



دائرة الصحة
DEPARTMENT OF HEALTH

Pediatric Health Service Jawda Guidance

Version 4

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Executive Summary

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

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of 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 relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals 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 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 pediatrics patients receiving pediatrics healthcare services.

Who is this guidance for?

All DoH licensed healthcare facilities providing pediatrics healthcare 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.

Jawda Pediatric Healthcare Quality Performance Indicators

Type: Quality Indicator Indicator Number:

PED001

KPI Description (title):	Pediatric 30-Day All-Cause Readmission Rate
Domain	Effectiveness of Care
Sub-Domain	Readmission
Definition:	Percentage of patients less than 18 years who were re- admitted to a hospital for any condition, including a different condition than the reason for their index hospital admission.
Calculation:	<p>Numerator:</p> <p>Number of pediatric inpatients who were readmitted to an acute care hospital including children's hospital within 30 days of discharge from index hospitalization. (If a patient has more than one readmission <i>within 30 days</i> of discharge from the index admission, only the first is considered as readmission).</p> <p>Numerator exclusions:</p> <p>Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Readmission was for a planned procedure / planned 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 (Code series O00-O9A, Pregnancy, childbirth and the puerperium Chapter) • Neonates (zero to twenty eight days inclusive) • Admission with a principal diagnosis of mental illness (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) • Admission for palliative care (ICD-10-CM: Z51.5) <p>Denominator</p> <p>Total number of pediatric inpatients less than 18 years old discharged (All medical and surgical discharges) from acute care hospitals including children's hospital during the reporting period.</p>

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	Denominator exclusions: <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 (Code series O00-O9A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (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) • Admission for palliative care (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	Center of Excellence for Pediatric Quality Measurement (CEPQM) https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/measures/acute/chipra-0129-fullreport.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	Hospital patient data source

Jawda Pediatric Healthcare Quality Performance Indicators

Type: Quality Indicator

Indicator Number:

PED002

KPI Description (title):	Pediatric 30-Day Lower Respiratory Infection (LRI) Readmission Rate
Domain	Effectiveness of Care
Sub-Domain	Readmission
Definition:	Percentage of patients less than 18 years of age who had an unplanned readmission within 30 days of discharge from the index hospitalization for lower respiratory infections (LRI).
Calculation:	<p>Numerator Number of pediatric patients less than 18 years of age with unplanned Readmission to an acute care hospital including children's hospital within 30 days of discharge from index hospitalization for LRI. (If a patient has more than one unplanned admissions <i>within 30 days</i> of discharge from the index admission, only the first is considered as readmission).</p> <p>Numerator Exclusions Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Readmission was for a planned procedure / planned treatment protocol • Readmission with the following admittance status: <ul style="list-style-type: none"> ○ Elective ○ Transfer admission from acute care • Neonates (zero to twenty eight days inclusive) • Admission was for obstetric care, including labor and delivery (Code series O00-O9A, Pregnancy, childbirth and the puerperium Chapter) • Neonates (zero to twenty eight days inclusive) • Admission with a principal diagnosis of mental illness (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) • Admission for palliative care (ICD-10-CM: Z51.5) <p>Denominator Total number of pediatric patients less than 18 years of age discharged from acute care hospital including children's hospital with a 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 during the reporting period.</p> <p>ICD-10 CM codes: 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,</p>

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	<p>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, 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</p> <p>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.</p> <p>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.</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • The patient was 18 years old or older at the time of discharge. <ul style="list-style-type: none"> • Neonates (zero to twenty eight days inclusive) • Episodes with a discharge of death • Patients who were discharged/left against medical advice (AMA) • Patients having a principal diagnosis of LRI or secondary diagnosis of LRI plus a principal ICD-10-CM diagnosis code for asthma, respiratory failure, or sepsis/bacteremia during the index hospitalization and subsequently transferred to another acute care facility. • 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 (Code series O00-O9A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (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) • Admission for palliative care (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 LRI discharges
International comparison if available	Center of Excellence for Pediatric Quality Measurement (CEPQM) https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/measures/acute/chipra-131-fullreport.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	Hospital patient data source

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Type: Quality Indicator Indicator Number: PED003

KPI Description (title):	Pediatric Central line-associated Bloodstream Infections (CLABSI)
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
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><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>Numerator</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>ICD 10 CM code: T80.211A</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. AND 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 AND Organism(s) identified in blood is not related to an infection at another site AND</p>

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	<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></p> <p>Patient ≤ 1 year of age has at least one of the following signs or symptoms: fever ($>38.0^{\circ}\text{C}$), hypothermia ($<36.0^{\circ}\text{C}$), 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> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions</p> <p>Numerator Exclusions:</p> <ul style="list-style-type: none"> • Extracorporeal life support (ECMO Z92.81) 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. (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) • Pus at the vascular access site - T80.212A, T80.219A • Group B Streptococcus identified from blood, with a date of event during the first 6 days of life (B95.1) • Repeated infection for the same type during 14 days from Date of Event <p>Denominator:</p> <p>Number of all central line days for all patients (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. <p>All central lines on inpatient units should be included in device day counts regardless of access.</p> <p>Denominator exclusions:</p> <ul style="list-style-type: none"> • Exclude NICU population who are less than 28 days • MBI-LCBI • Secondary bloodstream infections
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf

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Desired direction:	Lower is better
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

Jawda Pediatric Healthcare Quality Performance Indicators

Type: Quality Indicator

Indicator Number:

PED004

KPI Description (title):	Pediatric Postoperative Sepsis Rate
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Postoperative sepsis cases (secondary diagnosis) per 1,000 surgery discharges for patients less than 18 years of age (inpatients).
Calculation:	<p>Numerator: Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for sepsis (Appendix).</p> <p>Denominator: Surgical discharges for patients less than 18 years of age with any-listed procedure codes for an operating room procedure. All CPT procedures: 10021-69990</p> <p>Denominator exclusions:</p> <ul style="list-style-type: none"> • Principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission / prior to surgery) for sepsis (Appendix) • Principal ICD-10-CM diagnosis code for infection • Neonates (zero to twenty eight days inclusive) • Principal ICD-10-CM diagnosis code for pregnancy, childbirth and puerperium Code series O00-O9A
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical discharges
International comparison if available	<p>AHRQ Pediatric Quality Indicator 10 (PDI 10) Postoperative Sepsis Rate; July 2020</p> <p>https://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V2020/TechSpecs/PDI_10_Postoperative_Sepsis_Rate.pdf</p>
Desired direction:	Lower is better
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

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Type: Quality Indicator Indicator Number: PED005

KPI Description (title):	Pediatric Accidental Puncture or Laceration Rate
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for patients less than 18 years of age (inpatients).
Calculation:	<p>Numerator: 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 (Appendix).</p> <p>Denominator: Surgical and medical discharges for patients less than 18 years of age.</p> <p>Denominator Exclusions:</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 (L76.11,L76.12,G97.48,97.49,I97.51,I97.52,K91.71,K91.72,H95.31,H95.32, E36.11,E36.12,H59.219, H59.211, H59.212, H59.219, N99.71, N99.72,M96.820, M96.821,J95.71, J95.72,D78.11,D78.12 Spine surgery CPT codes: 22010, 22015, 22100, 22101, 22102, 22103, 22110, 22112, 22114, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 22505, 22510, 22511, 22512, 22513, 22514, 22515,22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 2288, 22849, 22850, 22851, 22852, 22855, 22856, 22857, 22861, 22862, 22864, 22865, 22899 (if used for spine procedure); 62263, 62264, 62267, 62268, 62269, 62270, 62272, 62273, 62280, 62281, 62282, 62284, 62287, 62290, 62291, 62292, 62294, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63600, 63610, 63615, 63620, 63621, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 63700, 63702, 63704, 63706,

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	63707, 63709, 63710, 63740, 63741, 63744, 63746, 64999 (if used for spine procedure) <ul style="list-style-type: none"> • 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 000-09A
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 https://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V2020/TechSpecs/PDI_01_Accidental_Puncture_or_Laceration_Rate.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records • Hospital internal mortality and morbidity

Appendix

Sepsis Diagnosis Codes:

A021 Salmonella Sepsis A4150 Gram-Negative Sepsis, Unspecified
A4150 Gram-Negative Sepsis, Unspecified
A227 Anthrax Sepsis A4151 Sepsis due to Escherichia coli [E. coli]
A4151 Sepsis due to Escherichia coli [E. coli]
A267 Erysipelothrix Sepsis A4152 Sepsis due to pseudomonas
A4152 Sepsis due to pseudomonas
A327 Listerial Sepsis A4153 Sepsis due to serratia
A4153 Sepsis due to serratia
A400 Sepsis due to streptococcus, group A A4159 Other gram-negative Sepsis
A4159 Other gram-negative Sepsis
A401 Sepsis due to streptococcus, group B A4181 Sepsis due to enterococcus
A4181 Sepsis due to enterococcus
A403 Sepsis due to streptococcus pneumoniae A4189 Other specified Sepsis
A4189 Other specified Sepsis
A408 Other streptococcal Sepsis A419 Sepsis, Unspecified organism
A419 Sepsis, Unspecified organism
A409 Streptococcal Sepsis, Unspecified A427 Actinomycotic Sepsis
A427 Actinomycotic Sepsis
A4101 Sepsis due to methicillin susceptible staphylococcus aureus
A5486 Gonococcal Sepsis
A4102 Sepsis due to methicillin resistant staphylococcus aureus
B377 Candidal Sepsis
A411 Sepsis due to Other specified staphylococcus
R6520 Severe Sepsis without septic shock
A412 Sepsis due to Unspecified staphylococcus
R6521 Severe Sepsis with septic shock
A413 Sepsis due to hemophilus influenzae
T8112XA Postprocedural septic shock, initial encounter
A414 Sepsis due to anaerobes
T8144XA Sepsis following a procedure, initial encounter

Accidental puncture or laceration during a procedure diagnosis codes:

D7811 Accidental puncture and laceration of the spleen during a procedure on the spleen
H9531 Accidental puncture and laceration of the ear and mastoid process during a procedure on the ear and mastoid process
D7812 Accidental puncture and laceration of the spleen during other procedure
H9532 Accidental puncture and laceration of the ear and mastoid process during other procedure
E3611 Accidental puncture and laceration of an endocrine system organ or structure during an endocrine system procedure
I9751 Accidental puncture and laceration of a circulatory system organ or structure during a circulatory system procedure
E3612 Accidental puncture and laceration of an endocrine system organ or structure during Other procedure
I9752 Accidental puncture and laceration of a circulatory system organ or structure during other procedure
G9748 Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure
J9571 Accidental puncture and laceration of a respiratory system organ or structure during a respiratory system procedure
G9749 Accidental puncture and laceration of Other nervous system organ or structure during Other procedure
J9572 Accidental puncture and laceration of a respiratory system organ or structure during Other procedure
H59211 Accidental puncture and laceration of right eye and adnexa during an ophthalmic procedure
K9171 Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure
H59212 Accidental puncture and laceration of left eye and adnexa during an ophthalmic procedure
K9172 Accidental puncture and laceration of a digestive system organ or structure during Other procedure
H59213 Accidental puncture and laceration of eye and adnexa during an ophthalmic procedure, bilateral
L7611 Accidental puncture and laceration of skin and subcutaneous tissue during a dermatologic procedure

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H59219 Accidental puncture and laceration of unspecified eye and adnexa during an ophthalmic procedure

L7612 Accidental puncture and laceration of skin and subcutaneous tissue during other procedure

H59221 Accidental puncture and laceration of right eye and adnexa during other procedure

M96820 Accidental puncture and laceration of a musculoskeletal structure during a musculoskeletal system procedure

H59222 Accidental puncture and laceration of left eye and adnexa during other procedure

M96821 Accidental puncture and laceration of a musculoskeletal structure during other procedure

H59223 Accidental puncture and laceration of eye and adnexa during other procedure, bilateral

N9971 Accidental puncture and laceration of a genitourinary system organ or structure during a genitourinary system procedure

H59229 Accidental puncture and laceration of unspecified eye and adnexa during other procedure

N9972 Accidental puncture and laceration of a genitourinary system organ or structure during other procedure

Summary of changes Sep 2022	
KPI P002 & P004	Review the codes