دائـــرة الـصـحـة
DEPARTMENT OF HEALTH

JAWDA Quarterly Guidelines for (Home Healthcare Services)

2022

Contents

Executive Summary

The Department of Health (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, centres, clinics and other healthcare providers. This is ranging from school clinics and mobile units to internationally renowned specialist, and tertiary academic centres. 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 for quarterly reporting by the operating Home Healthcare Providers in the Emirates of 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 utilise online versions available on the DOH website at all times.

Published: Jan 2022, Version 5

Sep 2022, Version 6

July 2024 Version 7

Effective; Q2 2024

Introduction

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 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 that are issued as these 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 an exemplary standard in the provision of health, curative, preventive and medicinal services and health insurance

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.

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.

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.

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 and patient experience are recognized as the main pillars of quality in healthcare. In Abu Dhabi, the measurement of patient safety, clinical effectiveness and patient experience data is intended to identify strengths and weaknesses of healthcare delivery, drive-quality improvement, inform regulation and promote patient choice. In addition to data on harm avoidance or 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 for quality performance is often justified on grounds of its intrinsic value. For example, clear information, empathic, two-way communication and respect for patients' beliefs and concerns could lead to patients being more informed and involved in decision-making and create an environment where patients are more willing to disclose information.

Planning for data collection and submission

In planning for data collection and submission, healthcare providers must adhere to reporting, definition and calculation requirements as set out in Section 7 (Home

Healthcare Indicator Definitions). 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.
- When needed, documentation and tracks will be provided instantly to DOH or their representative to assure DoH that all due processes are being followed in collecting, analyzing, validating and submitting the performance
- 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 revocation of license.

About this Guidance

This guidance sets out the Patient Safety and Clinical Effectiveness reporting requirements so as 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 that healthcare providers provide safe, effective and high quality services.

Q. Who is this guidance for?

All DOH Licensed Home Healthcare Providers 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 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 the online portal.

Q. What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- DOH Standards for Homecare Health Services in Emirate of Abu Dhabi,
- As per Circular CEO 38/12 issued August 5th 2012 this guidance applies to all DoH Licensed Home Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard

Glossary:

Target period: The span of time that defines the Jawda reporting period (e.g. a calendar quarter).

Patient:
A person who is served by, or uses the services of a Department of Health (DOH) licensed Healthcare Provider for the provision of healthcare services in the home.

Home Healthcare Service Provider:
A Healthcare facility or provider that is licensed by DOH to provide home healthcare services.

Population:
Unless specified for the indicator, all patients (adults, using or not using devices etc.) served by the home care facility are considered to be included for indicator measurement.

Adult is defined as 18 years and older.

Data exclusions;

- Pediatric home health patients
- Home health patients getting maternity care only
- Home health patients getting non-skilled care only, see below examples:

    - Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning.
    - Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments.

Patient days: The total number of days during which the patient was served by the home care facility. Any day/s during which the patient was not served by the home care facility (e.g. days spent in any acute healthcare facility) would not count towards the total patient days. The following rules are used when computing patient days:

- The counting stops with
  (a) The last record in the target period if that record is a discharge assessment
  (b) The last record in the target period if that record is an admission to a healthcare facility (transfer to another healthcare facility).
  (c) The last record in the target period if that record is a death ***or***
  (d) The end of the target period is reached, whichever is earlier.

- Any care provided by the homecare staff ranging from any number of hours to a complete day (e.g. visit of one to two hrs. to 24 hrs. care) can be considered as a patient day.
- b. Similarly, two visits on a day will be considered as one patient day for the denominator. The denominator box allows for entry of any value depending on the number of patients that fulfil the denominator criteria

- Include the day of entry but not the day of discharge or admission to a healthcare facility unless the entry and discharge occurred on the same day in which case the number of days in the stay is equal to 1.
- While death in facility records end patient day counting, these records are not used as target records because they contain only tracking information and do not include clinical information necessary for JAWDA indicator calculation.

Facility Submission of Case-mix:

Each home care facility will be submitting the total number of patient days within each service category for the target period (3 months for quarterly submission) as below. The coding assignments for the period would be those that are approved by Daman:

Acuity Level (Care Level)	Service Code	Patient days for target period
Former Service codes (2016)		
Simple	17-26-1	
Intermediate	17-26-2	
Intensive	17-26-3	
Complex	17-26-4	
Self-pay/Reimbursement (e.g.Proforma or Non-Thiqa coverage, etc.)	XXXX	
****Newly implemented codes (JUNE 2024)***		
Simple Visit-Nurse	17-25-1	
Simple Visit-Supportive	17-25-2	
Specialized Visit	17-25-3	
Routine Nursing Care	17-25-4	
Advanced Nursing Care	17-25-5	
Self-pay/Reimbursement (e.g.Proforma or Non-Thiqa coverage, etc.)	XXXX	
Total patient days in the target period		

Starting Q2 2024 submission:

For the patient days (period) for which the former service codes (2016) and / or self-pay or reimbursement services were used, continue counting the patient days as usual.

Some of the patients may have an assignment of more than one care level in the target period based on improvement or worsening of the care level (or possibly conversion from self-pay to insured patient or vice versa). Please consider the changes of service level during the reporting period e.g. if a patient was care level 17-26-4 till the 10th of the month and then that patient's care level changed to 17-26-3 on 11th; the patient days will be accordingly assigned.

*For the patient days (period) that are being counted using the new *Standard for Provision of Home Healthcare Services 2024*, consider the Nursing Care service codes *(17-25-1, 17-25-4, or 17-25-5)* to attribute a single patient day even if the patient is served for other services (Supportive services, or Specialized visits) by the same provider. Consider the supportive service code *(17-25-2)* to attribute a single patient day if there is no nursing care provided for the patient by the same provider. Consider the Specialized visit service code *(17-25-3)* to attribute a single patient day if the provider is only serving a specialized visit for the patient.

Some of the patients may have an assignment of more than one service, e.g., if a patient has Supportive Service Physiotherapy, 17-25-2, and Simple Visit Nurse, 17-25-1, on the same day, consider only the Simple Visit Nurse for counting the patient days.

If a patient has Supportive Service Physiotherapy, 17-25-2, and Specialized visit, 17-25-3, on the same day, consider only the Supportive Service Physiotherapy for counting the patient days.

Reference: Process of care and outcome of care quality measures | Provider Data Catalog (cms.gov)
UPDATE during the **TRANSITION PERIOD of new Standard for Provision of Home Healthcare Services 2024 (DOH/ST/HPS/PHHS/V2/2024)* Standards | Department of Health Abu Dhabi (doh.gov.ae)

Home care performance indicators

Type: Home Health Care Indicator **Indicator Number**: HC001

KPI Description (title)	**Emergency Department / Urgent Care Use without Hospitalization**
Domain	Effectiveness
Sub-Domain	Emergency attendance
Definition:	Percentage of homecare patient days in which patients used the emergency department or urgent care but were not admitted to the hospital during the measurement Quarter.
Population:	All patients who received homecare services
Calculation:	***Numerator*:** Number of unplanned emergency department or urgent care visits related to the quality of provided home health service included but not limited to: • All kinds of trauma including soft or connective tissue injuries. • DVT or its related complications. • Severe anaemia. • Electrolyte imbalance or Dehydration. • Fluid overload or infections related to peritoneal dialysis. • Stoma or wound infections. • Urinary catheter related complications including urinary tract infections or urethral injuries. • PEG tube related complications including clogged or dislodged tube or aspiration pneumonias. • Urine retentions. • Tracheostomy complications including infections, tube damage or decannulation. • Other complications confirmed by the treating physician to be clearly related to the quality of home health care. (and not admitted for acute care hospitalization). *For definition of unplanned care and medical emergency, please refer to DOH (HAAD) Standard for Emergency Departments.* ***Denominator:*** Number of homecare patient days during the measurement period. ***Exclusion:*** • Pediatric home health patients (under 18 years) • Home health patients getting maternity care only • Home health patients getting non-skilled care only, e.g: - Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning.

	- Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments. ***Percentage:*** Percentage is calculated by the number of unplanned emergency department or urgent care visits divided by the total number of patient days during the same period multiplying by 100. Calculation: [numerator / denominator] x 100
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage per home health day
International comparison if available	CMS Process of care and outcome of care quality measures | Provider Data Catalog (cms.gov)
Desired direction:	Lower is better
Suggested data sources and guidance:	Patient medical records Claims

Type: Home Health Care Indicator **Indicator Number**: HC002

KPI Description (title)	**Unplanned Acute Care Hospitalization**
Domain	Effectiveness
Sub-Domain	Hospital admission
Definition:	Percentage of days in which homecare patients were admitted to an acute care hospital
Population:	All patients who received homecare services
Calculation:	***Numerator:*** Number of unplanned hospital days related to the quality of provided home health service included but not limited to: • All kinds of trauma including soft or connective tissue injuries. • DVT or its related complications. • Severe anaemia. • Electrolyte imbalance or Dehydration. • Fluid overload or infections related to peritoneal dialysis. • Stoma or wound infections. • Urinary catheter related complications including urinary tract infections or urethral injuries. • PEG tube related complications including clogged or dislodged tube or aspiration pneumonias. • Urine retentions. • Tracheostomy complications including infections, tube damage or decannulation. • Other complications confirmed by the treating physician to be clearly related to the quality of home health care. *For definition of unplanned care and medical emergency, please refer to DOH (HAAD) Standard for Emergency Departments.* ***Denominator:*** Number of homecare patient days during the measurement period. All Unplanned Hospital length of stay related to the quality of provided home health service will be counted in the denominator (*If the patient discharge from the unplanned hospital and (return and not returned) to same homecare facility, the length of stay in the hospital will be counted in the denominator).* ***Exclusion:*** • Pediatric home health patients (under 18 years) • Home health patients getting maternity care only • Home health patients getting non-skilled care only, see below examples:

	- Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning. - Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments. • Planned Hospital length of stay ***Percentage:*** *Percentage is calculated by the number of home health days for patients who have an unplanned admission to an acute care hospital divided by the total number of home health days during the same period and multiplying by 100.* Calculation: [numerator / denominator] x 100
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage per home health day
International comparison if available	CMS Process of care and outcome of care quality measures | Provider Data Catalog (cms.gov)
Desired direction:	Lower is better
Suggested data sources and guidance:	Patient medical records Claims

Type: Home Health Care **Indicator Number:** HC003

KPI Description (title)	**Managing daily activities- Improvement in Ambulation for patients who received physiotherapy**
Domain	Effectiveness
Sub-Domain	Functional outcome
Definition:	Percentage of home health care patients during which the patient improved in ability to ambulate.
Population	All patients who received homecare services
Calculation:	***Numerator:*** Number of patients who received physiotherapy and have improvement (using an evidence based tool) in ambulation/locomotion at discharge from homecare service /or at reassessment every 90 days from starting the homecare services. ***Denominator:*** A count of the total number of home care patients who received physiotherapy during the measurement quarter. ***Exclusion:*** • Patient was able to ambulate independently, patient was unresponsive, end in transfer to inpatient facility or death at home. • Bedridden patients - to be denoted as patients who are on prolonged bed rest, low GCS, persistent vegetative state - the therapeutic objective is to prevent secondary complications • Pediatric home health patients (under 18 years) • Home health patients getting maternity care only • Home health patients getting non-skilled care only, e.g: - Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning. - Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments. **Percentage:** Numerator/Denominator * 100
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage per home care patients
International comparison if available	Process of care and outcome of care quality measures | Provider Data Catalog (cms.gov)
Desired direction:	Higher is better
Data sources and guidance:	Patient medical records Claims

Type: Home Health Care **Indicator Number:** HC004

KPI Description (title)	**Percentage of newly acquired or worsening pressure injury (Stage II and above)**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	Percentage of newly acquired or worsening pressure injury (Stage II and above) among home care patients.
Population	All patients who received homecare services
Calculation:	**Numerator:** Number of home care patients with newly acquired pressure injury or with worsening pressure injury Stage II, III, IV, Unstageable or Deep Tissue Injury (DTI) within the measurement quarter. Home care facility associated or worsening pressure Injury (Stage II and above) ICD- *10 CM Codes:* *L89.000, L89.002, L89.003, L89.004, L89.010, L89.012, L89.013, L89.014, L89.020, L89.022, L89.023, L89.024, L89.100, L89.102, L89.103, L89.104, L89.110, L89.112, L89.113, L89.114, L89.120, L89.122, L89.123, L89.124, L89.130, L89.132, L89.133, L89.134, L89.140, L89.142, L89.143, L89.144, L89.150, L89.152, L89.153, L89.154, L89.200, L89.202, L89.203, L89.204, L89.210, L89.212, L89.213, L89.214, L89.220, L89.222, L89.223, L89.224, L89.300, L89.302, L89.303, L89.304, L89.310, L89.312, L89.313, L89.314, L89.320, L89.322, L89.323, L89.324, L89.42, L89.43, L89.44, L89.45, L89.500, L89.502, L89.503, L89.504, L89.510, L89.512, L89.513, L89.514, L89.520, L89.522, L89.523, L89.524, L89.600, L89.602, L89.603, L89.604, L89.610, L89.612, L89.613, L89.614, L89.620, L89.622, L89.623, L89.624, L89.810, L89.812, L89.813, L89.814, L89.890, L89.892, L89.893, L89.894, L89.92, L89.93, L89.94, L89.95* ***Guide on stage is defined below*;** **Category/Stage II: Partial thickness** Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or serosanguinous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising*. This Category/Stage should not be used to describe skin tears, tape burns, incontinence associated with dermatitis, maceration or excoriation.

	*Bruising indicates deep tissue injury. **Category/Stage III: Full thickness skin loss** Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and Category/Stage III Injury can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure Injury. Bone/tendon is not visible or directly palpable. **Category/Stage IV: Full thickness tissue loss** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often included undermining and tunneling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these injuries can be shallow. Category/Stage IV Injury can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or osteitis likely to occur. Exposed bone/muscle is visible or directly palpable. **Exclusions:** • Patients with pressure injury present at the start of home care services that stayed the same stage or improved following the start of home care. • Home care associated pressure injury 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:** A count of the total number of home care patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff. ***Exclusion:*** • Pediatric home health patients (under 18 years) • Home health patients getting maternity care only • Home health patients getting non-skilled care only, e.g: - Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning.

	- Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments. **Percentage:** Percentage is calculated by the number of home care patients with newly acquired or worsening pressure injury (Stage II and above) during the measurement quarter divided by the total number of home care patient days during the same period and multiplying by 100. Calculation: [numerator / denominator] x 100
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage per home health day
International comparison if available	CMS Process of care and outcome of care quality measures | Provider Data Catalog (cms.gov)
Desired direction:	Lower is better
Data sources and guidance:	Manual Data Collection Patient medical record or EMR (Medical Chart Review): Skin and Wound Assessment Chart

Type: Home Health Care **Indicator Number:** HC005

KPI Description (title):	**Rate of falls resulting in any injury per 1000 patient days**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel Events
Definition	Falls resulting in any injury per 1000 home care patient days.
Population	All patients who received homecare services
Calculation	**Numerator:** Total number of patient falls resulting in injury (minor, moderate, major, or death) to the home care patient in the measurement quarter. 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. • For home care visits, a fall occurring outside the visiting time will be excluded. **Denominator:** A count of the total number of all home care patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff. ***Denominator Exclusions:*** • Pediatric home health patients (under 18 years) • Home health patients getting maternity care only

	• Home health patients getting non-skilled care only, See below examples: - Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning. - Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments. **Rate:** Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 home care patient days
International comparison if available	Quality Measure Coding Deep Dive: Falls with Major Injury - Proactive Medical Review
Desired Direction	Lower is better
Data Source	Patient medical records Incident reports

Type: Home Health Care Indicator **Indicator Number:** HC006

KPI Description (title):	**Discharge to Community**
Domain	Efficiency
Sub-Domain	Utilization outcome
Definition	Percentage of days in which homecare patients were discharged to the community.
Population	All patients who received homecare services
Calculation	**Numerator:** Number of homecare patient days for patients who have been discharged from homecare service to community. *Numerator Guidance: Patients staying more than 90 days/ reassessment outcome measure score would be included in the numerator for the succeeding quarters in the upcoming 90 days or until they reach discharge* Numerator Exclusion: 1. Discontinued Homecare services 2. Transfer to another Homecare or Long-Term care **Denominator:** Number of homecare patient days during the measurement quarter. ***Denominator Exclusions:*** • Pediatric home health patients (under 18 years) • Discharged against medical advice • Home health patients getting maternity care only • Home health patients getting non-skilled care only, See below examples: • Assistance with daily living tasks and activities .Personal care needs such as bathing, dressing, eating and cleaning. • Medication management and making sure that the covered individual takes needed medications and has transportation to medical appointments. **Percentage :** Numerator/Denominator * 100
Reporting Frequency	Quarterly
Unit Measure	Percentage per home care patient days
International Comparisons	Process of care and outcome of care quality measures | Provider Data Catalog (cms.gov)
Desired Direction	Higher is better
Data sources	Patient medical records Claims

Summary of Changes	
KPI	Changes
HC001	Numerator: add; included but not limited to
HC002	Clarify numerator and denominator Numerator: Number of unplanned hospital days related to the quality of provided home health service included Denominator: All Unplanned Hospital length of stay related to the quality of provided home health service will be counted in the denominator
HC003	Clarify this KPI for patients who received physiotherapy
HC006	Add numerator guidance: Patients staying more than 90 days/ reassessment outcome measure score would be included in the numerator for the succeeding quarters in the upcoming 90 days or until they reach discharge Exclusion: 1. Discontinued Homecare services 2. Transfer to another Homecare or Long Term care