



دائرة الصحة
DEPARTMENT OF HEALTH

Pediatric Health Service Jawda Guidance

Version 6.1

Table of Contents

Executive Summary	4
About this Guidance	5
30-Day All-Cause Unplanned Hospital Inpatient Readmission Rate for Pediatric Inpatients.....	6
Pediatric Central line-associated Bloodstream Infections (CLABSI)	8
Pediatric Postoperative Sepsis Rate.....	10
Pediatric Accidental Puncture or Laceration Rate	11
Pediatric ventilator-associated Pneumonia (ped. VAP).....	12
Pediatric all-Cause Mortality Rate	14
Infant all-Cause Mortality Rate	15
Surgical Site Infection for all pediatric surgical patients.....	16
Rate of healthcare associated infection (HAI) Clostridium Difficile Infection (CDI) in all pediatric inpatients	18
Rate of hospital associated or worsening pressure injury (Stage 2 and above) per 1000 pediatric inpatient days	19
Endotracheal extubating failure (reintubation within 48 h of planned extubating)	22
Pediatric Unplanned Endotracheal Extubation.....	23
Percentage of patients readmitted to the ICU within 48 hours of discharge.....	23
Unplanned Return to The Operating Room Within 30 Days Of All Pediatric planned Surgical Procedures	24
Rate of hospital acute pediatric inpatient falls resulting in any injury per 1,000 inpatient days.....	25
Post-Operative Complications rate for patients who is Undergoing Neurosurgery procedure	26
Mortality Rate After Neurosurgery Procedures (30 Days) In Pediatric Patients	27
Post Operative Complication Rate for Patients Who Had Undergone Selected Congenital Deformity Procedures	28
Timely Intervention of Complex Fractures in Emergency Case	29
One Year Cancer Survival Rate in pediatric patients	30
Five Years Cancer Survival Rate in pediatric patients	32
Success with asthma inpatients (Symptom Control at discharge).....	33
Success (Remission of certain GI-related treatments (Crohn's disease, ulcerative colitis, or GI bleeding) within 90 days	34
Improvement in Visual Acuity for Cataracts	35
Functional Improvement For Children Undergoing Specific Plastic Surgery Procedures, For Cleft Lip And Palate Repair, Craniofacial Reconstruction, Or Burn Treatment.	36
Appendix A: Sepsis Diagnosis Codes.....	37
Appendix B: Spine surgery CPT codes	37
Appendix C: List of Common Neurosurgical Procedures	38

Pediatric Health Service Jawda Performance Indicators

Appendix D: Lower Respiratory Tract Infection ICD-10 CM	39
Summary of Changes 2025 V5	40
Summary of Changes 2026 V6	41
Summary of Changes 2026 V6.1	41

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 Emirate of Abu Dhabi, 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 acute inpatient pediatric healthcare service 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 at all times.

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About this Guidance

The guidance sets out the definitions and reporting frequency of Jawda Pediatric Healthcare performance indicators (PED). The Department of Health (DoH), in consultation with local pediatrics healthcare expertise has developed Pediatric Healthcare performance indicators (PED) 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 period.

The Jawda KPIs in this guidance include measures to monitor morbidity in pediatric patients receiving pediatrics healthcare services.

Who is this guidance for?

All DoH licensed healthcare facilities provide acute inpatient pediatric healthcare service 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 pediatrics health services quality 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
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DOH Licensed Hospitals providing pediatric health services in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED001

KPI Description (title):	30-Day All-Cause Unplanned Hospital Inpatient Readmission Rate for Pediatric Inpatients
Domain	Effectiveness
Indicator Type	Outcome
Definition:	<p>Percentage of unplanned inpatient readmissions for pediatric inpatients (Less than 18 years) after discharge for any condition, including a different condition than the reason for their original hospital admission. All related and unrelated inpatient readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)</p> <p>Guidance: Report Separately by Specialty (Excluding Oncology)</p> <p>Denominator and Numerator</p> <ul style="list-style-type: none"> A) General pediatric patients/other specialty B) Ophthalmology C) Plastic Surgery D) Cardiac Surgery and Cardiology E) Neurosurgery & Neurology F) Orthopedic Surgery G) Gastroenterology H) Pulmonology: <i>Principal Diagnosis</i> of Lower Respiratory Tract Infection (Appendix D)
Calculation:	<p>Numerator: Number of pediatric inpatients who were readmitted as an inpatient to an acute care hospital including children’s hospital within 30 days of discharge from index hospitalization. (If a patient has more than one inpatient readmission <i>within 30 days</i> of discharge from the index admission, only the first is considered as readmission).</p> <p>Numerator exclusions:</p> <ul style="list-style-type: none"> • Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Readmission with the following admittance status: <ul style="list-style-type: none"> ○ Elective ○ Transfer admission from acute care • Admission was for obstetric care, including labor and delivery (Primary or secondary code series 000-09A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (ICD-10 CM codes F01-F99 series) • Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms (C00-C96), In situ neoplasms (D00-D09), Z51.11 Encounter for antineoplastic chemotherapy, & Z51.12 Encounter for antineoplastic immunotherapy), Z51.0 (Encounter for antineoplastic radiation therapy) • Admission for palliative care (Primary or secondary ICD-10-CM: Z51.5) <p>Denominator</p>

Pediatric Health Service Jawda Performance Indicators

	<p>Total number of pediatric inpatients (less than 18 years of age at the date of discharge) discharged from a hospital during the reporting period</p> <p>Denominator exclusions:</p> <ul style="list-style-type: none"> • The patient was 18 years old or older at the time of discharge. • Neonates (zero to twenty-eight days inclusive) • Episodes with a discharge of death • Patients who were discharged/left against medical advice (AMA) • Patients who were transferred to another acute care facility during the index hospitalization • Records with an unavailable discharge date or time. • Readmissions within 30 days from the index discharge • Admission was for obstetric care, including labor and delivery (Primary or secondary code series 000-09A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (ICD-10 CM codes F01-F99 series) • Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms (C00-C96), In situ neoplasms (D00-D09), Z51.11 Encounter for antineoplastic chemotherapy, & Z51.12 Encounter for antineoplastic immunotherapy), Z51.0 (Encounter for antineoplastic radiation therapy) • Admission for palliative care (Primary or secondary ICD-10-CM: Z51.5) • Admission with documentation that treatment suggestion was not followed by the patient (i.e. refusal of tracheostomy or BiPAP) (Z91.19 Patient's non-compliance with other medical treatment and regimen)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 pediatric discharges (All-cause)
International comparison if available	<p>Center of Excellence for Pediatric Quality Measurement. (n.d.). Pediatric Quality Measures Program.</p> <p>Agency for Healthcare Research and Quality. Pediatric All-Condition Readmission Measure</p> <p>DOH Standard for Pediatric Center of Excellence</p>
Desired direction & Target:	<p>A) General pediatric patients: Lower is better</p> <p>B) Ophthalmology: <2%</p> <p>C) Cardiac Surgery and Cardiology: <10%</p> <p>D) Plastic Surgery: <2%</p> <p>E) Neurosurgery & Neurology: <10%</p> <p>F) Orthopedic Surgery: <5%</p> <p>G) Gastroenterology: <10%</p> <p>H) Pulmonology: <5%</p>
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records (Malaffi data extraction within DOH)

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED003

KPI Description (title):	Pediatric Central line-associated Bloodstream Infections (CLABSI)
Domain	Safety
Indicator Type	Outcome
Definition:	<p>Central line-associated bloodstream infection (CLABSI):</p> <p>A laboratory confirmed bloodstream infection where</p> <ul style="list-style-type: none"> • An eligible BSI organism is identified and • An eligible central line is present on the Laboratory Confirmed Bloodstream Infection (LCBI) date of event (DOE) or the day before • For all inpatients less than 18 years of age <p>Temporary central line: A non-tunneled, non- implanted catheter. Permanent central line: Includes</p> <ul style="list-style-type: none"> • Tunneled catheters, including certain dialysis catheters • Implanted catheters (including ports) <p><i>Eligible Central Line: A Central Line (CL) that has been in place for more than two consecutive calendar days (on or after CL day 3), following the first access of the central line, in an inpatient location, during the current admission. Such lines remain eligible for CLABSI events until the day after removal from the body or patient discharge whichever comes first.</i></p>
Calculation:	<p><u>Numerator</u></p> <p>Numerator: Each CLABSI that is identified during the period selected for surveillance in all inpatients less than 18 years of age.</p> <p>Must meet one of the following Laboratory-Confirmed Bloodstream Infection (LCBI) criteria:</p> <p><u>LCBI 1:</u> Patient of any age has a recognized bacterial or fungal pathogen, not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture OR 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods.</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site.</p> <p><u>LCBI2:</u> Patient of any age has at least one of the following signs or symptoms: fever (>38.0oC), chills, or hypotension</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p> <p style="text-align: center;">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions.</p> <p><u>LCBI3:</u> Patient ≤ 1 year of age has at least one of the following signs or symptoms: fever (>38.0oC), hypothermia (<36.0oC), apnea, or bradycardia</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p> <p style="text-align: center;">AND</p>

Pediatric Health Service Jawda Performance Indicators

	<p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions</p> <p><u>Numerator Exclusions:</u></p> <ul style="list-style-type: none"> • Extracorporeal life support (ECMO <i>ICD-10 CM Z92.81 or CPT code 33946-33986</i>) or Ventricular Assist Device (VAD) for more than 2 days and is still in place on the BSI date of event or the day before. • Observed or suspected patient injection into the vascular access line • Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP) diagnosis during the current admission. (<i>Q81.0, Q81.1, Q81.2, Q81.8, Q81.9, L12.30, L12.31, L12.35, & L51.2, F68.10, F68.11, F68.12, & F68.13</i>) • Pus at the vascular access site - <i>T80.212A, T80.212D, T80.212S, T80.219A, T80.219D, T80.219S</i> • Repeated infection for the same type during 14 days from Date of Event. • MBI-LCBI • Secondary bloodstream infections <p><u>Denominator:</u> Number of all central line days for all inpatients (in all inpatient settings) less than 18 years of age during the reporting period.</p> <ul style="list-style-type: none"> • It is not required for a BSI to be associated with a specific device when more than one line is present. • Only one central line per patient is counted per calendar day regardless of the number of central lines present. All central lines on inpatient units should be included in device day counts regardless of access. <p><i>Applicable CPT codes (not limited to):</i> 36555-36590</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Exclude NICU population who are less than 29 days • Patients who received treatment as an inpatient for burns injury (any degree). They will be reported under Burn Jawda Guidance • All Long-term care patients
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line days
International comparison if available	Centers for Disease Control and Prevention. Bloodstream infection event (central line-associated bloodstream infection and non-central line-associated bloodstream infection) DOH Standard for Pediatric Center of Excellence
Desired direction & target:	Lower is better <1.2 per 1000 central line days
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED004

KPI Description (title):	Pediatric Postoperative Sepsis Rate
Domain	Safety
Indicator Type	Outcome
Definition:	Postoperative sepsis cases (secondary diagnosis) per 1,000 surgery discharges for patients less than 18 years of age at the time of discharge (inpatients).
Calculation:	<p><u>Numerator:</u> All pediatric inpatients who had surgical discharges in the reporting quarter and developed Sepsis within 30 days from the date of the surgical procedure. (In case of multiple procedures within same encounter, count from the first procedure).</p> <p><u>Denominator:</u> Total number of pediatric inpatients (less than 18 years) elective surgical discharges during the reporting period (for operating room procedures).</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> • All Inpatient <p><u>Denominator exclusions:</u></p> <ul style="list-style-type: none"> • Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for Sepsis (Appendix A) • Patients with a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for infection, coded as per documentation • Long term care patients • Neonates
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical discharges
International comparison if available	Agency for Healthcare Research and Quality Pediatric Quality Indicator 10 (PDI 10) postoperative sepsis rate. DOH Standard for Pediatric Center of Excellence
Desired direction & Target:	Lower is better <1 per 1000 surgical discharges
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Captured by infection control team • Lab reports • Hospital internal mortality and morbidity • Patient's records (Malaffi data extraction within DOH)

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED005

KPI Description (title):	Pediatric Accidental Puncture or Laceration Rate
Domain	Safety
Indicator Type	Outcome
Definition:	Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for inpatients less than 18 years of age (inpatients).
Calculation:	<p><u>Numerator:</u> Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for accidental puncture or laceration during a procedure</p> <p><i>ICD-10 CM:</i> D78.11, D78.12, E36.11, E36.12, G97.48, G97.49, H59.211, H59.212, H59.219, H95.31, H95.32, I97.51, I97.52, J95.71, J95.72, K91.71, K91.72, L76.11, L76.12, M96.820, M96.821, N99.71, N99.72</p> <p><u>Denominator:</u> Surgical and medical discharges for inpatients less than 18 years of age at the date of discharge.</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for accidental puncture or laceration during a procedure (<i>Same as numerator codes above</i>) • Spine surgery CPT codes (<i>Appendix B</i>) • Neonates (zero to twenty-eight days inclusive) • Neonate with birth weight less than 500 grams • Principal ICD-10-CM diagnosis code for pregnancy, childbirth and puerperium Code series (<i>ICD-10CM 000-09A</i>)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical and medical discharges
International comparison if available	AHRQ Pediatric Quality Indicator 01 (PDI 01) Accidental Puncture or Laceration Rate; July 2020 DOH Standard for Pediatric Center of Excellence
Desired direction & Target:	Lower is better <1 per 1000 surgical and medical discharges
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED006

KPI Description (title):	Pediatric ventilator-associated Pneumonia (ped. VAP)
Domain	Safety
Indicator Type	Outcome
Definition:	Pneumonia (PNEU) identified by using a combination of imaging, clinical and laboratory criteria. For further information please see surveillance algorithm on page 6-5of the VAP module https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf
Population	(Ped VAP) surveillance is only applicable to all pediatric inpatients.
Criteria to define (ped. VAP)	<p><u>Numerator:</u> Number of pediatric inpatients who are mechanically ventilated and developed Pneumonia during the surveillance period</p> <p><u>Numerator Exclusion:</u> Repeated infection for the same type during 14 days from Date of Event</p> <p>ICD 10 CODES FOR VAP: J95.851, J95.859, Z99.11, Z99.12</p> <p><u>Denominator:</u> Ventilator days: Number of pediatric inpatients managed with ventilator devices, are collected daily, at the same time each day. These daily counts are summed and only the total for the month is used.</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> • All ventilator days are counted, including ventilator days for pediatric inpatients on mechanical ventilation for < 3 days. • Patients undergoing weaning from mechanical ventilation are included in ventilator day counts as long as the patient is receiving support from a mechanical ventilator and is eligible for VAP surveillance <p>The VAP rate per 1000 ventilator days is calculated by dividing the number of VAP by the number of ventilator days and multiplying the result by 1000 (ventilator days).</p> <p>The Ventilator Utilization Ratio is calculated by dividing the number of ventilator days by the number of patient days.</p>
Inclusion	<p>Patient is defined to have Ventilator-associated Pneumonia (pedVAP) if meets one the following imaging test result</p> <p>1 . Imaging test evidence: patient has Two or more serial chest imaging test results with at least one of the following new and persistent or progressive and persistent</p> <ul style="list-style-type: none"> • Infiltrate • Consolidation • Cavitation • Pneumatoceles, in (1) any patient, (2) patients <1 and (3) patients >1 and <12. <p style="text-align: center;">AND</p> <p>2. Sign & symptoms: Worsening gas exchange i.e., oxygen desaturations [for example pulse oximetry <94%], increased oxygen requirements, or increased ventilator demand).</p> <p>AND</p> <p>And at least three of the following:</p>

Pediatric Health Service Jawda Performance Indicators

	<ul style="list-style-type: none"> • Temperature instability • Leukopenia (≤ 4000 WBC/mm³) or leukocytosis ($>15,000$ WBC/mm³) and left shift ($>10\%$ band forms) • New onset of purulent sputum³ or change in character of sputum⁴, or increased respiratory secretions or increased suctioning requirements • Apnea, tachypnea⁵, nasal flaring with retraction of chest wall or nasal flaring with grunting • Wheezing, rales⁶, or rhonchi • Cough <p>Bradycardia (<100 beats/min) or tachycardia (>170 beats/min)</p>
Exclusion	<ul style="list-style-type: none"> • Surveillance for PedVAP shall not be conducted in adult and neonatal locations • Organisms that cannot be used to meet the VAP definition are as follows: <ol style="list-style-type: none"> 1) "Normal respiratory flora," "normal oral flora," "mixed respiratory flora," "mixed oral flora," "altered oral flora" or other similar results indicating isolation of commensal flora of the oral cavity or upper respiratory tract 2) The following organisms unless identified from lung tissue or pleural fluid specimens: <ol style="list-style-type: none"> a. <i>Candida</i> species* or yeast not otherwise specified b. coagulase-negative <i>Staphylococcus</i> species c. <i>Enterococcus</i> species <p>Note: <i>Candida</i> species* or yeast not otherwise specified, coagulase-negative <i>Staphylococcus</i> species, and <i>Enterococcus</i> species identified from blood cannot be deemed secondary to a PNU2 or PNU3, unless the organism was also identified from a pleural fluid or lung tissue specimen</p> <ol style="list-style-type: none"> d. *<i>Candida</i> species isolated from sputum, endotracheal aspirate, broncho-alveolar lavage (BAL) specimens or protected specimens brushing combined with a matching organism isolated from a blood specimen can be used to satisfy the PNU3 definition. 3) Additionally, because organisms belonging to the following genera are typically causes of community-associated infections and are rarely or are not known to be causes of healthcare-associated infections, they are also excluded and cannot be used to meet any NHSN definition: <i>Blastomyces</i>, <i>Histoplasma</i>, <i>Coccidioides</i>, <i>Paracoccidioides</i>, <i>Cryptococcus</i> and <i>Pneumocystis</i>.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 ventilator days
International comparison if available	CDC NHSN Patient Safety Component Manual: VAP/VAE Chapter (2024) National Healthcare Safety Network report, data summary for 2013, Device-associated Module DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better <1.2 per 1000 ventilator days
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED007

KPI Description (title):	Pediatric all-Cause Mortality Rate
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of all-cause mortality for inpatients ages below 18 years.
Calculation:	<p><u>Numerator:</u> Number of pediatric inpatients (below 18 years old) in denominator who died during the hospital stay or within 30 days of the discharge date of the denominator cases.</p> <p><u>Denominator:</u> Number of all pediatric inpatient discharges from the hospital (below 18 years of age at the date of discharge) during the reporting period.</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Neonates and Infants from 0–365 days age (i.e. up to 12 months or 1 year of age). • Left against medical advice <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • All discharges. • Admissions resulting in a transfer to another acute care facility. • A transfer from another healthcare facility.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	Hospital-level Mortality Indicator (SHMI)
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records (Malaffi data extraction within DOH) • Hospital internal mortality and morbidity.

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED008

KPI Description (title):	Infant all-Cause Mortality Rate
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of all-cause mortality for infant inpatients.
Calculation:	<p><u>Numerator:</u> Number of infant inpatients in the denominator who died during the hospital stay or within 30 days of the discharge date of the denominator cases.</p> <p><u>Denominator:</u> Number of all inpatient infant's discharges from hospital 0–365 days age (i.e. up to 12 months or 1 year of age) at the date of discharge during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • All discharges • Admissions resulting in a transfer to another acute care facility. • A transfer from another healthcare facility <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Left against medical advice
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	Hospital-level Mortality Indicator (SHMI)
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records (Malaffi data extraction within DOH) • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED009

KPI Description (title):	Surgical Site Infection for all pediatric surgical patients
Domain	Safety
Indicator Type	Outcome
Definition:	Percent of inpatients (less than 18 years) undergoing surgery who, within 30 days postoperatively, develop surgical site wound infection involving muscle, bone, and/or mediastinum requiring operative intervention.
Calculation:	<p><u>Numerator:</u> Number of inpatients (less than 18 years) who within 30 days postoperatively, develop surgical site infection.</p> <p><u>Numerator Guidance:</u></p> <ul style="list-style-type: none"> • Confirmation of surgical site infection is captured via the medical record <p>Deep incisional SSI: Must meet the following criteria</p> <ul style="list-style-type: none"> • Infection occurs within 30 days after the operative procedure, AND involves deep soft tissues of the incision (e.g., fascial and muscle layers) AND patient has at least one of the following: <ul style="list-style-type: none"> o Purulent drainage from the deep incision. o organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)) or culture or nonculture based microbiologic testing method is not performed, AND patient has at least one of the following signs or symptoms: <ul style="list-style-type: none"> ▪ Fever (>38°C) ▪ Localized pain or tenderness ▪ An abscess or other evidence of infection involving the deep incision that is detected on direct examination, during invasive procedure, or by histopathologic examination or imaging test. o A culture with negative findings does not meet this criterion. <p>There are two specific types of deep incisional SSIs:</p> <ul style="list-style-type: none"> • Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions • Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision <p>Organ/Space SSI: Must meet the following criteria</p> <ul style="list-style-type: none"> • Infection occurs within 30 days after the operative procedure, and infection involves any part of the body, deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure, and patient has at least one of the following: <ul style="list-style-type: none"> o Purulent drainage from a drain that is placed into the organ/space o Organisms isolated from an aseptically-obtained culture of fluid or tissue in the organ/space

Pediatric Health Service Jawda Performance Indicators

	<ul style="list-style-type: none"> ○ An abscess or other evidence of infection involving the organ/space that is detected on direct examination, during invasive procedure, or by histopathologic examination or imaging test, and meets at least one criterion for a specific organ/space infection of mediastinitis below: <p>Mediastinitis: Must meet at least 1 of the following criteria:</p> <ul style="list-style-type: none"> • Patient has organisms cultured from mediastinal tissue or fluid obtained during an invasive procedure. • Patient has evidence of mediastinitis seen during an invasive procedure or histopathologic examination. • Patient has at least 1 of the following signs or symptoms: <ul style="list-style-type: none"> ○ Fever (>38°C) ○ Chest pain* ○ Sternal instability* and at least 1 of the following: <ul style="list-style-type: none"> ▪ Purulent discharge from mediastinal area • Patient ≤1 year of age has at least one of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea, bradycardia, or sternal instability And at least one of the following: <ol style="list-style-type: none"> a) purulent drainage from mediastinal area. b) mediastinal widening on imaging test <p>Guidance: Report the cases per specialty below:</p> <ol style="list-style-type: none"> A) General pediatric patients/other specialty B) Ophthalmology C) Plastic Surgery D) Cardiac Surgery E) Neurosurgery F) Oncology & Hematology G) Orthopedic Surgery H) Gastroenterology I) Pulmonology <p>Denominator: All inpatients (less than 18 years) undergoing planned surgery procedure during the reporting period.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Surgical Site Infection: Incidence, Risk Factors, and Outcomes in a Tertiary Care Center DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better <2%
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient medical record • Hospital administrative data

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED010

KPI Description (title):	Rate of healthcare associated infection (HAI) Clostridium Difficile Infection (CDI) in all pediatric inpatients
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of healthcare associated Clostridium Difficile Infection (CDI) that meet CDI definitions during the reporting period.
Criteria to define HAI) Clostridium Difficile Infection (CDI)	<p><u>Numerator:</u> Total number of pediatric (less than 18 years) inpatients who meets <i>NSHN CDI</i> definitions for healthcare-associated C. difficile infections (CDI) during the reporting period.</p> <p>ICD 10 CODES (not limited to): A04.71, A04.72</p> <p><i>CDI Definitions: both of the following criteria must be present:</i></p> <p style="padding-left: 20px;"><i>1. At least one of the following:</i></p> <p style="padding-left: 40px;">a) Three or more liquid or watery stools above what is normal for the patient within a 24-hour period</p> <p style="padding-left: 40px;">b) Presence of toxic mega colon (abnormal dilation of the large bowel, documented radiologically)</p> <p style="padding-left: 20px;"><i>AND</i></p> <p style="padding-left: 20px;"><i>2. At least one of the following diagnostic criteria:</i></p> <p style="padding-left: 40px;">a) a stool sample yields a positive laboratory test result for C. difficile toxin A or B, or a toxin-producing C. difficile organism is identified from a stool sample</p> <p style="padding-left: 40px;">b) pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathology examination of a biopsy specimen</p> <p><u>Numerator Inclusions:</u></p> <ul style="list-style-type: none"> • All pediatric inpatients (< 18 years old) • Patient admitted in hospital (Inpatients) • All Inpatient wards (Excluding Inpatient Rehabilitation Facilities and Inpatient Psychiatric Facilities) • Report all healthcare-associated infections where C. difficile, identified by a positive toxin result including toxin producing gene [PCR]), is the associated pathogen • Report each new CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs <p><u>Numerator Exclusions:</u></p> <ul style="list-style-type: none"> • Present on Admission (POA) • Positive Lab Tests results for collected specimens in an outpatient location • Positive Lab Tests results for collected specimens in an Inpatient Rehabilitation Facility and Inpatient Psychiatric Facility • Repeated infection for the same type during 14 days from Date of Event <p><u>Denominator:</u> Total number of pediatric (less than 18 years) inpatient days during the reporting period.</p> <p><u>Denominator Exclusion:</u></p>

Pediatric Health Service Jawda Performance Indicators

	<ul style="list-style-type: none"> • Psychiatric Inpatients (Refer to Mental Health Jawda Guidance) • Post-acute rehabilitation (PAR) inpatients.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 pediatric inpatient days
International comparison if available	Centers for Disease Control and Prevention. National Healthcare Safety Network (NHSN) Patient Safety Component Manual: Chapter 17—CDC/NHSN Surveillance Definitions for Specific Types of Infections DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better <1.2 per 1000 inpatient days
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Lab test results of all specimen • Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. • Patient medical record.

Type: Quality Indicator

Indicator Number: PED011

KPI Description (title):	Rate of hospital associated or worsening pressure injury (Stage 2 and above) per 1000 pediatric inpatient days
Domain	Safety
Indicator Type	Outcome
Definition:	Hospital Associated or worsening Pressure Injury (Stage II and above) Rate per 1000 pediatric inpatient days.
Calculation:	<p><i>Numerator:</i> Number of pediatric inpatients with newly acquired pressure injury or with worsening pressure injury Stage 2, 3, 4, Unstageable, unspecified stage, or Deep Tissue Injury (DTI) within the measurement quarter.</p> <p>Hospital associated or worsening Pressure Injury (Stage 2 and above) ICD- 10 CM Codes: L89.42, L89.43, L89.44, L89.40, L89.45, L89.812, L89.813, L89.814, L89.819, L89.810, L89.522, L89.523, L89.524, L89.529, L89.520, L89.322, L89.323, L89.324, L89.329, L89.320, L89.022, L89.023, L89.024, L89.029, L89.020, L89.622, L89.623, L89.624, L89.629, L89.620, L89.222, L89.223, L89.224, L89.229, L89.220, L89.142, L89.143, L89.144, L89.149, L89.140, L89.122, L89.123, L89.124, L89.129, L89.120, L89.892, L89.893, L89.894, L89.899, L89.890, L89.512, L89.513, L89.514, L89.519, L89.510, L89.312, L89.313, L89.314, L89.319, L89.310, L89.012, L89.013, L89.014, L89.019, L89.010, L89.612, L89.613, L89.614, L89.619, L89.610, L89.212, L89.213, L89.214, L89.219, L89.210, L89.132, L89.133, L89.134, L89.139, L89.130, L89.112, L89.113, L89.114, L89.119, L89.110, L89.152, L89.153, L89.154, L89.159, L89.150, L89.502, L89.503, L89.504, L89.509, L89.500, L89.302, L89.303, L89.304, L89.309, L89.300, L89.002, L89.003, L89.004, L89.009, L89.000, L89.602, L89.603, L89.604, L89.609, L89.600, L89.202,</p>

L89.203, L89.204, L89.209, L89.200, L89.102, L89.103, L89.104, L89.109, L89.100, L89.92, L89.93, L89.94, L89.90, L89.95, L89.46, L89.816, L89.526, L89.326, L89.026, L89.626, L89.226, L89.146, L89.126, L89.896, L89.516, L89.316, L89.016, L89.616, L89.216, L89.136, L89.116, L89.156, L89.506, L89.306, L89.006, L89.606, L89.206, L89.106, L89.96, L89.009, L89.019, L89.029, L89.109, L89.119, L89.129, L89.139, L89.149, L89.159, L89.209, L89.219, L89.229, L89.309, L89.319, L89.329, L89.40, L89.509, L89.519, L89.529, L89.609, L89.619, L89.629, L89.819, L89.899, L89.90

Guide on stage is defined below;

Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).

Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

Pediatric Health Service Jawda Performance Indicators

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions

Guidance: Report the cases per specialty below:

- A) General pediatric patients/other specialty
- B) Ophthalmology
- C) Plastic Surgery
- D) Cardiac Surgery and Cardiology
- E) Neurosurgery & Neurology
- F) Oncology & Hematology
- G) Orthopedic Surgery
- H) Gastroenterology
- I) Pulmonology

Numerator Inclusions:

- Hospital Associated Pressure Injury (not present or present but with a lower stage on admission to hospital).

Numerator Exclusions:

- Patients with pressure Injury present on admission, that stayed the same stage or improved following hospital stay
- Hospital Associated Pressure Stage I **ICD- 10 CM Codes:** (L89.001, L89.011, L89.021, L89.101, L89.111, L89.121, L89.131, L89.141, L89.151, L89.201, L89.211, L89.221, L89.301, L89.311, L89.321, L89.41, L89.501, L89.511, L89.521, L89.601, L89.611, L89.621, L89.811, L89.891, L89.91.
-

Denominator: Total number of pediatric (less than 18 years) inpatient days during the reporting period.

Denominator Exclusion:

- Neonates (less than 29 days old)
- Burn cases (Refer to Burn Jawda Guidance)
- Psychiatric inpatients. (Refer to Mental Health Jawda Guidance)
- All Long-term care and Post-acute Rehab patients

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	National Pressure Injury Advisory Panel (NPIAP). NPIAP Pressure Injury Stages DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better <1 per 1000 inpatient days
Notes for all providers	

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED013

KPI Description (title):	Pediatric Unplanned Endotracheal Extubation
Domain	Safety
Indicator Type	Outcome
Definition	Unplanned Endotracheal Extubation (UEE) is defined as the accidental or unintended removal of an endotracheal tube (ETT) from a patient who is receiving mechanical ventilation.
Calculation	Numerator: Number of unplanned endotracheal extubation procedures for pediatric inpatients in the denominator. Denominator: Total number pediatric inpatient (less than 18 years) ventilator days during reporting period.
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 ventilator days
International comparison if available	Ahmad S, Roychoudhury S, Kumar S, et al. Title of the article. Pediatr DOH Standard for Pediatric Center of Excellence
Desired Direction	Lower is better <1%
Data Source	<ul style="list-style-type: none"> • Patient medical record

Type: Quality Indicator

Indicator Number: PED014

KPI Description (title):	Percentage of patients readmitted to the ICU within 48 hours of discharge
Domain	Effectiveness
Indicator Type	Outcome
Definition	The total number of patients requiring unplanned readmission to the ICU within 48 hours of discharge or transfer.
Calculation	Numerator: Total number of pediatric inpatients readmitted to ICU (e.g. NICU, PICU) within 48 hours. Denominator: Total number of pediatric inpatient discharges from ICU during the reporting period Denominator Exclusion: Discharge against medical advice.
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	National Quality Forum (NQF). NQF #0335: PICU Unplanned Readmission Rate DOH Standard for Pediatric Center of Excellence
Desired Direction	Lower is better <4%
Data Source	<ul style="list-style-type: none"> • Patient medical record

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED015

KPI Description (title):	Unplanned Return to The Operating Room Within 30 Days Of All Pediatric planned Surgical Procedures
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of return to operating room within 30 days of all pediatric surgical patients.
Calculation:	<p><u>Numerator:</u> Total number of pediatric inpatients (less than 18 years) who had unplanned return to operating room within 30 days of surgical procedure. (If a patient has more than one return within 30 days of discharge from the index admission, only the first is considered as count for numerator).</p> <p>The 30-day timeframe: The date the patient exits the OR is POD0, etc.</p> <p><i>Guidance: Report the cases per specialty below:</i></p> <ul style="list-style-type: none"> A) General pediatric patients/other specialty B) Ophthalmology C) Plastic Surgery D) Cardiac Surgery and Cardiology E) Neurosurgery & Neurology F) Oncology & Hematology G) Orthopedic Surgery H) Gastroenterology I) Pulmonology <p><u>Denominator:</u> All inpatients (less than 18 years) undergoing planned surgery procedure in the OR during the reporting period.</p> <p>Operative room service codes: 20-01, 20-02, 20-03</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Patients who are discharged against medical advice.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 pediatric inpatients undergoing surgical procedures
International comparison if available	American Academy of Orthopaedic Surgeons (JAAOS) DOH Standard for Pediatric Center of Excellence
Desired Direction	Lower is better <1%
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED016

KPI Description (title):	Rate of hospital acute pediatric inpatient falls resulting in any injury per 1,000 inpatient days.
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of inpatient falls resulting in any injury per 1000 all pediatric inpatient Days
Calculation:	<p><u>Numerator:</u> Total number of pediatric inpatient falls resulting in injury (minor, moderate, major, or death) to the patient in the measurement quarter</p> <p><u>Numerator Inclusions:</u> Patient falls with injury: minor, moderate, major, or death.</p> <p>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.</p> <p>The National Database of Nursing Quality Indicators <i>NDNQI definitions for injury</i> follow:</p> <ul style="list-style-type: none"> •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)." <p><u>Numerator Exclusions:</u> Patient falls, but no injury was evident</p> <p><u>Denominator:</u> Total number of pediatric (less than 18 years) inpatient days during the reporting period.</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • All Long-term care, home care and Post-acute Rehab patients • Psychiatric Patients. (Refer to Mental Health Jawda Guidance) <p>Rate: Calculation: $[\text{numerator} / \text{denominator}] \times 1000$</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 pediatric inpatient days

Pediatric Health Service Jawda Performance Indicators

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 Definition is based on NDNQI Glossary & Reference Guide to Clinical Indicators, 2014 DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better <1 in 1000 pediatric inpatient days
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system

Type: Quality Indicator

Indicator Number: PED017

KPI Description (title):	Post-Operative Complications rate for patients who is Undergoing Neurosurgery procedure
Domain	Safety
Indicator Type	Outcome
Definition:	Percent of pediatric inpatients (less than 18 years) undergoing neurosurgery that develop postoperative complications include CSF leaks, shunt infections and new neurological deficits within the first 30 days after surgery <i>This indicator applies only to facilities recognized as Centers of Excellence (COE).</i>
Calculation:	Numerator: Total number of inpatients from the denominator who experience at least one of the following complications within the first 30 days after neurosurgery. The date the patient exits the OR is POD0 <u>Numerator Complications Inclusions:</u> <ul style="list-style-type: none"> • Cerebrospinal fluid (CSF) leaks • Shunt obstruction, wrong placement and shunt breakage. • New neurological deficits- <ul style="list-style-type: none"> ○ Motor weakness or paralysis(monoplegia, paraparesis, quadriparesis, paraplegia, quadriplegia). ○ New or worsening sensory loss. ○ Bowel/bladder dysfunction due to neurological injury. ○ Spinal cord injury/nerve root injury (complete or incomplete) •

Pediatric Health Service Jawda Performance Indicators

	<p><u>Numerator exclusions:</u> Pediatric inpatients who have the above-mentioned conditions or complications which are <i>Present On Admission</i></p> <p>Age category (at date of surgery):</p> <ul style="list-style-type: none"> • 1-3 months • 4-6 months • 7-11 months • 1 year • 2 year • 2 until <18 years <p><u>Denominator</u> All pediatric inpatients (less than 18 years old) discharged during the reporting period who have undergone neurosurgery procedures (<i>See Appendix C: List of Common Neurosurgical Procedures</i>)</p> <p><u>Denominator exclusion:</u> Pediatric patients discharged against medical advice</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	UCLA Health. Advancing Precision Medicine at UCLA Johor State Health Department. Neurosurgery Key Performance Indicators DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records

Type: Quality Indicator

Indicator Number: PED018

KPI Description (title):	Mortality Rate After Neurosurgery Procedures (30 Days) In Pediatric Patients
Domain	Effectiveness
Indicator Type	Outcome
Definition	<p>The proportion of patients who survive for at least 30 days post-surgery.</p> <p><i>This indicator applies only to facilities recognized as Centers of Excellence (COE).</i></p>
Calculation	<p><u>Numerator:</u> Total number of patients from the denominator who died within 30 days following a neurosurgical procedure</p> <p>The date the patient exits the OR is POD0</p> <p><u>Denominator:</u> Total number of discharged pediatric inpatients who underwent neurosurgery procedure. (<i>See Appendix C: List of Common Neurosurgical Procedures</i>)</p>
Reporting Frequency	Quarterly

Pediatric Health Service Jawda Performance Indicators

Unit Measure	Percentage
International comparison if available	Developed locally with the experts DOH Standard for Pediatric Center of Excellence Journal of Neurosurgery: Pediatrics-Jin DL, Dlouhy BJ, Smith KA, Greene S, Menezes AH.
Desired Direction	Lower is better <5%
Data Source	<ul style="list-style-type: none"> • Patient medical record

Type: Quality Indicator

Indicator Number: PED019

KPI Description (title):	Post Operative Complication Rate for Patients Who Had Undergone Selected Congenital Deformity Procedures
Domain	Safety
Indicator Type	Outcome
Definition:	<p>Percent of patients (less than 18 years) undergoing selected congenital Deformity procedures that develop postoperative complications include infections, implant failures, and fractures, dural Tears after spine surgeries and post-surgical neuroparalysis rate within the first 30 days after surgery.</p> <p>This indicator applies only to facilities recognized as Centers of Excellence (COE).</p>
Calculation:	<p><u>Numerator:</u> Total number of inpatients (less than 18 years old) who experience at least one of the following complications within the first 30 days after selected congenital deformity procedures.</p> <p><u>Numerator Inclusions: Complications lists include</u></p> <ul style="list-style-type: none"> • Infections- T81.43XS, T81.43XD, T81.43XA, T81.42XS, T81.42XD, T81.42XA, T81.41XS, T81.41XD, T81.41XA, T81.40XS, T81.40XD, T81.40XA • Implant failures- • Fractures • Dural Tears after spine surgeries-G96.11 • Post Surgical Neuroparalysis rate • Muscle and joint complications: Joint stiffness, muscle cramps, partial or full joint dislocation • Nerve problems: Temporary or permanent nerve injury, chronic regional pain syndrome, or even spinal cord injury. • Blood vessel complications: Bleeding, compartment syndrome, aneurysm, deep vein thrombosis, or pulmonary embolism <p><u>Numerator exclusions:</u></p> <ul style="list-style-type: none"> • Pediatric patients who have the above listed conditions or complications which are present on admission. • Intraoperative complications • Complication not related to surgery. <p><u>Denominator</u></p>

Pediatric Health Service Jawda Performance Indicators

	<p>All pediatric inpatients (less than 18 years old) discharged during the reporting period that have undergone planned selected congenital deformity procedures</p> <p>Selected congenital deformity procedures:</p> <ul style="list-style-type: none"> • Pelvic osteotomies (27146, 27299) • Femoral Osteotomies (27165, 27161, 27140, 27258, 27259, 27448, 27450, 27454, 27187) • Tibial Osteotomies (27450, 27466, 27457, 27727) • Decompression of Major Nerves (64722, 64713, 64708) • Leg-lengthening (27465, 27466, 27468, 27715) • Arthrodesis for scoliosis and kyphosis (22800, 22802, 22804, 22808, 22810, 22812) • Deformity Correction (Knee, Ankle, and Foot) (27457, 27709, 28300, 27475, 27477, 27479, 27485, 28302, 28304, 28305) <p>Age category (at date of surgery):</p> <ul style="list-style-type: none"> • 1-3 months • 4-6 months • 7-11 months • 1 year • 2 year • 2 to <18 years <p><u>Denominator exclusion:</u> Pediatric patients discharged against medical advice</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Mauffrey C, Herbert B, Young H, Wilson ML, Hake ME, Stahel PF. Complications of orthopaedic surgery DOH Standard for Pediatric Center of Excellence
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records

Type: Quality Indicator

Indicator Number: PED020

KPI Description (title):	Timely Intervention of Complex Fractures in Emergency Case
Domain	Timeliness
Indicator Type	Process
Definition:	<p>The proportion of patients who receive timely definitive treatment within the specified time frame.</p> <p><i>This indicator applies only to facilities recognized as Centers of Excellence (COE).</i></p>

Pediatric Health Service Jawda Performance Indicators

Calculation:	<p>Numerator: Number of patients (less than 18 years old) with open fractures who receive treatment (e.g., surgical intervention (internal and external fixation), Casting or splinting) within 12 hours from hospital arrival.</p> <p><u>Numerator Inclusions:</u></p> <ul style="list-style-type: none"> • Immediate debridement or treatment within 6 hours for highly contaminated open fractures. • Debridement or definitive surgical management significant open fractures, Gustillo Anderson 3A and 3B, within 6 to 12 hours. <p><u>Denominator</u> All pediatric patients (less than 18 years) present to emergency department / urgent care with complex fractures during the reporting period.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	South Tees Hospitals NHS Foundation Trust. Complex Fracture Management National Institute for Health and Care Excellence (NICE). Fractures (complex) DOH Standard for Pediatric Center of Excellence
Desired direction:	Higher is better >90%
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records

Type: Quality Indicator

Indicator Number: PED021

KPI Description (title):	One Year Cancer Survival Rate in pediatric patients
Domain	Effectiveness
Indicator Type	Outcome
Definition	<p>The 1-year survival rate refers to the percentage of pediatric people suffering from cancer, who are alive 1 year after the disease is diagnosed</p> <p><i>Diagnosis Guidance:</i> All diagnosed cancer patients with biopsy completed at the reported facility.</p> <p><i>Note:</i> The provider will report the “calculated patient survival rate” of each type of cancer separately.</p> <ul style="list-style-type: none"> • Blood: Acute Lymphoblastic Leukemia (ALL): • Hodgkin Lymphoma • Brain: Neuroblastoma: • Diffuse Intrinsic Pontine Glioma (DIPG): • Bone cancer • Other Cancer

Pediatric Health Service Jawda Performance Indicators

	This indicator applies only to facilities recognized as Centers of Excellence (COE).
Calculation	<p>Numerator: Total number of patients in the denominator who survive for 1 year after diagnosis of cancer i.e. through day 365 post-diagnosis.</p> <p>Denominator: Total number of pediatric patients who are diagnosed in the previous 12 months reporting period with below cancer.</p> <p>Denominator Exclusion:</p> <ul style="list-style-type: none"> • Loss to follow-up (3 attempts spaced out in different days on or after the missed scheduled visit. This includes leaving voicemails and emails as appropriate requesting a return call. Documentation should be drafted outlining the loss to follow-up, including information about attempted contact.)
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	Pan-Birmingham cancer Network; NHS England. NHS England. Paediatric Oncology Measures DOH Standard for Pediatric Center of Excellence Louisiana State University Health Sciences Center. SOP 2.18
Desired Direction	<ul style="list-style-type: none"> • Acute Lymphoblastic Leukemia (ALL): The target is often over 90% • Hodgkin Lymphoma: The target is around 95% • Neuroblastoma: The target can range from 50% to 70%, depending on the stage at diagnosis • Diffuse Intrinsic Pontine Glioma (DIPG): The target is much lower, often less than 10%
Data Source	<ul style="list-style-type: none"> • Patients medical record

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED022

KPI Description (title):	Five Years Cancer Survival Rate in pediatric patients
Domain	Effectiveness
Indicator Type	Outcome
Definition	<p>The 5-year survival rate refers to the percentage of pediatric people suffering from cancer, who are alive 5 year after the disease is diagnosed</p> <p>Diagnosis Guidance: All diagnosed cancer patients with biopsy completed at the reported facility.</p> <p>Note: The provider will report the “calculated patient survival rate” of each type of cancer separately Acute Lymphoblastic Leukemia (ALL)</p> <ul style="list-style-type: none"> • Hodgkin Lymphoma • Neuroblastoma • Diffuse Intrinsic Pontine Glioma (DIPG) • Other cancers <p>This indicator applies only to facilities recognized as Centers of Excellence (COE).</p>
Calculation	<p>Numerator: Total number of patients in the denominator who survive for 5 year after diagnosis of cancer i.e. through day 1825 post-diagnosis.</p> <p>Denominator: Total number of pediatric patients who are diagnosed in the previous 60 months reporting period with below cancer.</p> <p>Denominator Exclusion:</p> <ul style="list-style-type: none"> • Loss to follow-up (3 attempts spaced out in different days on or after the missed scheduled visit. This includes leaving voicemails and emails as appropriate requesting a return call. Documentation should be drafted outlining the loss to follow-up, including information about attempted contact.)
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	Pan-Birmingham cancer Network; NHS England. NHS England. Paediatric Oncology Measures DOH Standard for Pediatric Center of Excellence
Desired Direction	<ul style="list-style-type: none"> • Acute Lymphoblastic Leukemia (ALL): The target is often over 90% • Hodgkin Lymphoma: The target is around 95% • Neuroblastoma: The target can range from 50% to 70%, depending on the stage at diagnosis • Diffuse Intrinsic Pontine Glioma (DIPG): The target is much lower, often less than 10%
Data Source	<ul style="list-style-type: none"> • Patient medical record

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED023

KPI Description (title):	Success with asthma inpatients (Symptom Control at discharge)
Domain	Safety
Indicator Type	Outcome
Definition:	The proportion of patients who achieve a successful treatment outcome. Asthma symptoms are managed and controlled at the time of discharge from the hospital. Well-controlled symptoms typically mean the patient experiences minimal or no symptoms, has no limitations on daily activities, and does not require frequent use of rescue medications.
Calculation:	<p><u>Numerator:</u> The number of pediatric asthma inpatients who have well-controlled symptoms at the time of discharge.</p> <p>This can be assessed using a standardized asthma control test or questionnaire, such as the Asthma Control Test (ACT) or the Asthma Control Questionnaire (ACQ)</p> <p><u>Denominator</u> The total number of pediatric inpatients (age 5 years to less than 18 years) with primary diagnosis of asthma who discharged during the reporting period.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	DOH Standard for Pediatric Center of Excellence Centers for Medicare & Medicaid Services (CMS). 2019 MIPS Measure 398
Desired direction:	Higher is better >90%
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED024

KPI Description (title):	Success (Remission of certain GI-related treatments (Crohn's disease, ulcerative colitis, or GI bleeding) within 90 days
Domain	Safety
Indicator Type	Outcome
Definition:	<p>GI-related treatments is defined as the proportion of patients who experience remission of symptoms within 90 days following treatment.</p> <ul style="list-style-type: none"> • Crohn's disease-Remission defined as a pediatric Crohn's Disease Activity Index (PCDAI) score of less than 10) after treatment. • Ulcerative colitis Clinical Remission (PUCAI) (score <10): This indicates that the child is experiencing minimal to no symptoms related to the disease. • GI bleeding Remission- Hemostasis is defined as the cessation of bleeding, confirmed by clinical assessment and/or endoscopic evaluation. <p><i>This indicator applies only to facilities recognized as Centers of Excellence (COE).</i></p>
Calculation:	<p><u>Numerator:</u> The total number of pediatric patients who achieve symptom remission within 90 days after starting treatment for Crohn's disease, ulcerative colitis, or GI bleeding.</p> <p><u>Denominator</u> The total number of pediatric (less than 18 years old) inpatients diagnosed with pediatric Crohn's disease, ulcerative colitis, or GI bleeding who received the specific treatment in the previous 90 days.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	DOH Standard for Pediatric Center of Excellence
Desired direction:	Higher is better >90%
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED025

KPI Description (title):	Improvement in Visual Acuity for Cataracts
Domain	Safety
Indicator Type	Outcome
Definition:	<p>The percentage of patients who demonstrate a significant improvement in visual acuity within 90 days following treatment for cataracts.</p> <p>This indicator applies only to facilities recognized as Centers of Excellence (COE).</p>
Calculation:	<p>Numerator: The number of pediatric patients who demonstrate a significant improvement in visual acuity within 90 after starting treatment for cataracts.</p> <p>Guidance: Improvement can be defined as an increase in visual acuity measured in LogMAR (Logarithm of the Minimum Angle of Resolution) or a clinically significant change (e.g., improvement of 2 lines on a Snellen chart).</p> <p>Denominator The total number of pediatric (less than 18 years old) inpatients diagnosed with cataracts who received the specific treatment in the previous 90 days.</p> <p>CPT CODES:</p> <ul style="list-style-type: none"> • Cataract: 66820, 66821, 66830, 66982, 66983, 66984, 66985, 66987, 66988
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Centers for Medicare & Medicaid Services (CMS). 2025 MIPS Measure 303: Cataracts
Desired direction:	Higher is better >90%
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED026

KPI Description (title):	Functional Improvement For Children Undergoing Specific Plastic Surgery Procedures, For Cleft Lip And Palate Repair, Craniofacial Reconstruction, Or Burn Treatment.
Domain	Safety
Indicator Type	Outcome
Definition:	The proportion of pediatric patients who experience significant functional improvement within 30 days following the plastic surgery. <i>This indicator applies only to facilities recognized as Centers of Excellence (COE).</i>
Calculation:	Numerator: The number of pediatric patients who demonstrate significant functional improvement within 30 days following the plastic surgery. Guidance: Cleft Lip and Palate Repair: Improvement in speech intelligibility (e.g., the Goldman-Fristoe Test of Articulation), feeding ability, and overall facial function. Craniofacial Reconstruction: Enhanced facial symmetry, improved airway function, and better psychosocial outcomes. Burn Treatment: Increased range of motion of affected areas, improved skin elasticity of affected areas, and better aesthetic outcomes. Denominator The total number of pediatric (less than 18 years old) inpatients who underwent specific plastic surgery during the reporting period. Cleft Lip and Palate Repair (CPT codes): 30460, 30462, 40700, 40701, 40702, 40720, 40761, 42200, 42205, 42210, 42215, 42220, 42225. Craniofacial Reconstruction (CPT codes): 21275, 21299, 21431, 21432, 21433, 21435, 21436. Burn Treatment (ICD-10 CM codes primary or secondary initial encounter): T20.00XA - T31.99
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Stricker PA, Goobie SM, Cladis FP, et al. Pediatric complex cranial vault reconstruction Children’s Health Ireland (CHI). Cleft Lip and Palate Pre and Post Operative Guidelines 2024
Desired direction:	Higher is better >90%
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient’s records

Appendix A: Sepsis Diagnosis Codes

A02.1	A40.1	A41.02	A41.50	A41.81	B37.7	P36.30	P36.9
A22.7	A40.3	A41.1	A41.51	A41.89	P36.0	P36.39	R65.20
A26.7	A40.8	A41.2	A41.52	A41.9	P36.10	P36.4	R65.21
A32.7	A40.9	A41.3	A41.53	A42.7	P36.19	P36.5	T81.12XA
A40.0	A41.01	A41.4	A41.59	A54.86	P36.2	P36.8	T81.12XD

Appendix B: Spine surgery CPT codes

22010	22327	22614	22854	62287	62370	63066	63197	63295
22015	22328	22630	22855	62290	62380	63075	63198	63300
22100	22505	22632	22856	62291	63001	63076	63199	63301
22101	22510	22633	22857	62292	63003	63077	63200	63302
22102	22511	22634	22858	62294	63005	63078	63250	63303
22103	22512	22800	22859	62302	63011	63081	63251	63304
22110	22513	22802	22861	62303	63012	63082	63252	63305
22112	22514	22804	22862	62304	63015	63085	63265	63306
22114	22515	22808	22864	62305	63016	63086	63266	63307
22116	22526	22810	22865	62320	63017	63087	63267	63308
22206	22527	22812	22867	62321	63020	63088	63268	63600
22207	22532	22818	22868	62322	63030	63090	63270	63610
22208	22533	22819	22869	62323	63035	63091	63271	63615
22210	22534	22830	22870	62324	63040	63101	63272	63620
22212	22548	22840	22899	62325	63042	63102	63273	63621
22214	22551	22841	62263	62326	63043	63103	63275	63650
22216	22552	22842	62264	62327	63044	63170	63276	63655
22220	22554	22843	62267	62350	63045	63172	63277	63661
22222	22556	22844	62268	62351	63046	63173	63278	63662
22224	22558	22845	62269	62355	63047	63180	63280	63663
22226	22585	22846	62270	62360	63048	63182	63281	63664
22310	22586	22847	62272	62361	63050	63185	63282	63685
22315	22590	22848	62273	62362	63051	63190	63283	63688
22318	22595	22849	62280	62365	63055	63191	63285	63700
22319	22600	22850	62281	62367	63056	63194	63286	63702
22325	22610	22852	62282	62368	63057	63195	63287	63704
22326	22612	22853	62284	62369	63064	63196	63290	63706
63707	63709	63710	63740	63741	63744	63746	64999	

Appendix C: List of Common Neurosurgical Procedures

61304	61305	61312	61313	61314	61315	61316	61320	61321	61322
61323	61330	61333	61340	61343	61345	61450	61458	61460	61500
61501	61510	61512	61514	61516	61517	61518	61519	61520	61521
61522	61524	61526	61530	61531	61533	61534	61535	61536	61537
61538	61539	61540	61541	61543	61544	61545	61546	61548	61550
61552	61556	61557	61558	61559	61563	61564	61566	61567	61570
61571	61575	61576	63011	61343	62351	62380	63001	63003	63005
63012	63015	63016	63017	63020	63030	63035	63040	63042	63043
63044	63045	63046	63047	63048	63050	63051	63170	63172	63173
63185	63190	63191	63194	63195	63196	63197	63198	63199	63200
63250	63251	63252	63265	63266	63267	63268	63270	63271	63272
63250	63251	63252	63265	63266	63267	63268	63270	63271	63272
63273	63275	63276	63277	63278	63280	63281	63282	63283	63285
63286	63287	63290	63655	63662	63664	63709	63740	22630	22632
22633	22634	22556	22532	22533	22534	22548	22551	22552	22554
22558	22585	22586	22590	22595	22600	22610	22612	22614	22630
22632	22633	22634	22800	22802	22804	22808	22810	22812	22818
22819	62225	62180	62190	62192	62194	62200	62201	62220	62223
62230	62252	62256	62258	63740	63741	63744	63746	62380	62201
62160	62161	62162	62164	62165	63663	63650	63655	63661	63662
63664	63685	63688	63600	63610	64553	64555	64561	64566	64568
64569	64570	64575	64580	64581	64585	64590	64595	64625	64630
64600	64605	64610	64611	64612	64615	64616	64617	64620	64624
64632	64633	64634	64635	64636	64640	64642	64643	64644	64645
64646	64647	64650	64653	64680	64681	64702	64704	64708	64712
64713	64714	64716	64718	64719	64721	64722	64726	64727	64732
64734	64736	64738	64740	64742	64744	64746	64755	64760	64763
64766	64771	64772	64774	64776	64778	64782	64783	64784	64786
64787	64788	64790	64792	64795	64802	64804	64809	64818	64820
64821	64822	64823	64831	64832	64834	64835	64836	64837	64840
64856	64857	64858	64859	64861	64862	64864	64865	64866	64868
64872	64874	64876	64885	64886	64890	64891	64892	64893	64895
64896	64897	64898	64901	64902	64905	64907	64910	64911	64912
64913	64999	61782	61720	61735	61750	61751	61760	61770	61781
61783	61790	61791	61796	61797	61798	61799	61800	61863	61864
61867	61868	62201	63600	63610	63620	63621	62165	62223	61796
61797	61798	61799	61800	63620	63621	63075	63076	61105	61107
61108	61120	61140	61150	61151	61154	61156	61210	61215	61250
61253	61531	61720	61735	61750	61751	61770	61850	61863	61864
61867	61868	63044	62380	63020	63030	63035	63040	63042	63043
63045	63046	63047	63048						

Appendix D: Lower Respiratory Tract Infection ICD-10 CM

Principal discharge diagnosis of bronchiolitis, influenza, or community-acquired pneumonia (CAP) or secondary diagnosis code for one of these LRIs plus a principal ICD-10-CM diagnosis code for asthma, respiratory failure, or sepsis/bacteremia:

J21.0, J21.1, J21.8, J21.9, J09.X1, J09.X2, J10.00, J10.01, J10.08, J10.1, J11.00, J11.08, J11.1, J12.0, J12.1, J12.2, J12.3, J12.81, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.2, J18.8, J18.9, A01.03, A02.22, A21.2, A22.1, A24.1, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A32.7 , A40.0, A40.1, A40.3, A40.8, A40.9, A41.01, A41.02, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.53 , A41.59 , A41.81, A41.89, A41.9, A42.7, A54.86, B37.7, R78.81, A41.9, A42.0, A43.0, A54.84, B01.2, B05.2, B06.81, B25.0, B37.1, B38.0, B38.1, B38.2, B39.0, B39.1, B39.2, B44.0, B44.1, B58.3, B59, B77.81, U07.1

Asthma: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998.

Respiratory Failure: J96.00, J96.01, J96.02, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92.

Summary of Changes 2025 V5

KPI #	Changes
PED001, PED002	<ul style="list-style-type: none"> Defined codes in Numerator and denominator exclusions
PED003	<ul style="list-style-type: none"> Added applicable codes in Denominator <i>Added Denominator Exclusion: Long-term excluded, Burns patients excluded.</i>
PED004	<ul style="list-style-type: none"> Removed in denominator All CPT procedures: 10021-69990 Added denominator inclusion Revised denominator exclusion: <ul style="list-style-type: none"> Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for Sepsis(Appendix A) Long term care patients Daycase patients
PED005	<ul style="list-style-type: none"> Added in numerator <i>ICD-10 CM: D78.11, D78.12, E36.11, E36.12, G97.48, G97.49, H59.211, H59.212, H59.219, H95.31, H95.32, I97.51, I97.52, J95.71, J95.72, K91.71, K91.72, L76.11, L76.12, M96.820, M96.821, N99.71, N99.72</i> Removed codes in denominator exclusions and added in Appendix B <i>Spine surgery CPT codes (Appendix B)</i>
PED006	<ul style="list-style-type: none"> Removed Pediatric VAP from QI and moved to Pediatric KPIs
PED007	<ul style="list-style-type: none"> Added all-cause mortality in the Pediatric KPIs
PED008	<ul style="list-style-type: none"> Added all-cause mortality in the for infants
Appendices	<ul style="list-style-type: none"> Revised Appendix A format Added Appendix B for Spine Surgeries

Summary of Changes 2025 V5.1

KPI #	Changes
Who is this guidance for?	UPDATED: All DoH licensed healthcare facilities providing acute healthcare services to the pediatric population inclusive of infants and neonates in the Emirate of Abu Dhabi

Summary of Changes 2025 V5.2

KPI #	Changes
PED04	Neonates are excluded from this KPI denominator.

Summary of Changes 2025 V5.3

KPI #	Changes
Version	Reverted the Version to 5.3 for final changes effective in Q4 2025
PED001	Added <i>Guidance: Report Separately by Specialty (Excluding Oncology) Denominator and Numerator</i> <ul style="list-style-type: none"> A) General pediatric patients/other specialty B) Ophthalmology

Pediatric Health Service Jawda Performance Indicators

	C) Plastic Surgery D) Cardiac Surgery and Cardiology E) Neurosurgery & Neurology F) Orthopedic Surgery G) Gastroenterology H) Pulmonology: <i>Principal Diagnosis</i> of Lower Respiratory Tract Infection (Appendix D)
PED002	Retired PED002 and added as subset of PED001 I)Pulmonology
PED009 - PED026	<i>Added new KPIs</i>
Appendix C	<ul style="list-style-type: none"> Added Appendix C: List of Common Neurosurgical Procedures
Appendix D	<ul style="list-style-type: none"> Added Appendix D: Lower Respiratory Tract Infection ICD-10 CM

Summary of Changes 2026 V6

KPI #	Changes
PED001	Title, Definition and Numerator: Added the word “inpatient”
PED004	Added <ul style="list-style-type: none"> Denominator: “elective” surgical discharges Numerator: Added-(In case of multiple procedures within same encounter, count from the first procedure).

Summary of Changes 2026 V6.1

KPI #	Changes
All KPIs	Updated citations in International comparison if available, and Data sources and guidance
PED007	Updated Denominator Exclusion: Neonates and Infants (0 days-1 year) To Denominator Exclusion: Neonates and Infants from 0–365 days age (i.e. up to 12 months or 1 year of age).
PED008	Updated Denominator: Number of all inpatient infants’ discharges from hospital (0-364 days old at the date of discharge) during the reporting period To Denominator: Number of all inpatient infants’ discharges from hospital 0–365 days age (i.e. up to 12 months or 1 year of age) at the date of discharge during the reporting period