



دائرة الصحة
DEPARTMENT OF HEALTH

Pediatric Health Service Jawda Guidance

Version 5.2

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Executive Summary

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

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

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

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

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

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

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About this Guidance

The guidance sets out the definitions and reporting frequency of Jawda Pediatric Healthcare performance indicators (PED). The Department of Health (DoH), in consultation with local pediatrics healthcare expertise has developed Pediatric Healthcare performance indicators (PED) that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period.

The Jawda KPIs in this guidance include measures to monitor morbidity in pediatric patients receiving pediatrics healthcare services.

Who is this guidance for?

All DoH licensed healthcare facilities providing acute healthcare services to the pediatric population inclusive of infants and neonates in the Emirate of Abu Dhabi.

How do I follow this guidance?

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

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DOH Licensed Hospitals providing pediatric health services in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED001

KPI Description (title):	30-Day All-Cause Unplanned Hospital Readmission Rate for Pediatric Patients
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of unplanned readmissions for pediatric inpatients (Less than 18 years) 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:	<p><u>Numerator:</u> Number of pediatric inpatients who were readmitted to an acute care hospital including children's hospital within 30 days of discharge from index hospitalization. (If a patient has more than one readmission <i>within 30 days</i> of discharge from the index admission, only the first is considered as readmission).</p> <p><u>Numerator exclusions:</u> Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Readmission was for a planned procedure /treatment protocol • Readmission with the following admittance status: <ul style="list-style-type: none"> ○ Elective ○ Transfer admission from acute care • Admission was for obstetric care, including labor and delivery (Primary or secondary code series 000-09A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (ICD-10 CM codes F01-F99 series) • Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms (C00-C96), In situ neoplasms (D00-D09), Z51.11 Encounter for antineoplastic chemotherapy, & Z51.12 Encounter for antineoplastic immunotherapy), Z51.0 (Encounter for antineoplastic radiation therapy) • Admission for palliative care (Primary or secondary ICD-10-CM: Z51.5) <p><u>Denominator</u> Total number of pediatric inpatients (less than 18 years of age at the date of discharge) discharged from a hospital during the reporting period</p> <p><u>Denominator exclusions:</u></p> <ul style="list-style-type: none"> • The patient was 18 years old or older at the time of discharge. • Neonates (zero to twenty-eight days inclusive) • Episodes with a discharge of death • Patients who were discharged/left against medical advice (AMA) • Patients who were transferred to another acute care facility during the index hospitalization • Records with an unavailable discharge date or time. • Readmissions within 30 days from the index discharge

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	<ul style="list-style-type: none"> • Admission was for obstetric care, including labor and delivery (Primary or secondary code series 000-09A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (ICD-10 CM codes F01-F99 series) • Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms (C00-C96), In situ neoplasms (D00-D09), Z51.11 Encounter for antineoplastic chemotherapy, & Z51.12 Encounter for antineoplastic immunotherapy), Z51.0 (Encounter for antineoplastic radiation therapy) • Admission for palliative care (Primary or secondary ICD-10-CM: Z51.5) • Admission with documentation that treatment suggestion was not followed by the patient (i.e. refusal of tracheostomy or BiPAP) (Z91.19 Patient's non-compliance with other medical treatment and regimen)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 pediatric discharges (All-cause)
International comparison if available	Center of Excellence for Pediatric Quality Measurement (CEPQM) https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/measures/acute/chipra-0129-fullreport.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Hospital patient data source • Patient's records (Malaffi data extraction within DOH)

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED002

KPI Description (title):	Pediatric 30-Day Lower Respiratory Infection (LRI) Readmission Rate
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of unplanned readmissions for pediatric inpatients (Less than 18 years) after discharge from index hospitalization for lower respiratory infection. All related and unrelated readmissions should be included (please indicate whether each readmission is related or unrelated in the notes section)
Calculation:	<p><u>Numerator</u> Number of pediatric inpatients less than 18 years of age with unplanned Readmission to an acute care hospital within 30 days of discharge from index hospitalization for LRI. (If a patient has more than one unplanned admissions <i>within 30 days</i> of discharge from the index admission, only the first is considered as readmission).</p> <p><u>Numerator Exclusions</u> Presence of at least one of the following:</p> <ul style="list-style-type: none"> Readmission with the following admittance status: <ul style="list-style-type: none"> Elective procedure/treatment protocol Transfer admission from acute care. Admission was for obstetric care, including labor and delivery (Primary or secondary code series 000-09A, Pregnancy, childbirth and the puerperium Chapter) Admission with a principal diagnosis of mental illness (ICD-10 CM codes F01-F99 series) Admission with a principal diagnosis or treatment of malignancy or status of chemotherapy (Malignant neoplasms (C00-C96), In situ neoplasms (D00-D09), Z51.11 Encounter for antineoplastic chemotherapy, & Z51.12 Encounter for antineoplastic immunotherapy), Z51.0 (Encounter for antineoplastic radiation therapy) Admission for palliative care (Primary or secondary ICD-10-CM: Z51.5) <p><u>Denominator</u> Total number of pediatric inpatients less than 18 years of age at the date of discharge from acute care hospital with a principal discharge diagnosis of bronchiolitis, influenza, or community-acquired pneumonia (CAP) or secondary diagnosis code for one of these LRIs plus a principal ICD-10-CM diagnosis code for asthma, respiratory failure, or sepsis/bacteremia during the reporting period.</p> <p>ICD-10 CM codes: J21.0, J21.1, J21.8, J21.9, J09.X1, J09.X2, J10.00, J10.01, J10.08, J10.1, J11.00, J11.08, J11.1, J12.0, J12.1, J12.2, J12.3, J12.81, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.2, J18.8, J18.9, A01.03, A02.22, A21.2, A22.1, A24.1, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, 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, R78.81, A41.9, A42.0, A43.0, A54.84, B01.2, B05.2,</p>

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	<p>B06.81, B25.0, B37.1, B38.0, B38.1, B38.2, B39.0, B39.1, B39.2, B44.0, B44.1, B58.3, B59, B77.81, U07.1</p> <p>Asthma: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998.</p> <p>Respiratory Failure: J96.00, J96.01, J96.02, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92.</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • The patient was 18 years old or older at the time of discharge. • Neonates (zero to twenty-eight days inclusive) • Episodes with a discharge of death • Patients who were discharged/left against medical advice (AMA) • Patients having a principal diagnosis of LRI or secondary diagnosis of LRI plus a principal ICD-10-CM diagnosis code for asthma, respiratory failure, or sepsis/bacteremia during the index hospitalization and subsequently transferred to another acute care facility. • Records with an unavailable discharge date or time. • Readmissions within 30 days from the index discharge • Admission was for obstetric care, including labor and delivery (Primary or secondary code series 000-09A, Pregnancy, childbirth and the puerperium Chapter) • Admission with a principal diagnosis of mental illness (F01-F99 series) <ul style="list-style-type: none"> • 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 with documentation that treatment suggestion was not followed by the patient (i.e. refusal of tracheostomy or BiPAP) (Z91.19 Patient's non-compliance with other medical treatment and regimen)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 LRI discharges
International comparison if available	Center of Excellence for Pediatric Quality Measurement (CEPQM) https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/measures/acute/chipra-131-fullreport.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	Hospital patient data source Patient's records (Malaffi data extraction within DOH)

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED003

KPI Description (title):	Pediatric Central line-associated Bloodstream Infections (CLABSI)
Domain	Safety
Indicator Type	Outcome
Definition:	<p>Central line-associated bloodstream infection (CLABSI):</p> <p>A laboratory confirmed bloodstream infection where</p> <ul style="list-style-type: none"> • An eligible BSI organism is identified and • An eligible central line is present on the Laboratory Confirmed Bloodstream Infection (LCBI) date of event (DOE) or the day before • For all inpatients less than 18 years of age <p>Temporary central line: A non-tunneled, non- implanted catheter. Permanent central line: Includes</p> <ul style="list-style-type: none"> • Tunneled catheters, including certain dialysis catheters • Implanted catheters (including ports) <p><i>Eligible Central Line: A Central Line (CL) that has been in place for more than two consecutive calendar days (on or after CL day 3), following the first access of the central line, in an inpatient location, during the current admission. Such lines remain eligible for CLABSI events until the day after removal from the body or patient discharge whichever comes first.</i></p>
Calculation:	<p><u>Numerator</u></p> <p>Numerator: Each CLABSI that is identified during the period selected for surveillance in all inpatients less than 18 years of age.</p> <p>Must meet one of the following Laboratory-Confirmed Bloodstream Infection (LCBI) criteria:</p> <p><u>LCBI 1:</u> Patient of any age has a recognized bacterial or fungal pathogen, not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture OR 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods.</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site.</p> <p><u>LCBI2:</u> Patient of any age has at least one of the following signs or symptoms: fever (>38.0oC), chills, or hypotension</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p> <p style="text-align: center;">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions.</p> <p><u>LCBI3:</u> Patient ≤ 1 year of age has at least one of the following signs or symptoms: fever (>38.0oC), hypothermia (<36.0oC), apnea, or bradycardia</p> <p style="text-align: center;">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p>

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	<p style="text-align: center;">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions</p> <p><u>Numerator Exclusions:</u></p> <ul style="list-style-type: none"> • Extracorporeal life support (ECMO <i>ICD-10 CM Z92.81 or CPT code 33946-33986</i>) or Ventricular Assist Device (VAD) for more than 2 days and is still in place on the BSI date of event or the day before. • Observed or suspected patient injection into the vascular access line • Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP) diagnosis during the current admission. (<i>Q81.0, Q81.1, Q81.2, Q81.8, Q81.9, L12.30, L12.31, L12.35, & L51.2, F68.10, F68.11, F68.12, & F68.13</i>) • Pus at the vascular access site - <i>T80.212A, T80.212D, T80.212S, T80.219A, T80.219D, T80.219S</i> • Repeated infection for the same type during 14 days from Date of Event. • MBI-LCBI • Secondary bloodstream infections <p><u>Denominator:</u></p> <p>Number of all central line days for all inpatients (in all inpatient settings) less than 18 years of age at the date of discharge during the reporting period.</p> <ul style="list-style-type: none"> • It is not required for a BSI to be associated with a specific device when more than one line is present. • Only one central line per patient is counted per calendar day regardless of the number of central lines present. <p>All central lines on inpatient units should be included in device day counts regardless of access.</p> <p><i>Applicable CPT codes (not limited to):</i> 36555-36590</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Exclude NICU population who are less than 29 days • 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) • Generalized and specialized hospital Jawda guidance
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED004

KPI Description (title):	Pediatric Postoperative Sepsis Rate
Domain	Safety
Indicator Type	Outcome
Definition:	Postoperative sepsis cases (secondary diagnosis) per 1,000 surgery discharges for patients less than 18 years of age at the time of discharge (inpatients).
Calculation:	<p><u>Numerator:</u> All pediatric inpatients 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).</p> <p><u>Denominator:</u> Total number of pediatric inpatients (less than 18 years) surgical discharges during the reporting period (for operating room procedures).</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> • Inpatient (See glossary). • Admission for pregnancy, childbirth, and puerperium. <p><u>Denominator exclusions:</u></p> <ul style="list-style-type: none"> • Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for Sepsis (Appendix A) • Long term care patients. (see glossary) • Daycase patients • Neonates (zero to twenty-eight days inclusive)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical discharges
International comparison if available	AHRQ Pediatric Quality Indicator 10 (PDI 10) Postoperative Sepsis Rate; July 2020 https://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V2020/TechSpecs/PDI_10_Postoperative_Sepsis_Rate.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Captured by infection control team • Lab reports • Hospital internal mortality and morbidity • Patient's records (Malaffi data extraction within DOH)

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED005

KPI Description (title):	Pediatric Accidental Puncture or Laceration Rate
Domain	Safety
Indicator Type	Outcome
Definition:	Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for inpatients less than 18 years of age (inpatients).
Calculation:	<p><u>Numerator:</u> Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for accidental puncture or laceration during a procedure</p> <p><i>ICD-10 CM:</i> D78.11, D78.12, E36.11, E36.12, G97.48, G97.49, H59.211, H59.212, H59.219, H95.31, H95.32, I97.51, I97.52, J95.71, J95.72, K91.71, K91.72, L76.11, L76.12, M96.820, M96.821, N99.71, N99.72</p> <p><u>Denominator:</u> Surgical and medical discharges for inpatients less than 18 years of age at the date of discharge.</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for accidental puncture or laceration during a procedure (<i>Same as numerator codes above</i>) • Spine surgery CPT codes (<i>Appendix B</i>) • Neonates (zero to twenty-eight days inclusive) • Neonate with birth weight less than 500 grams • Principal ICD-10-CM diagnosis code for pregnancy, childbirth and puerperium Code series (<i>ICD-10CM 000-09A</i>)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical and medical discharges
International comparison if available	AHRQ Pediatric Quality Indicator 01 (PDI 01) Accidental Puncture or Laceration Rate; July 2020 https://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V2020/TechSpecs/PDI_01_Accidental_Puncture_or_Laceration_Rate.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED006

KPI Description (title):	Pediatric ventilator-associated Pneumonia (ped. VAP)
Domain	Safety
Indicator Type	Outcome
Definition:	Pneumonia (PNEU) identified by using a combination of imaging, clinical and laboratory criteria. For further information please see surveillance algorithm on page 6-5 of the VAP module https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf
Population	(Ped VAP) surveillance is only applicable to all pediatric patients.
Criteria to define (ped. VAP)	<p><u>Numerator:</u> Number of pediatric inpatients who are mechanically ventilated and developed Pneumonia during the surveillance period</p> <p><u>Numerator Exclusion:</u> Repeated infection for the same type during 14 days from Date of Event</p> <p>ICD 10 CODES FOR VAP: J95.851, J95.859, Z99.11, Z99.12</p> <p><u>Denominator:</u> Ventilator days: Number of pediatric 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.</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> • 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 VAP surveillance <p>The VAP rate per 1000 ventilator days is calculated by dividing the number of VAP by the number of ventilator days and multiplying the result by 1000 (ventilator days).</p> <p>The Ventilator Utilization Ratio is calculated by dividing the number of ventilator days by the number of patient days.</p>
Inclusion	<p>Patient is defined to have Ventilator-associated Pneumonia (pedVAP) if meets one the following imaging test result</p> <p>1. Imaging test evidence: patient has Two or more serial chest imaging test results with at least one of the following new and persistent or progressive and persistent</p> <ul style="list-style-type: none"> • Infiltrate • Consolidation • Cavitation • Pneumatocoles, in (1) any patient, (2) patients <1 and (3) patients >1 and <12. <p style="text-align: center;">AND</p> <p>2. Sign & symptoms: Worsening gas exchange i.e., oxygen desaturations [for example pulse oximetry <94%], increased oxygen requirements, or increased ventilator demand).</p> <p style="text-align: center;">AND</p> <p>And at least three of the following:</p>

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	<ul style="list-style-type: none"> • Temperature instability • Leukopenia (≤ 4000 WBC/mm³) or leukocytosis ($>15,000$ WBC/mm³) and left shift ($>10\%$ band forms) • New onset of purulent sputum³ or change in character of sputum⁴, or increased respiratory secretions or increased suctioning requirements • Apnea, tachypnea⁵, nasal flaring with retraction of chest wall or nasal flaring with grunting • Wheezing, rales⁶, or rhonchi • Cough <p>Bradycardia (<100 beats/min) or tachycardia (>170 beats/min)</p>
Exclusion	<ul style="list-style-type: none"> • Surveillance for PedVAP shall not be conducted in adult and neonatal locations • Organisms that cannot be used to meet the VAP definition are as follows: <ol style="list-style-type: none"> 1) "Normal respiratory flora," "normal oral flora," "mixed respiratory flora," "mixed oral flora," "altered oral flora" or other similar results indicating isolation of commensal flora of the oral cavity or upper respiratory tract 2) The following organisms unless identified from lung tissue or pleural fluid specimens: <ol style="list-style-type: none"> a. <i>Candida</i> species* or yeast not otherwise specified b. coagulase-negative <i>Staphylococcus</i> species c. <i>Enterococcus</i> species <p>Note: <i>Candida</i> species* or yeast not otherwise specified, coagulase-negative <i>Staphylococcus</i> species, and <i>Enterococcus</i> species identified from blood cannot be deemed secondary to a PNU2 or PNU3, unless the organism was also identified from a pleural fluid or lung tissue specimen</p> <ol style="list-style-type: none"> d. *<i>Candida</i> species isolated from sputum, endotracheal aspirate, broncho-alveolar lavage (BAL) specimens or protected specimens brushing combined with a matching organism isolated from a blood specimen can be used to satisfy the PNU3 definition. 3) Additionally, because organisms belonging to the following genera are typically causes of community-associated infections and are rarely or are not known to be causes of healthcare-associated infections, they are also excluded and cannot be used to meet any NHSN definition: <i>Blastomyces</i>, <i>Histoplasma</i>, <i>Coccidioides</i>, <i>Paracoccidioides</i>, <i>Cryptococcus</i> and <i>Pneumocystis</i>.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 ventilator days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf National Healthcare Safety Network report, data summary for 2013, Device-associated Module
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient's records • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED007

KPI Description (title):	Pediatric all-Cause Mortality Rate
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of all-cause mortality for patients ages below 18 years.
Calculation:	<p><u>Numerator:</u> Number of pediatric patients (below 18 years old) in denominator who died during the hospital stay or within 30 days of the discharge date of the denominator cases.</p> <p><u>Denominator:</u> Number of all pediatric discharges from the hospital (below 18 years of age at the date of discharge) during the reporting period.</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Neonates and Infants (0 days-1 year) • Left against medical advice <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • All discharges. • Admissions resulting in a transfer to another acute care facility. • A transfer from another healthcare facility.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 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:	<ul style="list-style-type: none"> • Patient's records (Malaffi data extraction within DOH) • Hospital internal mortality and morbidity.

Pediatric Health Service Jawda Performance Indicators

Type: Quality Indicator

Indicator Number: PED008

KPI Description (title):	Infant all-Cause Mortality Rate
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of all-cause mortality for infants.
Calculation:	<p><u>Numerator:</u> Number of infant patients in the denominator who died during the hospital stay or within 30 days of the discharge date of the denominator cases.</p> <p><u>Denominator:</u> Number of all infants discharged to hospital (0-364 days old at the date of discharge) during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • All discharges • Admissions resulting in a transfer to another acute care facility. • A transfer from another healthcare facility <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Left against medical advice
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 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:	<ul style="list-style-type: none"> • Patient's records (Malaffi data extraction within DOH) • Hospital internal mortality and morbidity

Pediatric Health Service Jawda Performance Indicators

Appendix A: Sepsis Diagnosis Codes

A02.1	A40.1	A41.02	A41.50	A41.81	B37.7	P36.30	P36.9
A22.7	A40.3	A41.1	A41.51	A41.89	P36.0	P36.39	R65.20
A26.7	A40.8	A41.2	A41.52	A41.9	P36.10	P36.4	R65.21
A32.7	A40.9	A41.3	A41.53	A42.7	P36.19	P36.5	T81.12XA
A40.0	A41.01	A41.4	A41.59	A54.86	P36.2	P36.8	T81.12XD

Appendix B: Spine surgery CPT codes

22010	22327	22614	22854	62287	62370	63066	63197	63295
22015	22328	22630	22855	62290	62380	63075	63198	63300
22100	22505	22632	22856	62291	63001	63076	63199	63301
22101	22510	22633	22857	62292	63003	63077	63200	63302
22102	22511	22634	22858	62294	63005	63078	63250	63303
22103	22512	22800	22859	62302	63011	63081	63251	63304
22110	22513	22802	22861	62303	63012	63082	63252	63305
22112	22514	22804	22862	62304	63015	63085	63265	63306
22114	22515	22808	22864	62305	63016	63086	63266	63307
22116	22526	22810	22865	62320	63017	63087	63267	63308
22206	22527	22812	22867	62321	63020	63088	63268	63600
22207	22532	22818	22868	62322	63030	63090	63270	63610
22208	22533	22819	22869	62323	63035	63091	63271	63615
22210	22534	22830	22870	62324	63040	63101	63272	63620
22212	22548	22840	22899	62325	63042	63102	63273	63621
22214	22551	22841	62263	62326	63043	63103	63275	63650
22216	22552	22842	62264	62327	63044	63170	63276	63655
22220	22554	22843	62267	62350	63045	63172	63277	63661
22222	22556	22844	62268	62351	63046	63173	63278	63662
22224	22558	22845	62269	62355	63047	63180	63280	63663
22226	22585	22846	62270	62360	63048	63182	63281	63664
22310	22586	22847	62272	62361	63050	63185	63282	63685
22315	22590	22848	62273	62362	63051	63190	63283	63688
22318	22595	22849	62280	62365	63055	63191	63285	63700
22319	22600	22850	62281	62367	63056	63194	63286	63702
22325	22610	22852	62282	62368	63057	63195	63287	63704
22326	22612	22853	62284	62369	63064	63196	63290	63706
63707	63709	63710	63740	63741	63744	63746	64999	

Summary of Changes 2025 V5

KPI #	Changes
PED001, PED002	<ul style="list-style-type: none"> Defined codes in Numerator and denominator exclusions
PED003	<ul style="list-style-type: none"> Added applicable codes in Denominator <i>Added Denominator Exclusion: Long-term excluded, Burns patients excluded.</i>
PED004	<ul style="list-style-type: none"> Removed in denominator All CPT procedures: 10021-69990 Added denominator inclusion Revised denominator exclusion: <ul style="list-style-type: none"> Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for Sepsis(Appendix A) Long term care patients. (see glossary) Daycase patients
PED005	<ul style="list-style-type: none"> Added in numerator <i>ICD-10 CM: D78.11, D78.12, E36.11, E36.12, G97.48, G97.49, H59.211, H59.212, H59.219, H95.31, H95.32, I97.51, I97.52, J95.71, J95.72, K91.71, K91.72, L76.11, L76.12, M96.820, M96.821, N99.71, N99.72</i> Removed codes in denominator exclusions and added in Appendix B <i>Spine surgery CPT codes (Appendix B)</i>
PED006	<ul style="list-style-type: none"> Removed Pediatric VAP from QI and moved to Pediatric KPIs
PED007	<ul style="list-style-type: none"> Added all-cause mortality in the Pediatric KPIs
PED008	<ul style="list-style-type: none"> Added all-cause mortality in the for infants
Appendices	<ul style="list-style-type: none"> Revised Appendix A format Added Appendix B for Spine Surgeries

Summary of Changes 2025 V5.1

KPI #	Changes
Who is this guidance for?	UPDATED: All DoH licensed healthcare facilities providing acute healthcare services to the pediatric population inclusive of infants and neonates in the Emirate of Abu Dhabi.

Summary of Changes 2025 V5.2

KPI #	Changes
PED004	Denominator Exclusion-Added Neonates