



دائرة الصحة
DEPARTMENT OF HEALTH

Orthopedic Surgery Service Jawda Guidance

Version 4.2

Orthopedic Surgery Service JAWDA Performance Indicators

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Orthopedic Surgery Service JAWDA Performance Indicators

Executive Summary

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

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

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

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@DoH.gov.ae

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

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About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Orthopedic Surgery (OS) performance indicators. Department of Health (DoH) with consultation of local and international Orthopedic surgeon professionals has developed Orthopedic surgery performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period.

The Orthopedic indicators in this guidance include measures to monitor morbidity and mortality in patients undergoing Orthopedic surgeries i.e., (surgical site infections for selected measures, readmission to operating room and hospitals, patient safety, emergency visits, and use of blood). Orthopedic surgeons are the most qualified professionals to develop and evaluate quality of care measures for patients with musculoskeletal conditions. Therefore, it is crucial that Orthopedic surgeons retain a leadership position in defining quality of Orthopedic care.

Who is this guidance for?

All DoH licensed healthcare facilities providing Orthopedic services in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Orthopedic surgery quality performance indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to jawda@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH Policy for Quality and Patient Safety issued January 15th 2017, this guidance applies to all DOH Licensed 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*

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.*

Orthopedic Surgery Service JAWDA Performance Indicators

Orthopedic Surgery Quality Indicators

Type: Quality Indicator

Number: OS001

KPI Description (title):	Surgical site infection (SSI) for Knee Arthroplasty surgery procedure
Domain	Safety
Indicator Type	Outcome
Definition:	Percentage of inpatients meeting CDC NHSN SSI infection criteria within 90 days of Knee arthroplasty procedure.
Calculation and criteria to define SSI	<p><u>Numerator:</u> Count total number of surgical site infections detected ≤90 days of the knee arthroplasty procedures.</p> <p>ICD CODES: T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS.</p> <p><i>Surgical Site Infection Criteria:</i></p> <p><i>Deep Incisional, or Organ/Space SSI:</i> Date of event occurs ≤90 days following the operative procedure (where day 1 = the procedure date)</p> <p>AND involves deep soft tissues of the incision (for example, fascial and muscle layers)</p> <p>AND patient has at least one of the following:</p> <ul style="list-style-type: none"> a) purulent drainage from the deep incision b) a deep incision that is deliberately opened or aspirated by a surgeon, physician* or physician designee or spontaneously dehisces AND organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment or culture or nonculture based microbiologic testing method is not performed. A culture or non-culture-based test from the deep soft tissues of the incision that has a negative finding does not meet this criterion. AND patient. has at least one of the following signs or symptoms: fever (>38°C); localized pain or tenderness c) an abscess or other evidence of infection involving the deep incision detected on gross anatomical exam, histopathologic exam, or imaging test. <p><u>Organ/Space SSI</u> Infection occurs within 90 days after the operative procedure (where day 1 = the procedure date)</p> <p>AND</p> <p>Infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure,</p> <p>AND</p>

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	<p>Patient has at least one of the following:</p> <ol style="list-style-type: none"> purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage) organisms are identified from an aseptically obtained fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathology exam, or imaging test evidence suggestive of infection, <p>AND</p> <p>meets at least one criterion for a specific organ/space infection site listed in Chapter 17, Surveillance Definitions for Specific Types of Infections</p> <p><u>Denominator:</u> Count total number inpatient knee arthroplasty procedures during the reporting period.</p> <p><i>Guidance:</i> Count separately</p> <ol style="list-style-type: none"> Elective/planned Urgent/unplanned/emergency <p><u>Denominator Inclusion:</u></p> <ol style="list-style-type: none"> Primary knee arthroplasty Revised knee arthroplasty Knee arthroplasty with prosthesis. Knee arthroplasty without prosthesis. <p>Knee Arthroplasty surgery CPT codes: 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	(%) percentage of SSI per 100 Knee arthroplasty procedure
International comparison if available	2024 NHSN Patient Safety Component Manual (cdc.gov)
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. Patient's records Hospital internal mortality and morbidity

Orthopedic Surgery Service JAWDA Performance Indicators

Type: Quality Indicator

Number: OS002

KPI Description (title):	Surgical site infection (SSI) for Hip Arthroplasty procedure
Domain	Safety
Indicator Type	Outcome
Definition:	Percentage of inpatients meeting CDC NHSN SSI infection criteria within 90 days of Hip arthroplasty procedure.
Calculation and criteria to define SSI	<p>Numerator: Count total number of surgical site infections detected within 90 days of the hip arthroplasty procedure.</p> <p>ICD CODES: T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS</p> <p>The 90-day timeframe: The date the patient exits the OR is POD1, the next calendar day is POD2, etc.</p> <p>Surgical Site Infection Criteria: Deep Incisional, or Organ/Space SSI: Date of event occurs ≤90 days following the operative procedure (where day 1 = the procedure date) 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 is deliberately opened or aspirated by a surgeon, physician* or physician designee or spontaneously dehisces AND organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment or culture or nonculture based microbiologic testing method is not performed. A culture or non-culture-based test from the deep soft tissues of the incision that has a negative finding does not meet this criterion. AND patient has at least one of the following signs or symptoms: fever (>38°C) localized pain or tenderness. c) an abscess or other evidence of infection involving the deep incision detected on gross anatomical exam, histopathologic exam, or imaging test.</p> <p>Organ/Space SSI Infection occurs within 90 days after the operative procedure (where day 1 = the procedure date) 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:</p>

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	<p>a) purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage)</p> <p>b) organisms are identified from an aseptically-obtained fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method</p> <p>c) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathology exam, or imaging test evidence suggestive of infection,</p> <p>AND</p> <p>meets at least one criterion for a specific organ/space infection site listed in Chapter 17, Surveillance Definitions for Specific Types of Infections</p> <p><u>Denominator:</u> Count total number of inpatient hip arthroplasty procedures during the reporting period</p> <p><u>Guidance:</u> Count separately</p> <p>a) Elective/planned</p> <p>b) Urgent/unplanned/emergency</p> <p><u>Denominator Inclusion:</u></p> <ol style="list-style-type: none"> 1. Primary hip arthroplasty 2. Revised hip arthroplasty. 3. Hip arthroplasty with prosthesis. 4. Hip arthroplasty without prosthesis. <p>Hip Arthroplasty procedure CPT codes: 27125, 27130, 27132, 27134, 27137, 27138, 27236.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	(%) percentage of SSI per 100 hip arthroplasty procedure
International comparison if available	2024 NHSN Patient Safety Component Manual (cdc.gov)
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation • Patient's records • Hospital internal mortality and morbidity

Orthopedic Surgery Service JAWDA Performance Indicators

Type: Quality Indicator

Number: OS003

KPI Description (title):	All-Cause 30-Day Readmission for Planned Knee Arthroplasty
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of unplanned emergency readmission for adult inpatients (18 years) and over undergoing a planned Knee arthroplasty within 30 days of discharge.
Calculation:	<p><u>Numerator:</u> Total number of adult inpatients (18+) with unplanned readmission to any healthcare facility within 30 days of being discharged from hospital for having a planned Knee arthroplasty procedure.</p> <p><u>Numerator guidance:</u> If a patient has multiple readmissions within 30 days of index discharge, only the first is considered as readmission count for numerator.</p> <p><u>Denominator:</u> Total number of discharged adult inpatients with planned Knee arthroplasty surgery during the reporting period.</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> • Primary knee arthroplasty. • Revised knee arthroplasty. • Knee arthroplasty with prosthesis. • Knee arthroplasty without prosthesis. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Patients who are discharged against medical advice. • Patients having a planned knee arthroplasty procedure during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death. • Records with an invalid discharge date or time. • Readmissions within 30 days from the index discharge. <p>Knee Arthroplasty surgery CPT codes: 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487.</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharged adult patients with planned knee arthroplasty
International comparison if available	AHRQ , American Association Academy of Orthopedic Surgeons , UCLA Health
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

Orthopedic Surgery Service JAWDA Performance Indicators

Type: Quality Indicator

Number: OS004

KPI Description (title):	All-Cause 30-Day Readmission for Planned Hip Arthroplasty.
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of unplanned emergency readmission for adult patients 18 years and over undergoing a planned hip arthroplasty within 30 days of discharge.
Calculation:	<p><u>Numerator:</u> Total number of adult inpatients (18+) with unplanned readmission to any healthcare facility within 30 days of being discharged from hospital for having a planned hip arthroplasty procedure.</p> <p><u>Numerator guidance:</u> If a patient has multiple readmissions within 30 days of index discharge, only the first is considered as readmission count for numerator.</p> <p><u>Denominator:</u> Total number of discharged adult inpatients with planned Hip arthroplasty surgery during the reporting period.</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> • Primary hip arthroplasty. • Revised hip arthroplasty. • Hip arthroplasty with prosthesis. • Hip arthroplasty without prosthesis. <p>Hip Arthroplasty procedure CPT codes: 27125, 27130, 27132, 27134, 27137, 27138, 27236</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Patients who are discharged against medical advice • Patients having a planned hip arthroplasty procedure during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Records with an invalid discharge date or time. • Readmissions within 30 days from the index discharge.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharged adult patients with planned hip arthroplasty
International comparison if available	AHRQ , American Association Academy of Orthopedic Surgeons , UCLA Health
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

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Type: Quality Indicator

Number: OS005

KPI Description (title):	All-Cause 30-Day Readmission for selected Orthopedic surgery admission
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of all-cause 30-day readmission within 30 days of Orthopedic surgery discharge
Calculation:	<p><u>Numerator:</u> Total number of adult inpatients (18+) with unplanned readmission to any healthcare facility within 30 days of being discharged from hospital for having orthopedic surgery procedure.</p> <p><u>Numerator guidance:</u> If a patient has multiple readmissions within 30 days of index discharge, only the first is considered as readmission count for numerator.</p> <p><u>Denominator:</u> Total number of discharged adult (18+) inpatients with planned Orthopedic procedure during the reporting period (<i>See Appendix –A Selected Orthopedic Procedure Code</i>)</p> <p><u>Guidance:</u> Count separately</p> <ul style="list-style-type: none"> a) Elective/planned Hip Surgeries b) Elective/planned Knee Surgeries c) Elective/planned other selected orthopedic surgeries <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Patients who are discharged against medical advice • Patients having a planned any of <i>selected orthopedic procedure in the Appendix –A</i> during the index hospitalization and subsequently transferred to another acute care facility. • Exclude the cases of Planned Knee arthroplasty surgery. • Exclude the cases of Planned Hip arthroplasty surgery (27125, 27130, 27132, 27134, 27137, 27138, 27236). • Episodes with a discharge of death. • Records with an invalid discharge date or time. • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 selected discharged patients with planned Orthopedic Surgery
International comparison if available	AHRQ , American Association Academy of Orthopedic Surgeons , UCLA Health
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

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Type: Quality Indicator

Number: OS006

KPI Description (title):	Unplanned return to operating room within 30 days of all elective Orthopedic procedure
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of return to operating room within 30 days of the elective orthopedic procedure.
Calculation:	<p><u>Numerator:</u> Total number of adult inpatients (18+) who had unplanned return to operating room within 30 days of all elective orthopedic procedure.</p> <p>The 30-day timeframe: The date the patient exits the OR is POD0, etc.</p> <p><u>Numerator exclusions:</u></p> <ul style="list-style-type: none"> Planned subsequent operative procedure (in the same encounter or separate encounter) among cases with clear documentation preoperatively of a staged procedure. <p><u>Denominator:</u> Total number of discharged adult (18+) inpatients with elective planned Orthopedic procedure during the reporting period (See Appendix –A Selected Orthopedic Procedure Code).</p> <p><u>Guidance:</u> Count separately</p> <ol style="list-style-type: none"> Elective/planned Hip Surgeries Elective/planned Knee Surgeries Elective/planned other selected orthopedic surgeries <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> Patients who are discharged against medical advice. Patients having a planned any of <i>selected orthopedic procedure in the Appendix –A</i> during the index hospitalization and subsequently transferred to another acute care facility. Urgent or Emergent index procedure.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 adult patients undergoing elective orthopedic procedure
International comparison if available	AHRQ , American Association Academy of Orthopedic Surgeons , UCLA Health https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/surgery/final-report.pdf
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> Hospital internal adverse event and incident reporting system Mortality and morbidity record Hospital patient data and record

Orthopedic Surgery Service JAWDA Performance Indicators

Type: Quality Indicator

Number: OS007

KPI Description (title):	Emergency room visit within 30 days of planned all elective orthopedic procedure
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of emergency room visit within 30 days of being discharge from hospital for having a planned Orthopedic surgery.
Calculation:	<p><u>Numerator:</u> Total number of adult inpatients (18+) with emergency visit within 30 days of being discharged from hospital for having a planned orthopedic surgery.</p> <p>The 30-day timeframe: Discharge Day is day 0</p> <p><u>Denominator:</u> Total number of discharged adult (18+) inpatients with elective planned Orthopedic procedure during the reporting period (See Appendix –A Selected Orthopedic Procedure Code).</p> <p><u>Guidance:</u> Count separately</p> <ul style="list-style-type: none"> a) Elective/planned Hip Surgeries b) Elective/planned Knee Surgeries c) Elective/planned other selected orthopedic surgeries <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Patients who are discharged against medical advice. • Patients having a planned any of <i>selected orthopedic procedure in the Appendix –A</i> during the index hospitalization and subsequently transferred to another acute care facility. • Urgent or Emergent index procedure.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharged adult patients with emergency visits
International comparison if available	AHRQ , American Association Academy of Orthopedic Surgeons , UCLA Health
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

Orthopedic Surgery Service JAWDA Performance Indicators

Type: Quality Indicator

Number: OS008

KPI Description (title):	Mortality within 90 days of all elective Orthopedic procedure
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of all mortality within 90 days of elective Orthopedic procedure.
Calculation:	<p><u>Numerator:</u> Total number of deaths among adults (18+) during the inpatient hospital stay or within 90 days of the discharge date of the denominator cases</p> <p><u>Denominator:</u> Total number of discharged adult (18+) inpatients with elective planned Orthopedic procedure during the reporting period (<i>See Appendix –A Selected Orthopedic Procedure Code</i>).</p> <p><u>Guidance:</u> Count separately</p> <ul style="list-style-type: none"> a) Elective/planned Hip Surgeries b) Elective/planned Knee Surgeries c) Elective/planned other selected orthopedic surgeries
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 deaths among adult elective Orthopedic procedure.
International comparison if available	<p>AHRQ, American Association Academy of Orthopedic Surgeons, UCLA Health</p> <p>90-Day all-cause mortality can be predicted following a total knee replacement: an international, network study to develop and validate a prediction model - PMC (nih.gov)</p>
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

Orthopedic Surgery Service JAWDA Performance Indicators

Type: Quality Indicator

Number: OS009

KPI Description (title):	Blood transfusion within 7 days of all elective Orthopedic procedure
Domain	Safe
Indicator Type	Outcome
Definition:	Rate of blood transfusion within 7 days of elective Orthopedic procedure.
Calculation:	<p><u>Numerator:</u> Total number of adult inpatients (18 and older) having blood transfusion within 7 days of elective Orthopedic procedure.</p> <p>The 7-day timeframe: The date the patient exits the OR is POD0, etc. Report transfusions which take place from the time the patient exits the OR (POD0) through and including POD7</p> <p><u>Numerator guidance:</u> If a patient has multiple blood transfusions within 7 days of elective Orthopedic procedure, only the first is considered as blood transfusion count for numerator.</p> <p><i>Blood Transfusion CPT codes: 36455, 36430</i></p> <ul style="list-style-type: none"> • Report transfusion of packed red blood cells (PRBC's) only. • Do not report transfusion of other blood products. <p><u>Denominator:</u> Total number of adult (18+) inpatients with elective/planned Orthopedic procedure during the reporting period (<i>See Selected Orthopedic Procedure Codes Appendix A</i>).</p> <p><i>Guidance: Count separately</i></p> <ol style="list-style-type: none"> Elective/planned Hip Surgeries Elective/planned Knee Surgeries Elective/planned other selected orthopedic surgeries <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Revision hip surgery (<i>CPT codes: 27134, 27137, 27138</i>) • Sarcoma surgery • Hip or trauma surgery in obese patients <i>ICD-10 CM codes:</i> E66.01, E66.09, E66.1, E66.2, E66.8, E66.9 • Trauma surgery in patients with significant initial blood loss.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 planned Orthopedic surgery procedure having blood transfusion
International comparison if available	AHRQ, American Association Academy of Orthopedic Surgeons, UCLA Health 10. Massive Bleeding Protocols – The Transfusion Service Perspective The International Society of Blood Transfusion (ISBT)
Desired Direction	Lower is better
Notes for all providers	
Data Source	<ul style="list-style-type: none"> • Hospital internal adverse event and incident reporting system • Mortality and morbidity record • Hospital patient data and record

Orthopedic Surgery Service JAWDA Performance Indicators

Appendix-A (Selected Orthopedic Procedure Code)

Procedure Name	CPT Code
JOINTS	
<i>Hip Arthroplasty</i>	27125, 27130, 27132, 27134, 27137, 27138, 27236
<i>Knee Arthroplasty</i>	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
<i>Shoulder Replacement</i>	23470, 23472, 23473, 23474
SPINE	
<i>Spinal Fusion</i>	22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812
FRACTURE SURGERY	
<i>Hip</i>	27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27238, 27240, 27244, 27246, 27248, 27254, 27258, 27259, 27267, 27268, 27269
<i>Lower Extremity</i>	27506, 27507, 27509, 27511, 27513, 27514, 27519, 27524, 27535, 27536, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27767, 27768, 27769, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828
SPORTS	
<i>Shoulder Arthroscopy</i>	29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
<i>Knee Arthroscopy</i>	29866, 29867, 29868, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
ONCOLOGY	
<i>Soft Tissue Tumor</i>	21013, 21014, 21554, 21556, 21932, 21933, 22900, 22901, 23073, 23076, 24073, 24076, 25073, 25076, 26113, 26116, 27045, 27048, 27328, 27339, 27619, 27634, 28041, 28045
<i>Curettage of Bone</i>	21030, 21040, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125, 25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27355, 27356, 27357, 27358, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108
<i>Radical Resection of Bone</i>	21045, 21630, 21632, 23200, 23210, 23220, 24150, 24152, 25115, 25116, 25170, 26145, 26250, 26260, 26262, 27075, 27076, 27077, 27078, 27365, 27645, 27646, 27647, 28062, 28171, 28173, 28175
HAND	
<i>Carpal Tunnel Release</i>	64721, 29848, 20526, 64708, 25290, 25115
<i>Trigger Finger</i>	26055, 26145, 26440
FOOT & ANKLE	
<i>Hammertoe</i>	28285, 28043, 64632
<i>Bunionectomy</i>	28292, 28291, 28295, 28296, 28297, 28298, 28299

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References

1. [Definition of an NHSN Operative Procedure](#)
2. [Surgical Site Infection \(SSI\) Even](#)
3. NHSN Operative Procedure Category Mappings to ICD-10-PCS and CPT Codes.
(www.cdc.gov/nhsn/xls/cpt-pcm-nhsn.xlsx/)

Summary of Changes 2025 V4

KPI #	Changes
Glossary	Added Glossary in page 5
ALL KPIs	Rephrased all Denominator to Inpatient populations Revised Domains and Indicator Types
OS001	<ul style="list-style-type: none"> • Revised Titles • Revised denominator: Count total number knee arthroplasty procedures during the reporting period. <ul style="list-style-type: none"> ○ <i>Denominator Inclusion:</i> ○ <i>Primary knee arthroplasty</i> ○ <i>Revised knee arthroplasty</i> ○ <i>Knee arthroplasty with prosthesis.</i> ○ <i>Knee arthroplasty without prosthesis.</i> • <i>Updated NHSN reference</i> • <i>Added Guidance: Count separately</i> <i>Elective/planned</i> <i>Urgent/unplanned/emergency</i>
OS002	<p>Revised denominator: <i>Denominator: Count total number of all patients who had surgery for any of the following hip arthroplasty procedure during the reporting period.</i></p> <ul style="list-style-type: none"> • <i>Denominator Inclusion:</i> • <i>Primary hip arthroplasty</i> • <i>Revised hip arthroplasty.</i> • <i>Hip arthroplasty with prosthesis.</i> • <i>Hip arthroplasty without prosthesis.</i> • <i>Updated NHSN reference</i> <p>Added Guidance: Count separately</p> <ul style="list-style-type: none"> • <i>Elective/planned</i> • <i>Urgent/unplanned/emergency</i>
OS003	<ul style="list-style-type: none"> • Revised Titles • Revised denominator: Count total number knee arthroplasty procedures during the reporting period. <ul style="list-style-type: none"> ○ <i>Denominator Inclusion:</i> ○ <i>Primary knee arthroplasty</i> ○ <i>Revised knee arthroplasty</i> ○ <i>Knee arthroplasty with prosthesis.</i> ○ <i>Knee arthroplasty without prosthesis.</i> • <i>Updated NHSN reference</i>
OS004	<p>Revised denominator: <i>Denominator: Count total number of all patients who had surgery for any of the following hip arthroplasty procedure during the reporting period.</i></p> <ul style="list-style-type: none"> • <i>Denominator Inclusion:</i> • <i>Primary hip arthroplasty</i> • <i>Revised hip arthroplasty.</i> • <i>Hip arthroplasty with prosthesis.</i>

Orthopedic Surgery Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> <i>Hip arthroplasty without prosthesis.</i> <i>Updated NHSN reference</i>
OS005-OS009	<i>Added Guidance: Count separately</i> <i>a) Elective/planned Hip Surgeries</i> <i>b) Elective/planned Knee Surgeries</i> <i>c) Elective/planned other selected orthopedic surgeries</i>
OS006	<ul style="list-style-type: none"> Added numerator timeframe: The 30-day timeframe: The date the patient exits the OR is POD0 <i>Added elective Orthopedic procedures on the title</i>
OS007	<ul style="list-style-type: none"> Added numerator timeframe: The 30-day timeframe: Discharge Day is day 0
OS008	<ul style="list-style-type: none"> Revised in Numerator: <i>Total number of deaths among adults (18+) during the hospital stay or within 90 days of the discharge date of the denominator cases</i>
OS009	<ul style="list-style-type: none"> Added elective Orthopedic procedures on the title Added Numerator details: <ul style="list-style-type: none"> The 7-day timeframe: The date the patient exits the OR is POD0, etc. Report transfusions which take place from the time the patient exits the OR (POD0) through and including POD7 Numerator guidance: If a patient has multiple blood transfusions within 6 days of elective Orthopedic procedure, only the first is considered as blood transfusion count for numerator. Blood Transfusion CPT codes: 36455, 36430 Report transfusion of packed red blood cells (PRBC's) only. Do not report transfusion of other blood products.
Appendix A	<ul style="list-style-type: none"> Refined format and codes

Summary of Changes V4.1

KPI #	Changes
OS002, OS004, Appendix A	Added CPT code: 27236

Summary of Changes V4.2

KPI #	Changes
OS005	Added codes-Exclude the cases of Planned Hip arthroplasty surgery (27125, 27130, 27132, 27134, 27137, 27138, 27236).
OS006	<p>Removed from: Denominator exclusion- Cases with clear documentation preoperatively of a staged procedure or planned subsequent operative encounter</p> <p>Added in the: Numerator Exclusion- Planned subsequent operative procedure (in the same encounter or separate encounter) among cases with clear documentation preoperatively of a staged procedure</p>