Long Term Care Jawda Guidance

Version 5.1

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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, clinics and other healthcare providers. 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 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 Long-Term 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.

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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 on their implementation
- To apply the laws, rules, regulations and policies that are issued as they are related to its purposes and responsibilities, in addition to what is issued by the respective international and regional organizations in line with the development of the health sector.
- To follow up and monitor the operation of the health sector, 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 (Long Term Indicators definition)**. 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 Healthcare Providers provide safe, effective and high quality services.

Q. Who is this guidance for?

All DoH licensed healthcare facilities providing Long term healthcare service in the Emirate of Abu Dhabi.

Q. How do I follow this guidance?

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

Q. What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- HAAD Standard for Provision of Long-Term Care in healthcare facilities in the Emirate of Abu Dhabi

Glossary:
LTCF: Long term care facility

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

Resident: Patient in a long-term care facility licensed by the Department of Health, Abu Dhabi.

Population: Unless specified for the indicator, all residents (children, adults, using or not using devices etc.) in the LTCF are considered to be included for indicator measurement.

Adult is defined as 18 years and older.

Applicability of the indicator:
The denominator criteria of an indicator determines the applicability of that indicator. Certain indicators are applicable to a patient population subgroup or patients with a particular health condition e.g. VAE will apply to adult patients who are using a ventilatory device.
Some indicators will be applicable to all patients / residents in the long term facility.

This implies that the denominator count can be different for different indicators.

Stay: The period of time between a resident's entry into a facility and either (a) a discharge, or (b) the end of the target period, whichever comes first.

A stay is also defined as a set of contiguous days in a facility. The start of a stay is either:

- An admission entry ***or***
- A reentry

The end of a stay is the earliest of the following:

- Any discharge assessment ***or***
- A death in facility record, ***or***
- The end of the target period.

Patient days in facility: The total number of days within a stay during which the resident was in the 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 a death in facility ***or***
  - (c) The end of the target period is reached, whichever is earlier.
- 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.
- Out on Pass will be included in the Long-term care days.

Facility Submission of Case-mix:
The resident days in the long-term care are to be classified by the level of care as given in the "HAAD Standard for the Provision of the Long-Term care in Healthcare Facilities in the Emirate of Abu Dhabi Appendix 1". https://haad.ae/HAAD/LinkClick.aspx?fileticket=PdlTAxcoXrU%3D&tabid=819

So each LTCF will be submitting the total number of resident days within each service category for the target period (3 months for quarterly submission) as follows:

	Acuity Level (Care Level)	Service Code	Resident days for target period*
	Simple	17-13	
	Intermediate	17-14	
	Intensive	17-15	
	Severe	17-16	
	Self-pay/other codes	XXXX	
	Total resident days in the target period		

The coding assignments for the period would be those that are approved by Daman.

**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 17-16 till the 10th of the month and then that patient was weaned from ventilator by 11th and the care level changed to 17-14; the patient days will be accordingly assigned.*

Long Term Indicators

Type: Long Term Care Indicator Indicator Number: LTC001

KPI Description (title):	**Rate of Emergency Attendance for Long Term Patients**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition	Rate of emergency department or urgent care visits by long term care inpatient (all ages) without being admitted to the hospital within the measurement quarter.
Population	All residents are being cared for in the long-term facility.
Calculation	**Numerator:** Number of all unplanned visits to the Emergency Department (ED) or urgent care visits by long term residents within the measurement quarter. (Count the attendance rather than the number of residents). **CPT codes (not limited to):** 99281, 99282, 99283, 99284, 99285 *For definition of unplanned care and medical emergency, please refer to DOH (HAAD) Standard for Emergency Departments.* **Denominator:** A count of the total number of long-term inpatient days during the measurement quarter. *Rate is calculated by the number of ED visits during the measurement quarter, divided by the total number of resident days during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term inpatient days
International comparison if available	https://www.cdc.gov/nchs/fastats/emergency-department.htm Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired Direction	Lower is better
Data Source	Patient Medical Records Claims

Type: Long Term Care Indicator Indicator Number: LTC002

KPI Description (title):	**Rate of Unplanned Hospital Admission or Transfer to A Higher Acuity Unit for Long Term Patients**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition	Rate of emergency admissions in an inpatient setting of an acute care hospital or transfer to a higher acuity unit such as ICU within the same facility within the measurement quarter by long term care residents.
Population	All residents who are being cared for in the long-term facility.
Calculation	**Numerator:** Number of all unplanned admissions to any acute care hospital or transfer to a higher acuity unit such as ICU within the same facility by long term residents during the measurement quarter (count the admissions rather than the residents). *For definition of unplanned care and medical emergency, please refer to DOH (HAAD) Standard for Emergency Departments.* **Denominator:** A count of the total number of long-term inpatient days during the measurement quarter. *Rate is calculated by the number of unplanned admissions during the measurement quarter divided by the total number of resident days during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term inpatient days
International comparison if available	http://pmj.bmj.com/content/77/903/40 Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired Direction	Lower is better
Data Source	Patient Medical Records Claims

Type: Long Term Care Indicator Indicator Number: LTC003

KPI Description (title):	**Rate of Deep Vein Thrombosis**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	Rate of deep vein thrombosis (primary or secondary diagnosis) for long term inpatients aged 18 years and above within the measurement quarter.
Population	All adult residents are being cared for in the long-term facility.
Calculation	**<u>Numerator</u>:** Number of residents aged 18 years or older newly diagnosed with a primary or secondary proximal deep vein thrombosis (ICD-10-CM) within the measurement quarter. ***Secondary ICD-10-CM Diagnosis Codes, as follows:*** • ***Proximal Deep Vein Thrombosis:*** ***ICD 10 CM Codes****: (I80.10, I80.11, I80.12, I80.13, I80.201, I80.202, I80.203, I80.209, I80.211, I80.212, I80.213, I80.219, I80.221, I80.222, I80.223, I80.229, I80.291, I80.292, I80.293, I80.299, I82.401, I82.402, I82.403, I82.409, I82.411, I82.412, I82.413, I82.419, I82.421, I82.422, I82.423, I82.429, I82.431, I82.432, I82.433, I82.439, I82.4Y1, I82.4Y2, I82.4Y3, I82.4Y9)* • ***Pulmonary Embolism:*** ***ICD 10 CM Codes:*** *(I26.01, I26.02, I26.09, I26.90, I26.92, I26.93, I26.94, I26.99)* **<u>Denominator</u>:** A count of the total number of long-term adult inpatient days during the measurement quarter. ***<u>Denominator Exclusion:</u>*** • Residents who have had their diagnosis of an Inherited or Acquired hypercoagulable condition reviewed and confirmed upon admission to a long-term care facility and every 6 months thereafter by a Haematologist. • *Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for: proximal deep vein thrombosis Deep Vein Thrombosis and Pulmonary Embolism (please see above codes)* • *Patients where a procedure for interruption of vena cava occurs before or on the same date as the first operating room procedure (CPT Procedure Code: 37619, 37191.* • where a procedure for pulmonary arterial or dialysis access thrombectomy occurs before or on the same day as the first operating room procedure • where the only operating room procedure(s) is for pulmonary arterial or dialysis access thrombectomy • with any listed ICD-10-CM diagnosis code present on admission for acute brain or spinal injury • with any listed ICD-10-PCS procedure code for extracorporeal membrane oxygenation (ECMO) • Any listed secondary ICD-10-CM diagnosis code for heparin-induced

	thrombocytopenia • Patients who received treatment as an inpatient for burns injury (any degree). They will be reported under Burn Jawda Guidance. ***ICD-10 codes**: T20.00XA - T31.99* • *Admission for pregnancy, childbirth, and puerperium (**ICD-10 codes:** O00.00 - O9A.53)* ***Rate** is calculated by the number of newly diagnosed adult residents with deep vein thrombosis during the measurement quarter divided by the total number of adult resident days during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term inpatient days
International comparison if available	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3124858/ PSI_12_Perioperative_Pulmonary_Embolism_or_Deep_Vein_Thrombosis_Rate.pdf (ahrq.gov) OECD, CQC of UK with modification following discussion with local experts and considering local culture.
Desired Direction	Lower is better
Data Source	Patient Medical Records Claims

Type: Long Term Care Indicator Indicator Number: LTC004

KPI Description (title):	**Rate of Long-Term Inpatients Newly Acquired or Worsening Pressure Injury (Stage 2 And Above) Per 1000 Adult Inpatient Days.**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	Rate of long-term inpatients newly acquired or worsening pressure injury (Stage 2 and above) per 1000 adult inpatient days.
Population	All patients (adult, pediatric) who are being cared for in the long-term facility.
Calculation	**Numerator:** Number of long-term residents with newly (long term facility) acquired pressure injury or with worsening pressure injury Stage 2, 3, 4, Unstageable or Deep Tissue Injury (DTI) within the measurement quarter. **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, L89.96* ***Guide on stage is defined below*;** **Stage 2 Pressure Injury**: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). **Stage 3 Pressure Injury**: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury. **Stage 4 Pressure Injury**: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament,

	cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury. **Unstageable Pressure Injury**: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed. **Deep Tissue Pressure Injury**: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions **<u>Numerator Exclusions</u>:** • Patients with pressure injury present on admission, that stayed the same stage or improved (at any stage) following the start of the long-term care. • ***ICD-10 CM codes 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)* **<u>Denominator</u>:** A count of the total number of long term inpatient days during the measurement quarter. Rate is calculated by the number of long-term inpatients with newly acquired or worsening pressure injury (Stage 2 and above) during the measurement quarter divided by the total number of resident days during the same period and multiplying by 1000. Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term inpatient days

International comparison if available	CQC of UK with modification following discussion with local experts https://www.npuap.org/wp-content/uploads/2014/08/Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-Jan2016.pdf npiap_pressure_injury_stages.pdf (ymaws.com)
Desired Direction	Lower is better
Data Source	Patient Medical Records -Skin and Wound Assessment Chart Internal adverse event system

Type: Long Term Care Indicator Indicator Number: LTC005

KPI Description (title):	**VAE (Ventilator associated event)**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	VAEs are identified by using a combination of objective criteria: • Deterioration in respiratory status after a period of stability or improvement on the ventilator, • Evidence of infection or inflammation, and • Laboratory evidence of respiratory infection. The VAE rate per 1000 ventilator days is calculated by dividing the number of VAEs by the number of ventilator days and multiplying the result by 1000 (ventilator days). *NOTE: Residents must be mechanically ventilated for at least 4 calendar days to fulfill VAE criteria (where the day of intubation and initiation of mechanical ventilation is day 1). The earliest date of event for VAE (the date of onset of worsening oxygenation) is day 3 of mechanical ventilation.*
Population	All adult residents 18 years and above are being cared for in the long term facility and are using a ventilatory device.
Calculation	**Numerator:** Following are the definitions for VAE including **VAC** *Ventilator-Associated Condition,* **IVAC** *Infection related Ventilator-Associated Complication and* **PVAP** *Possible Ventilator Associated Pneumonia.* **ICD-10 CM CODES (but not limited to):** J95.851, J95.859, J95.850 ***Specify Criteria Used:** **STEP 1: VAC (≥1 REQUIRED)** At least one: □ Daily min fraction of inspired oxygen (FiO2) increases ≥ 0.20 (20 points) for ≥ 2 continuous days† OR □ Daily min positive end-expiratory pressure (PEEP) increases ≥ 3 cm H2O for ≥ 2 continuous days† †after 2+ days of stable or decreasing daily minimum values. **STEP 2: IVAC**

Both criteria:
□ Temperature > 38°C or < 36° OR □ White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm^3 AND
□ A new antimicrobial agent(s) is started, and is continued for ≥ 4 days

STEP 3: PVAP
One of the following criteria is met:
□ Criterion #1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds,‡ without requirement for purulent respiratory secretions:
□ Endotracheal aspirate □ Lung tissue
□ Bronchoalveolar lavage □ Protected specimen brush
OR
□ Criterion #2: Purulent respiratory secretions‡ (defined as secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field [lpf, x100]) plus organism(s) identified from one of the following specimens (to include qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet criterion #1):‡
□ Sputum
□ Endotracheal aspirate □ Lung tissue
□ Bronchoalveolar lavage □ Protected specimen brush
OR
□ Criterion #3: One of the following positive tests (as outlined in the protocol): ‡
□ Organism(s) identified from pleural fluid
□ Lung histopathology
□ Diagnostic test for Legionella species
□ Diagnostic test for selected viral pathogens
‡collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO2 or PEEP.

Numerator Exclusion:

- If the date of the VAE (i.e., day 1 of the ≥ 2-day period of worsening oxygenation) occurs on the day of transfer/discharge or the next day, indicate the transferring /discharging facility, not the current facility of the resident in the comments box. This resident will be excluded from the numerator count of the long term care facility.

For further information please see surveillance algorithm on page 18 of the VAE module: https://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf

- Repeated infection for the same type during 14 days from Date of Event

Denominator:
Ventilator days: Number of residents managed with ventilatory devices, are collected daily, at the same time each day. These daily counts are summed and only the total for the measurement quarter is used.

Denominator Inclusion:

- All ventilator days are counted, including ventilator days for residents on mechanical ventilation for < 3 days.
  CPT code: 94004, **ICD-10 CM code**: Z99.11

	• Patients undergoing weaning from mechanical ventilation are included in ventilator day counts as long as the patient is receiving support from a mechanical ventilator and is eligible for VAE surveillance
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 ventilator days
International comparison if available	https://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf https://www.cdc.gov/nhsn/inpatient-rehab/vae/index.html https://www.cdc.gov/nhsn/forms/57.112_VAE_BLANK.pdf
Desired Direction	Lower is better
Data Source	Patient medical record Laboratory data Infection control records

Type: Long Term Care Indicator Indicator Number: LTC006

KPI Description (title):	**Rate of Hospital Long-Term Inpatient Falls Resulting in Any Injury Per 1,000 Long-Term Inpatient Days.**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	Rate of falls resulting in any injury per 1000 long-term care inpatient days.
Population	All residents, who are being cared for in the long-term facility.
Calculation	**Numerator:** Total number of long-term inpatient falls resulting in injury (minor, moderate, major, or death) to the patient in the measurement quarter. **Numerator Inclusions**: Patient falls with injury: minor, moderate, major, or death. A ***fall*** is an unplanned descent to the floor. Include falls when a patient lands on a surface where you wouldn't expect to find a patient. All unassisted and assisted falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Also report patients that roll off a low bed onto a mat as a fall. The National Database of Nursing Quality Indicators ***NDNQI definitions for injury*** follow: •None -patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury.

	•"Minor- resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion. •Moderate-resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain. •Major- resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall. •Death-the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)." **Numerator Exclusions:** Resident falls, but no harm was evident **Denominator:** Total number of all long-term inpatient days in the measurement quarter. Calculation: [numerator / denominator] x 1000 **Denominator Exclusion**: • All Home care and Post-acute Rehab patients • Psychiatric Patients. (Refer to Mental Health Jawda Guidance) **Rate:** Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term inpatient days
International comparison if available	https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk5.html
Desired Direction	Lower is better
Data Source	Patient Medical Records Incident Reports

KPI Description (title):	**Catheter-Associated Symptomatic Urinary Tract Infection (CA-SUTI) Per 1000 Long Term Inpatient Days**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	The measure reports the long term inpatients with an indwelling catheter who have a urinary tract infection in the measurement quarter. *Date of Event: The date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the specimen used to meet the infection criteria was collected, whichever comes first.* *Indwelling urinary catheter: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag/collection system (including leg bags); also called a Foley catheter. Indwelling urinary catheters do not include straight in-and-out catheters or suprapubic catheters.* *Indwelling urinary catheters which have been in place for >14 days should be changed prior to specimen collection, but failure to change catheter does not exclude a UTI for surveillance purposes.* *If a patient is transferred to the facility with an indwelling urinary catheter in place, and the facility replaces the catheter with a new one while the resident is in the care of the facility, then the date of insertion of the device corresponds to the date the new catheter was placed in the LTCF.*
Population	All long-term inpatients with an indwelling catheter who are being cared for in the long term facility
Calculation	**Numerator:** All residents that meet the criteria below: ***ICD-10 CM codes*** (not limited to): T83.511A, T83.511D, T83.511S, T83.518A, T83.518D, T83.518S **Patient must meet 1, 2, and 3 below** 1. Patient had an indwelling urinary catheter that had been in place for more than 2 consecutive days in an inpatient location on the date of event AND was either: • Present for any portion of the calendar day on the date of event, OR • Removed the day before the date of event 2. One or more of the following (Signs and Symptoms) • Fever+[> 38C]] • suprapubic tenderness * • costovertebral angle pain or tenderness * • Urinary urgency** • Urinary frequency ** • Dysuria ** 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml. All elements must occur during the Infectious window period. * With no other unrecognized cause **These symptoms cannot be used when catheter is in place. An IUC in place could cause patient complaints of “frequency” “urgency” or “dysuria”.

	+ Fever can be used to meet CA-SUTI criteria even if the resident has another possible cause for the fever (e.g., pneumonia). ***Numerator Inclusion:*** • To be considered a CA-UTI, the indwelling catheter must be in place for >2 calendar days on the date of event, with day of device placement being Day 1. • Only UTI events presenting > 2 calendar days after admission (where date of admission is equal to day 1) are considered long term care facility onset events. ***Numerator Exclusion:*** • If a resident is transferred from an acute care facility and develops signs/symptoms of a UTI within the first 2 calendar days of admission to the LTCF, it would be considered present at the time of transfer to the LTCF. This case would not be included in the numerator for the LTCF. • Repeated infection for the same type during 14 days from Date of Event. • The following organisms cannot be used to meet the UTI definition: o Candida species or yeast not otherwise specified o Mold o Dimorphic fungi or o Parasites o Mixed flora (urine specimen) **Denominator:** Catheter-days: Number of Long-Term Inpatients with an indwelling urinary (Foley) catheter collected daily for all patients in the facility. These daily counts are summed and only the total for the measurement quarter is entered. ***ICD-10 CM code:*** Z46.6 **Denominator Exclusion:** None of the following urinary management devices should be included when counting indwelling catheter-days: suprapubic catheters, straight in-and-out catheters, or condom (male only) catheters. **Rate calculation:** CA-SUTI incidence rate/1,000 catheter-days = Number of Long-Term Inpatients with CA-SUTI / Catheter-days x 1,000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 urinary catheter days (long term)
International comparison if available	http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/surveillance/hcaiinlongtermcarefacilities/haltreports/2016report/File,16218,en.pdf Urinary Tract Infection (cdc.gov)
Desired Direction	Lower is better
Data Source	Patient medical record Laboratory data

Type: Long Term Care Indicator Indicator Number: LTC008

KPI Description (title):	**[Non-Catheter Associated] Symptomatic Urinary Tract Infection (SUTI) Per 1000 Long Term Inpatient Days**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	The measure reports the long-term care inpatients **without** an indwelling catheter who have a urinary tract infection in the measurement quarter. *Date of Event: The date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the specimen used to meet the infection criteria was collected, whichever comes first.*
Population	All long-term inpatients **without** an indwelling catheter who are being cared for in the long term facility
Calculation	**Numerator:** All Long Term Inpatients that meet the criteria below: ***ICD-10 CM codes*** (not limited to): N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.30, N30.31, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N34.0, N34.1, N34.2, N39.0 **Patient must meet 1, 2, and 3 below** 1. Patient has/had an indwelling urinary catheter, but it has/had not been in place for more than two consecutive days in an inpatient location on the date of event. **OR** Patient did not have an indwelling urinary catheter in place on the date of event nor the day before the date of event. 2. Patient has at least one of the following signs and symptoms • Fever+[> 38C]] • suprapubic tenderness * • costovertebral angle pain or tenderness * • Urinary urgency** • Urinary frequency ** • Dysuria ** 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥ 10^5 CFU/ml. All elements of the SUTI criterion must occur during the Infectious window period * With no other unrecognized cause **These symptoms cannot be used when catheter is in place. An IUC in place could cause patient complaints of “frequency” “urgency” or “dysuria”. *+ Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g., pneumonia).* **Numerator Inclusion:** • Only UTI events presenting > 2 calendar days after admission (where date of admission is equal to day 1) are considered facility onset events.

	4. These events can occur in patients without urinary devices or those managed with urinary devices other than indwelling urinary catheters, such as suprapubic catheters, straight in-and-out catheters and condom catheters. **<u>Numerator Exclusion</u>**: • If a resident is transferred from an acute care facility and develops signs/symptoms of a UTI within the first 2 calendar days of admission to the LTCF, it would be considered present at the time of transfer to the LTCF. This case would not be included in the numerator for the LTCF. • Repeated infection for the same type during 14 days from Date of Event • The following organisms cannot be used to meet the UTI definition: ○ Candida species or yeast not otherwise specified ○ Mold ○ Dimorphic fungi or ○ Parasites ○ Mixed flora (urine specimen) **<u>Denominator</u>:** Non-catheter associated Long Term Inpatient days are calculated by subtracting the catheter days from the total patient days. Total patient days are counted using the daily census of Long-Term Inpatients in the facility each day of the month and then summing up the daily census for the measurement quarter. **Rate calculation:** SUTI incidence rate/1,000 Long Term Inpatient-days = Number of patients with SUTI / [Total Long Term Inpatient days – catheter-days] x 1,000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term resident days
International comparison if available	Urinary Tract Infection (cdc.gov)
Desired Direction	Lower is better
Data Source	Patient medical record Laboratory data

Type: Long Term Care Indicator Indicator Number: LTC009

KPI Description (title):	**Gastroenteritis Cases Per 1000 Long Term Inpatient Days**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition	Gastroenteritis cases per 1000 long-term care resident days.
Population	All long-term residents who are being cared for in the long-term facility.
Calculation	**Numerator:** Total number of residents who develop gastroenteritis in the measurement quarter. ***ICD-10 CM codes*** (not limited to): A08.0, A08.2, A08.31, A08.32, A08.39, A08.4, A08.8, A09 One of the following criteria must be met: **CRITERION 1:** Three or more liquid or watery stools above what is normal for the resident within a 24-hour period OR **CRITERION 2:** Two or more episodes of vomiting in a 24-hour period OR **CRITERION 3:** Both of the following: a) a stool culture positive for a pathogen (e.g., Salmonella, Shigella, E. coli O157:H7, Campylobacter spp., rotavirus) ***ICD-10 CM codes*** (not limited to): A02.0, A03.0, A04.71, A04.72, A09, A04.4, A04.5, A08.0, A48.0, B96.7 AND b) at least one of the following symptoms: i) nausea ii) vomiting iii) abdominal pain or tenderness iv) diarrhea **Numerator Inclusion:** Only gastroenteritis presenting > 1 calendar days after admission (where date of admission is equal to day 1) is considered facility onset. **Numerator Exclusion:** 5. If a resident is transferred from an acute care facility and develops signs/symptoms of gastroenteritis within the first day of admission or readmission to the LTCF, it would be considered present at the time of transfer to the LTCF. This case would not be included in the numerator for the LTCF.

	6. Care must be taken to rule out non-infectious causes of symptoms. For instance, new medication may cause both diarrhea and vomiting; nausea and vomiting may be associated with gallbladder disease; initiation of new enteral feeding may be associated with diarrhea ***ICD-10 CM*** (not limited to): K52.0, K52.1, K52.29, K52.81, K52.89, K52.9 **Denominator:** Total long-term inpatient days in the measurement quarter. **Rate Calculation:** [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 long term resident days
International comparison if available	http://www.publichealthontario.ca/en/eRepository/Surveillance_3-3_ENGLISH_2011-10-28%20FINAL.pdf
Desired Direction	Lower is better
Data Source	Patient Medical Records Laboratory data

Type: Long Term Care Indicator Indicator Number: LTC010

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

	medications, or it may include intermittent infusions such as flushes, IV antimicrobial administration, or blood transfusion or hemodialysis. **Temporary central line:** A non-tunneled, non- implanted catheter. **Permanent central line**: Includes 12. Tunneled catheters, including certain dialysis catheters 13. Implanted catheters (including ports) **Location of Attribution:** The inpatient location where the patient was assigned on the date of event is the location of attribution (**Exception to Location of Attribution:** *Transfer Rule*: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location) **Date of Event (Event Date):** The Date of Event is the date the first element used to meet site-specific infection criterion occurs for the first time within the seven-day infection window period. **Infection Window Period:** Infection Window Period is defined as the 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is an element of the site-specific infection criterion, was obtained, the 3 calendar days before and the 3 calendar days after. **Central Line days** are the number of patients with an indwelling central line, are collected daily, at the same time each day.
Calculation and Criteria to define CLABSI:	***Numerator:*** Each CLABSI that is identified during the period selected for surveillance in all adult long-term setting. ***ICD-10 CM codes*** (not limited to): T80.211A, T80.211D, T80.211S **Laboratory-Confirmed Bloodstream Infection (LCBI) Criteria to define BSI:** **LCBI 1.** • Patient has a recognized pathogen cultured from one or more blood cultures **AND** • Organism cultured from blood is not related to an infection at another site **LCBI 2.** • Patient has at least one of the following signs or symptoms: fever (>38.0C), chills, or hypotension **AND** • Organism cultured from blood is not related to an infection at another site **AND**

	The same common commensal (i.e., diphtheroids [*Corynebacterium* spp. not *C. diphtheriae*], Bacillus spp. [not *B. anthracis*], Propionibacterium spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, Aerococcus spp., and *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions. **Transfer Rule**: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location) **Numerator Exclusion:** • MBI-LCBI • Secondary bloodstream infections • Repeated infection for the same type during 14 days from Date of Event ***Denominator***: Number of all central line long term inpatient days for all adult patients (age 18 and older) during the reporting period. ***Applicable CPT codes (not limited to):*** 36555-36590 • It is not required for a BSI to be associated with a specific device when more than one line is present. • Only one central line per patient is counted per calendar day regardless of the number of central lines present. All central lines on inpatient units should be included in device day counts regardless of access. **Denominator Exclusion:** • Pediatric (it will be reported under pediatric Jawda guidance) • Neonates (from zero to 28 days) it will be reported under maternal Jawda guidance • Patients who received treatment as an inpatient for burns injury (any degree). They will be reported under Burn Jawda Guidance. • Generalized and specialized hospital Jawda guidance
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line long term inpatient days
International comparison if available	AHRQ and DOH standards http://www.cdc.gov/nhsn/acute-care-hospital/CLABSI/index.html
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Type: Long Term Care Indicator Indicator Number: LTC011

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 6-5of the VAP module https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf
Population	(Ped VAP) surveillance is only applicable to patients in paediatric locations
Criteria to define (ped. VAP)	***Numerator:*** Number of paediatric patients who are mechanically ventilated and developed Pneumonia during the surveillance period **Numerator Exclusion**: Repeated infection for the same type during 14 days from Date of Event **ICD 10 CODES FOR VAP:** J95.851, J95.859, Z99.11, Z99.12 ***Denominator***: 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. ***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). ***The Ventilator Utilization Ratio*** is calculated by dividing the number of ventilator days by the number of patient days.
Inclusion	Patient is defined to have Ventilator-associated Pneumonia ((pedVAP) if meets one the following imaging test result ***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 • Infiltrate • Consolidation • Cavitation • Pneumatoceles, in infants ≤1 year old ***AND*** ***2. Sign & symptoms***: Worsening gas exchange i.e., oxygen desaturations [for example pulse oximetry <94%], increased oxygen requirements, or increased ventilator demand). ***AND*** ***And at least three of the following:*** • 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 Bradycardia (<100 beats/min) or tachycardia (>170 beats/min)
Exclusion	• 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: 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: a. *Candida* species* or yeast not otherwise specified b. coagulase-negative *Staphylococcus* species c. *Enterococcus* species **Note**: *Candida* species* or yeast not otherwise specified, coagulase-negative *Staphylococcus* species, and *Enterococcus* 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 d. **Candida* species isolated from sputum, endotracheal aspirate, broncho-alveolar lavage (BAL) specimens or protected specimen 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: *Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis.*
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:	• Patient's records • Hospital internal mortality and morbidity

Summary of Changes 2025 V5

KPI #	Changes
Glossary	• Updated codes in Case-mix Index • Revised the Domain and indicator as per IOM domains
LTC001	• Added CPT codes in Numerator • *Rephrase the title and definition.*
LTC002	• Rephrase the title
LTC003	• Revised DVT profile with "proximal" veins as per AHRQ updated guidelines • Revised Denominator exclusions in line with AHRQ updated guidelines.
LTC004	• Revised pressure ulcer guide as per updated international guidelines. • Revised or rephrased the numerator definition and title.
LTC005	• Added ICD-10 codes in Numerator: *ICD-10 CM CODES (but not limited to): J95.851, J95.859* • Added codes in Denominator: *CPT code: 94004, ICD-10 CM code: Z99.11*
LTC006	• Revised or rephrased the numerator definition and title.
LTC007	• Added in Numerator: *ICD-10 CM codes (not limited to): T83.511A, T83.511D, T83.511S, T83.518A, T83.518D, T83.518S*
LTC008	• Added in Numerator: *ICD-10 CM codes (not limited to): N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.30, N30.31, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N34.0, N34.1, N34.2, N39.0.* Added Numerator Exclusion: The following organisms cannot be used to meet the UTI definition: ○ Candida species or yeast not otherwise specified ○ Mold ○ Dimorphic fungi or ○ Parasites • Mixed flora (urine specimen
LTC009	• Added in Numerator: ICD-10 CM codes (not limited to): *A08.0, A08.2, A08.31, A08.32, A08.39, A08.4, A08.8, A09, A02.0, A03.0, A04.71, A04.72, A09, A04.4, A04.5, A08.0, A48.0, B96.7* • Added in Numerator Exclusion: ICD-10 CM (not limited to): *K52.0, K52.1, K52.29, K52.81, K52.89, K52.9*
LTC010	• Excluding CLABSI in QI and added as new KPI in LTC
LTC011	• Excluding LTC Pediatric VAP in PED and added as new KPI in LTC • Rephrased the denominator definition.

Summary of Changes 2025 V5.1

KPI #	Changes
Glossary	Added in calculation **Patient days in facility:** The total number of days within a stay during which the resident was in the facility. The following rules are used when computing patient days: • 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. • Out on Pass will be included in the Long-term care days.