



دائرة الصحة
DEPARTMENT OF HEALTH

One Day Surgery Service Jawda Guidance

Version 1

JAWDA Quarterly Guidelines for One Day Surgery Centers

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Executive Summary

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

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

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

DOH has developed a dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting by the operating One Day Surgery Centers in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators.

For enquiries about this guidance, please contact jawda@doh.gov.ae

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

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About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA One Day surgery (DS) performance indicators. Department of Health (DoH) with consultation of local and international surgeons professionals has developed One Day Surgery surgery performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period. The One Day Surgery indicators in this guidance include measures to monitor, waiting time for surgery procedures safety, and complications in patients undergoing One Day surgeries i.e., (surgical site infections, readmission to operating room and hospitals, patient safety, and emergency visits).

Q. Who is this guidance for?

All DOH Licensed Healthcare One Day Surgery Center Providers in the Emirate of Abu Dhabi

Q. How do I follow this guidance?

Each One Day Surgery Center will nominate one member of staff to coordinate, collect, quality control, monitor and report relevant Inpatient data as per **communicated dates** and an alternate member as backup. 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 Online Portal.

Q. 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 One Day Surgery Centers in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

JAWDA Quarterly Guidelines for One Day Surgery Centers

Type: Quality Indicator

Indicator Number: DS001

KPI Description (title):	Number of patients discharged against medical advice out of total number of One Day Surgery Admissions
Domain	Patient Safety
Sub-Domain	Safety
Definition:	Number of patients discharged against medical advice out of total number of day case surgical Admissions
Calculation:	<p><u>Numerator:</u> Count number of Day case surgical patients discharged against medical advice.</p> <p><u>Denominator:</u> Total number of Day Case admissions should be calculated using Day Case definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Admission for Diagnostic and/or Therapeutic Procedures <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	% of Against Medical Advice (AMA)
International comparison if available	N/A
Desired direction:	Lower is better

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Type: Quality Indicator

Indicator Number: DS002

KPI Description (title):	Number of One Day surgery transfers to Acute Care Hospitals
Domain	Patient Safety
Sub-Domain	Transfers
Definition:	Number of Patients underwent Day Case procedure that are transferred to acute care Hospitals
Calculation:	<p><u>Numerator:</u> Count number of day surgery patients transferred to acute care hospital within 24hrs of day surgery procedure performed.</p> <p><u>Denominator:</u> Total number of Day Case admissions should be calculated using Day Case definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Admission for Diagnostic and/or Therapeutic Procedures <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	% of transfers to acute care hospitals
International comparison if available	N/A
Desired direction:	Lower is better

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Type: Quality Indicator

Indicator Number: DS003

KPI Description (title):	Extended length of stay during Day Case admissions
Domain	Patient Safety
Sub-Domain	Extended length of stay
Definition:	Extended length of stay among all Day case procedures
Calculation:	<p><u>Numerator:</u> Number of patients whose length of stay is extended more than 12 hours of One Day Surgery/Procedure admission.</p> <p><u>Denominator:</u> Total number of Day Case admissions should be calculated using Day Case definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Admission for Diagnostic and/or Therapeutic Procedures <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	% of Extended length of stay
International comparison if available	N/A
Desired direction:	Lower is better

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Type: Quality Indicator

Indicator Number: DS004

KPI Description (title):	Total Cosmetic procedures among all day case surgical procedures
Domain	Patient Safety
Sub-Domain	Cosmetic Procedures
Definition:	Total number of surgical cosmetic procedures performed among all day care procedures during the reported period
Calculation:	<p><u>Numerator:</u> Total Number of Day case surgical cosmetic procedures during the reported period.</p> <p><u>Denominator:</u> Total number of Day Case Procedures should be calculated using Day Case definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Diagnostic or Therapeutic Procedures <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	% of surgical Cosmetic procedures
International comparison if available	N/A
Desired direction:	N/A

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Type: Quality Indicator

Indicator Number: DS005

KPI Description (title):	Complications resulted from Anesthesia for Day Surgery Procedures
Domain	Patient Safety
Sub-Domain	Complications
Definition:	Total number of Complications from Anesthesia administration among all day care procedures performed during the reported period
Calculation:	<p><u>Numerator:</u> Total Number of complications from Anesthesia administration during the reporting period.</p> <p><u>Denominator:</u> Total number of Day Case Procedures performed by administration of anesthesia should be calculated using Day Case definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Diagnostic or Therapeutic Procedures • All types of anesthesia <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 •
Reporting Frequency:	Quarterly
Unit of Measure:	% Complications from Anesthesia administration.
International comparison if available	N/A
Desired direction:	Lower is better

Type: Quality Indicator

Indicator Number: DS006

KPI Description (title):	Percentage of Surgical Site Infection (SSI)
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of Day Case Procedure per 100 operative procedures
Calculation and criteria to define SSI	<p><u>Numerator:</u> Number of all SSI identified within 30 days for all patients undergoing Day Case Procedures</p> <p><u>Denominator:</u> Total number of Day Case Admissions should be calculated using Day Case definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Admission for Diagnostic and/or Therapeutic Procedure <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Surgical Cosmetic Procedures • Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance <p><i>SSI could be presented as:</i> Superficial incisional SSI: Must meet the following criteria: Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) AND involves only skin and subcutaneous tissue of the incision AND patient has at least <i>one</i> of the following: a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue 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)). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture-based testing is not performed. AND patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. d) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or another designee.</p>

	<p>Deep incisional SSI: Must meet the following criteria: The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2</p> <p>AND involves deep soft tissues of the incision (for example, fascial and muscle layers)</p> <p>AND patient has at least one of the following:</p> <ul style="list-style-type: none"> a) purulent drainage from the deep incision. b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or another designee <p>AND organism is identified 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 non-culture based microbiologic testing method is not performed</p> <p>AND patient has at least one of the following signs or symptoms: fever ($>38^{\circ}\text{C}$); localized pain or tenderness. A culture or non-culture-based test that has a negative finding does not meet this criterion.</p> <ul style="list-style-type: none"> c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test. <p>REPORTING INSTRUCTIONS for Superficial SSI <i>The following do not qualify as criteria for meeting the definition of superficial SSI:</i></p> <ul style="list-style-type: none"> a) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration) b) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound. c) Diagnosis/treatment of “cellulitis” (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis. d) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.
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	<p>e) An infected burn wound is classified as BURN and is not reportable under this module.</p> <p>Definition of an NHSN Operative Procedure An NHSN Operative Procedure is a procedure:</p> <p>a) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping And</p> <p>b) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And</p> <p>c) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated¹¹. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	OECD, AHRQ and DOH standards
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> - Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient medical record.

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Type: Quality Indicator

Indicator Number: DS007

KPI Description (title):	30-day all-cause readmission rate for patients undergone One Day Procedure
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of all unplanned admission to any inpatient or day care facility within 30 days of discharge from Day case after undergoing a Day case Procedure: All related and Unrelated readmissions to be included (indicate if it related or un-related in the notes section).
Calculation:	<p><u>Numerator:</u> Count of adult patients 18 years and older with unplanned admission to any hospital or readmission to One Day Surgery Center within 30 days of <u>being discharged from Day Surgery center after a procedure</u> (all speciality, all types and all approaches). (If a patient has more than one unplanned admission within 30 days of discharge after Day surgery procedure, only the first is to be counted for numerator.</p> <p><u>Denominator:</u> Total number of Adult Day Case Discharges should be calculated using Day Case definitions given on # page 10 of <u>DoH CLAIMS & ADJUDICATION RULES (Version, 2012)</u> during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Discharge from Diagnostic and/or Therapeutic Procedure • Patient Age more than 18 years <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Patient Age Less than 18 years • Planned Readmissions. • Admissions for patients who are discharged against medical advice (AMA) • Initial Admissions for patients having unplanned Day Case Procedure • Patient transferred to another acute care facility during initial Day Case Admission
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	N/A
Desired direction:	Lower is better

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Type: Quality Indicator

Indicator Number: DS008

KPI Description (title):	Visit to ER within 7 days of planned and unplanned Day case procedure
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Adult Patient Returned to ER within 7 days of planned and unplanned Day case procedure after being discharged from Day Surgery Center
Calculation:	<p><u>Numerator:</u> Total number of adult patients (18+) with emergency visit within 7 days of being discharge from One Day Surgery Center for having a planned Day surgery.</p> <p><u>Denominator:</u> Total number of Day Case Discharges should be calculated using Day Case definitions given on # page 10 of <u>DoH CLAIMS & ADJUDICATION RULES (Version, 2012)</u> during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Discharge from Diagnostic or Therapeutic Procedure • Patient Age more than 18 years <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Patient Age Less than 18 years • Admissions for patients who are discharged against medical advice (AMA) • Patient transferred to another acute care facility during initial Day Case Admission
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	N/A
Desired direction:	Lower is better

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Type: Quality Indicator

Indicator Number: DS009

KPI Description (title):	Re-operation within 15 days from Day case procedure
Domain	Effectiveness
Sub-Domain	Re-Operation
Definition:	Re-operation of 18 years old or older within 15 days from Day case Procedure.
Calculation:	<p><u>Numerator:</u> Total number of patients (18 years or older) who had a re-operation/re-procedure within 15 days of Day case Procedure.</p> <p><u>Denominator:</u> Total number of Day Case Discharges should be calculated using Day Case definitions given on # page 10 of <u>DoH CLAIMS & ADJUDICATION RULES (Version, 2012)</u> during the reporting period.</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 • Discharge from Diagnostic or Therapeutic Procedure • Patient Age more than 18 years <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Patient Age less than 18 years
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	N/A
Desired direction:	Lower is better

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Type: Quality Indicator

Indicator Number: DS010

KPI Description (title):	Percentage of surgeries in which a surgical safety checklist was performed
Domain	Patient Safety
Sub-Domain	Surgical Safety
Definition:	<p>This indicator measures the percentage of surgeries in which a surgical safety checklist was used. The surgical safety checklist is considered to be completed when the designated checklist coordinator confirms that surgical team members have implemented and or addressed all of the necessary tasks and items in each of the three phrases, 'briefing', 'time out' and 'debriefing', of the checklist.</p> <p>Some examples of items contained in the checklist:</p> <p>The Briefing Phase:</p> <ul style="list-style-type: none"> • Verify with patient name and procedure to be done • Allergy check • Medications check • Operation site, side and procedure • Lab tests, x-rays <p>The "Time Out" Phase:</p> <ul style="list-style-type: none"> • Patient position • Operation site and side and procedure • Antibiotics check <p>The Debriefing Phase:</p> <ul style="list-style-type: none"> • Surgeon reviews important items • Anesthesiologist reviews important items • Nurse reviews correct counts
Calculation:	<p><u>Numerator:</u> Number of eligible surgeries in which all three phases of the surgical safety checklist was performed in the reporting time period.</p> <p><u>Denominator:</u> Total number of eligible surgeries performed in the reporting period</p> <p>Inclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-02 <p>Exclusions:</p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 •
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage of Surgical safety Checklist
International comparison if available	N/A
Desired direction:	Higher is better