



دائرة الصحة
DEPARTMENT OF HEALTH

Trauma Medicine - Jawda Guidance

Version 1

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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 ranges 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 reporting by healthcare facilities providing acute trauma care 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.

Published: Version 1, April 2026
Updated:

Effective from: Q3-2026, Version 1

About this Guidance

This guidance sets out the definitions, scope, and reporting requirements for JAWDA Trauma Medicine Performance Indicators. The Department of Health (DoH), in consultation with CEPAR, trauma surgeons, emergency medicine specialists, intensivists, and national trauma-system experts, has developed a unified set of trauma quality indicators to evaluate the extent to which healthcare providers deliver safe, effective, timely, and coordinated trauma care across all levels of injury severity.

These indicators monitor risk-adjusted mortality patterns, major hospital-acquired complications, and failure to rescue performance, forming a core component of Abu Dhabi's trauma-quality improvement and accountability framework.

The aim is to achieve optimal survival outcomes and minimize preventable harm for trauma patients across all Injury Severity Score (ISS) categories (1–8, 9–15, 16–24, and ≥ 25), reflecting the overall effectiveness of inpatient trauma care.

Healthcare providers play a central role in capturing, validating, implementing, and monitoring these trauma indicators. As with other JAWDA programs, it is essential that clinical leaders maintain ownership of data quality, ensure documentation accuracy within trauma registries and electronic medical records, and drive continuous system-level improvements.

Interpretation of Trauma Mortality Indicators

Trauma mortality indicators are intentionally stratified by Injury Severity Score (ISS) to allow severity-adjusted interpretation of outcomes. These indicators are designed to support internal benchmarking, governance review, and quality improvement, and must be interpreted in the context of case mix, injury burden, and trauma system maturity. Crude, non-stratified mortality comparisons are not appropriate for performance assessment in major trauma populations.

Who is this guidance for?

This guidance is exclusively applicable to Trauma Centers of Excellence.

How do I follow this guidance?

Each healthcare provider must designate a qualified Trauma KPI Lead responsible for:

- Coordinating trauma data collection
- Ensuring accurate ISS scoring and complication identification
- Validating trauma registry entries
- Submitting performance data through the JAWDA portal
- Maintaining alignment with reporting timelines

The Trauma KPI Lead must also submit updated contact details to JAWDA@doh.gov.ae whenever changes occur, identical to the expectation described for Trauma indicators.

The nominated facility lead must submit updated contact details (if changes occur) to JAWDA@doh.gov.ae and report performance data through the JAWDA online portal according to scheduled submission timelines.

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What are the Regulations 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 exclusively to SSMC & STMC in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard
- DOH Standard for Centers of Excellence in the Emirate of Abu Dhabi issued March 2019

Glossary

Acute Kidney Injury (AKI): A sudden decrease in renal function resulting in accumulation of waste products, electrolyte imbalance, and fluid dysregulation. In trauma patients, AKI may arise from numerous causes including but not limited to shock, rhabdomyolysis, hypoperfusion, or nephrotoxic agents.

Acute Respiratory Distress Syndrome (ARDS): A severe form of non-cardiogenic respiratory failure characterized by hypoxemia, reduced lung compliance, and diffuse alveolar damage. Often triggered by major trauma, sepsis, transfusion reactions, or chest injury.

Cardiac Arrest: A sudden cessation of effective cardiac output. In trauma settings, this may occur due to hemorrhage, hypoxia, tension pneumothorax, cardiac tamponade, or severe traumatic brain injury.

Dead on Arrival (DOA): Defined as arriving in cardiac arrest and never achieving ROSC — assign an ISS score of 25

Deep Vein Thrombosis (DVT): A blood clot forming within a deep vein, usually in the lower extremities. Trauma patients are at increased risk due to immobility, venous injury, inflammation, and hypercoagulability.

Failure to Rescue (FTR): Defined as death after the occurrence of one or more major, potentially preventable complications during hospitalization. Used to measure a facility's ability to detect, escalate, and manage clinical deterioration promptly.

Hemorrhage (Significant): Severe bleeding requires rapid intervention through resuscitation, transfusion, interventional radiology, or operative management. A key complication contributing to preventable trauma mortality.

Injury Severity Score (ISS): A standardized anatomical scoring system used to assess trauma severity across multiple body regions. Scores range from 1 to 75. Used as the stratification basis for all trauma mortality indicators (ISS 1–8, 9–15, 16–24, ≥25).

Inter-facility Transfer for Definitive Care Only: A trauma patient transferred to the reporting facility solely for a specific intervention or definitive care after stabilization elsewhere. These cases are excluded from trauma KPIs because the initial clinical course (including complications and mortality risk) is attributable to the referring facility.

Organ-Donor Maintenance Admission: A type of admission where the patient has suffered a catastrophic, non-survivable injury and is maintained physiologically for organ procurement.

Proximal Lower-Extremity Deep Vein Thrombosis (Proximal DVT): A subtype of acute DVT involving the popliteal, femoral, iliac, or other proximal deep veins of the lower limb. Proximal DVT carries a higher risk of pulmonary embolism and is the focus of in-hospital DVT surveillance in trauma patients. Corresponding ICD-10-CM codes are included in the DVT KPI definition.

Pulmonary Embolism (PE): A blockage of pulmonary arteries caused by embolized thrombus, commonly originating from a DVT. A major cause of preventable in-hospital mortality in trauma patients.

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Sepsis / Septic Shock: Life-threatening organ dysfunction caused by dysregulated response to infection (sepsis) or accompanied by circulatory/metabolic collapse (septic shock).

Stroke: A cerebrovascular event (ischemic or hemorrhagic) occurring after trauma admission, often related to vascular injury, hypoperfusion, or embolic events.

Trauma Admission: A trauma patient who, after evaluation in the Emergency Department, is formally admitted for inpatient trauma care. This includes ICU, operating theatre, and ward admissions, as well as ED resuscitation cases declared dead in ED. Patients treated and discharged directly from the ED are not considered trauma admissions.

Trauma Discharges: Refers to the final hospital discharge outcomes of patients who were evaluated in the Emergency Department and formally admitted for inpatient trauma care under the reporting facility's trauma service. This includes all trauma admissions whose episode of care resulted in discharge alive or death, regardless of the location of death (Emergency Department, operating theatre, intensive care unit, or inpatient ward). Trauma discharges do not include patients who were treated and discharged directly from the Emergency Department without inpatient admission, as these cases do not meet the definition of a trauma admission. Once a trauma patient is admitted, the reporting facility assumes full clinical accountability for the trauma episode, and the final hospital disposition constitutes a trauma discharge.

Trauma Registry: A structured database capturing standardized information on trauma patients to support KPI reporting, surveillance, and quality improvement.

Ventilator-Associated Events (VAE): A surveillance framework encompassing Ventilator-Associated Conditions (VAC), Infection-related Ventilator-Associated Complications (IVAC), and Possible Ventilator-Associated Pneumonia (PVAP), primarily intended for population-level monitoring of mechanical ventilation complications.

Ventilator-Associated Pneumonia (VAP): A hospital-acquired pneumonia occurring in trauma patients who are receiving invasive mechanical ventilation for ≥ 48 hours. In this guidance, VAP is defined using trauma-validated clinical, microbiological, histopathologic, or diagnostic criteria, with a focus on confirmed infectious pneumonia events attributable to mechanical ventilation.

Trauma Medicine (TM) JAWDA Performance Indicators

Type: Trauma Quality Indicator

Indicator Number: TM001

KPI Description (title):	Mortality Rate of Trauma Patients Classified as ISS 1-8 (minor trauma)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	This indicator measures the overall in-hospital mortality rate among all trauma discharges, classified as ISS 1-8 (minor trauma).
Calculation:	<p><u>Numerator:</u> Number of trauma patients with ISS 1-8 (minor trauma) whose discharge disposition is death (including ED deaths after resuscitation) where the discharge occurred during the reporting period.</p> <p><u>Numerator exclusion:</u> Patients whose death occurred outside the reporting period</p> <p><u>Denominator:</u> All trauma discharges classified as ISS 1-8(minor trauma) during the reporting period</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Left Without Being Seen (LWBS) • Left Against Medical Advice (LAMA) • Inter-facility transfers arriving for definitive care only • Patients with signed DNR • Organ-Donor Maintenance Admissions
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage (%)
International comparison if available	Subject Matter Expert (SME) recommendation citing international trauma outcomes reported by registries using ACS-TQIP-style risk adjustment
Desired direction:	Lower is Better
Target:	Minor Trauma (ISS 1-8): Target < 0.5%
Data sources and guidance:	-Trauma Registry -Electronic Medical Records

Trauma Medicine (TM) JAWDA Performance Indicators

Type: Trauma Quality Indicator

Indicator Number: TM002

KPI Description (title):	Mortality Rate of Trauma Patients Classified as ISS 9–15 (moderate trauma)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	This indicator measures the overall in-hospital mortality rate among all trauma discharges, classified as ISS 9–15 (moderate trauma).
Calculation:	<p><u>Numerator:</u> Number of trauma patients with ISS 9–15 (moderate trauma) whose discharge disposition is death (including ED deaths after resuscitation) where the discharge occurred during the reporting period.</p> <p><u>Numerator exclusion:</u> Patients whose death occurred outside the reporting period</p> <p><u>Denominator:</u> All trauma discharges classified as ISS 9–15 (moderate trauma) during the reporting period.</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Left Without Being Seen (LWBS) • Left Against Medical Advice (LAMA) • Inter-facility transfers arriving for definitive care only • Patients with signed DNR • Organ-Donor Maintenance Admissions
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage (%)
International comparison if available	Subject Matter Expert (SME) recommendation citing international trauma outcomes reported by registries using ACS-TQIP–style risk adjustment
Desired direction:	Lower is Better
Target:	Moderate Trauma (ISS 9–15): Target < 1.5%
Data sources and guidance:	-Trauma Registry -Electronic Medical Records

Trauma Medicine (TM) JAWDA Performance Indicators

Type: Trauma Quality Indicator

Indicator Number: TM003

KPI Description (title):	Mortality Rate of Trauma Patients Classified as ISS 16–24 (serious trauma)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	This indicator measures the overall in-hospital mortality rate among all trauma discharges, classified as ISS 16–24 (serious trauma).
Calculation:	<p><u>Numerator:</u> Number of trauma patients with ISS 16–24 (serious trauma) whose discharge disposition is death (including ED deaths after resuscitation) where the discharge occurred during the reporting period.</p> <p><u>Numerator exclusion:</u> Patients whose death occurred outside the reporting period</p> <p><u>Denominator:</u> All trauma discharges classified as ISS 16–24 (serious trauma) during the reporting period</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Left Without Being Seen (LWBS) • Left Against Medical Advice (LAMA) • Inter-facility transfers arriving for definitive care only • Patients with signed DNR • Organ-Donor Maintenance Admissions
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage (%)
International comparison if available	Subject Matter Expert (SME) recommendation citing international trauma outcomes reported by registries using ACS-TQIP–style risk adjustment
Desired direction:	Lower is Better
Target:	Severe Trauma (ISS 16–24): Target ≤10%(Aspirational <8%)
Data sources and guidance:	-Trauma Registry -Electronic Medical Records

Trauma Medicine (TM) JAWDA Performance Indicators

Type: Trauma Quality Indicator

Indicator Number: TM004

KPI Description (title):	Mortality Rate of Trauma Patients Classified as ISS \geq25 (critical trauma)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	This indicator measures the overall in-hospital mortality rate among all trauma discharges, classified as ISS \geq 25 (critical trauma).
Calculation:	<p><u>Numerator:</u> Number of trauma patients with ISS \geq25 (critical trauma) whose discharge disposition is death (including ED deaths after resuscitation) where the discharge occurred during the reporting period.</p> <p><u>Numerator exclusion:</u> Patients whose death occurred outside the reporting period</p> <p><u>Denominator:</u> All trauma discharges classified as ISS \geq25 (critical trauma) during the reporting period including patients who are Dead-on-Arrival (DOA), where the cause of death is attributable to trauma (refer to glossary for guidance)</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Left Without Being Seen (LWBS) • Left Against Medical Advice (LAMA) • Inter-facility transfers arriving for definitive care only • Patients with signed DNR • Organ-Donor Maintenance Admissions
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage (%)
International comparison if available	Subject Matter Expert (SME) recommendation citing international trauma outcomes reported by registries using ACS-TQIP-style risk adjustment
Desired direction:	Lower is Better
Target:	Very Severe / Profound Trauma (ISS \geq 25): Target < 28%
Data sources and guidance:	-Trauma Registry -Electronic Medical Records

Trauma Medicine (TM) JAWDA Performance Indicators

Type: Trauma Complications Quality Indicator

Indicator Number: TM005

KPI Description (title):	Complication Rate: Trauma Patients Who Developed Trauma-associated Ventilator-Associated Pneumonia (VAP)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	<p>This indicator measures the rate of trauma-validated Ventilator-Associated Pneumonia (VAP) among trauma patients receiving invasive mechanical ventilation, based on microbiological, histopathological, or validated diagnostic testing criteria, rather than physiologic VAE triggers alone.</p> <p>A case is counted when on or after calendar day 3 of mechanical ventilation, and within 2 calendar days before or after the onset of worsening oxygenation, ONE of the criteria below is met.</p>
Calculation:	<p><u>Numerator:</u> Number of trauma patients (counted once per admission) who meet any one of the trauma-validated VAP criteria (Criterion 1, 2, or 3) during the reporting period.</p> <p>Numerator Inclusions:</p> <ul style="list-style-type: none"> • <u>Criterion 1: Microbiologic Evidence:</u> Positive culture from one of the following specimens meeting accepted thresholds without requirement for purulent respiratory secretions: <ul style="list-style-type: none"> ○ <u>Endotracheal aspirate:</u> $\geq 10^5$ CFU/ml (or corresponding semi-quantitative result) ○ <u>Bronchoalveolar lavage (BAL):</u> $\geq 10^4$ CFU/ml (or corresponding semi-quantitative result) ○ <u>Lung tissue:</u> $\geq 10^4$ CFU/g (or corresponding semi-quantitative result) ○ <u>Protected specimen brush:</u> $\geq 10^3$ CFU/ml (or corresponding semi-quantitative result) • <u>Criterion 2: Purulent Respiratory Secretions PLUS Identified Organism</u> Purulent respiratory secretions AND organism identified from one of the following specimens: <ul style="list-style-type: none"> ○ <u>Purulent respiratory secretions defined as:</u> 25 neutrophils and <10 squamous epithelial cells per low-power field (lpf, $\times 100$) ○ <u>Specimen types (qualitative or quantitative accepted):</u> <ul style="list-style-type: none"> ➤ Sputum ➤ Endotracheal aspirate ➤ Bronchoalveolar lavage ➤ Lung tissue ➤ Protected specimen brush • <u>Criterion 3: Diagnostic or Histopathologic Evidence</u> One of the following: <ul style="list-style-type: none"> ○ <u>Organism identified from pleural fluid, obtained during:</u> <ul style="list-style-type: none"> ➤ Thoracentesis, or ➤ Initial chest tube placement (excluding samples from indwelling chest tubes) ○ <u>Lung histopathology demonstrating:</u> <ul style="list-style-type: none"> ➤ Abscess formation or foci of consolidation with intense neutrophil accumulation in bronchioles and alveoli ➤ Invasion of lung parenchyma by fungi (hyphae, pseudohyphae, or yeast forms) ➤ Evidence of viral infection based on lung tissue immunohistochemistry, cytology, or microscopy

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	<ul style="list-style-type: none"> ○ <u>Positive diagnostic test for:</u> <ul style="list-style-type: none"> ➤ Legionella species ➤ Respiratory viral pathogens from respiratory secretions: <ul style="list-style-type: none"> - Influenza virus - Respiratory syncytial virus (RSV) - Adenovirus - Parainfluenza virus - Rhinovirus - Human metapneumovirus - Coronavirus <p><u>Denominator:</u> Total ventilator-days for trauma patients during the reporting period. Ventilator-days must be counted once daily at the same time (e.g., midnight census)</p> <p>Denominator Inclusions</p> <ul style="list-style-type: none"> • All invasive mechanical ventilation days for trauma admissions • Patients undergoing ventilator weaning remain included as long as invasive ventilatory support is required <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • DOA • Non-trauma PAR populations governed under other JAWDA programs • Non-invasive ventilation only • Organ-donor maintenance admissions • Burn-only admissions (reported under Burn JAWDA Guidance) • Long-term care patients • Pregnancy, childbirth, and puerperium admissions (reported under Maternal & Perinatal JAWDA Guidance)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 ventilator-days
International comparison if available	ACS Trauma Quality Improvement Program (TQIP) ImageTrend Trauma Registry-based VAP indicators
Desired direction:	Lower the Better
Data sources and guidance:	-Trauma Registry -Hospital Logs - Radiology and Pathology Reports -Electronic Medical Records

Trauma Medicine (TM) JAWDA Performance Indicators

Trauma Complications Quality Indicator

Indicator Number: TM006

KPI Description (title):	Complication Rate: Trauma Patients who developed Deep Vein Thrombosis (DVT)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	<p>This indicator measures the rate of in-hospital Deep Vein Thrombosis (DVT) among trauma patients during the reporting period. The KPI captures new, not-present-on-admission, clinically confirmed DVT events occurring after trauma admission and reflects the effectiveness of early mobilization, thromboprophylaxis, and inpatient trauma management practices.</p> <p>The indicator focuses on proximal lower-extremity DVT, as these events are associated with higher morbidity and are clinically meaningful for benchmarking trauma-system performance. Cases identified through ICD-10-CM diagnostic codes specific to acute proximal DVT or acute embolism/thrombosis of the deep veins of the lower extremities are included.</p> <p>Patients are counted once per admission, regardless of multiple imaging studies or repeated diagnostic assessments. Cases documented as present on admission, historical diagnoses, or coded under chronic/previous DVT are excluded, ensuring the KPI reflects preventable and hospital-attributable thrombotic complications after trauma.</p>
Calculation:	<p>Numerator: The total number of trauma patients discharges who developed DVT during the hospital stay</p> <p>Acute Embolism / Thrombosis of Deep Veins — Lower Extremity (ICD-10-CM I82.4- series)</p> <p>Femoral vein</p> <ul style="list-style-type: none"> • I82.401 – Unspecified femoral vein, right lower extremity • I82.402 – Unspecified femoral vein, left lower extremity • I82.403 – Unspecified femoral vein, bilateral • I82.409 – Unspecified femoral vein, unspecified lower extremity <p>Popliteal vein</p> <ul style="list-style-type: none"> • I82.411 – Right lower extremity • I82.412 – Left lower extremity • I82.413 – Bilateral • I82.419 – Unspecified lower extremity <p>Tibial (posterior/anterior) veins</p> <ul style="list-style-type: none"> • I82.421 – Right lower extremity • I82.422 – Left lower extremity • I82.423 – Bilateral • I82.429 – Unspecified lower extremity <p>Peroneal vein</p> <ul style="list-style-type: none"> • I82.431 – Right lower extremity • I82.432 – Left lower extremity • I82.433 – Bilateral • I82.439 – Unspecified lower extremity <p>Calf muscle veins</p> <ul style="list-style-type: none"> • I82.441 – Right lower extremity • I82.442 – Left lower extremity • I82.443 – Bilateral • I82.449 – Unspecified lower extremity <p>Other specified deep veins of lower extremity</p> <ul style="list-style-type: none"> • I82.451 – Right lower extremity • I82.452 – Left lower extremity

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- **I82.453** – Bilateral
- **I82.459** – Unspecified lower extremity

Unspecified deep veins of lower extremity

- **I82.461** – Right lower extremity
- **I82.462** – Left lower extremity
- **I82.463** – Bilateral
- **I82.469** – Unspecified lower extremity

Other / unspecified acute lower-extremity DVT

- **I82.491** – Right lower extremity
- **I82.492** – Left lower extremity
- **I82.493** – Bilateral
- **I82.499** – Unspecified lower extremity

Other specified deep vein thrombosis of lower extremity

- **I82.4Y1** – Right lower extremity
- **I82.4Y2** – Left lower extremity
- **I82.4Y3** – Bilateral
- **I82.4Y9** – Unspecified lower extremity

DVT Numerator Exclusions:

- DVT POA or history only (Z86.718)

Denominator: All trauma discharges during the reporting period, across all Injury Severity Score (ISS) categories

Denominator Exclusions:

- Trauma patients treated and discharged directly from the Emergency Department without admission
- Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for: proximal deep vein thrombosis or Acute embolism/thrombosis of deep veins (please see above codes).
- Trauma patients with a direct proximal lower-extremity venous injury documented as present on admission, where planned surgical ligation or intentional venous interruption was performed as part of initial trauma management.
 - **S35.514 – S35.516:** Injury of iliac vein (right, left, unspecified)
 - **S75.10 – S75.19** (all subcodes): Injury of femoral vein at hip and thigh level (unspecified, minor laceration, major laceration, other specified)
 - **S75.20 – S75.29** (all subcodes): Injury of greater saphenous vein at hip and thigh level
 - **S85.30 – S85.39** (all subcodes): Injury of greater saphenous vein at lower leg level
 - **S85.40 – S85.49** (all subcodes): Injury of lesser saphenous vein at lower leg level
 - **S85.50 – S85.59** (all subcodes): Injury of popliteal vein
- Patients where a procedure for interruption of vena cava occurs before or on the same date as the admission (CPT Procedure Code: 37619, 37191):
 - Where a procedure for pulmonary arterial or dialysis access thrombectomy occurs before admission
 - With any listed procedure code for extracorporeal membrane oxygenation (ECMO)
- Patients who received treatment as an inpatient for burns injury (any degree). (Refer to Burn Jawda Guidance)
- All Long-term care patients

Trauma Medicine (TM) JAWDA Performance Indicators

	<ul style="list-style-type: none"> Admission for pregnancy, childbirth, and puerperium (ICD-10 codes: 000.00 - 09A.53). This will be reported in Maternal and Perinatal Care Jawda Guidance Cases
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 trauma discharges
International comparison if available	2024-2025 trauma VTE incidence reported in Haematologica, UpToDate, and the American Journal of Surgery
Desired direction:	Lower is Better
Target:	< 40 per 1,000 trauma patient discharges
Data sources and guidance:	<ul style="list-style-type: none"> -Trauma Registry -Hospital Logs -Electronic Medical Records