



دائرة الصحة
DEPARTMENT OF HEALTH

One Day Surgery Service Jawda Guidance

Version 2

Table of Contents

Executive Summary.....	3
About this Guidance.....	4
Percentage of patients discharged against medical advice out of total number of One Day Surgery discharges	5
Percentage of One Day surgery transfers to Acute Care Hospitals.....	6
Extended length of stay during Day Case discharges	7
Complications resulted from Anesthesia for Day Surgery Procedures.....	8
Percentage of Surgical Site Infection (SSI)	9
30-day all-cause unplanned admission rate for patients undergone One Day Surgery Procedure.....	12
Rate of emergency attendance within 7 days of Day case procedure.	13
Re-operation within 15 days from Day case procedure.....	14
Summary of Changes 2025.....	15

Executive Summary

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

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary Academic centers although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of 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 the quarterly reporting by the operating One Day Surgery Centers in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators.

For enquiries about this guidance, please contact jawda@doh.gov.ae

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

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About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA One Day surgery (DS) performance indicators. Department of Health (DoH) with consultation of local and international surgeons professionals has developed One Day Surgery performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period. The One Day Surgery indicators in this guidance include measures to monitors, waiting time for surgery procedures safety, and complications in patients undergoing One Day surgeries i.e., (surgical site infections, readmission to operating room and hospitals, patient safety, and emergency visits).

Who is this guidance for?

All DOH Licensed Healthcare Facilities providing One Day Surgery services (including stand-alone and hospitals) in the Emirate of Abu Dhabi.

One Day Surgery Patients who are admitted to a hospital or day case surgical center for the day, undergone surgery, and are discharged on the same day not meeting the inpatient criteria.

How do I follow this guidance?

Each One Day Surgery Center will nominate one member of staff to coordinate, collect, quality control, monitor and report relevant Inpatient data as per **communicated dates** and an alternate member as backup. 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 Online Portal.

What are the Regulation related to this guidance?

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

One Day Surgery Performance Indicators

Type: Quality Indicator

Number: DS001

KPI Description (title):	Percentage of patients discharged against medical advice out of total number of One Day Surgery discharges
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Number of patients discharged against medical advice out of total number of day case surgical discharges
Calculation:	<p><u>Numerator:</u> Count number of Day case surgical patients discharged against medical advice.</p> <p><u>Denominator:</u> Total number of Day Case surgical discharges during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Admission for Diagnostic and/or Therapeutic Procedures • Patients undergo any surgical procedures under service code 24 or 25-02. • Self-pay patients medically expected to remain confined up to 12 hours for surgical interventions. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	% of Against Medical Advice (AMA)
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

JAWDA Quarterly Guidelines for One Day Surgery

Type: Quality Indicator

Number: DS002

KPI Description (title):	Percentage of One Day surgery transfers to Acute Care Hospitals
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Number of Patients who required to be transfer to acute care underwent Day Case surgery that are transferred to acute care Hospitals or transfer to a higher acuity unit within the same facility.
Calculation:	<p><u>Numerator:</u> Count number of day surgery patients transferred to acute care hospital or transfer to a higher acuity unit within the same facility within 24hrs of day case surgery performed.</p> <p><u>Numerator Exclusion:</u></p> <ul style="list-style-type: none"> • Patient discharged to the community. <p><u>Denominator:</u> Total number of Day Case surgical discharges during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Admission for Diagnostic and/or Therapeutic Procedures • Patients undergo any surgical procedures under service code 24 or 25-02. • Self-pay patients medically expected to remain confined up to 12 hours for surgical interventions. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01.
Reporting Frequency:	Quarterly
Unit of Measure:	% of transfers to acute care hospitals or transfer to a higher acuity unit within the same facility.
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

JAWDA Quarterly Guidelines for One Day Surgery

Quality Indicator

Number: DS003

KPI Description (title):	Extended length of stay during Day Case discharges
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Extended length of stay among all Day case procedures
Calculation:	<p><u>Numerator:</u> Number of patients whose length of stay extended is more than 12 hours of One Day Surgery/Procedure admission.</p> <p><u>Denominator:</u> Total number of Day Case surgical discharges during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Admission for Diagnostic and/or Therapeutic Procedures • Patients undergo any surgical procedures under service code 24 or 25-02. • Self-pay patients medically expected to remain confined up to 12 hours for surgical interventions. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	% of Extended length of stay
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

JAWDA Quarterly Guidelines for One Day Surgery

Quality Indicator

Number: DS005

KPI Description (title):	Complications resulted from Anesthesia for Day Surgery Procedures
Domain	Safety
Indicator Type	Outcome
Definition:	Total number of Complications from Anesthesia administration among all day care procedures performed during the reported period
Calculation:	<p><u>Numerator:</u> Total Number of complications from Anesthesia administration until discharge during the reporting period.</p> <p>Anesthesia complications include:</p> <ul style="list-style-type: none"> • Airway trauma • Anaphylaxis • Aspiration • Awake paralysis • Awareness during anesthesia • Bronchospasm • Cardiac Arrest • Convulsion • Delayed Emergence • Esophageal intubation • Globe perforation or eye injury • Headache due to neuraxial intervention • Hemodynamic instability post-op • Hemorrhage due to anesthesia • Hypoxia • Inadequate ventilation • Malignant Hyperthermia • Myocardial Infarction • Nerve Injury • New arrhythmias • Peripheral Nerve Injury • Plexis Injury • Pneumothorax • Premature extubation • Respiratory depression <p><u>Denominator:</u> Total number of Day Case Surgical Admissions performed with administration of anesthesia during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Admission for Diagnostic and/or Therapeutic Procedures • Patients undergo any surgical procedures under service code 24 or 25-02. • Self-pay patients medically expected to remain confined up to 12 hours for surgical interventions • All types of anesthesia <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01

JAWDA Quarterly Guidelines for One Day Surgery

Reporting Frequency:	Quarterly
Unit of Measure:	% Complications from Anesthesia administration.
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

Quality Indicator

Number: DS006

KPI Description (title):	Percentage of Surgical Site Infection (SSI)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of Day Case Procedure per 100 operative procedures
Calculation and criteria to define SSI:	<p><u>Numerator:</u> Number of all SSI identified within 30 days for all patients undergoing Day Case Procedures</p> <p><u>Denominator:</u> Total number of Day Case surgical admissions during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Admission for Diagnostic and/or Therapeutic Procedure • Patients undergo any surgical procedures under service code 24 or 25-02. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance. <p><i>SSI could be presented as:</i> Superficial incisional SSI: Must meet the following criteria: Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) AND involves only skin and subcutaneous tissue of the incision AND patient has at least <i>one</i> of the following:</p> <ul style="list-style-type: none"> • purulent drainage from the superficial incision. • organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or nonculture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST).

- superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture-based testing is not performed.

AND

patient has at least one of the following signs or symptoms:

- pain or tenderness; localized swelling; erythema; or heat.
- diagnosis of a superficial incisional SSI by the surgeon or attending physician** or another designee.

Deep incisional SSI: Must meet the following criteria:

The date of event for infection occurs within 30 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in [Table 2](#) **AND**

involves deep soft tissues of the incision (for example, fascial and muscle layers) **AND**

patient has at least **one** of the following:

- purulent drainage from the deep incision.
- a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or another designee

AND

organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or nonculture based microbiologic testing method is not performed

AND

patient has at least **one** of the following signs or symptoms:

fever

(>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.

- an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

REPORTING INSTRUCTIONS for Superficial SSI

The following do not qualify as criteria for meeting the definition of superficial SSI:

- A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration)
- A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound.
- Diagnosis/treatment of “cellulitis” (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis.
- Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.
- An infected burn wound is classified as BURN and is not reportable under this module.

JAWDA Quarterly Guidelines for One Day Surgery

	<p>Definition of an NHSN Operative Procedure</p> <p>An NHSN Operative Procedure is a procedure:</p> <ul style="list-style-type: none"> • that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping And • takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And • takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute’s (FGI) or American Institute of Architects’ (AIA) criteria for an operating room when it was constructed or renovated. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.
Reporting Frequency:	Quarterly
Unit of Measure:	% Complications from Anesthesia administration.
International comparison if available	OECD, AHRQ and DOH standards
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient medical record.

JAWDA Quarterly Guidelines for One Day Surgery

Quality Indicator

Number: DS007

KPI Description (title):	30-day all-cause unplanned admission rate for patients undergone One Day Surgery Procedure
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of all unplanned admission to any inpatient or day care facility within 30 days of discharge from Day case after undergoing a Day case Procedure: All related and Unrelated readmissions to be included (indicate if it related or un-related in the notes section).
Calculation:	<p><u>Numerator:</u> Count of patients with unplanned admission to any hospital or readmission to One Day Surgery Center within 30 days of <u>being discharged from a One Day Surgery Procedure</u> (all specialty, all types, and all approaches). (If a patient has more than one unplanned admission within 30 days of discharge after Day surgery procedure, only the first is to be counted for numerator.</p> <p><u>Denominator:</u> Total number of Day Case surgical discharges during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Discharge from Diagnostic and/or Therapeutic Procedure • Patients undergo any surgical procedures under service code 24 or 25-02. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Planned Readmissions. • Admissions for patients who are discharged against medical advice (AMA) • Initial Admissions for patients having unplanned Day Case Procedure • Patient transferred to another acute care facility during initial Day Case Admission
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

JAWDA Quarterly Guidelines for One Day Surgery

Quality Indicator

Number: DS008

KPI Description (title):	Rate of emergency attendance within 7 days of Day case procedure.
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Rate of emergency department or urgent care visits within 7 days of day case procedure without being admitted to the hospital within the measurement quarter.
Calculation:	<p><u>Numerator:</u> Total number of patients with emergency visit within 7 days of being discharged from One Day Surgery Center for having a planned Day surgery.</p> <p><u>Denominator:</u> Total number of Day Case Surgical Discharges during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Discharge from Diagnostic or Therapeutic Procedure • Patients undergo any surgical procedures under service code 24 or 25-02. <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01 • Admissions for patients who are discharged against medical advice (AMA) • Patient transferred to another acute care facility during initial Day Case Admission
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

JAWDA Quarterly Guidelines for One Day Surgery

Quality Indicator

Number: DS009

KPI Description (title):	Re-operation within 15 days from Day case procedure
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Re-operation within 15 days from Day case Procedure.
Calculation:	<p><u>Numerator:</u> Total number of patients who had a re-operation/re-procedure within 15 days of Day case Procedure.</p> <p><u>Denominator:</u> Total number of Day Case Surgical Discharges during the reporting period.</p> <p><u>Denominator Inclusions:</u></p> <ul style="list-style-type: none"> • Discharge from Diagnostic or Therapeutic Procedure • Patients undergo any surgical procedures under service code 24 or 25-02 <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> • Claims Submitted with Service code 25-01
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 discharges
International comparison if available	N/A
Desired direction:	Lower is better
Notes for all providers	
Data Sources and Guidance:	<ul style="list-style-type: none"> - Administrative and medical records. - Claims

Summary of Changes 2025

KPI #	Changes
About Guidance Page	<ul style="list-style-type: none"> Revised applicability: Who is this guidance for? All DOH Licensed Healthcare Facilities providing One Day Surgery services (including stand-alone and hospitals) in the Emirate of Abu Dhabi <i>One Day Surgery Patients who are admitted to a hospital or day case surgical center for the day, undergone surgery, and are discharged on the same day not meeting the inpatient criteria.</i>
DS001	<ul style="list-style-type: none"> Rephrased the title and added-“Percentage”
DS002	<ul style="list-style-type: none"> Definition: Added- Patients who required to be transfer to acute care and transfer to a higher acuity unit within the same facility. Numerator: Added-Transfer to a higher acuity unit within the same facility Numerator exclusion: Added-Patient discharged to the community Denominator: Added surgery admissions Rephrased the title: Percentage of One Day surgery transfers to Acute Care Hospitals
DS002-DS003	<ul style="list-style-type: none"> Revised Denominator: Total number of Day Case admissions during the reporting period.
DS004	<ul style="list-style-type: none"> Retired the KPI
DS001-DS009	<ul style="list-style-type: none"> Age specificity has been removed from the KPIs, making them applicable to all patients, both adult and pediatric. Added denominator inclusion: “Patients undergo any surgical procedures under service code 24 or 25-02”
DS005	<ul style="list-style-type: none"> Revised Denominator: Total number of Day Case Admissions performed with administration of anesthesia during the reporting period. Added Anesthesia complications
DS006	<ul style="list-style-type: none"> Revised Denominator Exclusions: Surgical Cosmetic Procedures Alone (performed without medically necessary surgeries on that admission) SSI definition removed 90 days.
DS007	<ul style="list-style-type: none"> Added in the title: “unplanned admission” Added in the denominator: “Day Case surgical discharges”
DS008	<ul style="list-style-type: none"> Rephrased the definition: Rate of emergency department or urgent care visits within 7 days of day case procedure without being admitted to the hospital within the measurement quarter.
D009	<ul style="list-style-type: none"> Rephrased the definition: Total number of Day Case surgical discharges during the reporting period.
DS010	<ul style="list-style-type: none"> Retired the KPI.