



دائرة الصحة
DEPARTMENT OF HEALTH

Home Healthcare Service Jawda Guidance

Version 8.3

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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 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 always utilise online versions available on the DOH website.

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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 maximizes 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 and pediatric*, using or not using devices etc.) served by the home care facility are considered to be included for indicator measurement.

Data exclusions

- 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. 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.
- 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
- Discharge day minus admission day. Include the day of entry but not the day of discharge.
- If entry and discharge occurred on the same day, 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
*Newly implemented codes (starting 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		

*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) <https://www.doh.gov.ae/-/media/2A9E924A008744B797D97428AA3D2135.ashx>

Home care performance indicators

Type: Home Health Care Indicator

Indicator Number: HC001

KPI Description (title)	All-cause Emergency Department / Urgent Care Visit without Hospitalization
Domain	<i>Effectiveness</i>
Indicator type	<i>Outcome</i>
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 (adults & Pediatric) who received homecare services
Calculation:	<p><u>Numerator:</u> Number of all-cause unplanned emergency department or urgent care visits (<i>See data sources for reference</i>)</p> <p>Report separately:</p> <p style="padding-left: 40px;">a) Visits Related to the quality of provided home health service</p> <p style="padding-left: 40px;">b) Unrelated visits</p> <p>(and not admitted for acute care hospitalization). <i>For definitions of planned care and emergency condition / medical and surgical emergency, please refer to DOH Standard for Emergency Departments and Urgent Care Centers</i></p> <p><u>Denominator:</u> Total number of homecare patient days (including adults and paediatric population) during the measurement period.</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Home health patients getting maternity care only • Home health patients getting non-skilled care only, e.g: <ul style="list-style-type: none"> - 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. <p><u>Percentage:</u> Percentage is calculated by the number of unplanned emergency department or urgent care visits divided by the total number of homecare patient days during the same period multiplying by 100. Calculation: $[\text{numerator} / \text{denominator}] \times 100$</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage (per 100 homecare patient days)
International comparison if available	CMS: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Home-Health-Outcome-Measures-Table-OASIS-D-11-2018c.pdf
Desired direction:	Lower is better
Suggested data sources and guidance:	<ul style="list-style-type: none"> • <i>Hospital discharge report</i> as reference whether it is related or unrelated visits • Patient medical records • Claims

Type: Home Health Care Indicator

Indicator Number: HC002

KPI Description (title)	All-cause Unplanned Acute Care Hospitalization
Domain	Effectiveness
Indicator type	Outcome
Definition:	Percentage of days in which homecare patients were admitted to an acute care hospital
Population:	All patients who received homecare services
Calculation:	<p><u>Numerator:</u> Number of all-cause unplanned hospital days. <i>(See data sources for reference)</i></p> <p>Report separately:</p> <ul style="list-style-type: none"> a) Visits Related to the quality of provided home health service b) Unrelated visits <p><i>For definitions of planned care and emergency condition / medical and surgical emergency, please refer to DOH Standard for Emergency Departments and Urgent Care Centers</i></p> <p><u>Denominator:</u> Total number of homecare patient days (including adults and pediatric population) during the measurement period.</p> <p>All unplanned hospital days in the measurement period will be included in the denominator as follows:</p> <ul style="list-style-type: none"> • Homecare patients were discharged from hospital during the measurement period (whether returned or not returned to same homecare facility). • Homecare patients were not discharged from hospital during the measurement period. <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • Home health patients getting maternity care only • Home health patients getting non-skilled care only, see below examples: <ul style="list-style-type: none"> - 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 <p><i>Percentage:</i> <i>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.</i></p> <p>Calculation: $[\text{numerator} / \text{denominator}] \times 100$</p>
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:	<ul style="list-style-type: none"> • Hospital discharge report as reference whether it is related or unrelated visits • Patient medical records • Claims

Type:

Home Health Care Indicator

Indicator Number: HC003

KPI Description (title)	Managing daily activities – Improvement in Ambulation for patients who received physiotherapy
Domain	Effectiveness
Indicator Type	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:	<p><u>Numerator:</u> Number of patients who received physiotherapy with at least 1 reassessment done and have improvement (using an evidence-based tool) in ambulation/locomotion.</p> <p><u>Numerator Inclusion:</u> At reassessment every 90 days (or) At discharge from homecare service</p> <p><u>Guidance:</u> Homecare patients with no documentation of assessment (reassessment not done in the measurement quarter) will not be counted in the numerator.</p> <p><u>Denominator:</u> A count of the total number of home care patients <i>having ambulatory issues</i> (including adults and paediatric population) who received physiotherapy <i>treatment for improvement of ambulation</i> during the measurement quarter.</p> <p><u>Denominator Exclusion:</u></p> <ul style="list-style-type: none"> • 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 • Home health patients getting maternity care only • Home health patients getting non-skilled care only, e.g: <ul style="list-style-type: none"> - 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. • Patients using assistive device for age related support • Patients who are less than 90 days in the facility and are not discharged. <p>Percentage: Numerator/Denominator * 100</p>
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

Indicator Number: HC004

KPI Description (title)	Rate of homecare associated or worsening pressure injury (Stage 2 and above) per 1000 homecare patient days
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of homecare associated or worsening pressure injury (Stage 2 and above) per 1000 homecare patient days
Population	All patients who received homecare services
Calculation:	<p>Numerator: Number of home care patients with homecare associated pressure injury or with worsening pressure injury Stage 2, 3, 4, Unstageable or Deep Tissue Injury (DTI) within the measurement quarter.</p> <p>Home care facility associated or worsening pressure Injury (Stage 2 and above) ICD- 10 CM Codes: L89.42, L89.43, L89.44, L89.40, L89.45, L89.812, L89.813, L89.814, L89.819, L89.810, L89.522, L89.523, L89.524, L89.529, L89.520, L89.322, L89.323, L89.324, L89.329, L89.320, L89.022, L89.023, L89.024, L89.029, L89.020, L89.622, L89.623, L89.624, L89.629, L89.620, L89.222, L89.223, L89.224, L89.229, L89.220, L89.142, L89.143, L89.144, L89.149, L89.140, L89.122, L89.123, L89.124, L89.129, L89.120, L89.892, L89.893, L89.894, L89.899, L89.890, L89.512, L89.513, L89.514, L89.519, L89.510, L89.312, L89.313, L89.314, L89.319, L89.310, L89.012, L89.013, L89.014, L89.019, L89.010, L89.612, L89.613, L89.614, L89.619, L89.610, L89.212, L89.213, L89.214, L89.219, L89.210, L89.132, L89.133, L89.134, L89.139, L89.130, L89.112, L89.113, L89.114, L89.119, L89.110, L89.152, L89.153, L89.154, L89.159, L89.150, L89.502, L89.503, L89.504, L89.509, L89.500, L89.302, L89.303, L89.304, L89.309, L89.300, L89.002, L89.003, L89.004, L89.009, L89.000, L89.602, L89.603, L89.604, L89.609, L89.600, L89.202, L89.203, L89.204, L89.209, L89.200, L89.102, L89.103, L89.104, L89.109, L89.100, L89.92, L89.93, L89.94, L89.90, L89.95, L89.46, L89.816, L89.526, L89.326, L89.026, L89.626, L89.226, L89.146, L89.126, L89.896, L89.516, L89.316, L89.016, L89.616, L89.216, L89.136, L89.116, L89.156, L89.506, L89.306, L89.006, L89.606, L89.206, L89.106, L89.96</p> <p>Guide on stage is defined below;</p> <p>Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Colour changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.</p> <p>Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated</p>

dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

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

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

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

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

Numerator Exclusions:

- Patients with pressure injury present at the start of home care services that stayed the same stage or improved (at any stage) following the start of home care.
- Home care associated pressure injury Stage 1
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

Home Healthcare Service JAWDA Performance Indicators

	<p>Denominator: Total number of home care patient days (including adult and pediatric population) during the reporting period.</p> <p>The day counts include visits and extended hours of care by licensed healthcare staff.</p> <p>Denominator Exclusion:</p> <ul style="list-style-type: none"> • Home health patients getting maternity care only • Home health patients getting non-skilled care only, e.g: <ul style="list-style-type: none"> - 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. <p>Perecentage: Calculation: $[\text{numerator} / \text{denominator}] \times 1000$</p>
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

Indicator Number: HC005

KPI Description (title):	Rate of homecare patient falls resulting in any injury per 1000 homecare patient days
Domain	Effectiveness
Indicator Type	Outcome
Definition	Homecare patients falls resulting in any injury per 1000 home care patient days.
Population	All patients who received homecare services
Calculation	<p>Numerator: Total number of patient falls resulting in injury (minor, moderate, major, or death) to the home care patient in the measurement quarter.</p> <p>Numerator Inclusions: Patient falls with injury: minor, moderate, major, or death.</p> <p>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.</p> <p>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.</p>

Home Healthcare Service JAWDA Performance Indicators

	<p>The National Database of Nursing Quality Indicators <i>NDNQI definitions for injury</i> follow:</p> <ul style="list-style-type: none"> •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)." <p><u>Numerator Exclusions:</u></p> <ul style="list-style-type: none"> • Patient falls, but no harm was evident. • For home care visits, a fall occurring outside the visiting time will be excluded. <p><u>Denominator:</u> Total number of home care patient days (including adults and pediatric population) during the reporting period.</p> <p>The day counts include visits and extended hours of care by licensed healthcare staff.</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Home health patients getting maternity care only • Home health patients getting non-skilled care only, See below examples: <ul style="list-style-type: none"> - 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. - Healthy newborn (See glossary) - Psychiatric Patients. (Refer to Mental Health Jawda Guidance) <p>Rate: Calculation: [numerator / denominator] x 1000</p>
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	Patient-centeredness
Indicator Type	Outcome
Definition	Percentage of days in which homecare patients were discharged to the community.
Population	All patients who received homecare services
Calculation	<p>Numerator: Number of homecare patient days for patients who have been discharged from homecare service to community.</p> <p>Numerator Exclusion: Discontinued Homecare services (e.g. patient requests)</p> <p>Denominator: Total number of home care patient days (including expired patients, adults and pediatric population) during the reporting period.</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Discharged against medical advice (From homecare) • Transfer to another homecare or Long-Term care • Planned transfer to any type of inpatient facility • Home health patients getting maternity care only • Home health patients getting non-skilled care only, See below examples: <ul style="list-style-type: none"> - 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. <p>Percentage: Numerator/Denominator * 100</p>
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

APPENDIX A: Criteria for Severity level of Anemia

Source: [WHO 2024](#)

POPULATION	Haemoglobin concentration (g/L)			
	Normal Levels	Mild anaemia	Moderate anaemia	Severe anaemia
Children, 6–23 months	≥105	95–104	70–94	<70
Children, 24–59 months	≥110	100–109	70–99	<70
Children, 5–11 years	≥115	110–114	80–109	<80
Children, 12–14 years, nonpregnant girls	≥120	110–119	80–109	<80
Children, 12–14 years, boys	≥120	110–119	80–109	<80
Adults, 15–65 years, nonpregnant women	≥120	110–119	80–109	<80
Adults, 15–65, years men	≥130	110–129	80–109	<80
Pregnancy				
First trimester	≥110	100–109	70–99	<70
Second trimester	≥105	95–104	70–94	<70
Third trimester	≥110	100–109	70–99	<70

Summary of Changes 2025 V8.1

KPI #	Changes
Glossary	<ul style="list-style-type: none"> Revised population: all patients (adult and pediatric, using or not using devices etc.) Pediatrics to be included in the population. Remove Data exclusions: Pediatric home health patients
Case Mix	<ul style="list-style-type: none"> Removed old 2016 Homecare codes. Retained the new codes according to the new <i>Standard for Provision of Home Healthcare Services 2024</i>
HC001 to HC006	<ul style="list-style-type: none"> Denominator: Added-(including adults and pediatric population) Denominator Exclusion: Removed-Pediatric home health patients (under 18 years)
HC001	<ul style="list-style-type: none"> Revised numerator: PEG to “ENTERAL” tubes Severe anemia (See Appendix A for severity level)
HC002	<ul style="list-style-type: none"> Severe anemia (See Appendix A for severity level)
HC003	<ul style="list-style-type: none"> Revised numerator guidance: <ul style="list-style-type: none"> Numerator Inclusion: <ul style="list-style-type: none"> At reassessment every 90 days At discharge from homecare service Guidance: Homecare patients with no documentation of assessment (reassessment not done in the measurement quarter) will not be counted in the numerator. Revised Denominator A count of the total number of home care patients having ambulatory issues (including adults and paediatric population) who received physiotherapy treatment for improvement of ambulation during the measurement quarter.
HC004	<ul style="list-style-type: none"> Revised the title and numerator definition.
HC005	<ul style="list-style-type: none"> Revised the title and numerator definition.
HC006	<ul style="list-style-type: none"> Denominator Exclusions: Added-Discharged against medical advice-added- (From homecare) Transfer to another homecare or Long-Term care Planned transfer to any type of inpatient facility Revised the denominator definition.

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	<ul style="list-style-type: none"> Removed Numerator Guidance: <i>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</i> Revised Numerator Exclusions: Discontinued Homecare services (e.g. patient requests)
APPENDICES	<ul style="list-style-type: none"> Added APPENDIX A: Criteria for Severity level of Anemia Revised the Domain and indicator type based on IOM domains
Summary of Changes	<ul style="list-style-type: none"> Removed phrase in HC001 & HC002 table: “Added ICD-10 CM codes in numerator complications, where applicable (not limited to)”

Summary of Changes 2025 V8.2

KPI #	Changes
Glossary	<ul style="list-style-type: none"> Added in calculation Patient days in facility: The total number of days during which the patient was served by the home care facility. The following rules are used when computing patient days:
HC001	<ul style="list-style-type: none"> Revised KPI title: All-cause Emergency Department / Urgent Care Visit without Hospitalization Revised Numerator: Number of all-cause unplanned emergency department or urgent care visits (<i>See data sources for reference</i>) Report separately: <ol style="list-style-type: none"> Visits Related to the quality of provided home health service Unrelated visits Added in Data Sources: Hospital discharge report as reference whether it is related or unrelated visits
HC002	<ul style="list-style-type: none"> Revised KPI title: All-cause Unplanned Acute Care Hospitalization Revised Numerator: Number of all-cause unplanned hospital days (<i>See data sources for reference</i>) Report separately: <ol style="list-style-type: none"> Visits Related to the quality of provided home health service Unrelated visits Added in Data Sources: Hospital discharge report as reference whether it is related or unrelated visits

Summary of Changes 2025 V8.3

KPI #	Changes
HC003	<ul style="list-style-type: none"> Add in the denominator exclusion: Patients who are less than 90 days in the facility and are not discharged.
HC005	<ul style="list-style-type: none"> Removed from the exclusion: DC, LTC & PAR are not applicable in Homecare, hence not required in the exclusions
HC006	<ul style="list-style-type: none"> Added denominator: Expired patients included in the denominator calculation during the reporting quarter