

# Adult Organ Transplant Service Jawda Guidance

Version 1.2

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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 <a href="mailto:jawda@DoH.gov.ae">jawda@DoH.gov.ae</a>

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

Published: Version 1, December 2024 Updated: Version 1.1, March 2025

Version 1.2, April 2025

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#### **About this Guidance**

The guidance sets out the definitions and reporting frequency of JAWDA Adult Organ Transplantation (AOT) performance indicators. The Department of Health (DoH), with consultation from local and international experts, has developed Adult Organ Transplantation 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 period of time.

This Jawda KPI guidance includes measures to monitor morbidity and mortality in patients undergoing Adult Organ Transplantation procedures. Healthcare providers are the most qualified professionals to develop and evaluate quality of care for Adult Organ Transplantation patients; therefore, it is crucial that clinicians retain a leadership position in defining performance among Adult Organ Transplantation healthcare providers.

#### Who is this guidance for?

All DoH licensed healthcare facilities providing adult Organ Transplant services in the Emirate of Abu Dhabi.

\*The patient's age at the time of registration on the waiting list is used to classify pediatric (listed before their 18th birthday) and adult patients.

#### How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Organ Transplant 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 <a href="mailto:JAWDA@doh.gov.ae">JAWDA@doh.gov.ae</a> 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 <u>Policy for Quality and Patient Safety</u> issued January 15<sup>th</sup> 2017, this guidance applies to all DOH Licensed Healthcare Facilities 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

### **Submission Timeline**

H1 Timeline	Actions	2018	2019	2020	2021	2022	2023	2024	2025
	1 year accrual (patient cohort*)					1 <sup>st</sup> Jan 2022		30 <sup>th</sup> June 2024	1
1-year	365 days follow-up period**						1 <sup>st</sup> Jan 202	3 30	Oth June 2025
survival	Patient Level Example					10 Feb 2022 transplant	10 Feb 2023 follow-up		
	Jawda data submission								August
	3-year accrual (patient cohort*)			1 <sup>st</sup> Jan 2020	;	30 <sup>th</sup> June 202	2		
3-year	1095 days follow-up period**					31	st Dec 2022	29 <sup>th</sup> .	June 2025
survival	Patient Level Example			3 Mar 2020 transplant			3 Mar 2023 follow-up		,
	Jawda data submission								August
	5-year accrual (patient cohort*)	1st Jan 2018	30	th June 2020					
5-year survival	1825 days follow-up period**					3	1 <sup>st</sup> Dec 2022	2 29 <sup>tl</sup>	June 2025
	Patient Level Example		17 Feb 2019 transplant					16 Feb 2024 follow-up	7
	Jawda data submission								August

H2 Timeline	Actions	2018	2019	2020	2021	2022	2023	2024	2025	2026
	1 year accrual (patient cohort*)					1 <sup>st</sup> July 202	2 2	31 <sup>st</sup> Dec 202	4	
1-year survival	365 days follow-up period**						1 <sup>st</sup> July 2023	3	1 <sup>st</sup> Dec 2025	
	Jawda data submission									February
	3-year accrual (patient cohort*)			1st July 2020	) 31	st Dec 2022				
3-year survival	1095 days follow-up period**						1 <sup>st</sup> July 2023		30 <sup>th</sup> Dec 2025	
	Jawda data submission									February
	5-year accrual (patient cohort*)	1 <sup>st</sup> July 201	8 31 <sup>st</sup>	Dec 2020						
5-year survival	1825 days follow-up period**						30 <sup>th</sup> June 20	023	30 <sup>th</sup> Dec 2025	·
	Jawda data submission									February

<sup>\*</sup>All patients who underwent first transplant of the organ type during the accrual period.

Follow Patient Level Example above

<sup>\*\*</sup>Follow the **designated days**, indicated in each KPI profile for follow-up survival post-transplant of each patient.

KPI Description (title):	Patient Survival Rate (one year) after Primary Organ Transplantation
Domain	Effectiveness
Indicator Type	Outcome
	Percentage of adult primary organ transplant recipients who survive for one year after transplantation.  This KPI reflects the long-term outcomes and quality of care provided by the program.  This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline Sample)
Definition:	Note: The provider will report the "calculated patient survival rate" of each type of organ transplant separately.  a) Kidney transplant from living donors b) Kidney transplant from deceased donors c) Combined pancreas kidney transplant d) Liver Transplant e) Heart Transplant f) Lung Transplant
Calculation:	Numerator: Number of adult primary organ transplant recipients in the cohort who survive for one year after primary organ transplantation i.e. through day 365 post-transplant.  Numerator Inclusion:  Patient survival includes follow-up after graft failure, retransplant, and return to maintenance dialysis in the case of kidney recipients.  Denominator: Total number of adult primary organ transplant recipients during the accrual period.  Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0".  Denominator Exclusion:  Age less than 18 years at time of transplantation.  Loss to follow-up (Patients with unknown survival status who may have died outside the UAE).  Multiorgan transplantations  A multi-organ transplant is defined as receiving more than one organ from the same deceased donor.  A living donor kidney transplanted with a deceased donor pancreas is considered a multi-organ transplant if the two transplants took place within 3 days of each other.
Reporting Frequency:	Semiannually
Unit of Measure:	Percentage of patients surviving at one year after primary organ transplantation.
International comparison if available	Scientific Registry of Transplant Recipients https://www.srtr.org/reports/psr-reporting-timeline/ https://www.cedars-sinai.org/quality-measures/clinical/transplants.html
Desired direction:	Adult (1-year patient survival) Kidney transplant from living donors 98%

	Kidney transplant from deceased donors Liver Transplant Heart Transplant	96% 91.7% 91.1%
Data sources and guidance:	-Patient medical record -Hospital administrative data	87.8%

Type: AOT Quanty	indicator number: A01002
KPI Description (title):	Patient Survival Rate (three years) after Primary Organ Transplantation
Domain	Effectiveness
Indicator Type	Outcome
	Percentage of adult primary organ transplant recipients who survive for three years after transplantation.  This KPI reflects the long-term outcomes and quality of care provided by the program.  This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline Sample)
Definition:	Note: The provider will report the "calculated patient survival rate" of each type of organ transplant separately.  a) Kidney transplant from living donors b) Kidney transplant from deceased donors c) Combined pancreas kidney transplant d) Liver Transplant e) Heart Transplant f) Lung Transplant
Calculation:	Numerator: Number of adult primary organ transplant recipients in the cohort who survive for three years after primary organ transplantation i.e. through day 1095 post-transplant.  Numerator Inclusion:  Patient survival includes follow-up after graft failure, retransplant, and return to maintenance dialysis in the case of kidney recipients.  Denominator: Total number of adult primary organ transplant recipients during the accrual period.  Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0".  Denominator Exclusion:  Age less than 18 years at time of transplantation.  Loss to follow-up (Patients with unknown survival status who may have died outside the UAE).  Multiorgan transplantations
	<ul> <li>A multi-organ transplant is defined as receiving more than one organ from the same deceased donor.</li> </ul>

		anted with a deceased donor pancreas ransplant if the two transplants took ther.
Reporting Frequency:	Semiannually	
Unit of Measure:	Percentage of patients surviving at three yea	rs after primary organ transplantation
International comparison if available	Scientific Registry of Transplant Recipients https://www.srtr.org/reports/psr-reporting-timeline/ https://www.cedars-sinai.org/quality-measures/clinic https://my.clevelandclinic.org/departments/digestive survival-by-donor-type	
Desired direction:	Kidney transplant from living donors Kidney transplant from deceased donors Combined pancreas kidney transplant Liver Transplant Heart Transplant Lung Transplant	94% 87% 92% 89% 81% 60.5%
Data sources and guidance:	-Patient medical record -Hospital administrative data	

KPI Description	
(title):	Graft Survival Rate (one year)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of adult primary organ transplant recipients who have a functioning transplanted organ one year after transplantation.  This KPI reflects the long-term outcomes and quality of care provided by the program.  This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline Sample)
	Note: The provider will report the "calculated graft survival rate" of each type of organ transplant separately.  a) Kidney transplant from living donors b) Kidney transplant from deceased donors c) Combined pancreas kidney transplant
Calculation:	Numerator: Number of adult primary organ transplant recipients in the cohort who have a functioning transplanted organ one year after primary organ transplantation i.e. through day 365 post-transplant.  Numerator Inclusion: A graft is counted as failed if there has been graft failure, a retransplant, or death.  Denominator: Total number of adult primary organ transplant recipients during the accrual period.
	Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0".

	<ul> <li>Denominator Exclusion:         <ul> <li>Age less than 18 years at time of transplantation.</li> <li>Loss to follow-up (Patients with unknown survival status who may have died outside the UAE).</li> <li>Multiorgan transplantations</li></ul></li></ul>
Reporting Frequency:	Semiannually
Unit of Measure:	Percentage
International comparison if available	<ul> <li>Scientific Registry of Transplant Recipients</li> <li>https://www.srtr.org/reports/psr-reporting-timeline/</li> <li>https://www.cedars-sinai.org/quality-measures/clinical/transplants.html</li> <li>https://www.kidney-international.org/action/showPdf?pii=S0085-2538%2820%2930906-6</li> <li>https://optn.transplant.hrsa.gov/media/r5lmmgcl/mpsc_performancemetrics_3242022b.pdf</li> </ul>
Desired direction:	Adult (1-year graft survival)  1 year graft survival for living donor kidney transplantation.  1 year graft survival for deceased donor kidney transplantation  92%  1 year pancreas graft survival for combined kidney pancreas transplantation  89%
Data sources and guidance:	-Patient medical record -Hospital administrative data

KPI Description (title):	Graft Survival Rate (five years)
Domain	Effectiveness
Indicator Type	Outcome
	Percentage of adult primary organ transplant recipients who have a functioning transplanted organ five years after transplantation.  This KPI reflects the long-term outcomes and quality of care provided by the program.  This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort
Definition:	<ul> <li>reported every 6 months. (Submission Timeline Sample)</li> <li>Note: The provider will report the "calculated graft survival rate" of each type of organ transplant separately. <ul> <li>a) Kidney transplant from living donors</li> <li>b) Kidney transplant from deceased donors</li> <li>c) Combined pancreas kidney transplant</li> </ul> </li> </ul>
Calculation:	Numerator: Number of adult primary organ transplant recipients in the cohort who have a functioning transplanted organ five years after primary organ transplantation i.e. through day 1825 post-transplant.  Numerator Inclusion:

	A	ļ
	A graft is counted as failed if there has been graft failure, a retransplant, or death.	
	<b>Denominator:</b> Total number of adult primary organ transplant recipients during the accrual period.	
	Denominator Inclusions:	
	Single primary organ transplants occur during the accrual period.  Day of transplantation is day "0".	
	Denominator Exclusion:	
	<ul> <li>Age less than 18 years at time of transplantation.</li> </ul>	
	<ul> <li>Loss to follow-up (Patients with unknown survival status who may have die outside the UAE).</li> </ul>	d
	Multiorgan transplantations	
	<ul> <li>A multi-organ transplant is defined as receiving more than one orga from the same deceased donor.</li> </ul>	n
	A living donor kidney transplanted with a deceased donor pancreas  is considered a multi-page transplant if the true transplants to all	
	is considered a multi-organ transplant if the two transplants took place within 3 days of each other	
Reporting Frequency:	Semiannually	
Unit of Measure:	Percentage	
	Scientific Registry of Transplant Recipients	
International	https://www.srtr.org/reports/psr-reporting-timeline/	
comparison if	https://www.cedars-sinai.org/quality-measures/clinical/transplants.html	
available	https://www.kidney-international.org/action/showPdf?pii=S0085-2538%2820%2930906-6	
	https://optn.transplant.hrsa.gov/media/r5lmmgcl/mpsc_performancemetrics_3242022b.pdf	
	Adult (5-year graft survival)	
Desired direction:	5 year graft survival for living donor kidney transplant 80%	
	5 year graft survival for deceased donor kidney transplant 70%	
	5-year pancreas graft survival for combined pancreas kidney transplantation 70%	)
Data sources and	-Patient medical record	
guidance:	-Hospital administrative data	

Indicator Number: AOT005

KPI Description (title):	Biliary Complication after Primary Liver Transplantation
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of biliary complications that occur within 90 days after primary liver transplantation that requires procedural interventions and not associated with procedural interventions.  Accrual period: 2-and-a-half-year patient cohort reported every 6 months.  (Submission Timeline for 1 year accrual period)
	<u>Numerator</u> : Number of adult liver transplant recipients who develop any of the following biliary complications within 90 days of the transplant surgery and which require procedural interventions.
	<ul> <li>(Refer to Appendix)</li> <li>Ischemic biliary complications due to hepatic artery thrombosis or stenosis</li> <li>Stricture</li> <li>Technical biliary complications</li> <li>Ischemic-type biliary lesions</li> <li>Infectious biliary complications/cholangitis</li> </ul>
Calculation:	Numerator guidance: Complications will be reported separately for:
	<ul> <li>Denominator Inclusion:         <ul> <li>Partial and whole-organ liver transplantation</li> <li>Single organ transplants occurring during the measurement period.</li> </ul> </li> <li>Denominator exclusion:         <ul> <li>Age less than 18 years at time of transplantation.</li> <li>Living related liver transplant</li> <li>Strictures associated with acute cellular rejection</li> <li>Patients discharged against medical advice</li> </ul> </li> </ul>
Reporting Frequency:	Semi-annually
Unit of Measure:	Percentage
International comparison if available	https://karger.com/dsu/article-pdf/25/4/245/2673358/000144653.pdf https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7856868/ https://hbsn.amegroups.org/article/view/29779/html
Desired direction:	< 28%
Data sources and guidance:	-Patient medical record -Hospital administrative data

**Indicator Number: A0T006** 

KPI Description	Severe Primary Graft Dysfunction after Primary Heart Transplantation
(title):	
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of severe primary graft dysfunction (PGD) that occurs within 24 hours after primary heart transplantation.  Accrual period: 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline for 1 year accrual period)
	<u>Numerator</u> : Number of adult patients who developed severe primary graft dysfunction (PGD) within 24 hours after primary heart transplantation:
Calculation:	<ul> <li>Numerator Inclusion: (Refer to Appendix)</li> <li>Either of the two categories:         <ul> <li>PGD-LV, for PGD affecting the left ventricle or biventricular failure with extracorporeal short-term mechanical circulatory support</li> <li>PGD-RV for isolated right ventricular involvement with right-sided short-term VAD (RVAD) or right heart catheter measured haemodynamics in keeping with isolated right-sided dysfunction (RAP &gt; 15 mmHg, PCWP &lt; 15 mmHg, CI &lt; 2.0 L/min/m2, TPG &lt; 15 mmHg and/or pulmonary artery systolic pressure &lt; 50 mmHg)</li> </ul> </li> <li>Denominator: Total number of adult patients who had undergone primary heart transplant surgery during the accrual period. (Submission Timeline for 1 year accrual period)</li> <li>Denominator Inclusion:         <ul> <li>Heart donation after circulatory death</li> <li>Heart donation after brain death</li> <li>Single organ transplants occurring during the measurement period.</li> </ul> </li> <li>Denominator exclusion:         <ul> <li>Age less than 18 years at time of transplantation.</li> </ul> </li> </ul>
Reporting	Patients discharged against medical advice
Frequency:	Semi-annually
Unit of Measure:	Percentage
International comparison if available	https://cardiothoracicsurgery.biomedcentral.com/articles/10.1186/s13019-024-02816-6 https://www.ahajournals.org/doi/10.1161/circ.146.suppl_1.11945 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6697758/
Desired direction:	< 16%
Data sources and guidance:	-Patient medical record -Hospital administrative data

Indicator Number: AOT007

KPI Description	Bronchial and Vascular Complications after Primary Lung
(title):	Transplantation
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of all bronchial and vascular complications that occur within 1 year after primary lung transplantation (LT).
Definition.	Accrual period: 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline for 1 year accrual period)
	<u>Numerator</u> : Number of adult patients who developed a bronchial and vascular complications within one year after primary lung transplantation that required procedural interventions:
Calculation:	Numerator Inclusion: (Refer to Appendix) Bronchial (Airway) Complications:  Bronchial dehiscence Bronchial anastomotic stenosis Non-anastomotic stenosis Tracheobronchomalacia (TBM) Vascular Complications: Pulmonary embolism Arterial stenosis Venous stenosis Venous thrombosis  Denominator: Total number of adult patients who had undergone primary lung transplant surgery during the accrual period. (Submission Timeline for 1 year accrual period)  Denominator inclusion: Single LT Bilateral LT  Denominator exclusion: Age less than 18 years at time of transplantation.
	Patients discharged against medical advice
Reporting Frequency:	Semi-annually
Unit of Measure:	Percentage
International comparison if available	https://pubs.rsna.org/doi/full/10.1148/ryct.2021190252 https://cardiothoracicsurgery.biomedcentral.com/articles/10.1186/s13019-024-02731-w/tables/1
Desired direction:	< 20%
Data sources and	-Patient medical record
guidance:	-Hospital administrative data

Indicator Number: AOT008

VDI Decembries		
KPI Description (title):	Average Primary Organ Transplantation Wait Time	
Domain	Timeliness	
Indicator Type	Process	
Definition:	Average time an adult patient spends on the waiting list before receiving a primary organ transplant.  Accrual period: 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline for 1 year accrual period)	
Calculation:	Numerator: Total number of days from registering in the transplant program till day of operation for adult patients who had undergone primary transplant surgery during the reporting period.  Denominator: Total number of adult patients who have been on the waitlist and undergone primary organ transplant surgery during the accrual period. (Submission Timeline for 1 year accrual period)  Note: Report the number of each transplant separately.  a) Kidney transplant from living donors b) Kidney transplant from deceased donors c) Combined pancreas kidney transplant d) Liver Transplant e) Heart Transplant f) Lung Transplant  Penominator exclusion:  • Candidates who underwent living donor transplant but were never added to the waiting list • Candidates listed only for pancreatic islets are excluded from pancreas reports.	
Reporting Frequency:	Semi-annually	
Unit of Measure:	Average wait time for transplantation (days)	
International comparison if available	Scientific Registry of Transplant Recipients  https://www.srtr.org/about-the-data/technical-methods-for-the-program- specific-reports#tableb10  Technical Methods for the Program-Specific Reports (srtr.org)	
Desired direction:	Lower is better	
Data sources and guidance:	-Patient medical record -Hospital administrative data	

Indicator Number: AOT009

KPI Description	Drimany Organ Transplantation Waitlist Martality Pata	
(title):	Primary Organ Transplantation Waitlist Mortality Rate	
Domain	Timeliness	
Indicator Type	Outcome	
Definition:	Deaths of adult patients on the primary organ transplantation waiting list. It reflects the program's ability to prioritize and allocate organs to patients in need. Patients on the waitlist are removed from the waitlist due to transplant, transfer, recovery or death.	
	Accrual period: 2-and-a-half-year patient cohort reported every 6 months.  (Submission Timeline for 1 year accrual period)	
	<b>Numerator</b> : The number of deaths that occurred during the reporting period among adult patients on the primary organ transplantation waiting list.	
Calculation:	<b>Denominator</b> : Total number of adult patient days for patients on the primary organ transplantation waiting list during the accrual period. (Submission Timeline for 1 year accrual period)	
	<ul> <li>Denominator Inclusion: Patients on the waitlist are to be followed up from: <ul> <li>Date of entry (at any time during the reporting period) into the transplant program.</li> <li>Alive at the beginning of the reporting period (if already on the wait list)</li> </ul> </li> <li>Note: Report the number of patient waitlist days for each transplant separately. <ul> <li>a) Kidney transplant from living donors</li> <li>b) Kidney transplant from deceased donors</li> </ul> </li> </ul>	
	<ul> <li>c) Combined pancreas kidney transplant</li> <li>d) Liver Transplant</li> <li>e) Heart Transplant</li> <li>f) Lung Transplant</li> </ul>	
Reporting	Semi-annually	
Frequency:	Jenn-annuany	
Unit of Measure:	Deaths per 1000 adult transplantation patient waitlist days	
International comparison if available	https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773824 https://www.srtr.org/about-the-data/technical-methods-for-the-program- specific-reports#tableb5	
Desired direction:	Lower is better	
Data sources and guidance:	-Patient medical record -Hospital administrative data	

# Appendix: Transplantation complication codes

Diagnosis	ICD-10	Description		
Liver Transplant		•		
Ischemic biliary	T86.49	Other complications of liver transplant		
complications	174.8	Embolism and thrombosis of other arteries		
due to hepatic	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
artery		reaction of the patient, or of later complication, without mention of		
thrombosis		misadventure at the time of the procedure		
Stenosis	T86.49	Other complications of liver transplant		
(hepatic artery)	170.8	Atherosclerosis of other arteries		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Stricture	T86.49	Other complications of liver transplant		
(hepatic artery)	170.8	Atherosclerosis of other arteries		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Bile Leak	T86.49	Other complications of liver transplant		
	K83.8	Other specified diseases of biliary tract		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Bile collection	T86.49	Other complications of liver transplant		
(biloma)	K83.8	Other specified diseases of biliary tract		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Biliary abscess	T86.49	Other complications of liver transplant		
	K83.8	Other specified diseases of biliary tract		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Technical biliary	complica	tions		
Anastomotic	T86.49	Other complications of liver transplant		
stricture	K83.1	Obstruction of bile duct		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Anastomotic	T86.49	Other complications of liver transplant		
leak	K83.8	Other specified diseases of biliary tract		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Cut surface	T86.49	Other complications of liver transplant		
leak1	K83.8	Other specified diseases of biliary tract		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		

Missed	T86.49	Other complications of liver transplant		
segmental duct	K83.8	Other specified diseases of biliary tract		
leak1	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Kinking	T86.49	Other complications of liver transplant		
	K83.8	Other specified diseases of biliary tract		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Cystic duct	T86.49	Other complications of liver transplant		
mucocele	K82.8	Other specified diseases of gallbladder		
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Ischemic-type bi	liary lesio	ns		
Ischemia-	T86.49	Other complications of liver transplant		
reperfusion	K83.8	Other specified diseases of biliary tract		
injury related	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		
Immunological2	K83.8	Other specified diseases of biliary tract		
Idiopathic	K83.8	Other specified diseases of biliary tract		
Infectious biliary	T86.43	Liver transplant infection		
complications/c K83.09 Other cholangitis		Other cholangitis		
holangitis	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal		
		reaction of the patient, or of later complication, without mention of		
		misadventure at the time of the procedure		

Heart Transplant Complications		
PGD-LV, for PGD affecting the left ventricle with	T86.98	Other complications of heart transplant
extracorporeal short-term mechanical circulatory	Y83.0	Surgical operation with transplant of
support		whole organ as the cause of abnormal
		reaction of the patient, or of later
		complication, without mention of
		misadventure at the time of the procedure
Biventricular failure with extracorporeal short-	T86.22	Heart transplant failure
term mechanical circulatory support	150.82	Biventricular heart failure
	Y83.0	Surgical operation with transplant of
		whole organ as the cause of abnormal
		reaction of the patient, or of later
		complication, without mention of
		misadventure at the time of the procedure
PGD-RV for isolated right ventricular involvement	T86.98	Other complications of heart transplant
with right-sided short-term VAD (RVAD) or right	Y83.0	Surgical operation with transplant of
heart catheter measured haemodynamics in		whole organ as the cause of abnormal
keeping with isolated right-sided dysfunction		reaction of the patient, or of later
(RAP > 15 mmHg, PCWP < 15 mmHg, CI < 2.0		complication, without mention of
L/min/m2, TPG < 15 mmHg and/or pulmonary		misadventure at the time of the procedure
artery systolic pressure < 50 mmHg)		

Lung Transplant	Complicat	ions
Bronchial	T86.818	Other complications of lung transplant
dehiscence	J98.09	Other diseases of bronchus, not elsewhere classified
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Bronchial	T86.818	Other complications of lung transplant
anastomotic	J98.09	Other diseases of bronchus, not elsewhere classified
stenosis	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Non-	T86.818	Other complications of lung transplant
anastomotic	J98.09	Other diseases of bronchus, not elsewhere classified
stenosis	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Tracheobroncho	T86.818	Other complications of lung transplant
malacia (TBM)	J39.8	Other specified diseases of upper respiratory tract
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Vascular Compli	cations of	Lung Transplant
Pulmonary	T86.818	Other complications of lung transplant
embolism	126.99	Other pulmonary embolism without acute cor pulmonale
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Arterial stenosis	T86.818	Other complications of lung transplant
(unspecified	177.1	Stricture of artery
site)	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Venous stenosis	T86.818	Other complications of lung transplant
(unspecified	187.1	Compression of vein
site)	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Venous	T86.818	Other complications of lung transplant
thrombosis	182.90	Acute embolism and thrombosis of unspecified vein
(unspecified	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
site)		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure

### Summary of Changes 2025 V1.2

KPI #	Changes
Submission	
Timeline	Added Submission Timeline sample for the patient cohort
AOT01 -	Added in the definition:
AOT02	This is calculated on a rolling <b>survival rate</b> of a 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline Sample)  Note: The provider will report the "calculated patient survival rate" of each type of
	organ transplant separately.
	a) Kidney transplant from living donors
	b) Kidney transplant from deceased donors
	c) Combined pancreas kidney transplant
	d) Heart Transplant
	e) Lung Transplant
	Removed the above organ list from the Denominator
AOT03 -	Added in the definition:
AOT04	This is calculated on a rolling <b>survival rate</b> of a 2-and-a-half-year patient cohort reported every 6 months. (Submission Timeline Sample)
	Note: The provider will report the "calculated graft survival rate" of each type of organ transplant separately.
	a) Kidney transplant from living donors
	b) Kidney transplant from deceased donors
	c) Combined pancreas kidney transplant
	d) Heart Transplant
	e) Lung Transplant
	Removed the above organ list from the Denominator
AOT09	Moved from <b>Denominator</b> the phrase "Patients on the waitlist are removed from the
	waitlist due to transplant, transfer, recovery or death" to the definition section from
	the Denominator

#### **Summary of Changes 2025 V1.2**

KPI#	Changes
Submission	
Timeline	Added Submission Timeline sample for the patient cohort (5 years accrual period)
AOT01,	Added d) Liver Transplant
AOT02,	• Removed Numerator Inclusion: Patients not reported to have died in any relevant
	data source are assumed to be alive.
АОТОЗ -	<ul> <li>Revised KPI to measure only kidney and combined pancreas kidney</li> </ul>
AOT04	transplantation
AOT05 -	Revised Reporting period to accrual period
AOT09	Added in the definition accrual period timeline
AOT08, AOT09	Added d) Liver Transplant
AOT09	Revised Reporting Frequency: Semi-annually