

Mental Health Service Jawda Guidance

Version 4

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Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of the Abu Dhabi Emirate, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance pertains to the quality indicators that the Department of Health (DOH) is requiring for quarterly reporting by healthcare facilities operating mental health treatment in the Emirate of Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH website at all times.

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Effective From: Q1 2026, Version 4

About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA mental health performance indicators. Department of Health (DoH) with consultation of local and international Mental Health treatment quality of care expertise developed mental health performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period.

The mental health performance indictors in this guidance include measures to monitor clinical effectiveness, and outcomes among patients with mental health I.e., (readmission, ... Healthcare providers are the most qualified professionals to develop and evaluate quality of care measures for Mental Health treatment. Therefore, it is crucial that clinicians retain a leadership position in defining mental health quality of care.

Who is this guidance for?

All DoH licensed healthcare facilities providing mental health treatment in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report mental health quality performance indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to jawda@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- DOH Standard for Mental Health Services and Treatment
- As per DoH Policy for Quality and Patient Safety issued January 15th 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Glossary

INPATIENT: Is a beneficiary registered and admitted to a hospital for bed occupancy for purposes of receiving healthcare services and is medically expected to remain confined overnight and for a period in excess of 12 consecutive hours.

- Daycase admission is not included in INPATIENT.
- Beds **excluded** from the inpatient bed complement:
 - o **Beds/cots for healthy newborns**
 - o Beds in Day Care units, such as surgical, medical, pediatric day care, interventional radiology
 - o Beds in Dialysis units
 - o Beds in Labor Suites (e.g. birthday beds, birthing chairs)
 - o Beds in Operating Theatre
 - o Temporary beds such as stretchers
 - o Chairs, Cots or Beds used to accommodate sitters, parents, guardians accompanying patients or sick children and healthy baby accompanying a hospitalized breast-feeding mother
 - Beds closed during renovation of patient care areas when approved by the competent authority

EXAMPLE OF INPATIENT BED DAY COUNTING INITIATION AND TIME TO READMISSION:

MRN	Visit type	Urgent Care / Emergency Arrival Date & Time	IP admission date & time from UC	Discharge Date & Time
123456	Urgent Care converted to Inpatient	01/01/2025 10:00	01/01/2025 13:39	03/01/2025 13:00
123456	Urgent Care converted to Inpatient	12/01/2025 23:50	13/01/2025 02:00	13/01/2025 18:00

Readmission calculation: It will be 13/01/2025 (Admission Date) minus 03/01/2025 (Discharge Date) = 10 days

DAYCASE: Daycase beds, also known as observation beds, are beds used in Day Care units such as surgical, medical, pediatric day care interventional radiology. They are not included in the inpatient bed complement.

LONG TERM CARE PATIENTS: They will be reported under LTCF Jawda Guidance. Service codes (not limited to): 17-13, 17-14, 17-15, 17-16, 17-27, 17-28, 17-30, 17-31, self-pay LTC, etc.

CRITICAL CARE AREA: A patient is in a Critical Care Area if they are receiving active cardiac monitoring (including telemetry) in an Intensive Care Unit, Emergency Room, Urgent Care Centre, Operating Room, Procedure Room, Anesthetic Induction Room or Recovery Area.

PATIENT LEFT AGAINST MEDICAL ADVICE (follow *DOH Circular No. (2024/29) Malaffi Discharge Disposition Description*) is synonymous with the below:

- o Discharge Against Medical Advice
- Against Medical Advice

MH Performance Indicators

KPI Description (title):	Unplanned Readmissions for Mental Health Disorders		
Domain	Effectiveness		
Indicator Type	Outcome		
Definition:	Percentage of psychiatric (mental health or addiction) discharges that are followed within 28 days by another mental health or addiction hospital admission.		
	Numerator: Total number of inpatients (all ages) who had another admission to the same or another mental health facility within 28 days from index discharge.		
Calculation:	Numerator Exclusion: If a patient has more than one readmission within 28 days of discharge from the index admission, only the first is considered as readmission		
	Denominator: Total number of inpatients (all ages) who were discharged from mental health facility or addiction as a principal diagnosis during the reporting period.		
	 Denominator Exclusion: Discharged against medical advice Patients transferred to another acute inpatient hospital or psychiatric inpatient hospital Readmissions within 28 days from the index discharge 		
	Calculation: Numerator/denominator *100		
Reporting Frequency:	Quarterly		
Unit of Measure:	Percentage		
International comparison if available	Australian Institute for Health and Welfare Mental health services in Australia, Summary of Key Performance Indicators - Australian Institute of Health and Welfare (aihw.gov.au)		
Desired direction:	Lower is better		
	Notes for all facilities		
Data Source/ Report Name:	Patient medical records		

KPI Description (title):	Mortality Rate Within 30 Days After Discharge.
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of adult inpatients who died, from any cause, within 30 days of discharge from mental health facility
Calculation:	 Numerator: Patients that died, from any cause, within 30-days of mental health facility discharge. Denominator: Total number of adult inpatients (≥ 18 years) who were discharged after a mental care/addiction (primary diagnosis) inpatient admission during the reporting period. (If a patient has more than one admission in the reporting quarter, only include the last discharge encounter.) Denominator Exclusion: Discharged against medical advice Patients transferred to another acute or psychiatric inpatient hospital. Calculation; Numerator/denominator *100
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	CMS https://www.cms.gov/files/document/draft-specification-30-day-risk-standardized-all-cause-mortality-following-ipf-discharge-measure.pdf
Desired direction:	Lower is better
	Notes for all facilities
Data Source/ Report Name:	Patient medical records

KPI Description (title):	Follow-Up Appointment After Inpatient Hospitalization for Mental Health Disorders
Domain	Patient-centeredness
Indicator Type	Process
Definition:	The percentage of discharged inpatients after inpatient psychiatric hospitalization, who were offered a follow-up appointment with a mental health practitioner within 9 days of discharge.
	Numerator 1: Number of discharges for inpatients (all ages) who were hospitalized for treatment of mental health or addiction as a principal diagnosis and who had a follow-up appointment with a mental health practitioner within 9 days of discharge.
	Denominator 1: Total number of inpatients (all ages) who were discharged from mental health facility or addiction as a principal diagnosis during the reporting period.
	Guidance : Patients getting discharged from inpatient psychiatric facility to PAR \ Acute care setting in the same facility are included in the discharged population
Calculation:	 Denominator Exclusion: Discharged against medical advice Patients transferred to another acute or psychiatric inpatient hospital Patient refuses to follow up in the same facility Repatriated, discharged directly to airport. Patients who are not eligible for ABM coverage or insurance coverage. Patients who choose to wait longer than 9 days for their follow up appointment Patients referred for Home Mental health Services Calculation: Numerator/denominator *100
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Australian Institute for Health and Welfare
Desired direction:	High is better
	Notes for all facilities
Data Source/ Report Name:	- Patient medical records

KPI Description (title):	Follow-Up visit After inpatient Hospitalization for mental health disorders	
Domain	Patient-centeredness	
Indicator Type	Process	
Definition:	The percentage of discharged inpatients after inpatient psychiatric hospitalizations who are seen by mental health practitioners within 9 days after discharge (physically or virtually).	
Calculation:	Numerator 2: Number of discharged patients after inpatients psychiatric hospitalization who are seen by mental health practitioners within 9 days after discharge (physically or virtually) Denominator 2: Total Number of discharges for inpatients (all ages) who were hospitalized for treatment of mental health or addiction as a principal diagnosis and who had a follow-up appointment with a mental health practitioner within 9 days of discharge. Guidance: Patients getting discharged from inpatient psychiatric facility to PAR \ Acute care setting in the same facility are included in the discharged population Denominator Exclusion: Discharged against medical advice Patients transferred to another acute inpatient or psychiatric inpatient hospital Patient refuses to follow up in the same facility Repatriated, discharged directly to airport. Patients who are not eligible for ABM coverage or insurance coverage Patients who choose to wait longer than 9 days for their follow up appointment Patients referred for Home Mental health Services Calculation: Numerator/denominator *100	
Reporting Frequency:	Quarterly	
Unit of Measure:	Percentage	
International comparison if available	Australian Institute for Health and Welfare	
Desired direction:	High is better	
	Notes for all facilities	
Data Source/ Report Name:	- Patient medical records	

KPI Description (title):	Rate of Inpatient Falls Resulting in Any Injury Per 1,000 Mental Health Disorder Inpatient Days
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of mental health and addiction inpatient falls resulting in any injury per 1000 mental health and addiction inpatient days.
Calculation:	Numerator: Total number of mental health and addiction inpatient falls resulting in injury (minor, moderate, major, or death) to the patient in the measurement quarter Numerator Inclusions: Mental health and addiction Inpatients in a mental health facility falls: minor, moderate, major, or death. A fall is an unplanned descent to the floor. Include falls when a patient lands on a surface where you wouldn't expect to find a patient. All unassisted and assisted falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Also report patients that roll off a low bed onto a mat as a fall. The National Database of Nursing Quality Indicators NDNQI definitions for injury follow: None -patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury. "Minor- resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion. Moderate-resulted in suturing, application of steri-strips/skinglue, splinting or muscle/joint strain. Major- resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall. Death-the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)." Numerator Exclusions: Patient falls, but no harm was evident Denominator: Total number of mental health and addiction inpatients days for the mental health facility during the reporting period. Denominator exclusion: Specialized and Generalized hospitals All Long-term care, home care and Post-acute Rehab patients
Reporting Frequency:	Quarterly
	reasons (slippery floor). Also report patients that roll off a low bed onto a mat as a fall. The National Database of Nursing Quality Indicators NDNQI definitions for injury follow: None -patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury. "Minor- resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion. Moderate-resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain. Major- resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall. Death-the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)." Numerator Exclusions: Patient falls, but no harm was evident Denominator: Total number of mental health and addiction inpatients days for the mental health facility during the reporting period. Denominator Exclusion: Healthy newborn (See glossary) Specialized and Generalized hospitals All Long-term care, home care and Post-acute Rehab patients Rate: Calculation: [numerator / denominator] x 1000

International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC following local discussion and taking local culture and setting into consideration.	
Desired direction:	Lower is better	
Notes for all facilities		
Data Source/ Report Name:	- Patient medical records	

KPI Description (title):	Percentage of Patients with Completed Investigation	
KFI Description (title):	Before Initiating the Lithium Therapy	
Domain	Effectiveness	
Indicator Type	Process	
Definition:	The percentage of patients ≥ 18 years of age with confirmed completed investigations within 28 days. prior to commencing Lithium Treatment.	
Calculation:	 Numerator: Number of patients ≥ 18 years of age who completed their basic investigations within 28 days before commencing lithium treatment. Basic investigations: Cardiac function (ECG recommended in those with risk factors or existing problems) Renal Function Tests (Urea, creatinine and eGFR) Thyroid Function Tests Calcium Full blood count Denominator: Total number of patients commencing Lithium Treatment in the same reporting period Denominator Inclusion: Inpatient. Outpatient Denominator Exclusion: Pregnancy confirmed by the lab. 	
Reporting Frequency:	Quarterly	
Unit of Measure:	Percentage	
International comparison if available	Developed locally by modifying similar indicators used by The NICE guidelines	
Desired direction:	100 %	
Notes for all facilities		
Data Source/ Report Name:	Patient medical records	

KPI Description (title):	Percentage of Patients with Completed Assessment and Investigation Before Initiating the Clozapine Treatment	
Domain	Effectiveness	
Indicator Type	Process	
Definition:	The percentage of patients with confirmed completed investigations within 28 days prior to commencing Clozapine Treatment.	
Calculation:	Numerator: Number of patients completing basic investigations within 28 days before commencing Clozapine Treatment. Basic investigations: Complete blood count that includes an absolute neutrophil count (ANC) Fasting blood sugar (or HbA1c) Electrocardiogram Fasting lipids Pregnancy test in women of childbearing age Denominator: Total number of patients in mental health facility commencing Clozapine Treatment in the same reporting period. Denominator Inclusion: Inpatient. Outpatient	
Reporting Frequency:	Quarterly	
Unit of Measure:	Percentage	
International comparison if available	Developed locally by modifying similar indicators used by the NICE guidelines	
Desired direction:	100%	
Notes for all facilities		
Data Source/ Report Name:	Patient medical records	

KPI Description (title):	Rate of Seclusion
Domain	Effectiveness
Indicator Type	Process
Definition:	The number of seclusion events per 1,000 inpatient days within mental health facility
Calculation:	Numerator: Count number of seclusion events occurring in mental health facility during the reporting period. Denominator:
	Total number of mental health inpatients' days for the same reporting period. Calculation: (Numerator ÷ Denominator) x 1,000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 mental health inpatient days.
International comparison if available	Australian institute of health and welfare https://www.aihw.gov.au/reports/mental-health-services/mental-health-servic
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	- Patient medical records

KPI Description (title):	Hours of physical restraint use
Domain	Effectiveness
Indicator Type	Process
Definition:	The total number of hours that all inpatients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint
Calculation:	Numerator: Total number of hours that all psychiatric inpatients were maintained in physical restraint Denominator: Total number of inpatients Days in the mental health facility or addiction as a principal diagnosis during the reporting period. Calculation: (Numerator ÷ Denominator) x 1,000
Reporting Frequency:	Quarterly
Unit of Measure:	Per 1,000 hours
International comparison if available	https://manual.jointcommission.org/releases/TJC2019A/MIF0117.html
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	- Patient medical records

KPI Description (title):	Average length of acute inpatient stay			
Domain	Effectiveness			
Indicator Type	Process			
Definition:	Average length of acute inpatient stay within mental health facility			
Calculation:	Numerator: Total number of inpatient days in the mental health facility's acute psychiatric inpatient unit(s) during the reference period. Length of stay is measured in patient days. A same-day patient is allocated a length of stay of one patient day. (Discharge date and time – Admission date and time (day-day) Denominator: Total number of inpatients (all ages) who were discharged from mental health facility or addiction as a principal diagnosis during the reporting period. Denominator Exclusion: Discharge against medical advice Patient transfer to another acute or psychiatric inpatient hospital.			
Reporting Frequency:	Quarterly			
Unit of Measure:	Days			
International comparison if available	Australian institute of health and welfare https://www.aihw.gov.au/reports/mental-health-services/mental-health-servic			
Desired direction:				
Notes for all facilities				
Data Source/ Report Name:	- Patient medical records			

Appendix A – ICD10-2021 Codes Mental Health

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F01.50	F11.14	F13.151	F14.951	F16.950	F19.20	F31.72	F44.7	F65.1
F01.51	F11.150	F13.159	F14.959	F16.951	F19.21	F31.73	F44.81	F65.2
F02.80	F11.151	F13.180	F14.980	F16.959	F19.220	F31.74	F44.89	F65.3
F02.81	F11.159	F13.181	F14.981	F16.980	F19.221	F31.75	F44.9	F65.4
F03.90	F11.181	F13.182	F14.982	F16.983	F19.222	F31.76	F45.0	F65.50
F03.91	F11.182	F13.188	F14.988	F16.988	F19.229	F31.77	F45.1	F65.51
F04.	F11.188	F13.19	F14.99	F16.99	F19.230	F31.78	F45.20	F65.52
F05.	F11.19	F13.20	F15.10	F17.200	F19.231	F31.81	F45.21	F65.81
F06.0	F11.20	F13.21	F15.11	F17.201	F19.232	F31.89	F45.22	F65.89
F06.1	F11.21	F13.220	F15.120	F17.203	F19.239	F31.9	F45.29	F65.9
F06.2	F11.220	F13.221	F15.121	F17.208	F19.24	F32.0	F45.41	F66.
F06.30	F11.221	F13.229	F15.122	F17.209	F19.250	F32.1	F45.42	F68.10
F06.31	F11.222	F13.230	F15.129	F17.210	F19.251	F32.2	F45.8	F68.11
F06.32	F11.229	F13.231	F15.13	F17.211	F19.259	F32.3	F45.9	F68.12
F06.33	F11.23	F13.232	F15.14	F17.213	F19.26	F32.4	F48.1	F68.13
F06.34	F11.24	F13.239	F15.150	F17.218	F19.27	F32.5	F48.2	F68.8
F06.4	F11.250	F13.24	F15.151	F17.219	F19.280	F32.81	F48.8	F68.A
F06.8	F11.251	F13.250	F15.159	F17.220	F19.281	F32.89	F48.9	F69
F07.0	F11.259	F13.251	F15.180	F17.221	F19.282	F32.9	F50.00	F70
F07.81	F11.281	F13.259	F15.181	F17.223	F19.288	F33.0	F50.01	F71
F07.89	F11.282	F13.26	F15.182	F17.228	F19.29	F33.1	F50.02	F72
F07.9	F11.288	F13.27	F15.188	F17.229	F19.90	F33.2	F50.2	F73
F09.	F11.29	F13.280	F15.19	F17.290	F19.920	F33.3	F50.81	F78
F10.10	F11.90	F13.281	F15.20	F17.291	F19.921	F33.40	F50.82	F79
F10.11	F11.920	F13.282	F15.21	F17.293	F19.922	F33.41	F50.89	F80.0
F10.120	F11.921	F13.288	F15.220	F17.298	F19.929	F33.42	F50.9	F80.1
F10.121	F11.922	F13.29	F15.221	F17.299	F19.930	F33.8	F51.01	F80.2
F10.129	F11.929	F13.90	F15.222	F18.10	F19.931	F33.9	F51.02	F80.4
F10.130	F11.93	F13.920	F15.229	F18.11	F19.932	F34.0	F51.03	F80.81
F10.131	F11.94	F13.921	F15.23	F18.120	F19.939	F34.1	F51.04	F80.82
F10.132	F11.950	F13.929	F15.24	F18.121	F19.94	F34.81	F51.05	F80.89
F10.139	F11.951	F13.930	F15.250	F18.129	F19.950	F34.89	F51.09	F80.9
F10.14	F11.959	F13.931	F15.251	F18.14	F19.951	F34.9	F51.11	F81.0
F10.150	F11.981	F13.932	F15.259	F18.150	F19.959	F39.	F51.12	F81.2
F10.151	F11.982	F13.939	F15.280	F18.151	F19.96	F40.00	F51.13	F81.81
F10.159	F11.988	F13.94	F15.281	F18.159	F19.97	F40.01	F51.19	F81.89
F10.180	F11.99	F13.950	F15.282	F18.17	F19.980	F40.02	F51.3	F81.9
F10.181	F12.10	F13.951	F15.288	F18.180	F19.981	F40.10	F51.4	F82.
F10.182	F12.11	F13.959	F15.29	F18.188	F19.982	F40.11	F51.5	F84.0
F10.188	F12.120	F13.96	F15.90	F18.19	F19.988	F40.210	F51.8	F84.2
F10.19	F12.121	F13.97	F15.920	F18.20	F19.99	F40.218	F51.9	F84.3
F10.20	F12.122	F13.980	F15.921	F18.21	F20.0	F40.220	F52.0	F84.5
F10.21	F12.129	F13.981	F15.922	F18.220	F20.1	F40.228	F52.1	F84.8
F10.220	F12.13	F13.982	F15.929	F18.221	F20.2	F40.230	F52.21	F84.9
F10.221	F12.150	F13.988	F15.93	F18.229	F20.3	F40.231	F52.22	F88.

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F10.229	F12.151	F13.99	F15.94	F18.24	F20.5	F40.232	F52.31	F89.
F10.230	F12.159	F14.10	F15.950	F18.250	F20.81	F40.233	F52.32	F90.0
F10.231	F12.180	F14.11	F15.951	F18.251	F20.89	F40.240	F52.4	F90.1
F10.232	F12.188	F14.120	F15.959	F18.259	F20.9	F40.241	F52.5	F90.2
F10.239	F12.19	F14.121	F15.980	F18.27	F21.	F40.242	F52.6	F90.8
F10.24	F12.20	F14.122	F15.981	F18.280	F22.	F40.243	F52.8	F90.9
F10.250	F12.21	F14.129	F15.982	F18.288	F23.	F40.248	F52.9	F91.0
F10.251	F12.220	F14.13	F15.988	F18.29	F24.	F40.290	F53.0	F91.1
F10.259	F12.221	F14.14	F15.99	F18.90	F25.0	F40.291	F53.1	F91.2
F10.26	F12.222	F14.150	F16.10	F18.920	F25.1	F40.298	F54.	F91.3
F10.27	F12.229	F14.151	F16.11	F18.921	F25.8	F40.8	F55.0	F91.8
F10.280	F12.23	F14.159	F16.120	F18.929	F25.9	F40.9	F55.1	F91.9
F10.281	F12.250	F14.180	F16.121	F18.94	F28.	F41.0	F55.2	F93.0
F10.282	F12.251	F14.181	F16.122	F18.950	F29.	F41.1	F55.3	F93.8
F10.288	F12.259	F14.182	F16.129	F18.951	F30.10	F41.3	F55.4	F93.9
F10.29	F12.280	F14.188	F16.14	F18.959	F30.11	F41.8	F55.8	F94.0
F10.920	F12.288	F14.19	F16.150	F18.97	F30.12	F41.9	F59.	F94.1
F10.921	F12.29	F14.20	F16.151	F18.980	F30.13	F42.2	F60.0	F94.2
F10.929	F12.90	F14.21	F16.159	F18.988	F30.2	F42.3	F60.1	F94.8
F10.930	F12.920	F14.220	F16.180	F18.99	F30.3	F42.4	F60.2	F94.9
F10.931	F12.921	F14.221	F16.183	F19.10	F30.4	F42.8	F60.3	F95.0
F10.932	F12.922	F14.222	F16.188	F19.11	F30.8	F42.9	F60.4	F95.1
F10.939	F12.929	F14.229	F16.19	F19.120	F30.9	F43.0	F60.5	F95.2
F10.94	F12.93	F14.23	F16.20	F19.121	F31.0	F43.10	F60.6	F95.8
F10.950	F12.950	F14.24	F16.21	F19.122	F31.10	F43.11	F60.7	F95.9
F10.951	F12.951	F14.250	F16.220	F19.129	F31.11	F43.12	F60.81	F98.0
F10.959	F12.959	F14.251	F16.221	F19.130	F31.12	F43.20	F60.89	F98.1
F10.96	F12.980	F14.259	F16.229	F19.131	F31.13	F43.21	F60.9	F98.21
F10.97	F12.988	F14.280	F16.24	F19.132	F31.2	F43.22	F63.0	F98.29
F10.980	F12.99	F14.281	F16.250	F19.139	F31.30	F43.23	F63.1	F98.3
F10.981	F13.10	F14.282	F16.251	F19.14	F31.31	F43.24	F63.2	F98.4
F10.982	F13.11	F14.288	F16.259	F19.150	F31.32	F43.25	F63.3	F98.5
F10.988	F13.120	F14.29	F16.280	F19.151	F31.4	F43.29	F63.81	F98.8
F10.99	F13.121	F14.90	F16.283	F19.159	F31.5	F43.8	F63.89	F98.9
F11.10	F13.129	F14.920	F16.288	F19.16	F31.60	F43.9	F63.9	F99
F11.11	F13.130	F14.921	F16.29	F19.17	F31.61	F44.0	F64.0	
F11.120	F13.131	F14.922	F16.90	F19.180	F31.62	F44.1	F64.1	
F11.121	F13.132	F14.929	F16.920	F19.181	F31.63	F44.2	F64.2	
F11.122	F13.139	F14.93	F16.921	F19.182	F31.64	F44.4	F64.8	
F11.129	F13.14	F14.94	F16.929	F19.188	F31.70	F44.5	F64.9	
F11.13	F13.150	F14.950	F16.94	F19.19	F31.71	F44.6	F65.0	

Summary of Changes 2025 V3

KPI #	Changes
Glossary	Added Glossary in page 5
MH001-MH010	 Added numerator exclusion: If a patient has more than one readmission within 28 days of discharge from the index admission, only the first is considered as readmission Added all numerator and denominator definitions "inpatient"
MH003-MH004	 Added denominator Guidance. Added in the denominator exclusions: Patients who choose to wait longer than 9 days for their follow up appointment Patients referred for Home Mental health Services
MH006	Change the numerator exclusion to denominator exclusion: Pregnancy confirmed by the lab.
MH010	 Added denominator exclusion: Discharged Police Cases who follow up with a psychiatrist in the prison
APPENDIX A	 Updated Appendix A codes to new 2021 ICD-10 CM code set.
APPENDIX B	Removed

Summary of Changes 2025 V3.1

KPI#	Changes
Glossary	Added Glossary in page 5
MH001-MH004,	Rephrased Denominators
MH009-MH010	

Summary of Changes 2025 V3.2

KPI#	Changes
Glossary	Update glossary
MH001-MH002	Removed Denominator Exclusion: Police case
MH003, MH004, MH010	Removed Denominator Exclusion: Discharged Police Cases who follow up with a psychiatrist in the prison

Summary of Changes V4 2026

KPI#	Changes
	Removed in DAMA meaning: • Absent Without Leave • Missing Without Leave
Glossary	Added: DOH Circular No. (2024/29) Malaffi Discharge Disposition Description