DEPARTMENT OF HEALTH

General and Specialized Hospitals Jawda Guidance

Version 8.3

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1.   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. These range 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 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 website at all times.

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2. Introduction

2.1 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 the population. DOH is mandated:

- To achieve the highest standards in health curative, preventative and medical services and health insurance in the Emirate.

- To lay down the strategies, policies and plans, including future projects and extensions for the health sector in the Emirate, and to follow-up their implementation

- To apply the laws, rules, regulations and policies which are issued as they are related to its purposes and responsibilities, in addition to what is issued by the respective international and regional organizations in line with the development of the health sector.

- To follow up and monitor the operation of the health sectors, to achieve and exemplary Standard in the provision of health, curative, preventive and medicinal services and health insurance

2.2 DOH defines the strategy for the health system, monitors and analyses the health status of the population and performance of the system. In addition, DOH shapes the regulatory framework for the health system, inspects against regulations, enforce standards, and encourages adoption of world – class best practices and performance targets by all healthcare service providers in the Emirate of Abu Dhabi.

2.3 DOH also drives programs to increase awareness and adoption of healthy living standards among the residents of the Emirate of Abu Dhabi in addition to regulating scope of services, premiums and reimbursement rates of the health system in the Emirate of Abu Dhabi.

2.4 The Health System of the Emirate of Abu Dhabi is comprehensive, encompassing the full spectrum of health services and is accessible to all residents of Abu Dhabi. The system is driven towards excellence through continuous outcome improvement culture and monitoring achievement of specified indicators. Providers of health services are independent. Predominately private and follow highest international quality standards. The system is financed through mandatory health insurance.

In doing so DOH will:

- Drive structure, process and outcome improvements across health sector

- Put people first and champion their rights

- Focus on quality and act swiftly to eliminate poor quality of care

- Work with Stakeholders and apply fair processes.

- Gather information and utilize knowledge and expertise to improve care.

- Link the care to payment in a way that results in a continuous improvement and maximize the value of the care provided in Abu Dhabi.

3. Patient Safety and Clinical Effectiveness

Patient safety is 'the discipline in the health care sector that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery'. Patient safety is also an attribute of health care systems; it minimizes the incidence and impact of, and maximizes recovery from, adverse events. Clinical effectiveness is "the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice" Clinical effectiveness is about doing the right thing at the right time for the right patient and is concerned with demonstrating improvements in quality and performance.

- **The right thing** (evidence-based practice requires that decisions about health care are based on the best available, current, valid and reliable evidence)
- **In the right way** (developing a workforce that is skilled and competent to deliver the care required)
- **At the right time** (accessible services providing treatment when the patient needs them)
- **In the right place** (location of treatment/services).
- **With the right outcome** (clinical effectiveness/maximising health gain)

Patient safety, clinical effectiveness, equity, patient experience, efficiency, and timeliness are recognized as the main pillars of quality in healthcare. In Abu Dhabi, the measurement of data related to these pillars aims to identify strengths and

weaknesses in healthcare delivery, drive quality improvement, inform regulation, and promote patient choice. In addition to data on harm avoidance and success rates for treatments, providers will be assessed on aspects of care such as dignity and respect, compassion, and involvement in care decisions through patient satisfaction surveys. The inclusion of patient safety, clinical effectiveness, and patient experience in quality performance is often justified on the grounds of their intrinsic value. For example, clear information, empathetic two-way communication, and respect for patients' beliefs and concerns can lead to patients being more informed and involved in decision-making, creating an environment where they are more willing to disclose information.

4. Planning for data collection and submission

In planning for data collection and submission Healthcare must adhere to reporting, definition and calculation requirements as set out in this guidance. Healthcare providers must also consider the following:

- Nominate responsible data collection and quality leads(s).

- Ensure data collection leads are adequately skilled and resourced.

- Understand and identify what data is required, how it will be collected (sources) and when it will be collected.

- Create a data collection plan.

- Ensure adequate data collection systems and tools are in place.

- Maintain accurate and reliable data collection methodology.

- Data collation, cleansing and analysis for reliability and accuracy.

- Back up and protect data integrity.

- Have in place a data checklist before submission.

- Submit data on time and ensure validity.

- Review and feedback data findings to the respective teams in order to promote performance improvement.

- Failing to submit valid data will be in breach of the licensing condition and could result in fines being applied, penalties associated with performance or revoke of license.

- When needed, documentation and tracks will be provided instantly to DOH, or their representative, to assure DOH that all dues processes are being followed in collecting, analyzing, validating and submitting your performance

5. About this Guidance

5.1 This guidance sets out the Patient Safety and Clinical Effectiveness reporting requirements to ensure High quality and safety of healthcare services offered to patients in the Emirate of Abu Dhabi. The guidance sets out the definitions, parameters and frequency by which JAWDA Quality indicators will be measured and

Submitted to DOH and will ensure Healthcare Providers provide safe, effective and high quality services.

Q. Who is this guidance for?

All DOH Licensed Healthcare general and specialist Hospitals in the Emirate of Abu Dhabi

Q. How do I follow this guidance?

Each Hospital will nominate one member of staff to coordinate, collect, quality control, monitor and report relevant Inpatient 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 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 Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Glossary

INPATIENT: *Is a beneficiary registered and admitted to a hospital for bed occupancy for purposes of receiving healthcare services and is medically expected to remain confined overnight and for a period in excess of 12 consecutive hours.*

- *Daycase admission is not included in INPATIENT.*
- *Beds **excluded** from the inpatient bed complement:*
  - **Beds/cots for healthy newborns**
  - *Beds in Day Care units, such as surgical, medical, pediatric day care, interventional radiology*
  - *Beds in Dialysis units*
  - *Beds in Labor Suites (e.g. birthday beds, birthing chairs)*
  - *Beds in Operating Theatre*
  - *Temporary beds such as stretchers*
  - *Chairs, Cots or Beds used to accommodate sitters, parents, guardians accompanying patients or sick children and healthy baby accompanying a hospitalized breast-feeding mother*
  - *Beds closed during renovation of patient care areas when approved by the competent authority*

EXAMPLE OF INPATIENT BED DAY COUNTING INITIATION AND TIME TO READMISSION:

MRN	Visit type	Urgent Care / Emergency Arrival Date & Time	IP admission date & time from UC	Discharge Date & Time
123456	Urgent Care converted to Inpatient	01/01/2025 10:00	01/01/2025 13:39	03/01/2025 13:00
123456	Urgent Care converted to Inpatient	12/01/2025 23:50	13/01/2025 02:00	13/01/2025 18:00

Readmission calculation:

It will be 13/01/2025 (Admission Date) minus 03/01/2025 (Discharge Date) = 10 days

DAYCASE*: Daycase beds, also known as observation beds, are beds used in Day Care units such as surgical, medical, pediatric day care interventional radiology. They are not included in the inpatient bed complement.*

LONG TERM CARE PATIENTS: *They will be reported under LTCF Jawda Guidance. Service codes (not limited to): 17-13, 17-14, 17-15, 17-16, 17-27, 17-28, 17-30, 17-31, self-pay LTC, etc.*

CRITICAL CARE AREA: *A patient is in a Critical Care Area if they are receiving active cardiac monitoring (including telemetry) in an Intensive Care Unit, Emergency Room, Urgent Care Centre, Operating Room, Procedure Room, Anesthetic Induction Room or Recovery Area.*

PATIENT LEFT AGAINST MEDICAL ADVICE *is synonymous with the below:*
- *Discharge Against Medical Advice*
- *Against Medical Advice*
- *Absent Without Leave*
- *Missing Without Leave*

Type: Quality Indicator   **Indicator Number:** QI002

KPI Description (title):	Percentage of transfusion-associated adverse reactions
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Percentage of transfusion-associated adverse reactions that are possibly, probably, or definitely related to a transfusion of blood products per 100 transfused units.
Calculation:	**Numerator:** Count number of defined adverse reactions (see below) that occurred during the reporting period. **Defined Adverse Reactions:** • Transfusion-associated circulatory overload (TACO) - **E87.71** • Transfusion-related acute lung injury (TRALI) - **J95.84** • Transfusion-associated dyspnea (TAD) – (**T80.89XA + R06.09**) • severe, life threatening, death-causing allergic reaction/ Anaphylactic / Anaphylactoid reactions • Hypotensive transfusion reaction- (**T80.89XA +I95.89**) • Febrile non-hemolytic transfusion reaction (FNHTR)-**R50.84** • Acute hemolytic transfusion reaction (AHTR) - **T80.910A,** • Delayed hemolytic transfusion reaction (DHTR) –(**T80.311A, T80.411A, T80.911A, T80.919A, T80.A11A** • Delayed serologic transfusion reaction (DSTR) • Transfusion-associated graft vs. host disease (TAGVHD)- (**T80.89XA + D89.810, D89.811, D89.812, D89.813)** • Post-transfusion purpura (PTP)- **D69.51** • Transfusion-transmitted infection (TTI)- **T80.22XA** **Denominator:** Total number of units or aliquoted units (e.g. in neonates) transfused during the reporting period. **HCPCS codes:** P9010, P9011, P9012, P9016, P9017, P9019, P9020, P9021, P9022, P9023, P9031, P9032, P9033, P9034, P9035, P9036, P9037, P9038, P9039, P9040, P9044, P9050, P9051, P9052, P9053, P9054, P9055, P9056, P9057, P9058, P9059, P9060, P9070, P9071, P9073
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	National Healthcare Safety Network Biovigilance Component Hemovigilance Module Surveillance Protocol
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system - Blood bank department transfusion card - Patient medical record

Type: Quality Indicator   **Indicator Number:** QI004

KPI Description (title):	Percentage of Surgical Site Infection (SSI) for Abdominal Hysterectomy (HYST)
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of Abdominal Hysterectomy per 100 operative procedures
Calculation and criteria to define SSI in Abdominal Hysterectomy (HYST)	**_Numerator:_** Number of all SSI identified within 30 days for all patients undergoing Abdominal Hysterectomy (HYST) **ICD 10 CODES FOR SSI** (**but not limited to**): T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS **_SSI could be presented as:_** **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 **_one_** 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 other designee. **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 **AND**

involves deep soft tissues of the incision (for example, fascial and muscle layers)

AND

patient has at least *one* of the following:

   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 other designee

   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

   AND

   patient has at least *one* of the following signs or symptoms: fever
   (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.
   c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:

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

AND

infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

AND

   patient has at least *one* of the following:
   a) purulent drainage from a drain that is placed into the organ/space(for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
   b) organisms are identified from fluid or tissue in the organ/space 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) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND

meets at least *one* criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.

REPORTING INSTRUCTIONS for Superficial SSI

The following do not qualify as criteria for meeting the definition of superficial SSI:

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.

e) An infected burn wound is classified as BURN and is not reportable under this module.

Definition of an NHSN Operative Procedure

An NHSN Operative Procedure is a procedure:

a) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping **And**

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**

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.

<u>*Denominator:*</u> Total number of all inpatients undergoing Abdominal Hysterectomy during the reporting period

***Abdominal Hysterectomy CPT Codes:** (58150, 58152, 58180, 58200, 58210, 58541, 58542, 58543, 58544, 58548, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956)*

<u>**Denominator Exclusions**</u>:

- Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance. ***ICD-10 CM codes***: G93.82

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:	- Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient medical record.

Type: Quality Indicator   **Indicator Number:** QI005

KPI Description (title):	Rate of Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Rate of perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) for patients ages 18 years and older.
Calculation:	*Numerator:* All adults who had surgical discharges in the reporting quarter and developed proximal Deep Vein Thrombosis or Pulmonary Embolism within 30 days from the date of the surgical procedure. (In case of multiple procedures, count from the first procedure). Numerator guidance use: • Secondary diagnosis postoperative DVT in the same encounter. • Primary and/or secondary diagnosis postoperative DVT for the first readmission or succeeding readmission or revisiting encounters within 30 days timeframe. *ICD-10-CM Diagnosis Codes, as follows:* • *Proximal Deep Vein Thrombosis:* *ICD 10 CM Codes: (I80.10, I80.11, I80.12, I80.13, I80.201, I80.202, I80.203, I80.209, I80.211, I80.212, I80.213, I80.219, I80.221, I80.222, I80.223, I80.229, I80.291, I80.292, I80.293, I80.299, I82.401, I82.402, I82.403, I82.409, I82.411, I82.412, I82.413, I82.419, I82.421, I82.422, I82.423, I82.429, I82.431, I82.432, I82.433, I82.439, I82.4Y1, I82.4Y2, I82.4Y3, I82.4Y9)* • *Pulmonary Embolism:* *ICD 10 CM Codes: (I26.01, I26.02, I26.09, I26.90, I26.92, I26.93, I26.94, I26.99)* *Denominator:* Total number of adult (18 years and older) inpatient surgical discharges during the reporting period (for operating room procedures). *CPT codes*: Please see Appendix A **Denominator Exclusions**: • *Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for: proximal deep vein thrombosis Deep Vein Thrombosis and Pulmonary Embolism (please see above codes)* • *Patients where a procedure for interruption of vena cava occurs before or on the same date as the first operating room procedure (CPT Procedure Code: 37619, 37191).* • where a procedure for pulmonary arterial or dialysis access thrombectomy occurs before or on the same day as the first operating room procedure • where the only operating room procedure(s) is for pulmonary arterial or dialysis access thrombectomy • with any ICD-10-CM diagnosis code present on admission for

	acute brain or spinal injury • with any listed procedure code for extracorporeal membrane oxygenation (ECMO) • All Long-term care patients. (see glossary) • Patients who received treatment as an inpatient for burns injury (any degree). (Refer to Burn Jawda Guidance) • *Admission for pregnancy, childbirth, and puerperium (**ICD-10 codes:** O00.00 - O9A.53). This will be reported in Maternal and Perinatal Care Jawda Guidance*
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 adult surgical discharges
International comparison if available	PSI_12_Perioperative_Pulmonary_Embolism_or_Deep_Vein_Thrombosis_Rate.pdf (ahrq.gov) Also using OECD, CQC of UK with modification following discussion with local experts and taking local culture into consideration.
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event system and complication log - Based on list of discharged patients with specific ICD 10 Diagnosis and Procedure codes - Patient medical record.

Type: Quality Indicator   **Indicator Number:** QI006

KPI Description (title):	Rate of Healthcare-Associated Multidrug-Resistant Organism (MDRO) Bloodstream Infection (All inpatients)
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of the healthcare-associated MDRO bloodstream infections who meet MDRO definitions during the reporting period.
Calculation and criteria to define n (MDRO) infections	*Numerator:* Count the total number of MDRO infections that meet MDRO definitions. **ICD 10 CODES**: A49.02, B95.62, J15.212, Z16.10, Z16.11, Z16.12, Z16.19, Z16.20, Z16.21, Z16.22, Z16.23, Z16.24, Z16.29, Z16.30, Z16.31, Z16.32, Z16.33, Z16.341, Z16.342, Z16.35, Z16.39) *MDRO Definitions:* *KPI MDRO-01* – Methicillin-resistant Staphylococcus aureus (MRSA): Number of *S. aureus* isolates cultured from blood specimen that test oxacillin-resistant by standard susceptibility testing methods. *KPI MDRO-02* – Vancomycin-resistant Enterococci (VRE): Number of *Enterococcus faecalis, Enterococcus faecium, and other Enterococcus species* isolates cultured from blood specimen that test resistant to vancomycin by standard susceptibility testing methods. *KPI MDRO-03-* CephR-Klebsiella: Number of *Klebsiella oxytoca* or *Klebsiella pneumoniae* isolates cultured from blood specimen that test non-susceptible (specifically, either resistant or intermediate) to at least ONE of the following cephalosporin antibiotics: *ceftazidime, cefotaxime, ceftriaxone, or cefepime* by standard susceptibility testing methods *KPI MDRO-04* – Carbapenemase-Producing Organisms (CPO): Number of *Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae*, and *Enterobacter spp.* isolates cultured from blood specimen that test resistant by standard susceptibility testing methods to at least ONE of the following carbapenem antibiotics: (Carbapenem, Imipenem, Meropenem, Doripenem) **Numerator Inclusions:** - Patient admitted to hospital (Inpatients) only, including ICU and non-ICU inpatient wards - Healthcare Facility-Onset (HO): specimen collected >3 days after admission to the facility (specifically: on or after day 4 after admission, with the admission day counting as day one). • Isolates identified from clinical specimen only (diagnosis and treatment of infection) • Isolates from blood culture specimen only. First isolate per patient only during a 14 day interval. **Numerator Exclusion:**

	- Community-Onset (CO): Positive lab tests results for specimens collected at an inpatient location ≤3 days after admission to the facility (i.e., on day 1, 2 or 3 after admission, with the admission day counting as day one. - MDROs from patients in an outpatient location (e.g. outpatient clinics, emergency department, home nursing). - MDROs from patients in an Inpatient Rehabilitation Facility or Inpatient Psychiatric Facility - Duplicate MDRO isolates for the same patient and specimen type (blood) within 14 days after the first MDRO isolate, based on specimen collection date. - Isolates identified through screening or active surveillance: _**Denominator**_: Total number of inpatient days during the reporting period. (See glossary) _**Denominator Exclusion**_: - _Healthy newborns_ (See glossary) - _Burn cases_ (Refer to Burn Jawda Guidance) - _Psychiatric Inpatients._ (Refer to Mental Health Jawda Guidance)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	Indicators are based on US CDC NHSN MDRO/CDI Module: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf) OECD Quality indicators, AHRQ, CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	a) Lab test results of all specimen b) Captured by microbiologist and infection control team/ nursing as part of regular surveillance activities and infection control documentation. c) Patient medical record.

Type: Quality Indicator

Indicator Number: QI007

KPI Description (title):	30-day all-cause readmission rate for inpatients with planned Hernia repair procedure
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmission for adult patients (18 years and older) undergoing a planned hernia repair within 30 days of discharge. All related and unrelated readmissions to be included (please indicate if it related or unrelated in the notes section).
Calculation:	_**Numerator:**_ Number of unplanned adult admissions to hospital within 30-days of discharge from the index hospitalization of having planned Hernia Repair (all types) (_**If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator**_). **Numerator Exclusion:** Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care _**Denominator:**_ Number of adult inpatients (age 18 and older) with planned hernia repair discharged during the reporting period. **Hernia Repair CPT Codes:** (43281, 43282, 43332, 43333, 43334, 43335, 43336, 43337, 44050, 44346, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49568, 49570, 49572, 49585, 49587, 49590, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 49657) _**Denominator Exclusions**_: • Patients who are discharged/left against medical advice (AMA). • Patients having a planned hernia repair procedure during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge • Hernia procedure undertaken as part of the management of another condition.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 hernia repair discharges
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	

Data sources and guidance:	- Mortality and Morbidity record - Hospital internal adverse event and incident report system - Hospital patient data source

Type: Quality Indicator   **Indicator Number:** QI009

KPI Description (title):	**30-day all-cause readmission rate for inpatients with Pneumonia**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) with a principal discharge diagnosis of Pneumonia. All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)
Calculation:	*Numerator:* Number of unplanned adult admissions to hospital within 30-days of discharge from the index hospitalization with principal discharge diagnosis of Pneumonia. (*If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator).* **Numerator Exclusion:** Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care *Denominator:* Number of adult inpatients 18 years and older discharged from hospital with principal discharge diagnosis of Pneumonia during the reporting period. *Pneumonia ICD-10-CM Codes; (A01.03, A02.22, A37.01, A37.11, A37.81, A37.91, A50.04, A54.84, B01.2 , B05.2 , B06.81, B77.81, B95.3, B96.0, B96.1, J09.X1, J10.00, J10.01, J10.08, J11.00, J11.08, J12.0, J12.1, J12.2, J12.3, J12.81, J12.82, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.2, J18.8, J18.9, J20.0, J82.81, J82.82, J84.111, J84.116, J84.117, J84.2, J85.1, J95.851, O99.5 series + Pneumonia infection ICD codes).* **Denominator Exclusions:** • Patients who are discharged/left against medical advice (AMA) • Patients having a principal diagnosis of pneumonia during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 pneumonia discharges
International comparison if available	CMS: 2018 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	-Hospital internal adverse event and incident reporting system. -Mortality and morbidity record -Hospital patient data source

Type: Quality Indicator

Indicator Number: QI010

KPI Description (title):	30-day all-cause readmission rate for inpatients with Urinary Tract Infection (UTI)
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) with a principal discharge diagnosis of UTI. All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)
Calculation:	*Numerator*: Number of unplanned adult admissions to hospital within 30-days of discharge from the index hospitalization with principal discharge diagnosis of UTI. (*If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator*). **Numerator Exclusion:** Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care *Denominator:* Number of all adult inpatients (age 18 and older) discharged from hospital with principal discharge diagnosis of UTI during the reporting period. *ICD 10 CM Codes: (A18.10, A18.11, A18.12, A18.13, A52.75, A52.76, A54.00, A54.01, A54.1, A54.21, A56.00, A56.01, A59.03, B37.41, B37.49, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N05.A, N10, N11.0, N12, N13.6, N15.1, N15.8, N15.9, N28.85, N28.86, N30.00, N30.01, N30.30, N30.31, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N33, N34.0, N34.1, N34.2, N39.0, N99.511, N99.521, N99.81, T83.510A, T83.510D, T83.510S, T83.511A, T83.511D, T83.511S, T83.512A, T83.512D, T83.512S, T83.518A, T83.518D, T83.518S, T83.590A, T83.590D, T83.590S, T83.591A, T83.591D, T83.591S, T83.592A, T83.592D, T83.592S, T83.593A, T83.593D, T83.593S, T83.598A, T83.598D, T83.598S, O23 series + UTI infection ICD codes, if applicable)* **Denominator Exclusions:** • Chronic and recurrent UTI- ICD-10-CM Excluded codes (***but not limited to)***: (N30.10, N30.11, N30.20, N30.21, N11.0, N11.1, N11.8, N13.70, N13.71, N13.721, N13.722, N13.729, N13.731, N13.732, N13.739, N13.9, P37.5, P39.3, O03.38, O03.88, O07.38, O04.88, O08.83, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O75.3, O86.20, O86.21, O86.22, O86.29.) • Patients who are discharged/left against medical advice (AMA)

	• Patients having a principal diagnosis of UTI during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 UTI discharges
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system. - Mortality and morbidity record - Hospital patient data source

Type: Quality Indicator   **Indicator Number:** QI011

KPI Description (title):	Rate of cardiopulmonary arrests outside critical care area per 1000 inpatient days
Domain	Safety
Indicator Type	**Outcome**
Definition:	Rate of cardiopulmonary arrest incidents that occurred outside critical care area per 1000 inpatient days.
Calculation:	*Numerator:* Total number of all cardiac arrests occurring outside critical care irrespective of outcome during the reporting period. ***Cardiac arrests occurring ICD-10 CM Codes:*** *(I46.2, I46.8, I46.9, I97.120, I97.121, I97.710, I97.711, O03.36, O03.86, O04.86, O07.36, O08.81, O29.111, O29.112, O29.113, O29.119, P29.81)* **Cardiac arrests occurring CPT Codes:** *92950* **Numerator inclusions:** • Cardiac or respiratory arrests outside of critical care wards • All inpatients: Adults only **Numerator Exclusions:** • Cardiac or respiratory arrests occurred in OR, ICU (critical care wards) and ED. • Cardiac or respiratory arrests occurred in outpatients or visitors • Still births: ***ICD-10 CM Codes:*** *P95* • Patients that are prone to cardiac arrest but kept out of critical care due to clinical or palliative reasons. e.g.; patient with end stage cancer. *Denominator*: Total number of inpatient days during the reporting period. *(see glossary)* *Denominator Exclusion:* • All Long-term care and Post-acute Rehab patients
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	Definition based on IHI literature
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Data from telephone operator regarding activated code "blue" and "code pink" calls and CPR Record or a similar system. - Mortality and Morbidity Record - Patient Medical Record

Type: Quality Indicator   **Indicator Number:** QI012

KPI Description (title):	**Rate of hospital acute inpatient falls resulting in any injury per 1,000 inpatient days.**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Rate of inpatient falls resulting in any injury per 1000 all inpatient Days
Calculation:	**_Numerator:_** Total number of inpatient falls resulting in injury (minor, moderate, major, or death) to the patient in the measurement quarter **Numerator Inclusions**: Patient falls with injury: minor, moderate, major, or death. A **_fall_** is an unplanned descent to the floor. Include falls when a patient lands on a surface where you wouldn't expect to find a patient. All unassisted and assisted falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Also report patients that roll off a low bed onto a mat as a fall. The National Database of Nursing Quality Indicators **_NDNQI definitions for injury_** follow: • None -patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury. • "Minor- resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion. • Moderate-resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain. • Major- resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall. • Death-the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)." **_Numerator Exclusions_:** Patient falls, but no harm was evident **_Denominator_**: Total number of inpatient days during the reporting period. _(see glossary)_ **Denominator Exclusion:** • _Healthy newborn_ (See glossary) • All Long-term care, home care and Post-acute Rehab patients • _Psychiatric Patients._ (Refer to Mental Health Jawda Guidance) **Rate:** Calculation: [numerator / denominator] x 1000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days

International comparison if available	• Developed locally by modifying similar indicators used by AHRQ, OECD and CQC following local discussion and taking local culture and setting into consideration • Definition is based on NDNQI Glossary & Reference Guide to Clinical Indicators, 2014
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system

Type: Quality Indicator   **Indicator Number:** QI013

KPI Description (title):	**Rate of hospital associated or worsening pressure injury (Stage 2 and above) per 1000 adult inpatient days**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Hospital Associated or worsening Pressure Injury (Stage II and above) Rate per 1000 adult inpatient days).
Calculation:	_**Numerator:**_ Number of patients with newly acquired pressure injury or with worsening pressure injury Stage 2, 3, 4, Unstageable, unspecified stage or Deep Tissue Injury (DTI) within the measurement quarter. **Hospital associated or worsening Pressure Injury (Stage 2 and above) ICD- _1O CM Codes:_** _L89.42, L89.43, L89.44, L89.40, L89.45, L89.812, L89.813, L89.814, L89.819, L89.810, L89.522, L89.523, L89.524, L89.529, L89.520, L89.322, L89.323, L89.324, L89.329, L89.320, L89.022, L89.023, L89.024, L89.029, L89.020, L89.622, L89.623, L89.624, L89.629, L89.620, L89.222, L89.223, L89.224, L89.229, L89.220, L89.142, L89.143, L89.144, L89.149, L89.140, L89.122, L89.123, L89.124, L89.129, L89.120, L89.892, L89.893, L89.894, L89.899, L89.890, L89.512, L89.513, L89.514, L89.519, L89.510, L89.312, L89.313, L89.314, L89.319, L89.310, L89.012, L89.013, L89.014, L89.019, L89.010, L89.612, L89.613, L89.614, L89.619, L89.610, L89.212, L89.213, L89.214, L89.219, L89.210, L89.132, L89.133, L89.134, L89.139, L89.130, L89.112, L89.113, L89.114, L89.119, L89.110, L89.152, L89.153, L89.154, L89.159, L89.150, L89.502, L89.503, L89.504, L89.509, L89.500, L89.302, L89.303, L89.304, L89.309, L89.300, L89.002, L89.003, L89.004, L89.009, L89.000, L89.602, L89.603, L89.604, L89.609, L89.600, L89.202, L89.203, L89.204, L89.209, L89.200, L89.102, L89.103, L89.104, L89.109, L89.100, L89.92, L89.93, L89.94, L89.90, L89.95, L89.46, L89.816, L89.526, L89.326, L89.026, L89.626, L89.226, L89.146, L89.126, L89.896, L89.516, L89.316, L89.016, L89.616, L89.216, L89.136, L89.116, L89.156, L89.506, L89.306, L89.006, L89.606, L89.206, L89.106, L89.96, L89.009, L89.019, L89.029, L89.109, L89.119, L89.129, L89.139, L89.149, L89.159, L89.209, L89.219, L89.229, L89.309, L89.319, L89.329, L89.40, L89.509, L89.519, L89.529, L89.609, L89.619, L89.629, L89.819, L89.899, L89.90_ _**Guide on stage is defined below**_; **Stage 1 Pressure Injury**: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury. **Stage 2 Pressure Injury**: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable,

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

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

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

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

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

<u>Numerator Inclusions</u>:

	• Hospital Associated Pressure Injury (not present or present but with a lower stage on admission to hospital). **Numerator Exclusions:** • Patients with pressure Injury present on admission, that stayed the same stage or improved following hospital stay • Hospital Associated Pressure Stage I ***ICD- 10 CM Codes**: (L89.001, L89.011, L89.021, L89.101, L89.111, L89.121, L89.131, L89.141, L89.151, L89.201, L89.211, L89.221, L89.301, L89.311, L89.321, L89.41, L89.501, L89.511, L89.521, L89.601, L89.611, L89.621, L89.811, L89.891, L89.91.* ***Denominator***: Total number of adult (age 18 and older) inpatient days during the reporting period. (see glossary) **Denominator Exclusion:** • *Burn cases* (Refer to Burn Jawda Guidance) • *Psychiatric inpatients.* (Refer to Mental Health Jawda Guidance) • *All Long-term care and Post-acute Rehab patients*
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	CQC of UK with modification following discussion with local experts and taking local culture into consideration npiap_pressure_injury_stages.pdf (ymaws.com)
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Manual Data Collection - Patient record or EMR (Medical Chart Review): Skin and Wound Assessment Chart- - Hospital internal adverse event system

Type: Quality Indicator

Indicator Number: QI014

KPI Description (title):	**30-day all-cause readmission rate for inpatients with heart failure**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) with a principal discharge diagnosis of heart Failure (HF). All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)
Calculation:	_Numerator_: Number of unplanned adult admissions to hospital within 30-days of discharge from the index hospitalization with a principal discharge diagnosis of heart failure (HF) (***If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator***). **Numerator Exclusion:** Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care _Denominator:_ Total number of adult inpatients 18 years and older having a principal discharge diagnosis of heart failure during the reporting period. ***Heart failure ICD-10-CM Codes:** I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, I02.0, I01.8, I09.81, I13.0, I13.2, I11.0, I97.130, I97.131)* **Denominator Exclusions:** • Admissions for patients who are discharged/left against medical advice (AMA) • Admissions for patients having a principal diagnosis of HF during the index hospitalization and subsequently transferred to another acute care facility • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 heart failure discharges
International comparison if available	CMS: 2018 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Mortality and morbidity record - Hospital patient data source

Type: Quality Indicator   **Indicator Number:** QI015

KPI Description (title):	30-Day All-Cause Readmission Rate for inpatients with Unplanned Appendectomy Procedure
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) after undergoing an emergency appendectomy of all types using all surgical methods. All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)

Calculation:	_**Numerator**_: Number of unplanned adult admissions to hospital within 30-days of discharge from the index post emergency appendectomy (all types and all approaches) (_**If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator**_)
	
	Numerator Exclusion:
	Presence of at least one of the following:
	• Readmission was for a planned procedure /treatment protocol
	• Transfer admission from acute care
	
	**Denominator**: Total number of adult inpatients (age 18 and older) who had an emergency appendectomy procedure and discharged during the reporting period.
	
	Appendectomy _CPT Codes: 44950, 44955, 44960, 44970_
	
	Denominator Exclusions:
	• Appendectomy for cancer cases
	  **ICD-10CM Codes:** C18.1, C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, D01.40, C78.5, D12.1, D37.3
	• Pheochromocytome
	  **ICD-10CM Codes:** C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C79.70, C79.71, C79.72, D09.3, D35.00, D35.01, D35.02
	• Admissions for patients who are discharged/left against medical advice (AMA)
	• Admissions for patients having unplanned appendectomy procedure during the index hospitalization and subsequently transferred to another acute care facility
	• Operation where appendectomy is part of a larger procedure e.g., Meckel's diverticulum, right hemicolectomy etc.
	  **CPT Codes:** 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213
	• Episodes with a discharge of death
	• Readmissions within 30 days from the index discharge

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 appendectomy discharges
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal mortality and morbidity. - Hospital patient data source.

Type: Quality Indicator   **Indicator Number:**
QI016

KPI Description (title):	**CAUTI rate per 1000 device days (all inpatients)**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	**Catheter-associated UTI (CAUTI):** A UTI where an indwelling urinary catheter was in place for >2 calendar days on the date of event, with day of device placement being Day 1 ***AND*** An indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for > 2 calendar days and then removed, the date of event for the UTI must be the day of discontinuation or the next day for the UTI to be catheter-associated. **Indwelling catheter**: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags). These devices are also called Foley catheters. Condom or straight in-and-out catheters are not included nor are nephrostomy tubes, ileoconduits, or suprapubic catheters unless a Foley catheter is also present. Indwelling urethral catheters that are used for intermittent or continuous irrigation are included in CAUTI surveillance. **Location of Attribution:** The inpatient location where the patient was assigned on the date of event is the location of attribution (**Exception to Location of Attribution:** *Transfer Rule*: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location) **Date of Event (Event Date):** The Date of Event is the date the first element used to meet site-specific infection criterion occurs for the first time within the seven-day infection window period. **Infection Window Period:**

Infection Window Period is defined as the 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is an element of the site-specific infection criterion, was obtained, the 3 calendar days before and the 3 calendar days after.

Indwelling catheter days:
Indwelling urinary catheter days, which are the number of patients with an indwelling urinary catheter device, are collected daily, at the same time each day.

Criteria used to define CAUTI in Adult Patients:
Criteria 1a.
Patient must meet 1, 2, and 3 below:
- Patient had an indwelling urinary catheter that had been in place for > 2days on the date of event (day of device placement = Day 1) **AND** was either:
- Still present on the date of event, OR
- Removed the day before the date of event
- Patient has at least *one* of the following signs or symptoms:
- fever (>38.0°C)
- suprapubic tenderness
- costovertebral angle pain or tenderness
- urinary urgency
- urinary frequency
- dysuria
- Patients have a urine culture with no more than two species of organisms, at least one of which is a bacteria of ≥10^5 CFU/ml. All elements of the UTI criterion must occur during the Infection Window Period

Criteria used to define CAUTI for Patients ≤1 year:
  Patient must meet 1, 2, and 3 below:
- Patient is ≤1 year of age (an indwelling urinary catheter in place for >2 calendar days))
- Patient has at least *one* of the following signs or symptoms:
1. fever (>38.0°C)
2. hypothermia (<36.0°C)
3. apnea
4. bradycardia
5. lethargy
6. vomiting
7. suprapubic tenderness
- Patients have a urine culture with no more than two species of organisms, at least one of which is a bacterium of ≥10^5 CFU/ml. All elements of the SUTI criterion must occur during the Infection Window Period.

Calculation and Criteria to define CAUTI:	***Numerator:*** Number of patients with CAUTI that is identified during the period selected for surveillance. ***ICD-10 CM codes*** (not limited to): T83.511A, T83.511D, T83.511S, T83.518A, T83.518D, T83.518S

	Transfer Rule: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location)
	
	Numerator Exclusion:
	Repeated infection for the same type during 14 days from Date of Event
	
	Denominator: Total number of catheter device inpatient days during the reporting period. (see glossary)
	
	Denominator Exclusions:
	• Outpatients
	• The following organisms cannot be used to meet the UTI definition:
	   o Candida species or yeast not otherwise specified
	   o Mold
	   o Dimorphic fungi or
	   o Parasites
	   o Mixed flora (urine specimen)
	• *Burn cases* (Refer to Burn Jawda Guidance)
	• *Psychiatric inpatients.* (Refer to Mental Health Jawda Guidance)
	• All Long-term care and Post-acute Rehab patients (see glossary)

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 urinary catheter days
International comparison if available	AHRQ and DOH standards http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Type: Quality Indicator   **Indicator Number:** QI017

KPI Description (title):	CLABSI Rate per 1000 Central Line-Days (All Adult Inpatients)
Domain	Safety
Indicator Type	Outcome
Definition:	**Central line-associated BSI (CLABSI):** A laboratory-confirmed bloodstream infection (LCBI) where central line (CL) or umbilical catheter (UC) was in place for >2 calendar days on the date of event, with day of device placement being Day 1, **AND** A CL or UC was in place on the date of event or the day before. If a CL or UC was in place for >2 calendar days and then removed, the date of event of the LCBI must be the day of discontinuation or the next day. If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day1. "Access" is defined as line placement, infusion or withdrawal through the line. Such lines continue to be eligible for CLABSI once they are accessed until they are either discontinued or the day after patient discharged (as per the Transfer Rule). Note that the "de-access" of a port does not result in the patient's removal from CLABSI surveillance. **Central line**: An intravascular catheter that terminates at, close to the heart, or in one of the great vessels that used for infusion, withdrawal of blood, or hemodynamic monitoring. The following are considered great vessels for the purpose of reporting central-line BSI and counting central-line days in the NHSN system: 1. Aorta 2. Pulmonary artery 3. Superior vena cava 4. Inferior vena cava 5. Brachiocephalic veins 6. Internal jugular veins 7. Subclavian veins 8. External iliac veins 9. Common iliac veins 10. Femoral veins 11. In neonates, the umbilical artery/vein. **Umbilical catheter**: A central vascular device inserted through the umbilical artery or vein in a neonate. **Infusion:** The introduction of a solution through a blood vessel via a catheter lumen. This may include continuous infusions such as nutritional fluids or medications, or it may include intermittent infusions such as flushes, IV antimicrobial administration, or blood transfusion or hemodialysis. **Temporary central line:** A non-tunneled, non- implanted catheter. **Permanent central line**: Includes 12. Tunneled catheters, including certain dialysis catheters 13. Implanted catheters (including ports)

	Location of Attribution: The inpatient location where the patient was assigned on the date of event is the location of attribution (**Exception to Location of Attribution:** *Transfer Rule*: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location) **Date of Event (Event Date):** The Date of Event is the date the first element used to meet site-specific infection criterion occurs for the first time within the seven-day infection window period. **Infection Window Period:** Infection Window Period is defined as the 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is an element of the site-specific infection criterion, was obtained, the 3 calendar days before and the 3 calendar days after. **Central Line days** are the number of patients with an indwelling central line, are collected daily, at the same time each day.

Calculation and Criteria to define CLABSI:	*Numerator:* Each CLABSI that is identified during the period selected for surveillance in all adult inpatient settings.
	
	ICD-10 CM codes (not limited to): T80.211A, T80.211D, T80.211S
	
	Laboratory-Confirmed Bloodstream Infection (LCBI) Criteria to define BSI:
	
	LCBI 1.
	    • Patient has a recognized pathogen cultured from one or more blood cultures
	AND
	    • Organism cultured from blood is not related to an infection at another site
	LCBI 2.
	    • Patient has at least one of the following signs or symptoms: fever (>38.0C), chills, or hypotension
	AND
	    • Organism cultured from blood is not related to an infection at another site
	AND
	The same common commensal (i.e., diphtheroids [*Corynebacterium* spp. not *C. diphtheriae*], Bacillus spp. [not *B. anthracis*], Propionibacterium spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, Aerococcus spp., and *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions.
	
	Transfer Rule: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location)
	
	Numerator Exclusion:
	    • MBI-LCBI
	    • Secondary bloodstream infections

	• Repeated infection for the same type during 14 days from Date of Event **_Denominator_**: Number of all central line inpatient days for all adult patients (age 18 and older) during the reporting period. (See glossary) • It is not required for a BSI to be associated with a specific device when more than one line is present. • Only one central line per patient is counted per calendar day regardless of the number of central lines present. All central lines on inpatient units should be included in device day counts regardless of access. **_Applicable CPT codes (not limited to):_** 36555-36590 **Denominator Exclusion:** • Pediatric (it will be reported under pediatric Jawda guidance) • Neonates (from zero to 28 days) it will be reported under maternal Jawda guidance • Patients who received treatment as an inpatient for burns injury (any degree). They will be reported under Burn Jawda Guidance • All Long-term care patients. (see glossary)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line days
International comparison if available	AHRQ and DOH standards http://www.cdc.gov/nhsn/acute-care-hospital/CLABSI/index.html
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Type: Quality Indicator   **Indicator Number:** QI018

KPI Description (title):	Percentage of surgical site infection (SSI) for appendectomy procedures
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Percentage of patients meeting <u>CDC NHSN SSI infection criteria</u> within 30 days of emergency appendectomy surgery procedure.
Calculation and Criteria to define SSI in appendectomy:	***Numerator:*** Number of all SSI identified within 30 days of emergency appendectomy during the reporting period. ***ICD 10 CODES FOR SSI (but not limited to***): T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS ***SSI could be presented as:*** **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 ***one*** of the following: • purulent drainage from the superficial incision. • 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). • 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. • diagnosis of a superficial incisional SSI by the surgeon or attending physician** or another designee. **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 <u>Table 2</u> **AND** involves deep soft tissues of the incision (for example, fascial and muscle layers) **AND**

patient has at least *one* of the following:
- purulent drainage from the deep incision.
- a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee
  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
  AND
  patient has at least *one* of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.
- an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:
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
AND
infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure
AND
patient has at least *one* of the following:
- purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
- organisms are identified from fluid or tissue in the organ/space 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).
- an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND
meets at least *one* criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.

REPORTING INSTRUCTIONS for Superficial SSI
The following do not qualify as criteria for meeting the definition of superficial SSI:
- A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration)
- 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.
- 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.
- Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.
- An infected burn wound is classified as BURN and is not reportable under this module.

Definition of an NHSN Operative Procedure
An NHSN Operative Procedure is a procedure:
- that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping **And**
- 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**
- 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.

Denominator: Total number of all inpatients undergoing emergency appendectomy during the reporting period.

Appendectomy CPT Codes: (44950, 44955, 44960, 44970)

Denominator Exclusions:
- Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance. **ICD-10 CM code: G93.82**

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 appendectomy SSI
International comparison if available	Developed locally by modifying similar indicators used by CDC/ NHSN
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient's records - Hospital internal mortality and morbidity

Type: Quality Indicator   **Indicator Number**: QI027

KPI Description (title):	Percentage of surgical Site Infection (SSI) for Cholecystectomy procedures (CHOL)
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Rate of all patients developing an SSI within 30 days all cholecystectomy procedures

Calculation and Criteria to define SSI in appendectomy:	***Numerator:*** Number of all SSI identified within 30 days of cholecystectomy procedures during the reporting period.
	
	ICD 10 CODES FOR SSI (but not limited to): T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS*
	
	SSI could be presented as:
	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 ***one*** 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 other designee.
	
	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](#)
	
	AND
	involves deep soft tissues of the incision (for example, fascial and muscle layers)
	AND
	patient has at least ***one*** of the following:
	  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 other designee
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
AND
patient has at least *one* of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture-based test that has a negative finding does not meet this criterion.
c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:
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
AND
infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure
AND
patient has at least *one* of the following:
a) purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
b) organisms are identified from fluid or tissue in the organ/space 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) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.
AND
meets at least *one* criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.

REPORTING INSTRUCTIONS for Superficial SSI
The following do not qualify as criteria for meeting the definition of superficial SSI:
f) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration)
g) 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.

h) 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.

i) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.

j) An infected burn wound is classified as BURN and is not reportable under this module.

Definition of an NHSN Operative Procedure

An NHSN Operative Procedure is a procedure:

a) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping **And**

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**

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.

Denominator: Total number of all inpatients who have undergone a chole-cystectomy procedures within the reporting period.

 Cholecystectomy CPT Codes: (47562, 47563, 47564, 47570, 47579, 47600, 47605, 47610, 47612, 47620)

Denominator Exclusions:

- Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance. **ICD-10 CM code: G93.82**

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 cholecystectomy SSI
International comparison if available	CDC, AHRQ
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient's records - Hospital internal mortality and morbidity

Type: Quality Indicator   **Indicator Number:** QI028

KPI Description (title):	**30-Day All-Cause Unplanned Hospital Readmission Rate for Cholecystectomy**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) after discharge from the index cholecystectomy admission. All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)
Calculation:	*Numerator:* Number of adult inpatients who were readmitted to a hospital within 30 days of discharge from index **Cholecystectomy admission. (*If a patient has more than one readmission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator*).** **Numerator Exclusion**: Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care *Denominator:* Number of adult inpatients (age 18 and older) who were discharged after a cholecystectomy procedure during the index admission. **Cholecystectomy CPT Codes**: (47562, 47563, 47564, 47570, 47579, 47600, 47605, 47610, 47612, 47620) *Denominator Exclusion*: • Patients who are discharged/left against medical advice (AMA) • Patients having a principal procedure of **Cholecystectomy** during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death. • Readmissions within 30 days from the index discharge
Reporting Frequency:	Rate per 100 cholecystectomy discharges
Unit of Measure:	Percentage
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Mortality and morbidity record - Hospital patient data source - OT register for surgeries

Type: Quality Indicator   **Indicator Number:** QI029

KPI Description (title):	**30-Day All-Cause Unplanned Hospital Readmission Rate for Medical And Surgical Patients**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) after discharge for any condition, including a different condition than the reason for their original hospital admission. All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)
Calculation:	_**Numerator:**_ Number of adult inpatients who were readmitted to a hospital within 30 days of discharge from index hospitalization. (***If a patient has more than one readmission within 30 days of discharge from the index admission, only the first is considered as readmission)***. **Numerator Exclusion:** Presence of at least one of the following: • Readmission was for a planned procedure /treatment protocol • Transfer admission from acute care • Admission was for obstetric care, including labor and delivery ***(Primary or secondary code series O00-O9A, Pregnancy, childbirth and the puerperium Chapter)*** • _Psychiatric Patients._ (Refer to Mental Health Jawda Guidance) • Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms ***(C00-C96)***, In situ neoplasms ***(D00-D09), Z51.11*** Encounter for antineoplastic chemotherapy, & ***Z51.12*** Encounter for antineoplastic immunotherapy), **Z51.0 (**Encounter for antineoplastic radiation therapy) • Admission for palliative care (ICD-10-CM: Z51.5) _**Denominator:**_ Total number of adult inpatients (age 18 and older) discharged from a hospital during the reporting period. **Denominator Exclusion:** • Episodes with a discharge of death • Patients who were discharged/left against medical advice (AMA) • Patients who were transferred to another acute care facility during the index hospitalization • Records with an unavailable discharge date or time. • Readmissions within 30 days from the index discharge • Admission was for obstetric care, including labor and delivery ***(Primary or secondary code series O00-O9A, Pregnancy, childbirth and the puerperium Chapter)*** • _Psychiatric Patients._ (Refer to Mental Health Jawda Guidance) • Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms ***(C00-C96)***, In situ neoplasms ***(D00-D09), Z51.11*** Encounter for antineoplastic

	chemotherapy, & ***Z51.12*** Encounter for antineoplastic immunotherapy), **Z51.0 (**Encounter for antineoplastic radiation therapy) • Admission for palliative care (***Primary or secondary ICD-10-CM: Z51.5***) • Admission for rehabilitation (Refer to Post-Acute Rehab Jawda Guidance)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 adult discharges
International comparison if available	Health Quality Ontario 2023 MIPS Measure #479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups | MDinteractive
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital patient data source

Type: Quality Indicator   **Indicator Number:** QI030

KPI Description (title):	**Rate of Unexpected ICU Admissions Within 24 Hours of Surgical Procedure**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Rate of unplanned admissions to an ICU within 24 hours of a surgical procedure. An unplanned ICU admission *is defined* as an admission to ICU that was not planned, within twenty-four hours prior to ICU admission.
Calculation:	*Numerator:* Number of unplanned admissions from the denominator population within 24 hours of a surgical procedure to an intensive care unit (ICU). *Service codes*: 4, 5, 6, 7, 8, 27, 28, 31, 4-01, 4-02, 4-03, 17-07, 17-07-01, 17-07-02, 17-07-03 **Numerator Exclusions:** • Cases with emergency admissions to ICU (those who had not undergone a surgical procedure within 24 hours prior to the admission) • Cases admitted in ICU before surgery *Denominator:* All adult inpatients with surgical procedure done in **Operating Room by** the reporting facility during the reporting period. *Denominator guidance:* For multiple procedures done in the same operative session, count only once. For more than one surgical procedure in the same or separate inpatient encounters which are more than 24 hrs apart will be counted as separate procedures. **Denominator Exclusion:** Emergency/unplanned surgery within 24 hours of admission.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical patients
International comparison if available	• Vlayen A, Verelst S, Bekkering GE, Schrooten W, Hellings J, Claes N. Incidence and preventability of adverse events requiring intensive care admission: A systematic review. J Eval Clin Pract 2012;18:485-97 • Piercy M, Lau S, Loh E, Reid D, SantLAMAria J, Mackay P. Unplanned admission to the Intensive Care Unit in postoperative patients – An indicator of quality of anaesthetic care? Anaesth Intensive Care 2006;34:592-8 • Haller G, Myles PS, Wolfe R, Weeks AM, Stoelwinder J, McNeil J. Validity of unplanned admission to an Intensive Care Unit as a measure of patient safety in surgical patients. Anesthesiology 2005;103:1121-9 • Assessment of an unplanned admission to the intensive care unit as a global safety indicator in surgical patients. Anaesth Intensive Care. 2008 Mar;36(2):190-200. https://www.ncbi.nlm.nih.gov/pubmed/18361010 • http://www.biomedsearch.com/article/Unplanned-admission-to-Intensive-Care/188739789.html
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Hospital incident reports • Hospital ICU admission log

Type: Quality Indicator   **Indicator Number**: QI031

KPI Description (title):	**Rate of healthcare associated infection (HAI) Clostridium Difficile Infection (CDI) in all adult inpatients**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Rate of healthcare associated Clostridium Difficile Infection (CDI) that meet CDI definitions during the reporting period.
Criteria to define HAI) Clostridium Difficile Infection (CDI)	**_Numerator:_** Total number of adult 18 years and older who meets **_NSHN CDI_** definitions for healthcare-associated C. difficile infections (CDI) during the reporting period. **ICD 10 CODES (not limited to):** A04.71, A04.72 **_CDI Definitions:_** _both of the following criteria must be present:_ **_1. At least one of the following:_** a) Three or more liquid or watery stools above what is normal for the patient within a 24-hour period b) Presence of toxic mega colon (abnormal dilation of the large bowel, documented radiologically) **_AND_** **_2. At least one of the following diagnostic criteria:_** a) a stool sample yields a positive laboratory test result for C. difficile toxin A or B, or a toxin-producing C. difficile organism is identified from a stool sample b) pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathology examination of a biopsy specimen **_Numerator Inclusions_:** • All adult patients (=> 18 years old) • Patient admitted in hospital (Inpatients) • All Inpatient wards (Excluding Inpatient Rehabilitation Facilities and Inpatient Psychiatric Facilities) • Report all healthcare-associated infections where C. difficile, identified by a positive toxin result including toxin producing gene [PCR]), is the associated pathogen • Report each new CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs **_Numerator Exclusions_:** • Present on Admission (POA) • Positive Lab Tests results for collected specimens in an outpatient location • Positive Lab Tests results for collected specimens in an Inpatient Rehabilitation Facility and Inpatient Psychiatric Facility • Repeated infection for the same type during 14 days from Date of Event

	Denominator: Total number of adult (age 18 and older) inpatient days during the reporting period. (See glossary) **Denominator Exclusion**: • *Psychiatric Inpatients (*Refer to Mental Health Jawda Guidance) • *Post-acute rehabilitation (PAR) inpatients.*
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	Indicators are based on US CDC NHSN MDRO/CDI Module: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf Quality indicators, AHRQ, healthcare associated infections definitions are based on CDC/NHSN Surveillance Definitions for Specific Types of Infections https://www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosinfdef_current.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Lab test results of all specimen • Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. • Patient medical record.

Type: Quality Indicator   **Indicator Number**: QI032

KPI Description (title):	VAE (Ventilator associated event)
Domain	**Safety**
Indicator Type	**Outcome**
Definition	VAEs are identified by using a combination of objective criteria: • Deterioration in respiratory status after a period of stability or improvement on the ventilator, • Evidence of infection or inflammation, and • Laboratory evidence of respiratory infection. The VAE rate per 1000 ventilator days is calculated by dividing the number of VAEs by the number of ventilator days and multiplying the result by 1000 (ventilator days). *NOTE: patient must be mechanically ventilated for at least 4 calendar days to fulfill VAE criteria (where the day of intubation and initiation of mechanical ventilation is day 1). The earliest date of event for VAE (the date of onset of worsening oxygenation) is day 3 of mechanical ventilation.*
Population	All adult patients 18 years and above who are being cared for in the hospital are using a ventilator device.
Criteria to define VAE (Ventilator associated event)	*Numerator:* *Check one:* ***Specific Event:** □ VAC *Ventilator-Associated Condition ,* □ IVAC *Infection related Ventilator-Associated Complication* □ PVAP *Possible Ventilator Associated Pneumonia* ***Specify Criteria Used:** **STEP 1: VAC (≥1 REQUIRED)** At least one: □ Daily min FiO2 increase ≥ 0.20 (20 points) for ≥ 2 days† OR □ Daily min PEEP increase ≥ 3 cm H2O for ≥ 2 days† †after 2+ days of stable or decreasing daily minimum values. **STEP 2: IVAC** Both criteria: □ Temperature > 38°C or < 36° OR □ White blood cell count ≥ 12, 000 or ≤ 4, 000 cells/mm3 AND □ A new antimicrobial agent(s) is started, and is continued for ≥ 4 days **STEP 3: PVAP** One of the following criteria is met: □ *Criterion #1:* Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds, ‡ without requirement for purulent respiratory secretions: □ Endotracheal aspirate □ Lung tissue □ Broncho alveolar lavage □ Protected specimen brush *OR* □ *Criterion #2:* Purulent respiratory secretions‡ (defined as secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field [lpf, x100]) plus organism(s) identified from one of the following specimens (to include qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet criterion #1):‡ □ Sputum

	□ Endotracheal aspirate □ Lung tissue □ Broncho alveolar lavage □ Protected specimen brush OR □ **Criterion #3**: One of the following positive tests (as outlined in the protocol): ‡ □ Organism(s) identified from pleural fluid □ Diagnostic test for Legionella species □ Lung histopathology □ Diagnostic test for selected viral pathogens ‡collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO2 or PEEP. **ICD 10 CODES FOR VAP**: J95.850, J95.851, J95.859 **_Numerator Exclusion:_** If the date of the VAE (i.e., day 1 of the ≥ 2-day period of worsening oxygenation) occurs on the day of transfer/discharge or the next day, indicate the transferring /discharging facility, not the current facility of the patients in the comments box. This patient will be excluded from the numerator count of the hospital facility. For further information please see surveillance algorithm on page 18 of the VAE module: https://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf patients on high frequency ventilation or extracorporeal life support , Non-acute care locations in acute care facilities are not eligible to participate in VAE surveillance Do not report as VAE, if the date of event (date of onset of worsening oxygenation) is on or after the date of documentation that the patient is being supported for organ donation purposes. • Repeated infection for the same type during 14 days from Date of Event **_Denominator:_** Ventilator days: Number of patients managed with ventilator devices, are collected daily, at the same time each day. These daily counts are summed and only the total for the month is used. **Denominator Inclusion:** • All ventilator days are counted, including ventilator days for residents on mechanical ventilation for < 3 days. • Patients undergoing weaning from mechanical ventilation are included in ventilator day counts as long as the patient is receiving support from a mechanical ventilator and is eligible for VAE surveillance **Denominator Exclusion:** • _Burn cases_ (Refer to Burn Jawda Guidance) • All Long-term care (see glossary) and Post-acute Rehab patients (Refer to Long term care and PAR Jawda Guidance)
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 ventilator days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf https://www.cdc.gov/nhsn/inpatient-rehab/vae/index.html https://www.cdc.gov/nhsn/forms/57.112_VAE_BLANK.pdf
Desired Direction	Lower is better

Data Source	- Captured by infection control team - Patient's records - Lab reports - Hospital internal mortality and morbidity

Type: Quality Indicator   **Indicator Number:** QI034

KPI Description (title):	**Adult Postoperative Sepsis Rate**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Postoperative sepsis cases (secondary diagnosis) per 1,000 surgery discharges for patients more than 18 years of age at the time of discharge(inpatients)
Calculation:	*Numerator:* All adult patients who had surgical discharges in the reporting quarter and developed Sepsis within 30 days from the date of the surgical procedure. (In case of multiple procedures, count from the first procedure*)* **ICD-10 CM:** T81.44XA, T81.44XD, T81.44XS, A02.1, A22.7, A26.7, A32.7, A40.0, A40.1, A40.3, A40.8, A40.9, A41.01, A41.02, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.53, A41.59, A41.81, A41.89, A41.9, A42.7, A54.86, B37.7 *Denominator:* Total number of adult inpatient (more than 18 years) surgical discharges during the reporting period (for operating room procedures). *Service codes*: 20, 20-01, 20-02, 20-03 *Denominator Inclusion*: • *Admission for pregnancy, childbirth, and puerperium* **Denominator Exclusions**: • Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for **Sepsis** • *L*ong term care patients. (see glossary)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 surgical discharges
International comparison if available	PSI_13_Postoperative_Sepsis_Rate.pdf (ahrq.gov)
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Type: Quality Indicator   **Indicator Number:** QI035

KPI Description (title):	**All-cause mortality rate**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Rate of all-cause mortality for patients ages 18 years and older.
Calculation:	**_Numerator:_** Number of patients (18 years of age and older) in denominator who died during the hospital stay or within 30 days of the discharge date of the denominator cases. **_Denominator:_** _Number_ of all adult inpatient discharges (18 years and older) during the reporting period. **_Denominator Inclusions_**_:_ • All admissions (including, LTC, PAR, intensive care units) • Admissions resulting in a transfer to another acute care facility. • A transfer from another healthcare facility. **Denominator Exclusion:** • Left against medical advice • Dead on arrival • Patient admitted with brain death (Principal diagnosis: G93.82)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 discharges
International comparison if available	https://academic.oup.com/ijcoms/article/3/2/lyad010/7231468 Summary Hospital-level Mortality Indicator (SHMI) – Deaths associated with hospitalisation, England, July 2022 – June 2023: Background quality report (digital.nhs.uk)
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Hospital internal adverse event system and complication log • Based on list of discharged patients with specific ICD 10 Diagnosis • Patient medical record.

Type: Quality Indicator   **Indicator Number:** QI036

KPI Description (title):	**Rate of sentinel events (unexpected occurrence involving death or serious physical or psychological injury) within the facility premises**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	The rate of sentinel events. Sentinel events are unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof, which signal the need for immediate investigation and response.
Calculation:	*Numerator*: Count of all sentinel events that occur within the facility during the reporting period. *Numerator Inclusion*: Inpatient, Daycase, Emergency Department /Urgent care, Outpatient **Sentinel Events** are indicated in *Table 2: List of Reportable events that are considered a sentinel event* of **DOH Incident Reporting and Management Standard** *Denominator*: Count of all Reported medical or nonmedical Safety Incidentss (level 1-4) within the facility during the reporting period. **Safety Incidents:** An event, incident, or condition that could have resulted or did result in harm to a patient. A patient safety incident can be, but is not necessarily, the result of a defective system or process design, a system breakdown, equipment failure, or human error. **Safety Incidents** (Level 1-4) are indicated in *Table 1: Reported Safety Incidents* of **DOH Incident Reporting and Management Standard**
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 incident report
International comparison if available	**The Joint Commission** **DOH Incident Reporting and Management Standard**
Desired direction:	Less than 0.1 of the total incidents reported
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system - See provided guidance on reporting and categorization

Appendix –A   OPERATING ROOM PROCEDURE CODES

11000	11004	11005	11006	11008	11010	11011	11012	11042
11043	11044	11960	14301	14302	15150	15151	15155	15156
15200	15201	15220	15221	15240	15260	15261	15570	15572
15574	15576	15600	15610	15620	15630	15650	15731	15734
15736	15738	15740	15750	15756	15757	15758	15760	15770
15830	15840	15841	15842	15845	15920	15922	15931	15933
15934	15935	15936	15937	15940	15941	15944	15945	15946
15950	15951	15952	15953	15956	15958	15999	19020	19110
19120	19125	19126	19260	19271	19272	19296	19297	19298
19300	19301	19302	19303	19304	19305	19306	19307	19316
19318	19324	19325	19328	19330	19340	19342	19350	19355
19357	19361	19364	19366	19367	19368	19369	19370	19371
19380	19396	19499	20005	20100	20101	20102	20103	20150
20664	20696	20697	20802	20805	20808	20816	20822	20824
20827	20838	20900	20902	20910	20920	20922	20926	20930
20931	20936	20955	20956	20962	20999	21010	21025	21026
21029	21034	21040	21044	21045	21046	21047	21048	21049
21050	21060	21070	21100	21110	21120	21121	21122	21123
21125	21127	21137	21138	21139	21141	21142	21143	21145
21146	21147	21150	21151	21154	21155	21159	21160	21172
21175	21179	21180	21181	21182	21183	21184	21188	21193
21194	21195	21196	21198	21199	21206	21208	21209	21215
21230	21235	21240	21242	21243	21244	21245	21246	21247
21248	21249	21255	21256	21260	21261	21263	21267	21268
21270	21275	21295	21296	21299	21343	21344	21346	21347
21348	21355	21356	21360	21365	21366	21385	21386	21387
21390	21395	21406	21407	21408	21422	21423	21432	21433
21435	21436	21445	21454	21461	21462	21465	21470	21490
21499	21501	21502	21510	21600	21610	21615	21616	21620
21630	21632	21685	21700	21705	21720	21725	21740	21742
21743	21750	21825	21899	22010	22015	22100	22101	22102
22103	22110	22112	22114	22116	22206	22207	22208	22210
22212	22214	22216	22220	22222	22224	22226	22315	22318
22319	22325	22326	22327	22328	22526	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	22842	22843
22844	22845	22846	22847	22848	22849	22850	22852	22855
22856	22857	22861	22862	22864	22865	22899	22999	23000
23020	23030	23031	23035	23040	23044	23101	23105	23106
23107	23120	23125	23130	23140	23145	23146	23150	23155
23156	23170	23172	23174	23180	23182	23184	23190	23195
23200	23210	23220	23395	23397	23400	23405	23406	23410

23412	23415	23420	23430	23440	23450	23455	23460	23462
23465	23466	23470	23472	23480	23485	23490	23491	23515
23530	23532	23550	23552	23585	23615	23616	23630	23660
23670	23680	23800	23802	23900	23920	23921	23929	23935
24000	24006	24075	24076	24077	24102	24105	24110	24115
24116	24120	24125	24126	24130	24134	24136	24138	24140
24145	24149	24150	24152	24155	24201	24301	24305	24310
24320	24330	24331	24332	24340	24341	24342	24343	24344
24345	24346	24358	24359	24360	24361	24362	24363	24365
24366	24400	24410	24420	24430	24435	24495	24498	24515
24516	24538	24545	24546	24566	24575	24579	24582	24586
24587	24615	24635	24665	24666	24685	24800	24802	24900
24920	24925	24930	24931	24935	24940	24999	25000	25001
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25078	25085	25101	25105	25107	25110	25111	25112	25115
25116	25118	25119	25120	25125	25126	25130	25135	25136
25145	25150	25151	25170	25210	25215	25230	25240	25248
25260	25263	25265	25270	25272	25274	25275	25280	25290
25295	25300	25301	25310	25312	25315	25316	25320	25332
25335	25337	25350	25355	25360	25365	25370	25375	25390
25391	25392	25393	25394	25400	25405	25415	25420	25425
25426	25430	25431	25440	25441	25442	25443	25444	25445
25446	25447	25449	25450	25455	25490	25491	25492	25515
25525	25526	25545	25574	25575	25607	25608	25609	25628
25645	25652	25670	25676	25685	25695	25900	25905	25907
25909	25915	25920	25922	25924	25927	25929	25931	26117
26350	26352	26356	26357	26358	26370	26372	26373	26390
26392	26410	26412	26415	26418	26420	26426	26428	26433
26434	26437	26440	26442	26445	26449	26450	26455	26460
26471	26474	26476	26477	26478	26479	26480	26483	26485
26489	26490	26492	26494	26496	26497	26498	26499	26500
26502	26510	26520	26525	26530	26531	26535	26536	26540
26541	26542	26545	26546	26548	26550	26551	26553	26554
26555	26556	26560	26561	26562	26565	26567	26568	26580
26587	26590	26591	26593	26596	26615	26650	26665	26676
26685	26686	26706	26715	26727	26735	26746	26765	26776
26785	26910	26951	26952	26989	26990	26991	26992	27000
27001	27005	27006	27025	27027	27030	27033	27035	27036
27047	27048	27049	27054	27057	27060	27062	27065	27066
27067	27070	27071	27075	27076	27077	27078	27080	27086
27087	27097	27098	27100	27105	27110	27111	27120	27122
27125	27130	27132	27134	27137	27138	27140	27146	27147
27151	27156	27158	27161	27165	27170	27176	27177	27179
27181	27185	27187	27202	27215	27217	27218	27226	27227

27228	27236	27244	27245	27248	27253	27254	27258	27259
27269	27280	27282	27284	27286	27290	27295	27299	27301
27303	27305	27307	27310	27327	27328	27329	27331	27332
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27357	27358	27360	27365	27372	27380	27381	27385	27386
27390	27391	27392	27393	27394	27395	27396	27397	27400
27403	27405	27407	27409	27412	27415	27416	27418	27420
27422	27424	27425	27427	27428	27429	27430	27435	27437
27438	27440	27441	27442	27443	27445	27446	27447	27448
27450	27454	27455	27457	27465	27466	27468	27470	27472
27475	27477	27479	27485	27486	27487	27488	27495	27496
27497	27498	27499	27506	27507	27509	27511	27513	27514
27519	27524	27535	27536	27540	27556	27557	27558	27566
27580	27590	27591	27592	27594	27596	27598	27599	27600
27601	27602	27603	27604	27605	27606	27607	27610	27612
27615	27618	27619	27620	27625	27626	27630	27635	27637
27638	27640	27641	27645	27646	27647	27650	27652	27654
27656	27658	27659	27664	27665	27675	27676	27680	27681
27685	27686	27687	27695	27696	27698	27700	27702	27703
27705	27707	27709	27712	27715	27720	27722	27724	27725
27726	27727	27730	27732	27734	27740	27742	27745	27756
27758	27759	27766	27769	27784	27792	27814	27822	27823
27826	27827	27828	27829	27832	27846	27848	27880	27881
27882	27884	27886	27888	27889	27892	27893	27894	27899
28002	28003	28420	28445	28446	28800	28805	29806	29807
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29828	29834	29835	29837	29838	29844	29845	29846	29847
29850	29851	29855	29862	29866	29867	29868	29871	29873
29874	29875	29876	29877	29879	29880	29881	29882	29883
29884	29885	29886	29887	29888	29889	29999	31300	31360
31365	31367	31368	31370	31375	31380	31382	31390	31395
31400	31420	31580	31587	31590	31595	31599	31750	31755
31760	31766	31770	31775	31780	31781	31785	31786	31800
31805	31820	31825	31899	32035	32036	32100	32110	32120
32124	32140	32141	32150	32151	32160	32200	32215	32220
32225	32310	32320	32440	32442	32445	32480	32482	32484
32486	32488	32491	32501	32503	32504	32540	32650	32651
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32663	32664	32665	32800	32810	32815	32820	32900	32905
32906	32940	32999	33020	33025	33030	33031	33050	33120
33130	33140	33141	33250	33251	33254	33255	33256	33257
33258	33259	33261	33265	33266	33300	33305	33310	33315
33320	33321	33322	33330	33335	33404	33405	33406	33410
33411	33412	33413	33414	33415	33416	33417	33422	33425

33426	33427	33430	33460	33463	33464	33465	33468	33474
33475	33476	33478	33496	33500	33501	33502	33503	33504
33505	33506	33507	33510	33511	33512	33513	33514	33516
33517	33518	33519	33521	33522	33523	33530	33533	33534
33535	33536	33542	33545	33548	33572	33600	33602	33606
33608	33610	33611	33612	33615	33617	33619	33620	33622
33641	33645	33647	33660	33665	33670	33675	33676	33677
33681	33684	33688	33690	33692	33694	33697	33702	33710
33720	33722	33724	33726	33730	33732	33735	33736	33737
33750	33755	33762	33764	33766	33767	33768	33770	33771
33774	33775	33776	33777	33778	33779	33780	33781	33782
33783	33786	33788	33800	33802	33803	33813	33814	33820
33822	33824	33840	33845	33851	33852	33853	33860	33863
33864	33870	33875	33877	33880	33881	33883	33884	33886
33889	33891	33910	33915	33916	33917	33920	33922	33925
33926	33999	34001	34051	34101	34111	34151	34201	34203
34401	34421	34451	34471	34490	34501	34502	34510	34520
34530	34808	34812	34813	34820	34830	34831	34832	34833
34834	35001	35002	35005	35011	35013	35021	35022	35045
35081	35082	35091	35092	35102	35103	35111	35112	35121
35122	35131	35132	35141	35142	35151	35152	35180	35182
35184	35188	35189	35190	35201	35206	35207	35211	35216
35221	35226	35231	35236	35241	35246	35251	35256	35261
35266	35271	35276	35281	35286	35301	35302	35303	35304
35305	35306	35311	35321	35331	35341	35351	35355	35361
35363	35371	35372	35390	35501	35506	35508	35509	35510
35511	35512	35515	35516	35518	35521	35522	35523	35525
35526	35531	35533	35535	35536	35537	35538	35539	35540
35556	35558	35560	35563	35565	35566	35570	35571	35583
35585	35587	35601	35606	35612	35616	35621	35623	35626
35631	35632	35633	35634	35636	35637	35638	35642	35645
35646	35647	35650	35654	35656	35661	35663	35665	35666
35671	35681	35682	35683	35691	35693	35694	35695	35697
35700	35701	35721	35741	35761	35800	35820	35840	35860
35870	35875	35876	35879	35881	35883	35884	35901	35903
35905	35907	36475	36478	36838	37140	37145	37160	37180
37181	37215	37216	37220	37221	37222	37223	37224	37225
37226	37227	37228	37229	37230	37231	37232	37233	37234
37235	37500	37565	37600	37605	37606	37607	37615	37616
37617	37618	37650	37660	37700	37718	37722	37735	37760
37765	37766	37780	37788	37790	37799	38100	38101	38102
38115	38120	38129	38305	38308	38380	38381	38382	38542
38550	38555	38562	38564	38570	38571	38572	38589	38700
38720	38724	38740	38745	38746	38747	38760	38765	38770

38780	38999	39000	39010	39200	39220	39499	39501	39503
39540	39541	39545	39560	39561	39599	40500	40510	40520
40525	40527	40530	40650	40652	40654	40700	40701	40702
40720	40761	40800	40801	40804	40805	40810	40812	40814
40816	40818	40819	40820	40830	40840	40842	40843	40844
40845	40899	41000	41005	41006	41007	41008	41009	41016
41017	41018	41110	41112	41113	41114	41116	41120	41130
41135	41140	41145	41150	41153	41155	41500	41599	41806
41820	41821	41822	41823	41825	41826	41827	41828	41830
41850	42104	42106	42107	42120	42140	42145	42160	42200
42205	42210	42215	42220	42225	42226	42227	42235	42260
42299	42300	42305	42320	42330	42335	42340	42408	42409
42410	42415	42420	42425	42426	42440	42450	42500	42505
42507	42509	42510	42550	42665	42699	42700	42720	42725
42808	42809	42810	42815	42821	42826	42831	42836	42842
42844	42845	42870	42890	42892	42894	42900	42950	42953
42955	42960	42961	42962	42972	42999	43020	43030	43045
43100	43101	43107	43108	43112	43113	43116	43117	43118
43121	43122	43123	43124	43130	43135	43279	43280	43281
43282	43289	43300	43305	43310	43312	43313	43314	43320
43325	43327	43328	43330	43331	43332	43333	43334	43335
43336	43337	43340	43341	43351	43352	43360	43361	43400
43401	43405	43410	43415	43420	43425	43496	43500	43501
43502	43510	43520	43605	43610	43611	43620	43621	43622
43631	43632	43633	43634	43635	43640	43641	43644	43645
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43886	43887	43888	43999	44005	44010	44020	44021	44025
44050	44055	44110	44111	44120	44121	44125	44126	44127
44130	44139	44140	44141	44143	44144	44145	44146	44147
44150	44151	44155	44156	44157	44158	44160	44180	44187
44188	44202	44203	44204	44205	44206	44207	44208	44210
44211	44212	44213	44227	44238	44310	44312	44314	44316
44320	44322	44340	44345	44346	44602	44603	44604	44605
44615	44620	44625	44626	44640	44650	44660	44661	44680
44700	44799	44800	44820	44850	44899	44900	44950	44955
44960	44970	44979	45000	45005	45020	45108	45110	45111
45112	45113	45114	45116	45119	45120	45121	45123	45126
45130	45135	45136	45150	45160	45190	45395	45397	45400
45402	45499	45505	45540	45541	45550	45560	45562	45563
45800	45805	45820	45825	45999	46040	46045	46060	46700
46705	46706	46710	46712	46715	46716	46730	46735	46740
46742	46744	46746	46748	46750	46751	46753	46760	46761

46762	46940	46942	46947	46999	47010	47015	47120	47122
47125	47130	47300	47350	47360	47361	47362	47370	47371
47379	47380	47381	47399	47400	47420	47425	47460	47480
47490	47550	47562	47563	47564	47570	47579	47600	47605
47610	47612	47620	47700	47711	47712	47715	47720	47721
47740	47741	47760	47765	47780	47785	47800	47802	47900
47999	48000	48020	48100	48105	48120	48140	48145	48146
48148	48150	48152	48153	48154	48155	48160	48500	48510
48520	48540	48545	48547	48548	48999	49000	49002	49010
49020	49040	49060	49062	49203	49204	49205	49215	49220
49250	49255	49321	49322	49323	49324	49325	49329	49402
49418	49419	49421	49422	49425	49426	49505	49507	49520
49521	49525	49540	49550	49553	49555	49557	49560	49561
49565	49566	49568	49570	49572	49580	49582	49585	49587
49590	49600	49605	49606	49610	49611	49650	49651	49652
49653	49654	49655	49656	49657	49659	49900	49904	49905
49906	49999	50010	50020	50045	50060	50065	50070	50075
50100	50120	50125	50130	50135	50205	50220	50225	50230
50234	50236	50240	50250	50280	50290	50389	50391	50400
50405	50500	50520	50525	50526	50540	50541	50542	50543
50544	50545	50546	50548	50549	50610	50620	50630	50650
50660	50700	50715	50722	50725	50727	50728	50740	50750
50760	50770	50780	50782	50783	50785	50800	50810	50815
50820	50825	50830	50840	50845	50860	50900	50920	50930
50940	50945	50947	50948	50949	51020	51030	51040	51045
51050	51060	51065	51080	51500	51520	51525	51530	51535
51550	51555	51565	51570	51575	51580	51585	51590	51595
51596	51597	51800	51820	51840	51841	51845	51860	51865
51880	51900	51920	51925	51940	51960	51980	51990	51992
51999	52234	52235	52240	52341	52342	52343	52344	52345
52346	52354	52355	52500	52601	52630	52640	52647	52648
52649	52700	53000	53010	53040	53080	53085	53210	53215
53220	53230	53235	53240	53250	53260	53265	53400	53405
53410	53415	53420	53425	53430	53431	53440	53442	53444
53445	53446	53447	53448	53449	53450	53460	53500	53502
53505	53510	53515	53520	53665	53852	53899	54015	54110
54111	54112	54115	54120	54125	54130	54135	54300	54304
54308	54312	54316	54318	54322	54324	54326	54328	54332
54336	54340	54344	54348	54352	54360	54380	54385	54390
54420	54430	54435	54440	54520	54522	54530	54535	54550
54560	54600	54620	54640	54650	54660	54670	54680	54690
54692	54699	54840	54860	54861	54900	54901	55040	55041
55060	55100	55110	55120	55150	55175	55180	55200	55530
55535	55540	55550	55600	55605	55650	55680	55720	55725

55801	55810	55812	55815	55821	55831	55840	55842	55845
55862	55865	55866	55873	55876	55899	55970	55980	56405
56420	56440	56620	56625	56630	56631	56632	56633	56634
56637	56640	56740	56800	56805	56810	57000	57010	57065
57106	57107	57109	57110	57111	57112	57120	57130	57135
57155	57200	57210	57220	57230	57240	57250	57260	57265
57267	57268	57270	57280	57282	57283	57284	57285	57288
57289	57291	57292	57295	57296	57300	57305	57307	57308
57310	57311	57320	57330	57335	57423	57425	57530	57531
57540	57545	57550	57555	57556	57720	58140	58145	58146
58150	58152	58180	58200	58210	58240	58260	58262	58263
58267	58270	58275	58280	58285	58290	58291	58292	58293
58294	58353	58356	58400	58410	58520	58540	58541	58542
58543	58544	58545	58546	58548	58550	58552	58553	58554
58570	58571	58572	58573	58578	58579	58600	58660	58661
58662	58670	58671	58672	58673	58679	58700	58720	58740
58750	58752	58760	58770	58800	58805	58820	58822	58825
58920	58925	58940	58943	58950	58951	58952	58953	58954
58956	58957	58958	58960	59120	59121	59130	59135	59136
59140	59150	59151	59350	59510	59514	59515	59618	59620
59622	60200	60210	60212	60220	60225	60240	60252	60254
60260	60270	60271	60280	60281	60500	60502	60505	60512
60520	60521	60522	60540	60545	60600	60605	60650	60659
60699	61304	61305	61312	61313	61314	61315	61320	61321
61322	61323	61330	61332	61333	61340	61343	61345	61450
61458	61460	61480	61500	61501	61510	61512	61514	61516
61518	61519	61520	61521	61522	61524	61526	61530	61531
61533	61534	61535	61536	61537	61538	61539	61540	61541
61543	61544	61545	61546	61548	61550	61552	61556	61557
61558	61559	61563	61564	61566	61567	61570	61571	61575
61576	61580	61581	61582	61583	61584	61585	61586	61590
61591	61592	61595	61596	61597	61598	61600	61601	61605
61606	61607	61608	61613	61615	61616	61618	61619	61680
61682	61684	61686	61690	61692	61697	61698	61700	61702
61703	61705	61708	61710	61711	61860	61870	61880	61885
61886	61888	62000	62005	62010	62100	62115	62117	62120
62121	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
63700	63702	63704	63706	63707	63709	63710	64575	64702
64704	64708	64712	64713	64714	64722	64726	64727	64802
64804	64809	64818	64821	64831	64834	64835	64836	64840
64856	64857	64858	64861	64862	64864	64865	64866	64868
64885	64886	64890	64891	64892	64893	64895	64896	64897
64898	64905	64907	69511	69530	69601	69602	69603	69604
69605	69610	69631	69632	69633	69635	69636	69637	69642
69644	69645	69646	69801					

Appendix –B   Malignancy ICD 10 CODES

C00.0	C25.3	C44.222	C51.0	C71.4	C81.21	C82.68	C84.45	C90.30
C00.1	C25.4	C44.229	C51.1	C71.5	C81.22	C82.69	C84.46	C90.31
C00.2	C25.7	C44.291	C51.2	C71.6	C81.23	C82.80	C84.47	C90.32
C00.3	C25.8	C44.292	C51.8	C71.7	C81.24	C82.81	C84.48	C91.00
C00.4	C25.9	C44.299	C51.9	C71.8	C81.25	C82.82	C84.49	C91.01
C00.5	C26.0	C44.300	C52	C71.9	C81.26	C82.83	C84.60	C91.02
C00.6	C26.1	C44.301	C53.0	C72.0	C81.27	C82.84	C84.61	C91.10
C00.8	C26.9	C44.309	C53.1	C72.1	C81.28	C82.85	C84.62	C91.11
C00.9	C30.0	C44.310	C53.8	C72.20	C81.29	C82.86	C84.63	C91.12
C01	C30.1	C44.311	C53.9	C72.21	C81.30	C82.87	C84.64	C91.30
C02.0	C31.0	C44.319	C54.0	C72.22	C81.31	C82.88	C84.65	C91.31
C02.1	C31.1	C44.320	C54.1	C72.30	C81.32	C82.89	C84.66	C91.32
C02.2	C31.2	C44.321	C54.2	C72.31	C81.33	C82.90	C84.67	C91.40
C02.3	C31.3	C44.329	C54.3	C72.32	C81.34	C82.91	C84.68	C91.41
C02.4	C31.8	C44.390	C54.8	C72.40	C81.35	C82.92	C84.69	C91.42
C02.8	C31.9	C44.391	C54.9	C72.41	C81.36	C82.93	C84.70	C91.50
C02.9	C32.0	C44.399	C55	C72.42	C81.37	C82.94	C84.71	C91.51
C03.0	C32.1	C44.40	C56.1	C72.50	C81.38	C82.95	C84.72	C91.52
C03.1	C32.2	C44.41	C56.2	C72.59	C81.39	C82.96	C84.73	C91.60
C03.9	C32.3	C44.42	C56.9	C72.9	C81.40	C82.97	C84.74	C91.61
C04.0	C32.8	C44.49	C57.00	C73	C81.41	C82.98	C84.75	C91.62
C04.1	C32.9	C44.500	C57.01	C74.00	C81.42	C82.99	C84.76	C91.90
C04.8	C33	C44.501	C57.02	C74.01	C81.43	C83.00	C84.77	C91.91
C04.9	C34.00	C44.509	C57.10	C74.02	C81.44	C83.01	C84.78	C91.92
C05.0	C34.01	C44.510	C57.11	C74.10	C81.45	C83.02	C84.79	C91.A0
C05.1	C34.02	C44.511	C57.12	C74.11	C81.46	C83.03	C84.90	C91.A1
C05.2	C34.10	C44.519	C57.20	C74.12	C81.47	C83.04	C84.91	C91.A2
C05.8	C34.11	C44.520	C57.21	C74.90	C81.48	C83.05	C84.92	C91.Z0
C05.9	C34.12	C44.521	C57.22	C74.91	C81.49	C83.06	C84.93	C91.Z1
C06.0	C34.2	C44.529	C57.3	C74.92	C81.70	C83.07	C84.94	C91.Z2
C06.1	C34.30	C44.590	C57.4	C75.0	C81.71	C83.08	C84.95	C92.00
C06.2	C34.31	C44.591	C57.7	C75.1	C81.72	C83.09	C84.96	C92.01
C06.80	C34.32	C44.599	C57.8	C75.2	C81.73	C83.10	C84.97	C92.02
C06.89	C34.80	C44.601	C57.9	C75.3	C81.74	C83.11	C84.98	C92.10
C06.9	C34.81	C44.602	C58	C75.4	C81.75	C83.12	C84.99	C92.11
C07	C34.82	C44.609	C60.0	C75.5	C81.76	C83.13	C84.A0	C92.12
C08.0	C34.90	C44.611	C60.1	C75.8	C81.77	C83.14	C84.A1	C92.20
C08.1	C34.91	C44.612	C60.2	C75.9	C81.78	C83.15	C84.A2	C92.21
C08.9	C34.92	C44.619	C60.8	C76.0	C81.79	C83.16	C84.A3	C92.22
C09.0	C37	C44.621	C60.9	C76.1	C81.90	C83.17	C84.A4	C92.30
C09.1	C38.0	C44.622	C61	C76.2	C81.91	C83.18	C84.A5	C92.31
C09.8	C38.1	C44.629	C62.00	C76.3	C81.92	C83.19	C84.A6	C92.32
C09.9	C38.2	C44.691	C62.01	C76.40	C81.93	C83.30	C84.A7	C92.40
C10.0	C38.3	C44.692	C62.02	C76.41	C81.94	C83.31	C84.A8	C92.41
C10.1	C38.4	C44.699	C62.10	C76.42	C81.95	C83.32	C84.A9	C92.42

C10.2	C38.8	C44.701	C62.11	C76.50	C81.96	C83.33	C84.Z0	C92.50
C10.3	C39.0	C44.702	C62.12	C76.51	C81.97	C83.34	C84.Z1	C92.51
C10.4	C39.9	C44.709	C62.90	C76.52	C81.98	C83.35	C84.Z2	C92.52
C10.8	C40.00	C44.711	C62.91	C76.8	C81.99	C83.36	C84.Z3	C92.60
C10.9	C40.01	C44.712	C62.92	C77.0	C82.00	C83.37	C84.Z4	C92.61
C11.0	C40.02	C44.719	C63.00	C77.1	C82.01	C83.38	C84.Z5	C92.62
C11.1	C40.10	C44.721	C63.01	C77.2	C82.02	C83.39	C84.Z6	C92.90
C11.2	C40.11	C44.722	C63.02	C77.3	C82.03	C83.50	C84.Z7	C92.91
C11.3	C40.12	C44.729	C63.10	C77.4	C82.04	C83.51	C84.Z8	C92.92
C11.8	C40.20	C44.791	C63.11	C77.5	C82.05	C83.52	C84.Z9	C92.A0
C11.9	C40.21	C44.792	C63.12	C77.8	C82.06	C83.53	C85.10	C92.A1
C12	C40.22	C44.799	C63.2	C77.9	C82.07	C83.54	C85.11	C92.A2
C13.0	C40.30	C44.80	C63.7	C78.00	C82.08	C83.55	C85.12	C92.Z0
C13.1	C40.31	C44.81	C63.8	C78.01	C82.09	C83.56	C85.13	C92.Z1
C13.2	C40.32	C44.82	C63.9	C78.02	C82.10	C83.57	C85.14	C92.Z2
C13.8	C40.80	C44.89	C64.1	C78.1	C82.11	C83.58	C85.15	C93.00
C13.9	C40.81	C44.90	C64.2	C78.2	C82.12	C83.59	C85.16	C93.01
C14.0	C40.82	C44.91	C64.9	C78.30	C82.13	C83.70	C85.17	C93.02
C14.2	C40.90	C44.92	C65.1	C78.39	C82.14	C83.71	C85.18	C93.10
C14.8	C40.91	C44.99	C65.2	C78.4	C82.15	C83.72	C85.19	C93.11
C15.3	C40.92	C45.0	C65.9	C78.5	C82.16	C83.73	C85.20	C93.12
C15.4	C41.0	C45.1	C66.1	C78.6	C82.17	C83.74	C85.21	C93.30
C15.5	C41.1	C45.2	C66.2	C78.7	C82.18	C83.75	C85.22	C93.31
C15.8	C41.2	C45.7	C66.9	C78.80	C82.19	C83.76	C85.23	C93.32
C15.9	C41.3	C45.9	C67.0	C78.89	C82.20	C83.77	C85.24	C93.90
C16.0	C41.4	C46.0	C67.1	C79.00	C82.21	C83.78	C85.25	C93.91
C16.1	C41.9	C46.1	C67.2	C79.01	C82.22	C83.79	C85.26	C93.92
C16.2	C43.0	C46.2	C67.3	C79.02	C82.23	C83.80	C85.27	C93.Z0
C16.3	C43.10	C46.3	C67.4	C79.10	C82.24	C83.81	C85.28	C93.Z1
C16.4	C43.11	C46.4	C67.5	C79.11	C82.25	C83.82	C85.29	C93.Z2
C16.5	C43.12	C46.50	C67.6	C79.19	C82.26	C83.83	C85.80	C94.00
C16.6	C43.20	C46.51	C67.7	C79.2	C82.27	C83.84	C85.81	C94.01
C16.8	C43.21	C46.52	C67.8	C79.31	C82.28	C83.85	C85.82	C94.02
C16.9	C43.22	C46.7	C67.9	C79.32	C82.29	C83.86	C85.83	C94.20
C17.0	C43.30	C46.9	C68.0	C79.40	C82.30	C83.87	C85.84	C94.21
C17.1	C43.31	C47.0	C68.1	C79.49	C82.31	C83.88	C85.85	C94.22
C17.2	C43.39	C47.10	C68.8	C79.51	C82.32	C83.89	C85.86	C94.30
C17.3	C43.4	C47.11	C68.9	C79.52	C82.33	C83.90	C85.87	C94.31
C17.8	C43.51	C47.12	C69.00	C79.60	C82.34	C83.91	C85.88	C94.32
C17.9	C43.52	C47.20	C69.01	C79.61	C82.35	C83.92	C85.89	C94.40
C18.0	C43.59	C47.21	C69.02	C79.62	C82.36	C83.93	C85.90	C94.41
C18.1	C43.60	C47.22	C69.10	C79.70	C82.37	C83.94	C85.91	C94.42
C18.2	C43.61	C47.3	C69.11	C79.71	C82.38	C83.95	C85.92	C94.6
C18.3	C43.62	C47.4	C69.12	C79.72	C82.39	C83.96	C85.93	C94.80
C18.4	C43.70	C47.5	C69.20	C79.81	C82.40	C83.97	C85.94	C94.81
C18.5	C43.71	C47.6	C69.21	C79.82	C82.41	C83.98	C85.95	C94.82

C18.6	C43.72	C47.8	C69.22	C79.89	C82.42	C83.99	C85.96	C95.00
C18.7	C43.8	C47.9	C69.30	C79.9	C82.43	C84.00	C85.97	C95.01
C18.8	C43.9	C48.0	C69.31	C80.0	C82.44	C84.01	C85.98	C95.02
C18.9	C44.00	C48.1	C69.32	C80.1	C82.45	C84.02	C85.99	C95.10
C19	C44.01	C48.2	C69.40	C80.2	C82.46	C84.03	C86.0	C95.11
C20	C44.02	C48.8	C69.41	C81.00	C82.47	C84.04	C86.1	C95.12
C21.0	C44.09	C49.0	C69.42	C81.01	C82.48	C84.05	C86.2	C95.90
C21.1	C44.101	C49.10	C69.50	C81.02	C82.49	C84.06	C86.3	C95.91
C21.2	C44.102	C49.11	C69.51	C81.03	C82.50	C84.07	C86.4	C95.92
C21.8	C44.109	C49.12	C69.52	C81.04	C82.51	C84.08	C86.5	C96.0
C22.0	C44.111	C49.20	C69.60	C81.05	C82.52	C84.09	C86.6	C96.20
C22.1	C44.112	C49.21	C69.61	C81.06	C82.53	C84.10	C88.0	C96.21
C22.2	C44.119	C49.22	C69.62	C81.07	C82.54	C84.11	C88.2	C96.22
C22.3	C44.121	C49.3	C69.80	C81.08	C82.55	C84.12	C88.3	C96.29
C22.4	C44.122	C49.4	C69.81	C81.09	C82.56	C84.13	C88.4	C96.4
C22.7	C44.129	C49.5	C69.82	C81.10	C82.57	C84.14	C88.8	C96.5
C22.8	C44.191	C49.6	C69.90	C81.11	C82.58	C84.15	C88.9	C96.6
C22.9	C44.192	C49.8	C69.91	C81.12	C82.59	C84.16	C90.00	C96.9
C23	C44.199	C49.9	C69.92	C81.13	C82.60	C84.17	C90.01	C96.A
C24.0	C44.201	C49.A0	C70.0	C81.14	C82.61	C84.18	C90.02	C96.Z
C24.1	C44.202	C49.A1	C70.1	C81.15	C82.62	C84.19	C90.10	
C24.8	C44.209	C49.A2	C70.9	C81.16	C82.63	C84.40	C90.11	
C24.9	C44.211	C49.A3	C71.0	C81.17	C82.64	C84.41	C90.12	
C25.0	C44.212	C49.A4	C71.1	C81.18	C82.65	C84.42	C90.20	
C25.1	C44.219	C49.A5	C71.2	C81.19	C82.66	C84.43	C90.21	
C25.2	C44.221	C49.A9	C71.3	C81.20	C82.67	C84.44	C90.22	

Appendix –C Specific Sites of an Organ/Space SSI

Code	Site	Code	Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or ventriculitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity (mouth, tongue, or gums)
DISC	Disc space	OREP	Other infections of the male or female reproductive tract
EAR	Ear, mastoid	PJI	Periprosthetic Joint Infection
EMET	Endometritis	SA	Spinal abscess without meningitis
ENDO	Endocarditis	SINU	Sinusitis
GIT	GI tract	UR	Upper respiratory tract
IAB	Intraabdominal, not specified	USI	Urinary System Infection
IC	Intracranial, brain abscess or dura	VASC	Arterial or venous infection
JNT	Joint or Bursa	VCUF	Vaginal cuff
LUNG	Other infections of the lower respiratory tract		

Summary of Changes 2025 V8

KPI #	Changes
Glossarys	**Added Glossary in page 9**
QI001, QI003	Retired. Replaced with QI036
QI002	• Added codes for numerator as well as denominator
QI004	• Added codes for numerator as well as denominator • Added: Denominator Inclusion: Inpatient • Denominator Exclusion: Revised

QI005	• Revised Denominator definition: Total number of adult (18 years and older) surgical discharges during the reporting period (for operating room procedures).
	• Added Service codes: 20, 20-01, 20-02, 20-03
	• Added Denominator Inclusion: Inpatient
	• Added in Numerator the "proximal" vessel for DVT. As per the updated AHRQ guidelines
	• Added in Denominator Exclusion:
	  • where a procedure for pulmonary arterial or dialysis access thrombectomy occurs before or on the same day as the first operating room procedure
	  • where the only operating room procedure(s) is for pulmonary arterial or dialysis access thrombectomy
	  • with any ICD-10-CM diagnosis code present on admission for acute brain or spinal injury
	  • with any listed procedure code for extracorporeal membrane oxygenation (ECMO)
	  • All Long-term care patients. (see glossary)
	  • Patients who received treatment as an inpatient for burns injury (any degree). (Refer to Burn Jawda Guidance)
	  • Admission for pregnancy, childbirth, and puerperium (ICD-10 codes: O00.00 - O9A.53)

QI006	• Revised Denominator definition: "inpatient days" (See glossary)
	  • Denominator Exclusion: Healthy newborn (See glossary)
	  • Daycase
	  • Burn cases (Refer to Burn Jawda Guidance)
	  • Psychiatric Patients. (Refer to Mental Health Jawda Guidance)

QI007-QI010, QI014, QI015, QI028, QI029	• Denominator Inclusion: Inpatient (See glossary) • Updated few codes along with old codes

QI011-QI012	• Revised Denominator: Total number of inpatient days during the reporting period.
	• Added denominator exclusion:
	  • **Healthy newborn (See glossary)**
	  • **Daycase**
	  • **All Long-term care and Post-acute Rehab patients**
	  • *Psychiatric Patients.* (Refer to Mental Health Jawda Guidance)s

QI012	• Added denominator exclusion: *Psychiatric Patients.* (Refer to Mental Health Jawda Guidance)s • Revised or rephrased the Numerator definition and title
QI013	• Updated the Press Injury Stage guidance • Updated 2021 codes for pressure injuries • Revised Denominator definition: "adult (age 18 and older) inpatient days" • Revised or rephrase the Numerator definition.

	• Removed numerator exclusion: Daycare
	• Revised Denominator Exclusions:
	   • Daycase (See glossary)
	   • Burn cases (Refer to Burn Jawda Guidance)
	   • Psychiatric Patients. (Refer to Mental Health Jawda Guidance)
	   • All Long-term care and Post-acute Rehab patients

QI014	• Revised or rephrase the numerator and definitioin. • Rephrase the denominator "inpatient"
QI015	• Removed "Planned Readmissions" in denominator exclusion • Added codes in denominator exclusions: Appendectomy for cancer cases, Pheochromocytome, Operation where appendectomy is part of a larger procedure • Rephrase the numerator and definition • Rephrase the denominator "inpatient"

QI016	• Revised bacterial count: ≥10^5 CFU/ml
	• Added in Numerator: *ICD-10 CM codes (not limited to): T83.511A, T83.511D, T83.511S, T83.518A, T83.518D, T83.518S*
	• Duplicated under Numerator: *Transfer Rule: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location)*
	• Revised Denominator Exclusions:
	   • Daycase (see glossary)
	   • Burn cases (Refer to Burn Jawda Guidance)
	   • Psychiatric Patients. (Refer to Mental Health Jawda Guidance)
	   • All Long-term care and Post-acute Rehab patients (see glossary)

QI017	• Duplicated under Numerator: Transfer Rule: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location)
	• Added Denominator inclusion:
	   • Temporary central line: A non-tunneled, non- implanted catheter.
	   • Permanent central line: Includes
	   • Tunneled catheters, including certain dialysis catheters
	   • Implanted catheters (including ports)
	• Revised Denominator Exclusions:
	   • Daycase (see glossary)
	   • Burn cases (Refer to Burn Jawda Guidance)
	   • Psychiatric Patients. (Refer to Mental Health Jawda Guidance)
	   • All Long-term care and Post-acute Rehab patients (see glossary)

QI018	• Added in Numerator: *ICD-10 CM codes (not limited to): T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS* • Added: *Denominator Inclusion: Inpatient*
QI027, QI028	• Added CPT code**:** (47562, 47563, 47564, 47570, 47579, 47600, 47605, 47610, 47612, 47620) • *Added: Denominator Inclusion: Inpatient* • *Added: Denominator Exclusion: Daycase* • *Revised the Numerator and Definition.*

QI029	• Revised Numerator Exclusion:
	   • Principal diagnosis of malignancy (Refer Appendix- B) or treatment of oncology (ICD-10-CM: Z51.0, Z51.11, Z51.12)
	   • Psychiatric Patients. (Refer to Mental Health Jawda Guidance)

	• A Denominator Exclusion Guidance have been revised as "Admission for patients who were transferred to another acute care facility during the index hospitalization" instead of "Readmission" • A Denominator Exclusion Guidance have been revised as "Admission for rehabilitation (CPT codes: 97001 - 97755)" instead of "Principal diagnosis of rehabilitation" • Added and update codes wherever applicable

QI030	• Revised KPI definition words from "An unplanned ICU admission *is defined* as an admission to ICU that was not planned more than twenty-four hours in advance of admission to the ICU." to "An unplanned ICU admission *is defined* as an admission to ICU that was not planned, within twenty-four hours prior to ICU admission."
	• Added service codes for ICU in numerator. Service codes: 4, 27, 4-01, 4-02, 4-03
	• Added numerator exclusions: Cases with emergency admissions to ICU (those who had not undergone a surgical procedure within 24 hours prior to the admission)
	• Revised denominator: ***Denominator:*** All inpatients with surgical procedure done in Operating Room by the reporting facility during the reporting period.
	    • Denominator guidance: For multiple procedures done in the same operative session, count only once. For more than one surgical procedure in the same or separate inpatient encounters which are more than 24 hrs apart will be counted as separate procedures.
	    • Unit of measure: "patients"
	    • Added Denominator exclusions: Emergency/unplanned surgery within 24 hours of admission.

QI031	• Revised Denominator: Total number of adult (age 18 and older) inpatient days during the reporting period. (See glossary)
	• Denominator Exclusion:
	    • Daycase (See glossary)
	    • Psychiatric Patients (Refer to Mental Health Jawda Guidance)

QI032	• Added codes for numerator
	• Added in Denominator Exclusions:
	    • Burn cases (Refer to Burn Jawda Guidance)
	    • All Long-term care (see glossary) and Post-acute Rehab patients (Refer to Longtermcare and PAR Jawda Guidance)

QI033	• Removed from QI KPIs and moved to Pediatric KPIs
QI034-QI036	• Added 3 KPIs • QI034-Revised the title, definition, numerator and denominators. • QI036-Aligned with patient safety indicators.
Appendix	• Revised Appendix A to Malignancy Codes • Revised the Domain and indicator types based on IOM domain site

Summary of Changes V8.1

KPI #	Changes
QI002	• Rephrased **numerator**: severe, life threatening, death-causing allergic reaction/ Anaphylactic / Anaphylactoid reactions • **Numerator:** Removed codes for subsequent and sequela • Rephrased **Denominator:** Total number of units or aliquoted units (e.g. in neonates) transfused during the reporting period.
QI009	• **Numerator**: added O99.5- + Pneumonia infection ICD codes
QI010	• **Numerator**: added O23 series + UTI infection ICD codes, if applicable
QI011	• **Denominator Exclusion:** Removed ICD-10 codes Z37.1, Z37.3, Z37.4, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7 • Removed **Denominator Inclusion**
QI013	• Numerator: added unspecified stage of pressure ulcers and the ICD-10 codes.

Summary of Changes V8.2

KPI #	Changes

Glossary	Added example of inpatient bed days starting date and time as well as time to readmission.
	
	Added the following definition:
	
	PATIENT LEFT AGAINST MEDICAL ADVICE *is synonymous with the below:*
	    o *Discharge Against Medical Advice*
	    o *Against Medical Advice*
	    o *Absent Without Leave*
	    o *Missing Without Leave*

QI005	Service codes have been replaced by CPT procedure codes
QI007	Denominator exclusion added: Hernia procedure undertaken as part of the management of another condition.
QI027	Codes added to numerator to be aligned with other SSI KPIS *:* *ICD 10 CODES FOR SSI (but not limited to): T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS*
QI035	Added denominator exclusion: Patient admitted with brain death (Principal diagnosis: G93.82)
Appendices	Appendix A is added for operating room procedure codes Appendix B includes malignancy codes Appendix C includes specific sites of an organ / space SSI

Summary of Changes V8.3

KPI #	Changes
QI029	o *Numerator exclusion: Readmission with the following admittance status:* o *Removed Elective and added numerator exclusion to all readmission KPIs.* *Presence of at least one of the following:* • *Readmission was for a planned procedure /treatment protocol* • *Transfer admission from acute care*
QI035	For denominator exclusion: Replace the second bullet with dead on arrival (DOA)