Monitoring Indicator:	**Median age at death for Aboriginal and Torres Strait Islander Queenslanders**
Definition:	Difference between the median age at death for Aboriginal and Torres Strait Islander Queenslanders and the median age of death for non-Indigenous Queenslanders.
Related outcomes:	Australians are born and remain healthy. Needs of all Australians are met effectively and efficiently through prevention, early and accurate diagnosis, and timely treatment within the primary and hospital healthcare systems.
Rationale:	Life expectancy at birth by Indigenous status is a Council of Australian Government's Closing the Gap headline indicator and is calculated every 5 years by the Australian Bureau of Statistics. The latest available Indigenous life expectancy at birth comparisons produced is 2010–12. Median age at death has been used due to its ease in calculating and yearly availability. It has been developed as an alternative to comparing the life expectancy gap between Indigenous and non-Indigenous to assess annual Indigenous population health and disadvantage.
Monitoring methodology:	Straight line trajectories from the Indigenous baseline to the projected target of 0.0 age difference in 2032–33 were used to calculate a required age difference to close the gap per year. An age difference of 0.0 between the Indigenous and non-Indigenous median age of death would indicate that the health gap has been closed between the two population groups.
Computation:	The median age of death is the age at which half the deaths occurring in a given time period were deaths of people above that age and half were deaths below that age by Indigenous status and calculating the difference between the two population groups[1,2,3,4,5,6,7] Modal age at death has been added as supplementary information indicating for both Indigenous and non-Indigenous the most common age people died at compared to any other age. A mode of zero can indicate a higher infant mortality rate within that year. These have only been produced for Queensland as numerous Hospital and Health Services have a small number of deaths and there is no clear mode within the data. [1] *Year has been based on year of death. The numbers may change across different publications due to late registrations.* [2] *Deaths with unknown age at death were excluded.* [3] *Median age is suppressed for groups with fewer than 10 deaths.* [4] *To increase sample size, years have been rolled into three-year rolling averages.* [5] *Persons with an Indigenous status not reported are included in non-Indigenous counts.* [6] *Death counts were restricted to Queensland residents whose deaths were registered in Queensland. Records which could not be assigned to HHS by suburb and/or postcode were removed, though some of these persons are likely to have been Queensland residents.* [7] *2016-17 data is preliminary and subject to change. Numbers of deaths and median ages at death may differ from other publications due to late death registrations.*
Data source:	Queensland Deaths Registration, Registry of Births, Deaths and Marriages as at 5 May 2018
Frequency of data and available years:	Annual, 2001–02 to 2016–17 (three-year rolling averages)
Available disaggregation:	Queensland by Sex Hospital and Health Services by Sex (excludes Modal age at death) All by the geographical location of the person's usual residence (only Queensland residents included)
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712

Indicator:	**Estimated level of completion of Aboriginal and Torres Strait Islander origin in Queensland Acute public hospitals**
Definition:	This indicator reports on the proportion of estimated Aboriginal and Torres Strait Islander separations accurately identified within the Queensland Hospital Admitted Patient Data Collection.
Rationale	Improving the health of the Queensland Aboriginal and Torres Strait Islander population is a priority. More accurate identification of Aboriginal and Torres Strait Islander patients in Queensland Health data collections assures the complete measurement of both Indigenous health status and the effectiveness of intervention programs. Indigenous status is also used to determine aspects of facility funding.
Target setting methodology:	The estimated level of completion of Indigenous identification has been calculated by applying the state-wide age and sex specific rates of Indigenous hospitalisation to generate an expected number of Indigenous admissions based on the catchment areas of the hospital. This is then compared with the actual (observed) count for the same catchment area to calculate the estimated percentage level of completion for each hospital.
Computation:	*Numerator*: Number of Aboriginal and Torres Strait Islander separations identified in the financial year[1,2] *Denominator*: Total number of separations estimated to be Aboriginal and Torres Strait Islander status in the financial year[1,2,3] *Calculation*: 100 x (Numerator / Denominator) [1] *Queensland asked the Commonwealth Department of Health to remove 47 facilities (Primary Health Care Centres and Outpatient Clinics) from the declared hospital list, taking effect as at 1 July 2014. These facilities, previously declared as hospitals prior to 2014–15, have been removed.* [2] *Excludes episodes of care for renal dialysis (DRG v50 of L61Z), boarders, posthumous organ procurement, unqualified neonates and interstate residents.* [3] *2016-17 data is preliminary and subject to change.*
Data sources:	Queensland Hospital Admitted Patient Data Collection (QHAPDC), 2016–17 Queensland Government Statistician's Office: Synthetic Estimated Resident Populations by Indigenous Status, 2016
Frequency of data and available years:	Annual, 2016–17
Available disaggregation:	Queensland Hospital and Health Services Public acute facilities All by the geographical location of the facility.
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Collection of Indigenous Status in Queensland Health Data Sets https://www.health.qld.gov.au/__data/assets/pdf_file/0029/147629/factsheet1.pdf

Indicator:	**Aboriginal and Torres Strait Islander women who attended 5 or more antenatal visits during pregnancy**
Definition:	The number of Aboriginal and Torres Strait Islander women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation to a live or stillborn baby as a proportion of Aboriginal and Torres Strait Islander women who gave birth at 32 weeks or more gestation resulting in at least one live or stillborn baby.
Related outcome:	The primary care needs of all Australians are met effectively through timely and quality care in the community.
Rationale:	Good antenatal care is associated with positive health outcomes for mothers and babies.
Target setting methodology:	Straight line trajectories from the current Indigenous baseline to the non-Indigenous projected target were used to enable an estimate of the percentage or rate point change required per year. Targets for the first five years (2008–09 to 2012–13) were based on halving the gap between Indigenous and non-Indigenous antenatal visit rates. Targets for the next five years (2013–14 to 2017–18) were based on closing the gap between Indigenous and non-Indigenous antenatal visit rates. The trajectory for non-Indigenous Queensland rate of antenatal visit was held constant based on the assumption that further significant improvement in non-Indigenous rates will be small.
Computation:	*Numerator:* Number of Aboriginal and Torres Strait Islander women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation resulting in at least one live or stillborn baby in the financial year[1,2,3,4] *Denominator:* Total number of Aboriginal and Torres Strait Islander women who gave birth at 32 weeks or more gestation resulting in at least one live or stillborn baby in the financial year[1,2,3,4] *Calculation:* 100 x (Numerator / Denominator) [1] *Includes women whose births were recorded in Queensland public and private hospitals.* [2] *Women who attended an unknown or unspecified number of antenatal visits are excluded.* [3] *Women with an Indigenous status of 'not-stated' are included in non-Indigenous counts.* [4] *2016-17 data is preliminary and subject to change.*
Included in COAG agreements:	National Indigenous Reform Agreement
Data source:	Perinatal Data Collection (PDC), Queensland Health
Frequency of data and available years:	Annual, 1997–98 to 2016–17
Available disaggregation:	Queensland Hospital and Health Services All by the geographical location of the mother's usual residence (only Queensland residents included)
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Summary Perinatal data can be found at http://www.health.qld.gov.au/hsu/peri.asp

Indicator:	**Aboriginal and Torres Strait Islander patients who discharge from hospital against medical advice (DAMA)**
Definition:	The proportion of Aboriginal and Torres Strait Islander patients who discharged themselves from hospital against medical advice.
Related outcome:	Australians receive high quality hospital and hospital-related care that is appropriate and timely.
Rationale:	Research highlights that discharge against medical advice is associated with increased patient morbidity and the risk of hospital readmission[a].
Target setting methodology:	Straight line trajectories from the current Indigenous baseline to the non-Indigenous projected target were used to enable an estimate of the percentage or rate point change required per year. Targets for the first five years (2008–09 to 2012–13) were based on halving the gap between Indigenous and non-Indigenous DAMA rates. Targets for the next five years (2013–14 to 2017–18) were based on closing the gap between Indigenous and non-Indigenous DAMA rates. The trajectory for non-Indigenous Queensland rate of DAMA was held constant based on the assumption that further significant improvement in non-Indigenous rates will be small.
Computation:	*Numerator:* Number of Aboriginal and Torres Strait Islander separations who are recorded as discharging against medical advice in the financial year[1,2,3,4,5,6,7] *Denominator:* Total number of Aboriginal and Torres Strait Islander separations in the financial year[1,2,3,4,5,6,7] *Calculation:* 100 x (Numerator / Denominator) [1] *Includes episodes of care at Queensland public acute facilities only.* [2] *Patients with discharge status of 'episode change' or 'died' are excluded.* [3] *Admissions for Renal Dialysis (DRG L61Z) are excluded.* [4] *Unqualified newborns, posthumous organ procurement and boarders are excluded.* [5] *Patients with an Indigenous status of 'not-stated' are included in non-Indigenous counts.* [6] *Includes interstate and overseas patients who utilised Queensland public acute facilities.* [7] *Queensland asked the Commonwealth Department of Health to remove 47 facilities (Primary Health Care Centres and Outpatient Clinics) from the declared hospital list, taking effect as at 1 July 2014. These facilities, previously declared as hospitals prior to 2014–15, have been removed for all years to ensure consistency in trend analysis.*
Included in COAG agreements:	National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes
Data source:	Queensland Hospital Admitted Patient Data Collection (QHAPDC)
Frequency of data and available years:	Annual, 1995–96 to 2016–17
Available disaggregation:	Queensland, Hospital and Health Services. All by the geographical location of the facility (interstate residents included).
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Closing the Gap: Discharge against medical advice across public hospital wards by Indigenous status http://www.health.qld.gov.au/hsu/pdf/statbite/statbite60.pdf
Reference:	[a] Franks, P., Meldrum, S., and Fiscella, K. (2006). Discharge against medical advice: Are race/ethnicity predictors? Journal of General Internal Medicine, pp. 955-960

Indicator:	**Low birthweight babies (weighing less than 2500 grams at birth) born to Aboriginal and Torres Strait Islander women**
Definition:	The incidence of low birthweight among liveborn babies, of Aboriginal and Torres Strait Islander mothers as a proportion of liveborn babies, of Aboriginal and Torres Strait Islander mothers. Low birthweight is defined as less than 2500 grams.
Related outcome:	Children are born and remain healthy.
Rationale:	Low birthweight is associated with increased risk of poor health and death during infancy and increased prevalence of a number of chronic diseases in adulthood. Low birthweight is a particular issue for Indigenous Australians.
Target setting methodology:	Straight line trajectories from the current Indigenous baseline to the non-Indigenous projected target were used to enable an estimate of the percentage or rate point change required per year. Targets for the first 10 years (2008–09 to 2017–18) were based on halving the gap between Indigenous and non-Indigenous low birthweight rates. Targets for the next 15 years (2018–19 to 2032–33) were based on closing the gap between Indigenous and non-Indigenous low birthweight rates. The trajectory for non-Indigenous Queensland rate of low birthweight was held constant based on the assumption that further significant improvement in non-Indigenous rates will be small.
Computation:	*Numerator:* Number of low birthweight (<2500g) liveborn singleton babies born to Aboriginal and Torres Strait Islander women in the financial year[1,2,3,4, 5] *Denominator:* Total number of liveborn singleton babies born to Aboriginal and Torres Strait Islander women in the financial year[1,2,3,4,5] *Calculation:* 100 x (Numerator / Denominator) [1] *Includes live births of 20 weeks gestation or 400 grams or more birthweight recorded in Queensland public and private hospitals.* [2] *Babies of unknown birthweight are excluded.* [3] *Multiple births and stillbirths are excluded.* [4] *Women with an Indigenous status of 'not-stated' are included in non-Indigenous counts.* [5] *2016-17 data is preliminary and subject to change.*
Included in COAG agreements:	National Indigenous Reform Agreement National Partnership Agreement for Indigenous Early Childhood Development Agreement National Healthcare Agreement
Data source:	Perinatal Data Collection (PDC), Queensland Health
Frequency of data and available years:	Annual, 1997–98 to 2016–17
Available disaggregation:	Queensland Hospital and Health Services All by the geographical location of the mother's usual residence (only Queensland residents included)
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Summary Perinatal data can be found at http://www.health.qld.gov.au/hsu/peri.asp

Indicator:	**Aboriginal and Torres Strait Islander women who smoked at any time during pregnancy**
Definition:	The proportion of Aboriginal and Torres Strait Islander women who smoked at any time during pregnancy.
Related outcome:	Australians manage the risk factors that impact on poor maternal and early child health.
Rationale:	Smoking during pregnancy is often associated with poor health outcomes for the foetus such as increased risk of perinatal mortality, low birthweight, and other health related issues. This indicator is a key indicator to measure progress towards the national commitment to halving child (<5 yrs of age) mortality within a decade (by 2017–18).
Target setting methodology:	Straight line trajectories from the current Indigenous baseline to the non-Indigenous projected target were used to enable an estimate of the percentage or rate point change required per year. Targets for the first 10 years (2008–09 to 2017–18) were based on halving the gap between Indigenous and non-Indigenous rates of women who smoked during pregnancy. Targets for the next 15 years (2018–19 to 2032–33) were based on closing the gap between Indigenous and non-Indigenous rates of women who smoked during pregnancy. The trajectory for non-Indigenous Queensland rate of women who smoked during pregnancy was held constant at current levels as there was insufficient data points to develop long term non-Indigenous trends and trajectories.
Computation:	*Numerator:* Number of Aboriginal and Torres Strait Islander women who gave birth who indicated that they smoked at any time during pregnancy in the financial year[1,2,3,4] *Denominator:* Total number of Aboriginal and Torres Strait Islander women who gave birth in the financial year[1,2,3,4] *Calculation:* 100 x (Numerator / Denominator) [1] *Includes women whose births were recorded in Queensland public and private hospitals.* [2] *Women with an unknown smoke status are excluded.* [3] *Women with an Indigenous status of 'not-stated' are included in non-Indigenous counts.* [4] *2016-17 data is preliminary and subject to change.*
Included in COAG agreements:	National Indigenous Reform Agreement
Data source:	Perinatal Data Collection (PDC), Queensland Health
Frequency of data and available years:	Annual, 2005–06 to 2016–17
Available disaggregation:	Queensland Hospital and Health Services All by the geographical location of the mother's usual residence (only Queensland residents included)
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Summary Perinatal data can be found at http://www.health.qld.gov.au/hsu/peri.asp

Indicator:	**Aboriginal and Torres Strait Islander women who smoked after 20 weeks gestation**
Definition:	The proportion of Aboriginal and Torres Strait Islander women who smoked after 20 weeks gestation.
Related outcome:	Australians manage the risk factors that impact on poor maternal and early child health.
Rationale:	Smoking during pregnancy is often associated with poor health outcomes for the foetus such as increased risk of perinatal mortality, low birthweight, and other health related issues. This indicator is a key indicator to measure progress towards the national commitment to halving child (<5 yrs of age) mortality within a decade (by 2017–18).
Target setting methodology:	Straight line trajectories from the current Indigenous baseline to the non-Indigenous projected target were used to enable an estimate of the percentage or rate point change required per year. Targets for the first 10 years (2008–09 to 2017–18) were based on halving the gap between Indigenous and non-Indigenous rates of women who smoked after 20 weeks gestation. Targets for the next 15 years (2018–19 to 2032–33) were based on closing the gap between Indigenous and non-Indigenous rates of women who smoked after 20 weeks gestation. The trajectory for non-Indigenous Queensland rate of women who smoked after 20 weeks gestation was held constant at current levels as there was insufficient data points to develop long term non-Indigenous trends and trajectories.
Computation:	*Numerator:* Number of Aboriginal and Torres Strait Islander women who gave birth and smoked after 20 weeks gestation in the financial year[1,2,3,4] *Denominator:* Total number of Aboriginal and Torres Strait Islander women who gave birth in the financial year[1,2,3,4] *Calculation:* 100 x (Numerator / Denominator) [1] *Includes women whose births were recorded in Queensland public and private hospitals.* [2] *Women with an unknown smoke status after 20 weeks gestation are excluded.* [3] *Women with an Indigenous status of 'not-stated' are included in non-Indigenous counts.* [4] *2016-17 data is preliminary and subject to change.*
Included in COAG agreements:	Nil
Data source:	Perinatal Data Collection (PDC), Queensland Health
Frequency of data and available years:	Annual, 2005–06 to 2016–17
Available disaggregation:	Queensland Hospital and Health Services All by the geographical location of the mother's usual residence (only Queensland residents included)
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Summary Perinatal data can be found at http://www.health.qld.gov.au/hsu/peri.asp

Indicator:	**Potentially Preventable Hospitalisations (PPH)**
Definition:	Admissions to hospital that could have potentially been prevented through the provision of and access to appropriate primary and community health services, expressed as the Hospital and Health Service Indigenous to Queensland non-Indigenous age-standardised rate ratio.
Related outcome:	All Queenslanders have access to high quality primary health care that is appropriate and timely. A significant determinant of health and well-being is the timely access to and use of early detection/diagnostic services and ongoing disease management plans in the local community setting.
Rationale:	Due to unavailability of comprehensive primary health care data, this indicator is a proxy measure of the prevalent number of cases in the community of conditions that are deemed preventable or treatable outside of the acute hospital setting.
Target setting methodology:	Straight line trajectories from the current Indigenous baseline to the non-Indigenous projected target were used to calculate an estimate of the (logarithmic) change in rate ratio required per year. A rate ratio of 1.0 is required to close the gap. This would indicate that Indigenous and non-Indigenous Queenslanders had the same rate of preventable hospitalisations.
Computation:	Note: The definition of potentially preventable hospitalisations has been regularly revised. In particular, in July 2010 and July 2012, there were significant changes in coding standards for diabetes, which is a substantial contributor to chronic and total preventable hospitalisations. These coding changes have impacted on the comparability of age-standardised rates across years. For this reason, ratios of Indigenous to non-Indigenous rates are being used to track changes and to set targets. It is assumed that although the absolute rate of PPH has been affected by the coding changes, the coding change will affect Indigenous and non-Indigenous populations similarly. That is, the change in Indigenous separations coded would be similar to the change in non-Indigenous separations coded. Thus, the Rate Ratio will not be affected by coding changes so is a more robust measure of change over time. <u>Directly age-standardised rate (DSR)</u> *Numerator*: Total number of potentially preventable hospitalisations in the financial year. This comprises: • vaccine-preventable conditions (e.g. tetanus, measles, mumps, rubella) • potentially preventable acute conditions (e.g. ear, nose and throat infections, gangrene, convulsions and epilepsy) • potentially preventable chronic conditions (e.g. diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease) *Denominator*: Indigenous Synthetic Estimated Resident Population (ERP) as at 30 June 2016. *Calculation* is 100,000 × (Numerator ÷ Denominator), resulting in a number per 100,000 population by Indigenous status that is age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 64 years, with ages over 64 combined. The results are presented as a rate ratio (RR) which is the DSR for Indigenous population for the area of interest (Hospital and Health Service or Queensland) ÷ DSR for Queensland non-Indigenous population. The rate ratio is displayed on a logarithmic scale as the Indigenous and non-Indigenous age-standardised rate ratio measures relative difference of the two values as opposed

	to the absolute difference between them. Crude rates for individual PPH conditions by Hospital and Health Service *Numerator*: Total number of potentially preventable hospitalisations, in the financial year. *Denominator*: Indigenous Synthetic Estimated Resident Population (ERP) as at 30 June 2016. *Calculation* is 100,000 × (Numerator ÷ Denominator), resulting in a number per 100,000 population by Indigenous status. The results are presented as the odds of hospitalisation by individual conditions, which are calculated as the inverse of the crude rate. For example, if a calculation yielded 20, the interpretation would be 1 person in every 20 persons in the population would be hospitalised for a potentially preventable condition (i.e. 1 in 20 population). **Notes** Data have been revised in line with a nationally agreed upon revised definition of selected potentially preventable hospitalisations and will differ from previously published reports. Data include hospitalisations at Queensland public and private facilities. Admissions exclude unqualified neonates, boarders, organ procurements, and patients admitted to psychiatric facilities. This indicator is a proxy estimate of the health of the population residing in Queensland and their access to local primary and community health services, therefore excludes interstate and overseas patients who utilised Queensland public acute facilities. Patients with an Indigenous status of 'not-stated' are included in non-Indigenous counts. Age standardisation is the method used to remove the influence of age when comparing populations with different age structures. The age composition of the total estimated resident population of Australia as at 30 June, 2001 has been used as the standard population. Patients may be hospitalised for more than one PPH condition. As a result, sums of components may not add exactly to totals or to 100%. Queensland asked the Commonwealth Department of Health to remove 47 facilities (Primary Health Care Centres and Outpatient Clinics) from the declared hospital list, taking effect as at 1 July 2014. These facilities, previously declared as hospitals prior to 2014–15, have been removed for all years to ensure consistency in trend analysis. Rates of PPH may differ between publications due to revisions of the estimated residential population for previous years.
Included in COAG agreements:	National Healthcare Agreement
Data source:	Queensland Hospital Admitted Patient Data Collection (QHAPDC), 2002–03 to 2016–17 Queensland Government Statistician's Office: Synthetic Estimated Resident Populations by Indigenous Status, 2002 to 2016
Frequency of data and available years:	Annual, 1994–95 to 2016–17

Available disaggregation:	Queensland, Hospital and Health Services, All by the geographical location of the patient's usual residence (only Queensland residents included).
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Changes to diabetes coding practices and impact on trend analysis: http://www.health.qld.gov.au/hsu/tech_report/techreport_8.pdf http://www.health.qld.gov.au/hsu/tech_report/techreport_9.pdf

Table 1. Queensland Health Potentially Preventable Hospitalisation ICD-10-AM definition

Category	ICD-10-AM codes
Vaccine-preventable	
Influenza and pneumonia	J10, J11, J13, J14 in any diagnosis field, excludes infants under 2 months
Other vaccine-preventable conditions	A08.0, A35, A36, A37, A80, B01, B05, B06, B16.1, B16.9, B18.0, B18.1, B26, G00.0 in any diagnosis field
Chronic	
Asthma	J45, J46 as principal diagnosis only, excludes children aged less than 4 years
Bronchiectasis	J47 as principal diagnosis only, J20 only with additional diagnosis of J47
Congestive cardiac failure	I50, I11.0, J81 as principal diagnosis only, excludes cases with the following cardiac procedure codes: Blocks 600-606, 608-650, 653-657, 660-664, 666, 669-682, 684-691, 693, 705-707, 717 and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732]
Diabetes complications	E10–E14.9 as principal diagnoses and E10–E14.9 as additional diagnoses where the principal diagnosis was: – hypersmolarity (E87.0) – acidosis (E87.2) – transient ischaemic attack (G45) – nerve disorders and neuropathies (G50–G64) – cataracts and lens disorders (H25–H28) – retinal disorders (H30–H36) – glaucoma (H40–H42) – myocardial infarction (I21–I22) – other coronary heart diseases (I20, I23–I25) – heart failure (I50) – stroke and sequelae (I60–I64, I69.0–I69.4) – peripheral vascular disease (I70–I74) – gingivitis and periodontal disease (K05) – kidney diseases (N00–N29) [including end-stage renal disease (N17–N19)]
COPD	J41, J42, J43, J44 as principal diagnosis only, J20 only with additional diagnoses of J41, J42, J43, J44

Angina	I20, I24.0, I24.8, I24.9 as principal diagnosis only, excludes cases with cardiac procedure codes: Blocks 600-606, 608-650, 653-657, 660-664, 666, 669-682, 684-691, 693, 705-707, 717 and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732]
Iron deficiency anaemia	D50.1, D50.8, D50.9 as principal diagnosis only
Hypertension	I10, I11.9 as principal diagnosis only, excludes cases with cardiac procedure codes: Blocks 600-606, 608-650, 653-657, 660-664, 666, 669-682, 684-691, 693, 705-707, 717 and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732]
Nutritional deficiencies	E40, E41, E42, E43, E55.0 as principal diagnosis only
Rheumatic heart disease	I00 to I09 as principal diagnosis only. (Note: includes acute rheumatic fever)

Acute	
Eclampsia	O15 as principal diagnosis
Urinary tract infections, including pyelonephritis	N10, N11, N12, N13.6, N15.1, N15.9, N28.9, N39.0, N39.9 as principal diagnosis only
Perforated/bleeding ulcer	K25.0, K25.1, K25.2, K25.4, K25.5, K25.6, K26.0, K26.1, K26.2, K26.4, K26.5, K26.6, K27.0, K27.1, K27.2, K27.4, K27.5, K27.6, K28.0, K28.1, K28.2, K28.4, K28.5, K28.6 as principal diagnosis only
Cellulitis	L02, L03, L04, L08, L88, L98.0, L98.3 as principal diagnosis only, excludes cases with any procedure except those in blocks 1820 to 2016 or if procedure is 30216-00, 30216-01, 30216-02, 30676-00, 30223-01, 30223-02, 30064-00, 90660-00, 90661-00, and is the only listed procedure
Pelvic inflammatory disease	N70, N73, N74 as principal diagnosis only
Ear, nose and throat infections	H66, J02, J03, J06, J31.2 as principal diagnosis only
Dental conditions	K02, K03, K04, K05, K06, K08, K09.8, K09.9, K12, K13, K14.0 as principal diagnosis only
Pneumonia (not vaccine-preventable)	J15.3, J15.4, J15.7, J16.0, in any diagnosis, excludes infants under 2 months
Convulsions and epilepsy	G40, G41, R56 as principal diagnosis only
Gangrene	I70.24, E09.52 as principal diagnosis, R02 in any diagnosis field

Indicator:	**Improving identification of Aboriginal and Torres Strait Islander origin in Queensland public hospital inpatient records**
Definition:	This indicator reports number and proportion of inpatient admission records with Indigenous status marked as "Not Stated".
Rationale	Improving the health of the Queensland Aboriginal and Torres Strait Islander population is a priority. More accurate identification of Aboriginal and Torres Strait Islander patients in Queensland Health data collections enables more complete measurement of both Indigenous health status and the effectiveness of intervention programs. Information on the Indigenous status of clients is also used to inform the design and funding of facilities and programs. Staff awareness of the Indigenous status of health service clients can improve the engagement of appropriate services (for example, contact with Indigenous Liaison Officers if requested or required). This indicator provides a proxy measure of the completeness of recording this data item.
Target setting methodology:	It is recommended to seek continuous improvement on this indicator until it approaches an irreducible minimum. This indicator reports on (a) the number of inpatient admission records with Indigenous status marked as "Not Stated" compared with (b) the observed count of total inpatient admission records for the reporting period.
Computation:	*Numerator*: Number of inpatient admission records with Indigenous status marked as "Not Stated" in the financial year[1] *Denominator*: Total number of inpatient admission records in the financial year[1] *Calculation*: 100 x (Numerator / Denominator) [1] Queensland asked the Commonwealth Department of Health to remove 47 facilities (Primary Health Care Centres and Outpatient Clinics) from the declared hospital list, taking effect as at 1 July 2014. These facilities, previously declared as hospitals prior to 2014–15, have been removed.
Data sources:	Queensland Hospital Admitted Patient Data Collection (QHAPDC)
Frequency of data and available years:	Annual, 2016–17
Available disaggregation:	Queensland, Hospital and Health Services, Public acute facilities All by the geographical location of the facility (interstate residents included).
Responsibility for providing indicator:	Statistical Analysis and Linkage Unit, Statistical Services Branch, (07) 3708 5712
Links:	Indigenous identification in administrative data collections and the implications for reporting Indigenous health status http://www.health.qld.gov.au/hsu/tech_report/techreport_3.pdf