

1. Promoting circumstances where individuals, families and communities can be healthy				
Indicator	Descriptor	Data Source	Rationale	Lead
Kimberley Environmental Acquired Fractions (KEAFs)	Proportion of presentations in primary health care directly attributable to the environment using KEAFs	MMEEx and Communicare	<ul style="list-style-type: none"> This measure provides evidence of diseases occurring in the Kimberley that are directly attributable to the environment. Over 40 diseases have a direct environmental component in the Kimberley 	Environmental health sub-committee
Childhood development	Number and proportion of Aboriginal children developmentally vulnerable on: <ul style="list-style-type: none"> One or more domains Two or more domains 	Australian Early Development Census (AEDC)	<ul style="list-style-type: none"> Population-based measure of how children have developed by the time they start their first year of full-time school. It is closely linked to the predictors of adult health, education and social outcomes Based on the most recent AEDC data available (conducted 3 yearly) 	Maternal, child and family health sub-committee
Self-harm	Number and proportion of self-harm events among Aboriginal people	WA Police	<ul style="list-style-type: none"> This measure provides evidence of emotional distress and mental health issues in the Kimberley and may inform self-harm and suicide prevention strategies 	Mental Health and AOD sub-committee via WA Police
Suicide	Number and proportion of suicides among Aboriginal people	WA Police	<ul style="list-style-type: none"> This measure provides evidence of the extent of suicide in the Kimberley and may inform suicide prevention strategies 	Mental Health and AOD sub-committee via WA Police

2. Strengthening prevention, early identification and management of chronic disease				
Indicator	Descriptor	Source	Rationale	Lead
Smoking in pregnancy	Number of regular clients who are Indigenous, aged 15 years and over, who gave birth within the previous 12 months and whose smoking status has been recorded as: <ul style="list-style-type: none"> • current smoker • Ex Smoker • Never smoked 	Every service that reports on nKPI 11: Smoking status results of women who gave birth	<ul style="list-style-type: none"> • Maternal smoking in pregnancy is associated with preterm birth, low birth weight and perinatal death • All health care professionals have a key role in the reduction of smoking prevalence and prevention of smoking uptake among Aboriginal people 	Maternal, child and family health sub-committee
Smoking status	Proportion of regular clients who are Indigenous, aged 15 and over and whose smoking status has been recorded within the previous 24 months as one of the following: <ul style="list-style-type: none"> • Current • Ex smoker • Non smoker 	Every service that reports on nKPI10: Smoking status result and Clinical audit by private GPs	<ul style="list-style-type: none"> • Smoking is associated with the greatest burden of mortality among Aboriginal people • All health care professionals have a key role in the reduction of smoking prevalence and prevention of smoking uptake among Aboriginal people 	Maternal, child and family health sub-committee
Type 2 Diabetes	Proportion of Indigenous clients who are regular clients of the service, who are diagnosed with Type II Diabetes and have had one or more HbA1c tests in the last 6 months	Every service that reports on nKPI6: HbA1c test recorded (clients with type 2 diabetes)	<ul style="list-style-type: none"> • Type 2 diabetes can often be prevented or delayed with early lifestyle changes and management of risk factors delivered in primary care and community-based care settings 	Chronic disease sub-committee

3. Improving the patient journey through seamless continuity of comprehensive, culturally responsive primary health care				
Indicator	Descriptor	Source	Rationale	Lead
Primary health care attendance	Primary reason for primary health care attendance by disease/condition across life course stages	MMEEx and Communicare and Clinical audit private GPs	<ul style="list-style-type: none"> This measure provides evidence of trends in primary health care presentations and inform future service planning 	KAHPF
Potentially Preventable Hospitalisations (PPH)	Age Standardised PPH rates for population at Statistical Areas Level 2 (SA2)	Department of Health WA Epidemiology Branch Public and Aboriginal Health Division	<ul style="list-style-type: none"> This measure provides evidence of an admission to hospital for a condition where the hospitalisation could potentially have been prevented through the provision of appropriate preventative health and early disease management 	KAHPF via WACHS-K Regional Director
First antenatal visit	First antenatal visit: estimated gestation week at first visit	Every service that reports on nKPI 13: First antenatal care visit + Women's health module in MMEEx	<ul style="list-style-type: none"> The provision and uptake of early and ongoing antenatal services is associated with improved maternal and neonatal health outcomes 	Maternal, child and family health sub-committee
Low birth weight	Proportion of Indigenous babies born during the previous 12 months, whose birth was recorded as live and whose birth weight has been recorded as low, medium or high	Every service that reports on nKPI 2: Birthweight result (low, medium, high)	<ul style="list-style-type: none"> Long-term health effects of low birth weight can include the risk of developing chronic diseases such as CVD and diabetes in adulthood 	Maternal, child and family health sub-committee
Patient experience	Patient related experience measures (PREMs)	To be determined: Proposed annual Patient opinion survey conducted by all KAHPF members	<ul style="list-style-type: none"> Patient reported measures enable patients to provide direct, timely feedback about their health related outcomes and experiences to drive improvement and integration of health care 	KAHPF
Discharge Against Medical Advice (DAMA)	Rates of DAMA for each of the three hospitals (Broome, Kununurra and Derby)	Department of Health WA, Health Tracks	<ul style="list-style-type: none"> This measure provides indirect evidence of the extent to which hospital services are responsive to Aboriginal patients' needs Data is collated for the period 1 July to 30 June of the reporting year (reported monthly with a two month delay) 	KAHPF via WACHS-K Regional Director

4. Supporting, developing and growing a strong Aboriginal health workforce				
Indicator	Descriptor	Source	Rationale	Lead
Workforce vacancies	Percentage of vacant health workforce positions servicing Aboriginal people in the Kimberley	Routinely collected workforce data by all KAHPF member organisations	<ul style="list-style-type: none"> Identifying vacancies in workforce positions provides indirect evidence of gaps in health service provision 	Workforce sub-committee
Growing the Aboriginal health workforce	Percentage of health workforce filled by Aboriginal people in the Kimberley equal to Aboriginal population	Routinely collected workforce data by all KAHPF member organisations	<ul style="list-style-type: none"> This measure provides indirect evidence of the health system's capacity to address the needs of Aboriginal people 	Workforce sub-committee
Developing the Aboriginal health workforce	Percentage of Aboriginal workforce by occupation	Routinely collected workforce data by all KAHPF member organisations	<ul style="list-style-type: none"> This measure provides direct evidence of the type of occupation Aboriginal people are employed in, to avoid under-representation in better remunerated, more skilled and managerial positions 	Workforce sub-committee
Cultural safety/ awareness	Number and proportion of staff working in the Kimberley who have completed cultural awareness training NSQHSS NACCHO	Routinely collected workforce data by all KAHPF member organisations	<ul style="list-style-type: none"> The measure provides indirect evidence of the extent to which health professionals are responsive to Aboriginal patients' needs 	Workforce sub-committee

5. Ensuring health research, evaluation and evidence transfer is designed, collected and utilised in a culturally secure manner				
Indicator	Descriptor	Source	Rationale and notes	Lead
Evidence transfer	Proportion of Kimberley Protocols that are overdue for revision during the 12 month reporting period	Tracking list of all Kimberley Protocols, via KAHPF secretariat	<ul style="list-style-type: none"> This measure provides direct evidence of the timeliness and uptake of best evidence and indirect evidence of the extent to which services and health services are using evidence-based practice 	Data, research and evidence sub-committee
External research	Number and proportion of chief and associate investigators who reside in the Kimberley during the 12 month reporting period	KAHPF Research Project Form	<ul style="list-style-type: none"> This measure provides direct evidence of the extent to which health research in the Kimberley is conducted by or engaged with local researchers 	Data, research and evidence sub-committee
Culturally secure research	Number and proportion of chief investigators and associate investigators who are Aboriginal during the 12 month reporting period	KAHPF Research Project Form	<ul style="list-style-type: none"> This measure provides direct evidence of the extent to which health research in the Kimberley is conducted by or engaged with Aboriginal researchers 	Data, research and evidence sub-committee

6. Planning, coordinating and advocating for positive change for Aboriginal people in the Kimberley				
Indicator	Descriptor	Source	Rationale and notes	Lead
Partnership	Number of KAHPF member Partnership Checklist scores between: 35- 84 84-126 127-175	Victoria Health Partnership tool, contextualised to the Kimberley	<ul style="list-style-type: none"> This measure provides direct evidence of the success of the KAHPF partnership This measure is captured by each KAHPF member undertaking the checklist in October of each year 	KAHPF

Legend:

Colour	Number of Indicators	Description
	12	Currently able to be extracted pending approval by Data Custodians
	8	Some development required: Data are collected but not currently available/Data exist for some parts of the Kimberley
	1	Further development required: No current or consistent data collection across the Kimberley

KAHPF Strategic Plan 2018-2028 Regional indicators

Development work is required by KAHPF to enable a number of the Regional Indicators to be reported. These include:

- KEAFs: currently available for WACHS primary health care sites. Some development required to capture at KAMS and member services sites
- Self-harm and suicide: Data exists in Hospital Emergency Department Attendances and through WA Police but not currently collated
- Workforce and cultural safety indicators: Data exists but is not consistently collected and reported by KAHPF members
- Patient experience: No current or consistent data collection across the Kimberley. Proposed to be captured by all KAHPF member organisations
- Primary health care attendance: currently available at WACHS primary health care sites. Some development required to capture for KAMS and member services
- Antenatal visits: Pregnant women attending third antenatal visit not consistently available across sites (highlighting continuity of antenatal care)
- Other gaps: Visibility of patients being serviced in private general practice settings

Data custodians:

- A number of the KAHPF Regional Indicators require approval from KAMS and its member services (BRAMS, DAHS, OVAHS, YYMS) via their Chief Executives Officers to obtain approval to release relevant data to KAHPF. This includes, but is not limited to, all indicators requiring data from MMEx.
- A number of the KAHPF Regional Indicators require the WACHS-K Regional Director to obtain data release from designated the Data Custodian. This includes, but is not limited to, KAHPF have applied the *Information Disclosure Model* matrix in conjunction with the *WA Health Information Use and Disclosure Policy* and confirm that the sensitivity of data request is Non-Personal Aggregated information which is HSP or hospital identifiable and person non-identifiable. As the request refers to disclosure outside of the WA Health system but within Australia, the following positions within WACHS are required to authorise disclosure:
 - HCARE (for reason for attendance): Director, Business & Performance Analysis
 - MMEx: Executive Director, Medical Services
 - Communicare: TBA
 - Stork: Director of Nursing & Midwifery KEMH
 - WANIDD: Medical Epidemiologist CDCD

Additional Notes:

- All data collated in October of each year and reported at the final KAHPF meeting (usually December) of each year
- All data cover the period between 1 July and 30 June of the reporting year unless stated otherwise
- nKPIs are the national Key Performance Indicators data collection reported by primary health care organisations that receive funding from the Australian Government Department of Health to provide services primarily to Aboriginal and Torres Strait Islander people
- MMEX is the patient software system used by KAMS and its member services
- Communicare is the patient software system currently used by WACHS primary health care sites. This is proposed to transition to CHIS in 2020
- KAHPF may consider extracting some antenatal indicators from the Department of Health, WA Midwives Notification System (MNS) in the future