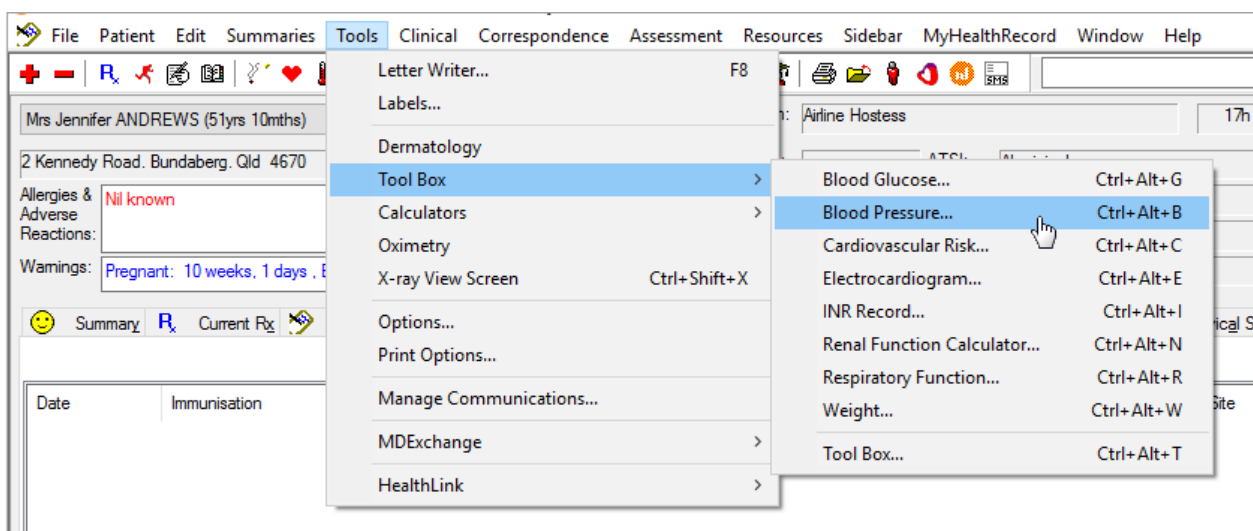
## Notes

Ensure information on the diabetes status from the most recent record is included regardless of how old that record is.

Where a patient's tobacco smoking status and/or sex does not have an assessment date assigned within the Patient Information Record System (PIRS), smoking status and/or sex as recorded in the PIRS should be treated as current (that is, as having been updated within the previous 24 months).

## Example - Record Blood Pressure

1. Open a patient's record.
2. Select **Tools > Tool Box > Blood Pressure**



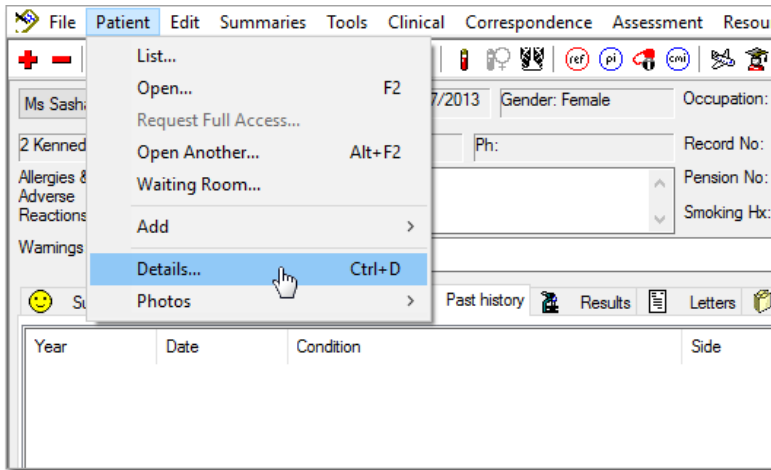
3. The Blood Pressure module appears.

The screenshot shows a software window titled "Tool Box" with a sub-window titled "Blood Pressure". At the top, there are fields for Date (15/03/2019), Time (8:20:54 AM), Gender (Female), Age (51), Height, and Patient ID (31). Below these are tabs for Blood Glucose, Blood Pressure, CV Risk, ECG, INR, Renal Function, Respiratory, and Weight. The "Blood Pressure" tab is active, showing a "Device" dropdown set to "Manual" and buttons for "Data" and "Graph". Under "Current Measurements", there is a "View" dropdown set to "All". The "Blood Pressure" section includes a "Cuff Location" dropdown set to "Unspecified" and a "Systolic / Diastolic / Pulse" section with input fields for "Sitting", "Standing", and "Lying". A table with columns for Date, Time, Location, Type, BP, Pulse, and Rhythm is present. At the bottom, there are buttons for "Clear", "Record", "Print", "Reference", "Edit", "View", "Save", and "Close".

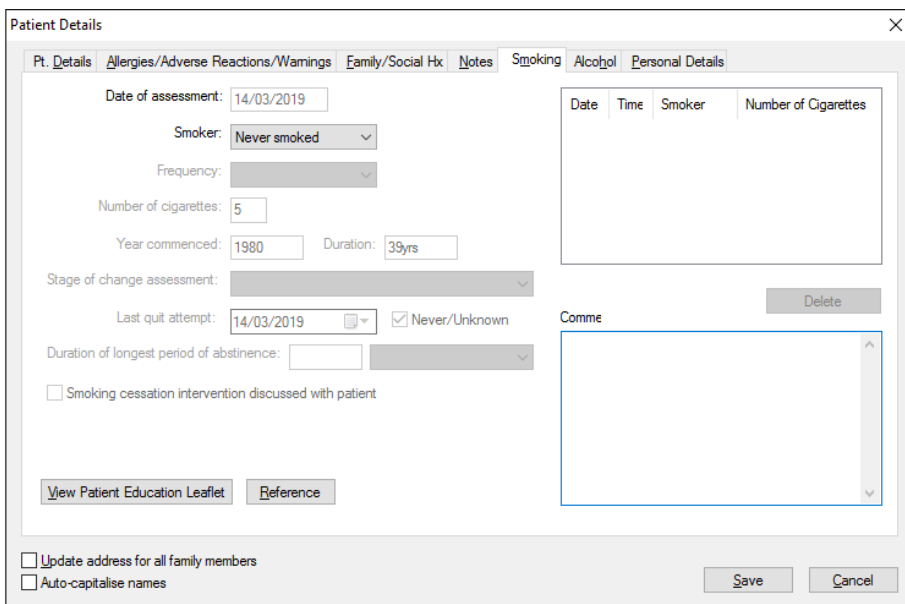
4. Enter values for blood pressure and then click **Save**

## Example - Record Smoking Status

1. Open a patient's record.
2. Select **Patient > Details**.



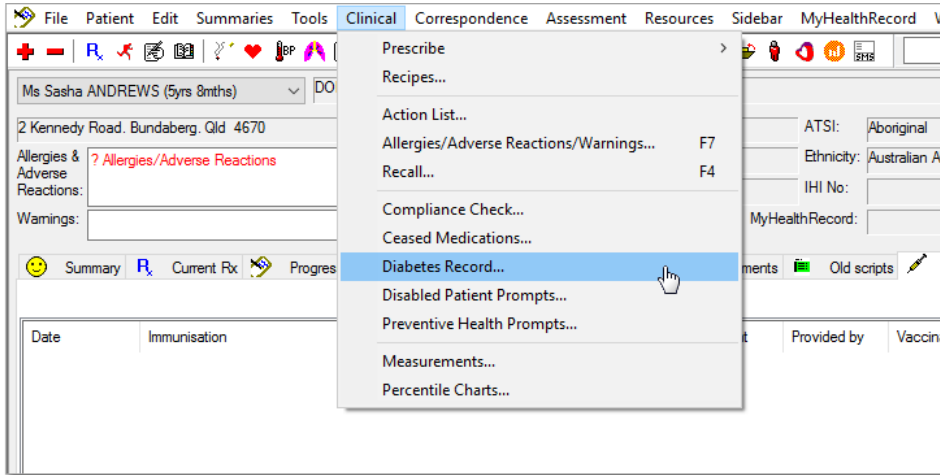
3. Select the **Smoking** tab.



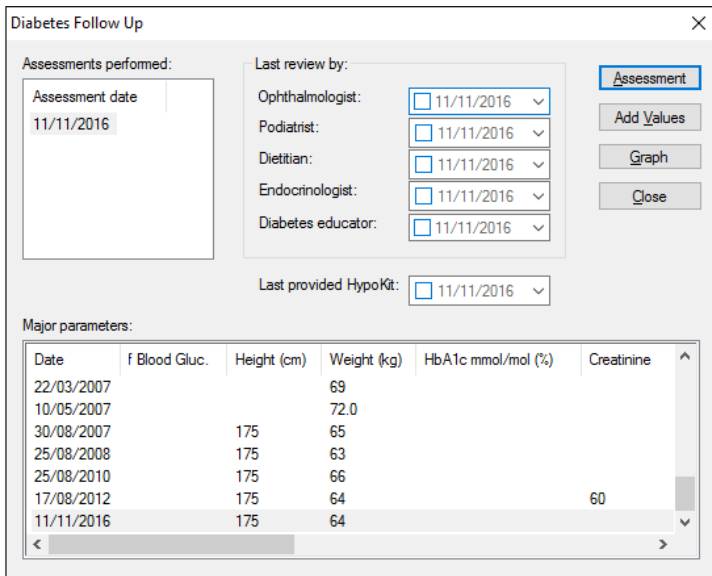
4. Select the smoking status from the **Smoking** drop-down list and click **Save**.

## Example - Record Total Cholesterol and HDL

1. Open a patient's record.
2. Select Clinical > Diabetes Record.



3. The Diabetes Follow Up window appears.



- Click **Add Value**. The **Diabetes Record** window appears.

Diabetes record

Date: 14/03/2019

Parameters

Weight (kg)  Height (cm)

Systolic BP  Diastolic BP

f Blood Gluc.  HbA1c (mmol/mol)

Total Chol.  HDL

Triglycerides  Creatinine

Urinalysis

Protein

Blood

Glucose

Ketones

Leucocytes

Bilirubin

Last review by:

Ophthalmologist  14/03/2019

Podiatrist  14/03/2019

Dietitian  14/03/2019

Endocrinologist  14/03/2019

Diabetes educator  14/03/2019

Last Provided HypoKit:  14/03/2019

Save Close

- Enter the value for total cholesterol and HDL, then click **Save**.

## Check

For each age and gender group:

- You cannot have more regular patients with all the following information recorded (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex), than the total number of regular patients without known CVD recorded.
- You cannot have more regular patients without known CVD than the total number of regular patients.
- The total number of regular patients without known CVD should be equal to the total number of regular patients in the relevant age and gender groups in these nKPIs: PI03, PI09 and PI16, minus the total number of regular patients with CVD in the relevant age and gender groups in this nKPI: PI18.

## PI21 - Cardiovascular Disease (CVD) Risk Assessment Results

### Description

Proportion of Indigenous regular patients with no known cardiovascular disease (CVD), aged 35–74, who have had an absolute CVD risk assessment recorded within the previous 24 months and whose CVD risk was categorised as one of the following:

Category	% Chance of CV Event in The Next 5 Years
Low	Less than 10% chance of a cardiovascular event in the next 5 years
Moderate	10%–15% chance of a cardiovascular event in the next 5 years
High	Greater than 15% chance of a cardiovascular event in the next 5 years

### Business Rules

- CVD recorded in patient file per PI18.
- Absolute CVD risk assessment recorded per PI20.

### Calculation 1: Patients with High CV Risk

#### Numerator:

The number of regular Indigenous patients who have had an absolute CVD risk assessment recorded in the 24 months up to the census date with risk assessed as high (greater than 15% over the next 5 years).

#### Denominator

Number of regular Indigenous patients identified in the Denominator include:

- Patients NOT CODED with CVD (See PI07) AND
- Having Absolute CVD risk measured within the last 24 months AND
- Aged 35 – 74.

### Calculation 2: Patients with Moderate CV Risk

#### Numerator:

The number of regular Indigenous patients have had an absolute CVD risk assessment recorded in the 24 months up to the census date with risk assessed as moderate (10%–15% over the next 5 years).

#### Denominator

Number of regular Indigenous patients identified in the Denominator include:

- Patients **NOT** CODED with CVD (See [PI07](#)) AND
- Having Absolute CVD risk measured within the last 24 months AND
- Aged 35 – 74.

Number of regular Indigenous patients identified in the Denominator include:

- Patients NOT CODED with CVD (See PI07) AND
- Having Absolute CVD risk measured within the last 24 months AND
- Aged 35 – 74.

### Calculation 3: Patients with Low CV Risk

#### Numerator:

The number of regular Indigenous patients many have had an absolute CVD risk assessment recorded in the 24 months up to the census date with risk assessed as low (less than 10% over the next 5 years).

#### Denominator:

Number of regular Indigenous patients identified in the Denominator include:

- Patients NOT CODED with CVD (See PI07) AND
- Having Absolute CVD risk measured within the last 24 months AND
- Aged 35 – 74.

### Reporting by Age Group:

Separate the results for males and females into each of the following age groups:

	Age (years)			
	35-44	45-54	55-64	65-74
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

## Records Excluded

- Patients coded with CVD.
- Patients aged under 35.
- Patients aged 75 or over.

## Notes

Only the most recently recorded result from an absolute CVD risk assessment. This means that if a patient has had several assessments, then include only the results from the most recent test.

## Examples of Recording Risk Factors

1. From within the Clinical Window, select **Clinical > Diabetes Record**. The **Diabetes Follow Up** window appears.

Date	f Blood Gluc.	Height (cm)	Weight (kg)	HbA1c mmol/mol (%)	Creatinine	Pr
------	---------------	-------------	-------------	--------------------	------------	----

2. An assessment may be conducted, or alternatively values may be added directly.

Date	f Blood Gluc.	Height (cm)	Weight (kg)	HbA1c mmol/mol (%)	Creatinine	Pr
------	---------------	-------------	-------------	--------------------	------------	----



- From within the Clinical Window, select **Tools > Toolbox > Blood Pressure**. The Blood Pressure module appears. Record Blood Pressure from within this window.

The screenshot shows the 'Blood Pressure' module interface. At the top, there's a patient information bar with fields for Date (15/03/2019), Time (8:20:54 AM), Gender (Female), Age (51), Height, and Patient ID (31). Below this is a navigation bar with tabs for Blood Glucose, Blood Pressure, CV Risk, ECG, INR, Renal Function, Respiratory, and Weight. The 'Blood Pressure' tab is selected. Underneath, there's a 'Device' dropdown set to 'Manual' and buttons for 'Data' and 'Graph'. The 'Current Measurements' section has a 'View' dropdown set to 'All'. A table with columns Date, Time, Location, Type, BP, Pulse, and Rhythm is present. Below the table are buttons for 'Clear', 'Record', 'Print', 'Reference', 'Edit', 'View', 'Save', and 'Close'.

## Check

For each age and gender group:

- You cannot have more regular patients without known CVD with absolute CVD risk assessment results in each range than the total number of regular patients without known CVD who had an absolute risk assessment recorded.
- You cannot have more regular patients without known CVD than the total number of regular patients.
- The total number of regular patients without known CVD who had an absolute risk assessment recorded should be less than or equal to the number of patients without known CVD who had all the following information (tobacco smoking, diabetes, systolic blood pressure, total cholesterol and HDL cholesterol levels, age, sex) recorded in this nKPI: PI20.

## PI22 - Cervical Screening Recorded

Proportion of female regular patients who are Indigenous, 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.

This indicator has been revised to align with the new National Cervical Screening Program (NCSP) where the previous Pap test is replaced by an HPV test from 1 December 2017. For the nKPIs these changes take effect from June 2018 reporting period.

The key changes are:

- Data is to be collected on patients who had a human papillomavirus (HPV test) conducted from 1 December 2017.
- The HPV test can be based on a sample collected by a health practitioner or on a self-collected sample.
- The age range for this nKPI indicator has been revised to 25–74 for a transitional period.
- Data is to be disaggregated by age group (see specifications below).

### Business Rules

- Cervical screening as recorded a record present in the 'Cervical Screening' tab.
- No history of hysterectomy is defined as patients whose medical file does not contain the below DOCLE codes:

cxyz Hysterectomy  
cxyz Surgery - Uterus - Hysterectomy  
cxyz Uterus - removal of  
cxyz Hysterectomy - Abdominal  
cxyz Hysterectomy - Vaginal  
cxyz Vaginal Hysterectomy  
cxyz Hysterectomy - Vaginal with vaginal repair  
cxyz Hysterectomy - Laparoscopic  
cxyz Laparoscopic hysterectomy  
cxyz Hysterectomy - ovary(ies) spared  
cxyz Hysterectomy - Subtotal  
cxyz Hysterectomy - Total  
cxyz Subtotal hysterectomy  
cxyz Hysterectomy & BSO - Abdominal

## Numerator

Number of female Indigenous patients with cervical screening done within the previous 5 years.

## Denominator

Number of regular Indigenous female patients with no history of hysterectomy aged 25 – 74.

## Records Excluded

- Patients whose last screening was more than 5 years ago.
- Patients with hysterectomy present in their record as a history item or reason for visit. See here for hysterectomy DOCLE Codes.

## Reporting by Age Group

Results should be separated into the below age groups:

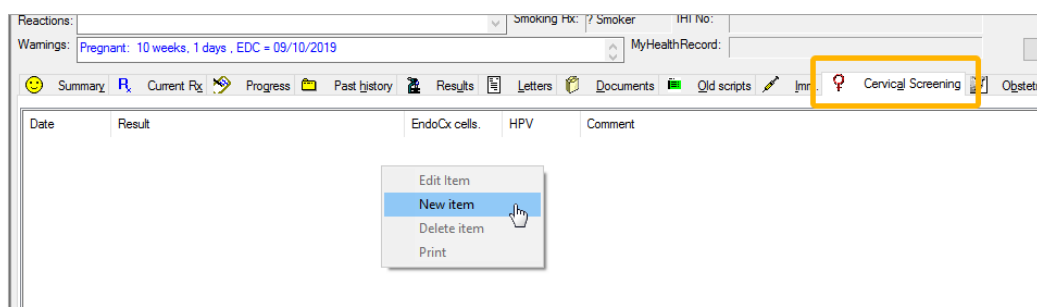
	Age (years)					
	25-34	35-44	45-54	55-64	65-69	70-74
Female	✓	✓	✓	✓	✓	✓

## Notes

Include patients who had HPV tests conducted from 1 December 2017, HPV tests where the sample is either collected by a health practitioner or self-collected and results from other organisations (where possible).

## Example – Adding a Cervical Screening Result

1. Open a female patient's record.
2. Select the **Cervical Screening** tab.
3. Right-click in the white space and select **New Item**.



4. The **Record Cervical Screening Result** window appears. Enter the date of the result, select the result from the drop down and tick the 'Endocervical cells present?' and/or HPV changes present?' checkboxes as required.

Record Cervical Screening Result

Jennifer ANDREWS  
DOB: 20/04/1967      Record No:

Screening Result

Date: 15/03/2019      Result: Negative

Endocervical cells present?     HPV changes present?

Comment:

[View AMBS 2004 Comparison Table](#)      Add Recall    Add    Cancel

5. Click **Add**.

## Check

- The number of female regular patients aged 25–74 with a cervical screening should not exceed the total number of female regular patients aged 25–74 who have not had a hysterectomy.

## PI23 - Blood Pressure Recorded (Type 2 Diabetes Patients)

### Description

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

### Business Rules

- Type 2 Diabetes recorded as per PI05.
- Blood pressure measurement recorded as per patient's whose file's contain measurements of types 'Systolic' and 'diastolic' as recorded in the 'Blood pressure' toolbox.

### Numerator

Number of Indigenous patients with BP recorded within the past 6 months, separated into the below age groups (See [PI20](#)).

### Denominator

Number of Indigenous patients with Diabetes Type 2 (See [PI05](#)).

### Records Excluded

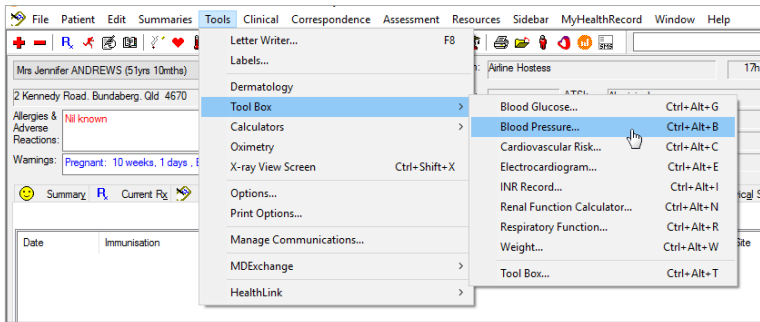
Patients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

### Reporting by Age Group

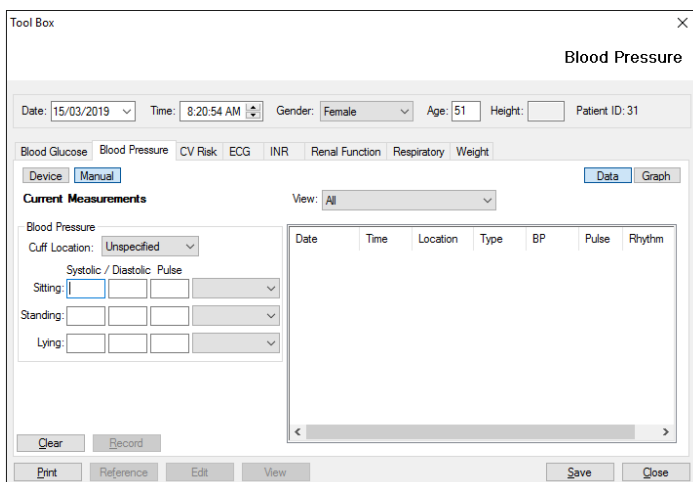
	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

## Example - Record Blood Pressure

1. Open a patient's record.
2. Select **Tools > Tool Box > Blood Pressure**.



3. The **Blood Pressure** module appears.



4. Enter values for Systolic and Diastolic and click **Save**

## Check

For each age and gender group with type 2 diabetes:

- you cannot have more regular patients with type 2 diabetes who've had a blood pressure test in the past 6 months than the total number of regular patients with type 2 diabetes.
- The number with type 2 diabetes who've had a blood pressure test should be the same as the total number of regular patients with type 2 diabetes who had a blood pressure test in this nKPI: PI24.
- The total number of regular patients with type 2 diabetes should be the same as the total number of regular patients with type 2 diabetes in the relevant age and gender groups in these nKPIs: PI05, PI07, PI08, PI15 and PI18.
- The total number of regular patients with type 2 diabetes cannot be more than the total number of regular patients in these nKPIs: PI03 (adults), PI09 and PI16.

# PI24 - Blood pressure less than or equal to 140/90 mmHg (type 2 diabetes patients)

## Description

Proportion of regular patients who are Indigenous, have type 2 diabetes and whose blood pressure measurement result, recorded within the previous 6 months, was less than or equal to 140/90 mmHg.

## Business Rules

- Type 2 Diabetes as recorded in [PI05](#).
- Blood pressure recorded per [PI23](#).

## Numerator

Number of male and female indigenous patient records in each age group below, with a recorded blood pressure of 140/90mmHg or less in the 6 months up to the census date.

## Denominator

Number of indigenous patient records identified in the Denominator include:

- Patients with Diabetes Type 2 (See [PI05](#)) AND
- Has BP recorded within the past 6 months? (See [PI20](#)).

## Reporting by Age Group

	Age (years)							
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
Male	✓	✓	✓	✓	✓	✓	✓	✓
Female	✓	✓	✓	✓	✓	✓	✓	✓

## Records Excluded

Any patients whose systolic or diastolic reading is above the threshold (140 and 90, respectively) in the Numerator. (They will be counted in the total number who have had a blood pressure test.)

- Patients with type 1 diabetes, secondary diabetes, gestational diabetes mellitus (GDM), previous GDM, impaired fasting glucose or impaired glucose tolerance.

## Notes

- Only the most recently recorded blood pressure test result. This means that if a patient has had their blood pressure measured several times in the past 6 months, then include only the results from the most recent measurement.

## Check

For each age and gender group of regular patients with type 2 diabetes:

- The number whose blood pressure is 140/90mmHg or less cannot be more than the number who've had their blood pressure tested.
- The total number with type 2 diabetes who had a blood pressure test should be the same as the number of regular patients with type 2 diabetes who had a blood pressure test in this nKPI: [PI23](#).



# PI25 – STI Result Recorded

## Description

Proportion of Indigenous regular clients aged 15 to 34 years who had a STI(s) result recorded (chlamydia and/or gonorrhoea) within the previous 12 months.

## Business Rules

- Patients with either a Chlamydia or Gonorrhoea test result recorded is defined as patients whose records contain a pathology result with a relevant LOINC code.

## Numerator

Number of male and female indigenous patient records in each age group below, who have had a chlamydia and/or gonorrhoea test result recorded within the previous 12 months

## Denominator

Number of male and female indigenous patient records in each age group below.

## Reporting by Age Group

	Age (years)			
	15-19	20-24	25-29	30-34
Male	✓	✓	✓	✓
Female	✓	✓	✓	✓

## Check

For each age and gender group of regular patients with an STI result recorded:

- The number of tests recorded in each cell cannot be more than the number of patients in each age group.

# DOCLE Codes

## Diabetes Type 2

diabm@niddm	Diabetes Mellitus - NIDDM
diabm@niddm	Diabetes Mellitus - Type II
diabm@niddm	NIDDM
diabm@niddm	NIDDM (Non-Insulin dependent diabetes mellitus)
diabm@niddm	Non-insulin dependent diabetes mellitus
diabm@niddm&rx%insu	Diabetes Type II requiring insulin
diabm@niddm&rx%insu	NIDDM - requiring insulin

## Unspecified Diabetes

diabm	Diabetes Mellitus
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## COPD

bronchit@chro	Bronchitis - Chronic
coad	CAL (Chronic Airways Limitation)
coad	Chronic Airways Limitation
coad	Chronic Bronchitis
coad	Chronic Obstructive Airways Disease
coad	Chronic Obstructive Pulmonary Disease
coad	COAD
coad	COAD (Chronic Obstructive Airways Disease)
coad	COPD (Chronic Obstructive Pulmonary Disease)
emph	Emphysema

## CVD

### Coronary Heart Disease (CHD)

atherosc	Arteriosclerosis
atherosc	Atherosclerosis
embo.arte	Arterial embolism
embo.arte.aort	Aortic embolism
ihd	Atherosclerotic heart disease
ihd	Coronary artery disease
ihd	Coronary heart disease
ihd	Coronary insufficiency
ihd	IHD
ihd	IHD (Ischaemic Heart Disease)
ihd	Ischaemic heart disease
ihd	Myocardial insufficiency
occl@coroa	Blockage Coronary Artery
occl@coroa	Coronary Occlusion

## Coronary Heart Disease (CHD)

occl@coroa	Occlusion-Coronary Artery
ppoc@reha@ihd	Coronary artery disease-Rehabilitation

## Acute Coronary Syndrome (ACS)

angip	Angina
angip	Angina pectoris
angip@unst	Acute coronary insufficiency
angip@unst	Angina pectoris - unstable
angip@unst	Preinfarction syndrome
angip@unst	Unstable Angina
angip@unst:high@risk	Unstable Angina - High risk
angip@unst:low@risk	Unstable Angina - Low risk
angip@unst:moderate@risk	Unstable Angina - Moderate risk
occl@coroa:acut	ACS (acute coronary syndrome)
occl@coroa:acut	Acute coronary syndrome
occl@coroa:acut	Acute Coronary Syndrome (ACS)

## Carotid Artery Stenosis

sten.caroa	Carotid Stenosis
------------	------------------

## Surgery – Cardiovascular – Carotid

surg.caroa@bypa@graf	Carotid artery bypass surgery
surg.caroa@enda	Carotid Endarterectomy
surg.caroa@enda	Endarterectomy - Carotid
surg.caroa@stent	Arterial stent - Carotid artery
surg.caroa@stent	Carotid artery stent
surg.caroa@stent	Stent - Carotid artery

## Surgery – Cardiovascular – Coronary

surg.coroa	Coronary artery surgery
surg.coroa	Surgery - Coronary artery
surg.coroa@balloon	Angioplasty - coronary
surg.coroa@balloon	Balloon coronary angioplasty
surg.coroa@balloon	Coronary artery balloon angioplasty
surg.coroa@balloon	PCTA
surg.coroa@balloon	Percutaneous transluminal angioplasty
surg.coroa@balloon	Surgery - Coronary artery balloon angioplasty
surg.coroa@enda	Coronary artery endarterectomy
surg.coroa@enda	Surgery - Coronary artery endarterectomy
surg.coroa@graf	Bypass - coronary
surg.coroa@graf	CABG (Coronary Artery Bypass graft)
surg.coroa@graf	Coronary artery bypass graft

surg.coroa@graf	Surgery - Coronary artery bypass graft
surg.coroa@stent	Coronary Angiography and Stent
surg.coroa@stent	Coronary artery stent
surg.coroa@stent	Stent-Coronary artery
surg.coroa@stent	Surgery - Coronary artery stent
surg.coroa@stent	Angioplasty - coronary (with stent)
surg.coroa@stent@eluting	Arterial stent - Coronary artery, drug-eluting
surg.coroa@stent@eluting	Coronary artery, drug-eluting stent
surg.coroa@stent@eluting	Stent-Coronary Artery, drug-eluting
surg.coroa@stent@eluting@non	Arterial stent - Coronary artery, not drug-eluting
surg.coroa@stent@eluting@non	Coronary artery ,not drug-eluting stent
surg.coroa@stent@eluting@non	Stent-Coronary artery, not drug-eluting

## Cerebrovascular Disease

cva	Cerebral Infarction
cva	Cerebrovascular Accident
cva	CVA (Cerebrovascular Accident)
cva	Stroke
cva@isch	Ischaemic Stroke
cva@isch	Stroke - Ischaemic
cva@lacu	Lacunar Stroke
cva@lacu	Stroke - Lacunar
cva@migr	Migranous Stroke
cva@migr	Stroke - Migranous
cva@thrombos	Stroke - Thrombotic
cva@thrombos	Thrombotic - Stroke
cvi	Cerebrovascular insufficiency
embo.cere	Cerebral Embolism
embo.cere	Embolism - Cerebral
ich	Cerebral Haemorrhage
ich	Haemorrhage - intracerebral
ich	Haemorrhagic CVA
ich	Haemorrhagic Stroke
ich	Intracerebral bleed
ich	Intracerebral haemorrhage
ich	Stroke-Haemorrhagic
sah	Haemorrhage - subarachnoid
sah	Subarachnoid bleed
sah	Subarachnoid haemorrhage

## Cerebrovascular Disease - TIA

tia	Arterial Embolism - minor
tia	Cerebral TIA
tia	Cerebral Transient Ischaemia
tia	Cerebral Transient Ischaemic Attacks

tia	TIA (Transient Ischaemic Attack)
tia	Transient Ischaemic Attack

## Myocardial Infarction (MI)

myoci	Acute myocardial infarction
myoci	AMI (Acute Myocardial Infarction)
myoci	Myocardial Damage
myoci	Myocardial Damage
myoci	Myocardial infarction
myoci	Myocardial Infarction(MI)
myoci:sans,st@elev	Myocardial infarction-without ST elevation
myoci:sans,st@elev	Non-ST-elevation myocardial infarction (NSTEMI)
myoci:sans,st@elev	NSTEMI (non-ST-elevation myocardial infarction)
myoci:st@elev	Myocardial Infarction-with ST elevation
myoci:st@elev	STEMI (ST-Elevation Myocardial Infarction)
myoci@ante	Anterior myocardial infarct
myoci@ante	Myocardial infarction-anterior
myoci@antel	Anterolateral myocardial infarct
myoci@antel	Myocardial infarction-anterolateral
myoci@antel	Myocardial infarction-anterolateral
myoci@inf	Inferior myocardial infarction
myoci@inf	Inferior myocardial infarction
myoci@inf	Myocardial infarction-inferior
myoci@inf	Myocardial infarction-inferior
myoci@posterio	Myocardial infarction-posterior
myoci@posterio	Myocardial infarction-posterior
myoci@posterio	Posterior myocardial infarct
myoci@posterio	Posterior myocardial infarct
myoci@sile	Myocardial infarction-silent
myoci@sile	Myocardial infarction-silent
myoci@sile	Silent myocardial infarction
myoci@sile	Silent myocardial infarction
myoci@subendoc	Myocardial infarction-subendocardial
myoci@subendoc	Myocardial infarction-subendocardial
myoci@subendoc	Subendocardial myocardial infarct
myoci@supe	Myocardial infarction-superior
myoci@supe	Myocardial infarction-superior
myoci@supe	Superior myocardial infarct

## Peripheral Vascular Disease (PVD)

pvd	Arteriosclerosis obliterans
pvd	Peripheral Vascular Disease
pvd	PVD

## Renal Artery Stenosis (RENALSTENOSIS)

sten.renaa	Renal Artery Stenosis
sten.renaa	Stenosis - Renal artery

## Surgery – Cardiovascular – Renal Artery

surg.renaa	Angioplasty - renal
surg.renaa@stent	Arterial stent - Renal artery
surg.renaa@stent	Renal artery stent
surg.renaa@stent	Stent - Renal artery

## Chronic Kidney Disease

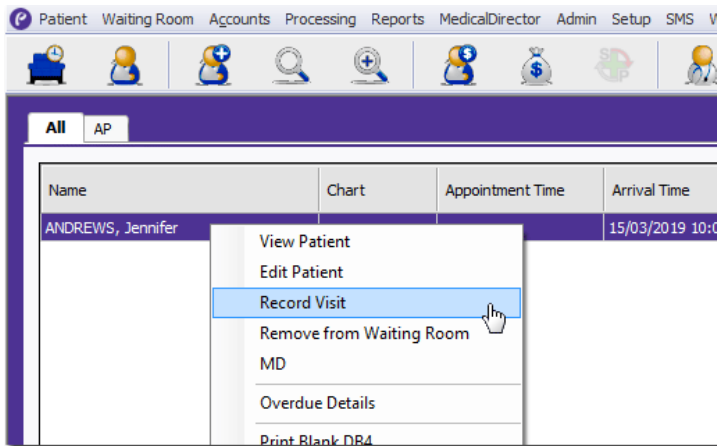
crf.eval,ctx:stag3	Chronic Kidney Disease - Stage 3
crf.eval,ctx:stag3	CKD (Chronic Kidney Disease) Stage 3
crf.eval,ctx:stag3	Kidney Disease - Chronic - Stage 3
crf.eval,ctx:stag3	Renal Disease - Chronic - Stage 3
crf.eval,ctx:stag4	Chronic Kidney Disease - Stage 4
crf.eval,ctx:stag4	CKD (Chronic Kidney Disease) Stage 4
crf.eval,ctx:stag4	Kidney Disease - Chronic - Stage 4
crf.eval,ctx:stag4	Renal Disease - Chronic - Stage 4
crf.eval,ctx:stag5	Chronic Kidney Disease - Stage 5
crf.eval,ctx:stag5	CKD (Chronic Kidney Disease) Stage 5
crf.eval,ctx:stag5	Kidney Disease - Chronic - Stage 5
crf.eval,ctx:stag5	Renal Disease - Chronic - Stage 5
ppoc@capd	CAPD (Continuous Ambulatory Peritoneal Dialysis)
ppoc@capd	Continuous Ambulatory Peritoneal Dialysis
ppoc@capd	Dialysis peritoneal
ppoc@capd	Peritoneal Dialysis
ppoc@dial@kidn	Dialysis haemodialysis
ppoc@dial@kidn	Haemodialysis
ppoc@dial@kidn	Hemodialysis
ppoc@dial@kidn	Renal dialysis
surg.kidn@transpla	Kidney transplant
surg.kidn@transpla	Renal transplant
surg.kidn@transpla	Surgery - Kidney transplant
surg.kidn@transpla	Transplant - kidney

## Hysterectomy

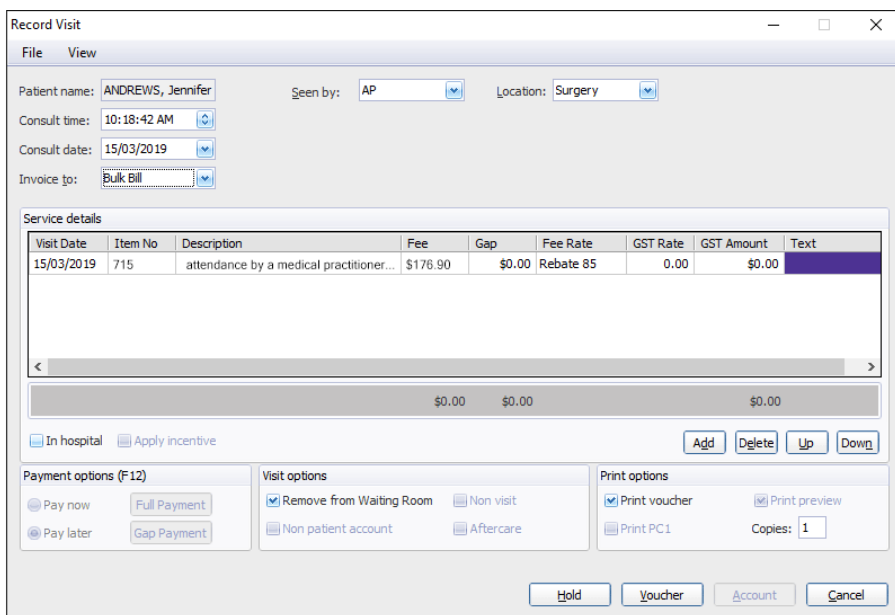
xyz	Hysterectomy
xyz	Surgery - Uterus - Hysterectomy
xyz	Uterus - removal of
xyz	Hysterectomy - Abdominal
xyz	Hysterectomy - Vaginal
xyz	Vaginal Hysterectomy
xyz	Hysterectomy - Vaginal with vaginal repair
xyz	Hysterectomy - Laparoscopic
xyz	Laparoscopic hysterectomy
xyz	Hysterectomy - ovary(ies) spared
xyz	Hysterectomy - Subtotal
xyz	Hysterectomy - Total
xyz	Subtotal hysterectomy
xyz	Hysterectomy & BSO - Abdominal

## Example – Creating and Processing a 715 Claim

1. Open MedicalDirector Pracsoft.
2. Add Patient to the Pracsoft **Waiting Room**.
  - See '[Adding Patients to the Waiting Room](#)' for instructions.
3. Right-click the patient's name, and click **Record Visit**



4. Select the following:
  - Select **Bulk Bill** via the **Invoice To** drop-down list.
  - Select the associated Doctor via the **Seen By** drop-down list.
  - Service Details: Item No: 715.

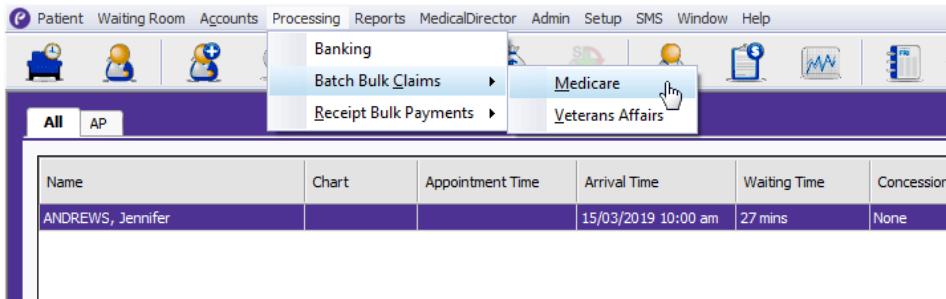


5. Click **Voucher**

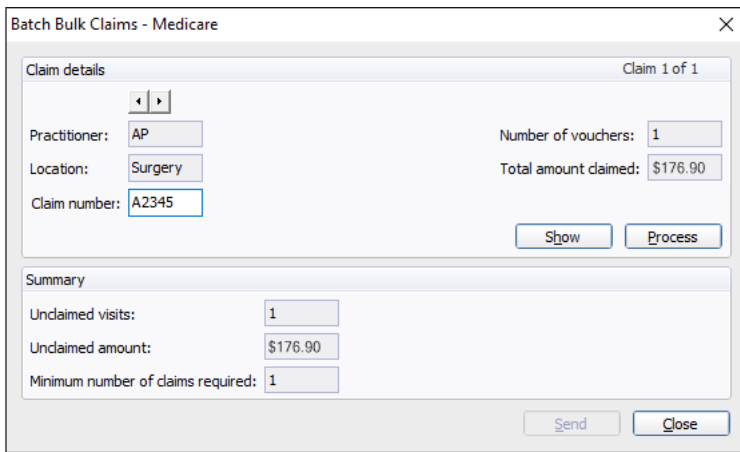


# Example - Processing a Patient Claim

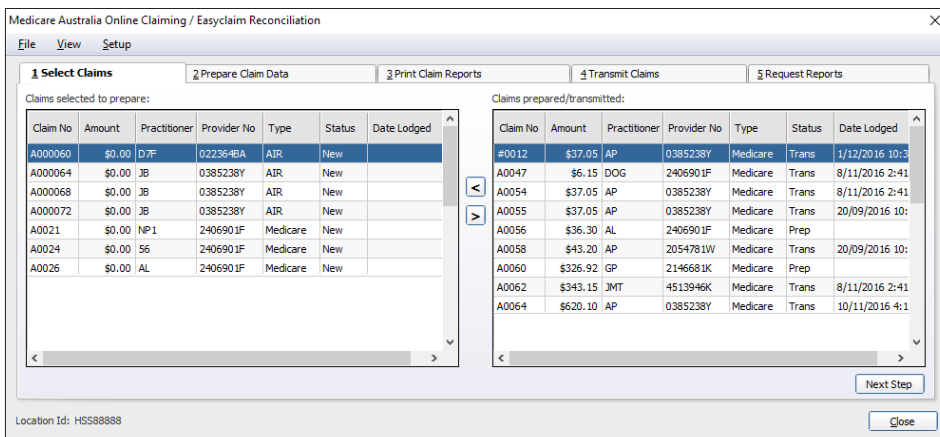
1. Select Processing > Batch Bulk Claims > Medicare.



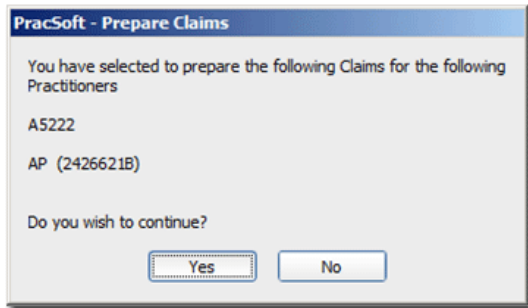
2. Enter a Claim Number (5 digits).



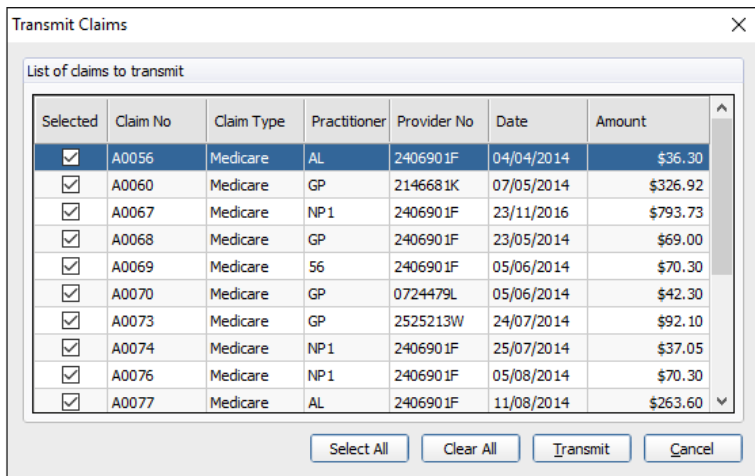
3. Click **Process**.
4. Click **Yes**.
5. Click **Send**.
6. Click **Yes** to proceed. The **Select Claims Tab** is presented.



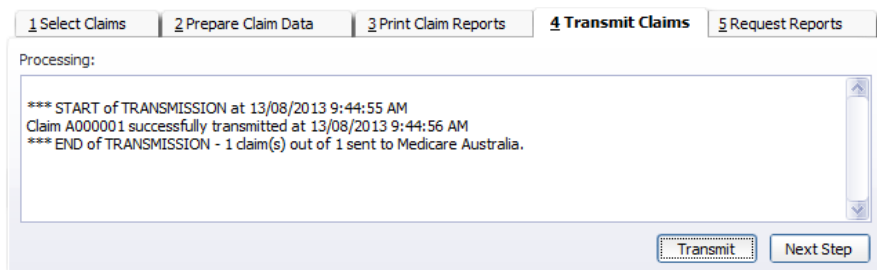
7. Click **Next Step**. The **Prepare Claim** Tab is presented. Click **Prepare**.
8. When prompted, click **Yes** for claim item.



9. Click **Next Step**. The **Transmit Claims** tab is presented.
10. Click **Transmit**. The **Transmit Claims** window appears.



11. Locate and tick the item(s) for transmitting.
12. Click **Transmit**.



13. Click **OK**.