



MOORUNDI

***Aboriginal Community Controlled
Health Service Ltd.***

Culture and community
at the centre of health

Strategic Plan 2021 - 2023

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Acknowledgement

Moorundi Aboriginal Community Controlled Health Service Limited ("Moorundi") acknowledges that the land on which we are based and work is currently the lands of the Ngarrindjeri people. We acknowledge the Ngarrindjeri Ancestors and Elders that have gone before us. We also acknowledge the Elders, men, women, young people and children of the Ngarrindjeri nation and their connection to country, their Ngatji's, their language, stories, culture, ceremonies and beliefs today.

We also acknowledge Aboriginal people from other Aboriginal nations that live on Ngarrindjeri country and are a part of our community and our service.

In the future, we may work on other lands. Our approach when doing so will always be respectful of and consultative with the Aboriginal people, past and present, of these lands and nations.

Message from the Chairperson

As Chairperson of the Board, I am happy to present the Moorundi Aboriginal Community Controlled Health Service Limited's Strategic Plan for 2021 – 2023.

Culture, community and Yarlumar Ruwe are at the forefront of everything we do.

Moorundi's purpose is based on what the community needs and who we are. Moorundi is not separate to the community, we are a part of the community and as such we have responsibilities to our culture and our lands. We are proudly Ngarrindjeri, and we have a responsibility to provide a safe place and space for our community to access health services.

Moorundi has developed into a well-run Aboriginal Community Controlled Health Service that has been expanding the services it provides so that it is holistic in its approach. The next step is about ensuring it can help the community by services being more accessible when they need them.

This Strategic Plan will guide our governance, activities and service direction for the next Three Years.

This Plan will be provided in a number of formats to make it accessible for anyone wanting to understand the direction and business of Moorundi Aboriginal Community Controlled Health Service Incorporated.

Valda Rigney

Chairperson – Moorundi Aboriginal Community Controlled Health Service

Our Organisation

Moorundi Aboriginal Community Controlled Health Service Limited (Australian Company Number 638 356 117) is registered company under the Corporations Act 2001 and is taken to be registered in South Australia. The company is limited by guarantee and is a public company. It's registration commenced on 8th January 2020.

Moorundi is also registered as a charitable organisation with the Australian Charities and Non-Profits Commission (ABN 51885775376). As such it holds the following status:

- Deductable gift recipient
- GST Tax Concessions
- Income Tax Exemption
- FBT Exemption

Our Governance Structure

Being a Community Controlled Health Service allows the community to be at the forefront of decision making around how they want health services delivered to them.

This community engagement starts with Moorundi's Board who are responsible for governing and controlling its affairs.

The Board is made up of people from the community who:

- (a) have experience in the governance, management, planning or delivery of Aboriginal health services;
- (b) have experience in the governance, management, planning or delivery of other Aboriginal and not-for-profit services;
- (c) have a professional background in health;
- (d) understand the health needs of the Aboriginal community in the region;
- (e) can contribute to the development of culturally appropriate health services and programs;
- (f) have skills, knowledge and experience in Aboriginal cultural matters, finance, HR/IR, physical resources management, strategic planning, marketing and promotion or any other relevant field;
- (g) can commit to attending and participating in scheduled meetings;
- (h) are actively and positively involved in the region with the Aboriginal community; and
- (i) are respected by the general membership and the wider community and can represent Moorundi with cultural integrity.

Our Organisational Structure

Moorundi is made up of the following teams

- **Clinics:** Provide comprehensive primary health care services to our community by Aboriginal Health Practitioners, GPs, RNs and other allied health professionals with a wellness approach
- **Tumbetun Namawi mi:wi (Social and Emotional Wellbeing):** Bring the community together by creating and delivering programs and events, provide Mental Health and Alcohol and Drug Counselling, partner with external organisations
- **Piltenggi-Walun Po:rlar (Becoming Strong Children):** Deliver Together our Children Succeed (school age) and Po:rlar Ka:ngkun Tainkuwalun (school readiness) programs
- **Integrated Team Care:** Supporting and educating patients to self-manage their chronic Disease through Advocacy & Life style changes.
- **Health promotion:** Drive promotion and media via all channels including social media channels like YouTube and Facebook, own community feedback mechanisms and run community fitness centre
- **Office and Administration including Transport:** Provide office and admin support including transport assistance for local and metro medical appointments (under criteria)
- **Business Management:** Provide governance, general management, human resources, workforce (recruitment, retention and professional development strategies), finances, organisational development, data management, and evaluation, measurement and quality improvement systems

Our Locations

Office/Service Locations

Administration, Integrated Team Care, Transport & Social and Emotional Wellbeing Team
1 Wharf Road, Murray Bridge



Murray Bridge Clinic
11A Standen Street, Murray Bridge



Raukkan Clinic
Lealinyeri Road, Raukkan



Victor Harbour Clinic
15 Victoria Street, Victor Harbour



Other Health Services in Our Community

Across the regions in which we operate, there are many different health services provided (see table below).

With all these services, there are very small numbers of Aboriginal and Torres Strait Islander people accessing them, or if they do access them, are not responded to within a holistic framework. There are still people in our community who are dying from preventable and treatable diseases.

There is a myriad of reasons of why this would be, however, they are all connected to one aspect. Health provided by these services are not viewed in a holistic context.

Health Services in the area include:

Service Type	Adelaide Hills	Fleurieu	Kangaroo Island	Murray Mallee
General Practices	24	11	1	7
General Practice Outreach	1	1	0	10
General Practitioners	92	60	6	33
Nurses	29	45	11	18
Public Hospitals	2	2	1	7
Private Hospitals	1	1	0	0
Community Health Services	1	3	1	9
Visiting Specialists	22	35	1	32
Aged care facilities	14	12	3	17
Allied Health Service Providers	168	155	20	48
Immunisation Providers	20	15	2	17
Dental Services	20	11	2	11
Mental Health Services	24	23	5	14
Pharmacies	18	16	1	15
Aboriginal Services	0	0	0	6

Our Culture, Our Community and Our Ruwe

Our culture is at the centre of our health. Mainstream services currently do not respond to our cultural needs and beliefs and therefore cannot respond effectively to our health and wellbeing. Health is not viewed as a wellbeing platform; it is viewed as an illness platform. Health for Aboriginal people is not just the absence of illness. We need to be ensure that our community receives culturally appropriate support for preventable and treatable diseases.

Our community incorporates all the Ngarrindjeri Ruwe. The Ngarrindjeri (meaning The People) are a group of 18 clans (Iakinyeri) with similar language dialects and family connections and are the traditional Aboriginal people of the lower Murray River, southern Fleurieu Peninsula, and Coorong.

The traditional Ngarrindjeri areas extend from Mannum downstream through Murray Bridge and Victor Harbor and along the coast through Goolwa to Cape Jervis, including Lake Alexandrina and Lake Albert, from Murray Bridge through Tailem Bend, Wellington, Meningie and the Coorong to Kingston SE.

The Moorundi Region includes the Peramangk people. The territory of the various family groups identified as Peramangk extended in a crescent shape from Myponga across to Currency Creek, swinging north along the western ridge line of the Mt Lofty Ranges.

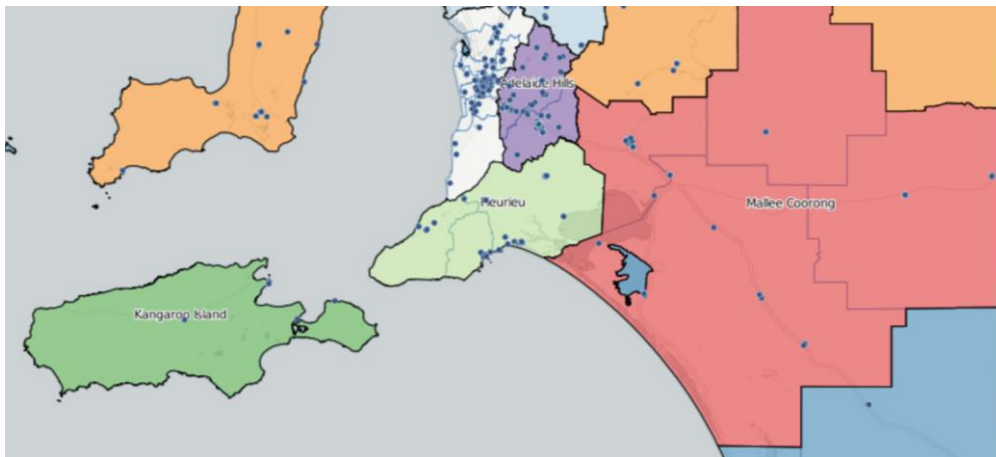


Source: The above map is based upon the Horton Indigenous Map of Australia © Aboriginal Studies Press, AIATSIS, and Auslig/Sinclair, Knight, Merz, 1996. The full map is available on the AIATSIS website.

Aboriginal people on Kangaroo Island describe a diverse cultural ancestry, including a Tasmanian lineage.

The forced and voluntary movement of Aboriginal people over the last 200 years has seen many non-traditional owners being welcomed into the Region to make their homes.

Our service area incorporates the Adelaide Hills, Fleurieu, Murray Mallee (Mallee / Coorong) and Kangaroo Island.



There are approximately 3867 Aboriginal and Torres Strait Islander people in our Catchment Area.

Statistical Area	1996	2001	2006	2021*
Adelaide Hills	219	250	351	586
Kangaroo Island	35	39	(included in Fleurieu)	(included in Fleurieu)
Murray and Mallee	970	1113	1082	2570
Fleurieu	166	269	394	720
Total	1390	1671	1827	3867

* 2016 Census data – Statistical Area L3

Our Strategic Plan on a page

Our Purpose: Culture and community at the centre of health.

Our Vision: Moorundi is seen as a national leader in health and wellbeing services and this reputation inspires funding.

Our Mission: Holistically improve the health of our community from a cultural perspective so that those in need can easily access the services needed when they need them.

Our Values:

Culture, community and Yarlumar Ruwe are at the forefront of everything we do. This incorporates being:

- Welcoming and inclusive
- Respectful
- Understanding and Non-judgemental
- Trusting and Honest
- Proud of who we are

Our Goals and Objectives:

Bring community together	Quality, integrated and holistic health services	Growth, Partnerships and Opportunities
<ul style="list-style-type: none"> • Objective 1.1 Maintain a Community Engagement Framework, inclusive of all Aboriginal and Torres Strait Islander people living on and visiting Ngarrindjeri Ruwe • Objective 1.2 Expand our engagement with community by providing appropriate and relevant cultural, health and well being related activities • Objective 1.3 Explore providing employment pathways for local Aboriginal and Torres Strait Islander people 	<ul style="list-style-type: none"> • Objective 2.1 Deliver a culturally oriented model of care ensuring adherence to accreditation and other standards • Objective 2.2 Continue to evolve our model of care to ensure it integrates social and emotional wellbeing principles and clinical care • Objective 2.3 Explore different ways, via creativity and lateral thinking, to create better health outcomes and explore opportunities for service expansion and provision 	<ul style="list-style-type: none"> • Objective 3.1 Have the right infrastructure and HR practices to support our current service provision and future growth needs • Objective 3.2 Build strong sustainable partnerships with those stakeholders who have a strong reputation and are embedded in Community • Objective 3.3 Be best placed to take advantage of opportunities to achieve financial sustainability or expand our services

Our Purpose (why we are doing this work)

Culture and community at the centre of health.

Our lands, our waters, our people, all living things are connected, we long for the health of our Ancestors to guide us in providing a focal point for all to connect to holistic and integrated health services that improve the health of our community.

Moorundi's purpose is based on what the community needs and who we are. Moorundi is not separate to the community, we are a part of the community and as such we have responsibilities to our culture and our lands. We are proudly Ngarrindjeri, and we have a responsibility to provide a safe place and space for our community to access health services.

Our Vision (what the organisation wishes to be)

Moorundi is seen as a national leader, setting the benchmark for health and wellbeing services, and this reputation inspires funding.

We envision providing a safe place of healing and being a focal point for people to access health services that incorporates the Spiritual, the Cultural, the Social, the Emotional, the Mental and the Physical.

These health services are based on trust and respect. The safe space of healing we will provide focuses on broader wellbeing, including preventative health measures and not only on clinical care.

Our Mission (what we do)

Holistically improve the health and wellbeing of our community from a cultural perspective and ensure that those in need can easily access health services needed when they need them.

For Moorundi, holistic health includes looking at all aspects of health, in all life stages.

Within this mission we share how we view the health services we provide, in that central to our health is our culture. There are three key interconnected ways of being for the Ngarrindjeri people. Our Culture, Our Community and Our Ruwe (Land). They cannot be separated.

We want:

- the community to be able to take control of their own health,
- to deliver services in the way the community would like them delivered; and
- to respond to all their health needs.

Our Values (how you want to do things)

Culture, community and Yarlumar Ruwe are at the forefront of everything we do. This incorporates being:

- Welcoming and inclusive
- Respectful
- Understanding and Non-judgemental
- Trusting and Honest
- Proud of who we are

Welcoming and Inclusive

Every person who walks through the door to get health services will feel like they belong and are connected with their community and with their health service. Ngarrindjeri Ruwe has many Aboriginal and Torres Strait Islander language groups who live, work and have families here. All are welcome at Moorundi.

Respectful

We will be respectful to everyone, no matter who you are, no matter where you come from, and no matter what concerns you may have. Every person has the basic human right to be respected. In return we ask for respect to be shown to us.

Understanding and Non-Judgemental

Moorundi as an organisation and individuals within it will always seek to understand you and your families. We will support you; we will not judge you based on your situation or any health care need and we will work to dispel stigma associated with your situation.

Trusting and Honest

We will be honest in our communications with you. We will deliver the health service that you expect and treat you with the respect and concern. We will treat your confidential information with care, and we will adhere to the Australian Privacy Principles.

Proud of who we are

We acknowledge the traditional custodians of the lands within our catchment area. We are proud of all the indigenous groups we support. We will take pride in everything that we do and always work to deliver our service to the highest quality standard that our community expects from us.

Our Goals

Bring Community Together

Our first goal which is central to all the other goals is bringing community together. We cannot deliver health services merely from a clinical care perspective. The health of our community depends on the health of our culture which depends on the health of our lands. When our culture is not well, then our community is not well. We are strong when we are together and not well when we are disconnected.

Ensuring that we, as part of our community, are focused on the health and wellbeing of our community and our culture will ensure improved health outcomes for all Aboriginal and Torres Strait Islander people on Ngarrindjeri Ruwe.

Quality, integrated and holistic health services

Our second goal is to deliver quality, integrated and holistic health services to ensure an improvement in the health outcomes for all Aboriginal and Torres Strait Islander people on Ngarrindjeri Ruwe.

Quality means that we will deliver services to the expectations of all industry service standards and to our own standards and the standards expected by the community.

Integrated means that we will work with and connect to the health and support services available on Ngarrindjeri Ruwe to ensure that we ascertain the best services available for our people.

Holistic means that we will listen to what our clients say about their overall health, their situation and their environment and look at different ways to achieve better health which encompasses health determinants.

Growth, Partnerships and Opportunities

Our third goal is to grow our organisation, our service and our infrastructure to support the two ambitious goals of Brining Community Together and Quality, integrated and holistic health services.

Moorundi is now an established organisation with a solid track record of service delivery. In order to reach these goals, and to improve the health outcomes for all Aboriginal and Torres Strait Islander people on Ngarrindjeri Ruwe, we need to grow and expand to ensure our longer-term sustainability.

We recognise we cannot do this alone, and so, we need to establish long lasting and trusting relationships with our partners. We also need to be prepared and responsive to opportunities that present.

Our Objectives and Strategies

Our Objectives are linked with our goals and our actions or strategies are objective bound. In order to deliver our goals, the following overall objectives and our specific strategies will drive our success.

Bring community together

- **Objective 1.1** Maintain a Community Engagement Framework, inclusive of all Aboriginal and Torres Strait Islander people living on and visiting Ngarrindjeri Ruwe
- **Objective 1.2** Expand our engagement with community by providing appropriate and relevant cultural, health and well being related activities
- **Objective 1.3** Explore providing employment pathways for local Aboriginal and Torres Strait Islander people

Quality, integrated and holistic health services

- **Objective 2.1** Deliver a culturally oriented model of care ensuring adherence to accreditation and other standards
- **Objective 2.2** Continue to evolve our model of care to ensure it integrates social and emotional wellbeing principles and clinical care
- **Objective 2.3** Explore different ways, via creativity and lateral thinking, to create better health outcomes and explore opportunities for service expansion and provision

Growth, Partnerships and Opportunities

- **Objective 3.1** Have the right infrastructure and HR practices to support our current service provision and future growth needs
- **Objective 3.2** Build strong sustainable partnerships with those stakeholders who have a strong reputation and are embedded in Community
- **Objective 3.3** Be best placed to take advantage of opportunities to achieve financial sustainability or expand our services

The following pages include the actions being taken to address each of these Goals and Objectives. At the end of each action, the team or person responsible for the action is reflected in the brackets e.g. (CEO) or (Exec).

Goal 1 Bring Community Together	Objective 1.1 Maintain a Community Engagement Framework, inclusive of all Aboriginal and Torres Strait Islander people living on and visiting Ngarrindjeri Ruwe	<p>1.1.1. Complete an annual review of the Engagement Policy (CEO)</p> <p>1.1.2. Determine any new actions annually following the review of the policy (Exec)</p> <p>1.1.3. Schedule community events regularly to ensure we have feedback and stories about the positive impact Moorundi has had and built into (Exec)</p> <p>1.1.4. Develop culturally appropriate mechanisms to gather feedback from the community on the services provided (Exec)</p>
	Objective 1.2 Expand our engagement with community by being involved in the right cultural, health and wellbeing related activities,	<p>1.2.1. Complete a Community Event Calendar by 30 June each year for the following year (Health Promotion)</p> <p>1.2.2. Identify funding for Community Events at the start of each year (Business Mgmt)</p> <p>1.2.3. Participate in and/or develop the following events annually (Health Promotion):</p> <ul style="list-style-type: none"> • Health Fair • Sorry Day • Netball and Football Carnivals
	Objective 1.3 Explore providing employment pathways for local Aboriginal and Torres Strait Islander people,	<p>1.3.1. Offer work experience to Aboriginal people who want to pursue a career in health (Business Mgmt)</p> <p>1.3.2. Identify funding pathways that could support traineeships for Aboriginal people who want to pursue a career in health by Dec 2021 (Business Mgmt)</p> <p>1.3.3. Explore funding for a program to train Personal Trainers using the gym – Westpac Foundation Community Grant option (CEO)</p>

Goal 2 Quality, integrated and holistic health services	Objective 2.1 Deliver a culturally oriented model of care ensuring adherence to accreditation and other standards	2.1.1. Develop and implement policies procedures and practices which incorporate evidence based best practice, standards and continual quality improvement cycles (Business Mgmt) 2.1.2. Develop a visible and transparent Drugs of Dependence Policy (Business Mgmt/Clinic) 2.1.3. Continue to provide 715 health checks (and shirts) to support early detection of health issues (Clinic) 2.1.4. Develop health plans for any health issues identified in 715 health checks to maximise support that can be provided (Clinic) 2.1.5. Make standards, practices, policies and processes available to all staff (Business Mgmt) 2.1.6. Monitor financial systems, funding, and budget forecasts on a monthly basis and provide at Board Meetings (Business Mgmt) 2.1.7. Continue to fulfil health clinic accreditation process on a 3-year cycle, (Clinic/Admin) 2.1.8. Provide regular training sessions on Communicare – initial sessions and refresher sessions as required (Clinic)
	Objective 2.2 Continue to evolve our model of care to ensure it integrates social and emotional wellbeing principles and clinical care	2.2.1. Embed K5 assessment as an adjunct to the Aboriginal Well Health Check (Clinic) 2.2.2. Review internal referral pathways to ensure the holistic service provision and ensure there is a mechanism for follow-up (Clinic/ITC/SEWB) 2.2.3. Facilitate annual Workshops that reviews areas for improvement and the integration of SEWB care into clinical practice (CEO/SEWB/Clinic) 2.2.4. Implement patient care meetings where they are making use of multiple services to improve communication and patient outcomes (and explore potential for funding options to extend or continue services) (Clinic/ITC/SEWB)
	Objective 2.3 Explore different ways, via creativity and lateral thinking, to create better health outcomes and explore opportunities for service expansion and provision	2.3.1. Explore opportunities to increase access to GP's (Clinic) 2.3.2. Become a GP training provider (GPEX Accreditation) and obtain access to Registrars (Clinic/Business Mgmt) 2.3.3. Access funding to recruit Youth Workers (Business Mgmt/SEWB) 2.3.4. Explore opportunities to increase access to mental health services (psychiatry being the No.1 need identified) (Business Mgmt/SEWB) 2.3.5. Increase access to early childhood and family education groups (SEWB)

		<p>2.3.6. Improve capacity to provide SEWB services to Moorundi clients (SEWB)</p> <p>2.3.7. Increased focus on promotion, prevention and early intervention programs (Clinic/SEWB/Health Promotion)</p> <p>2.3.8. Explore opportunities for advanced/extended scope of practice roles ie Nurse Practitioner (Clinic)</p> <p>2.3.9. Understand and utilise our demographic data so we can target the right programs in the right areas at the right times (Clinic)</p>
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<p>Goal 3 Growth, Partnerships and Opportunities</p>	<p>Objective 3.1 Have the right infrastructure and HR practices to support our current service provision and future growth needs</p>	<p>3.1.1. Grow service levels to ensure holistic service provision by 2022 (CEO/Exec). These services are to include but not be limited to:</p> <ul style="list-style-type: none"> • Social and Emotional Wellbeing and Mental Health • Clinical General Practice Services • Preventative Health Measures including lifestyle programs (E.g. Nutrition, Smoking, Physical Activity, Health Promotion and Education) • Alcohol and Other Drugs • Allied Health Services <ul style="list-style-type: none"> • Podiatry • Ngangkari Clinics • Optometry /Ophthalmology • Audiology • Dietician • Diabetes Educator • Physiotherapist • Chiropractor • Mothers and Babies <ul style="list-style-type: none"> • Antenatal Care • Antenatal Education and Support Services • Postnatal Support Services • Children and Family <ul style="list-style-type: none"> • Immunisation • Development and Parenting Classes • Working with families around Child Protection Issues • Young people <ul style="list-style-type: none"> • Suicide prevention • Health Education • Elders <ul style="list-style-type: none"> • Healthy Ageing • Aged Care • Cultural and Social Support • Chronic Disease Management <p>3.1.2. Enhance HR practices (regular whole team meetings, appraisal processes, team building activities, management within the workplace, staff surveys to measure engagement and track progress) (Business Mgmt)</p> <p>3.1.3. Consider appointing a HR Manager (Business Mgmt)</p>
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		<p>3.1.4. Develop and implement a workforce training and development plan including details of professional development training for all roles (incl what support for further study is available) and update annually (Business Mgmt)</p> <p>3.1.5. Consider how we support future leaders with the appropriate training and strengthen capacity internally within the organisation (Exec)</p> <p>3.1.6. Ensure all current and future facilities meet community and cultural needs (Business Mgmt)</p> <p>3.1.7. Ensure a purpose-built facility in Murray Bridge is scoped and costed with options assessed against available facilities and if built in the future, ensure it is according to health and building standards (Business Mgmt)</p> <p>3.1.8. Increase corporate services internally to efficiently manage the finance system (Business Mgmt)</p>
	<p>Objective 3.2 Build strong sustainable partnerships with those stakeholders who have a strong reputation and are embedded in community</p>	<p>3.2.1. All medical and health research conducted in partnership with Moorundi, where:</p> <ul style="list-style-type: none"> a) Accountability for research is clearly defined and there is a process of outcomes of research b) Moorundi owns the information produced and c) People from our community are to be upskilled to deliver research (Exec) <p>3.2.4. Explore partnerships for delivery of Drug and Alcohol options (Business Mgmt)</p> <p>3.2.5. Explore partnerships for delivery of disability services (previously NDIS funded) (Business Mgmt)</p>
	<p>Objective 3.3 Be best placed to take advantage of opportunities to achieve financial sustainability or expand our services</p>	<p>3.3.1. Identify funding opportunities to expand Moorundi services on an annual basis (Business Mgmt)</p> <p>3.3.2. Maximise Medicare rebates arising from best practice service delivery (Clinic)</p> <p>3.3.3. Utilise patient feedback to support funding requests by demonstrating the value of the services MACCHS provides and how they provide them (Exec)</p> <p>3.3.4. Build impact reporting for group sessions run to demonstrate value to other funders and the benefits of these programs (Business Mgmt)</p> <p>3.3.5. Develop KPIs utilising cultural determinants of health to be able to track progress and measure performance by team/area of the organisation (CEO/Exec)</p>

Our Performance

Monitoring of this Strategic Plan will be completed by the Board. The CEO will complete performance reporting every three months on progress through their CEO Reports to the Board.

We will utilise Communicare to support the plan based on the National Aboriginal Health and Torres Strait Islander Health Performance Framework for clinical care. We will also include data reporting on service utilisation and growth in other programs based on the KPIs set. By reviewing data from other programs that are facilitated outside of clinical care, it will allow us to analyse gaps or areas to improve our holistic service delivery.

It will include the National Minimum Dataset Aboriginal Community Controlled Health Organisation's Primary Health Care indicators as a minimum:

nKPI	Indicator
PI01	Birthweight recorded
PI02	Birthweight result (low, normal or high)
PI03	Health assessment (MBS item 715)
PI04	Fully immunised children
PI05	HbA1c test recorded (clients with type 2 diabetes)
PI06	HbA1c result (clients with type 2 diabetes)
PI07	GP Management Plan (MBS item 721)
PI08	Team Care Arrangement (MBS item 723)
PI09	Smoking status recorded
PI10	Smoking status result
PI11	Smoking status results of women who gave birth
PI12	BMI (overweight or obese)
PI13	First antenatal care visit
PI14	Influenza immunisation (aged 50 and over)
PI15	Influenza immunisation (type 2 diabetes or COPD clients)
PI16	Alcohol consumption recorded
PI17	Alcohol consumption result
PI18	Kidney function test recorded (type 2 diabetes or CVD clients)
PI19	eGFR and ACR results
PI20	Necessary risk factors assessed to enable cardiovascular risk assessment
PI21	Absolute cardiovascular risk assessment result
PI22	Cervical screening recorded
PI23	Blood pressure recorded (clients with type 2 diabetes)
PI24	Blood pressure less than or equal to 130/80 mmHg (clients with type 2 diabetes)