دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

Post-Acute Rehabilitation (PAR) Service Jawda Guidance

Version 4

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Executive Summary

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

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This ranges 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 Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

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

DOH has developed 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 against by the operating general and specialist hospitals in Abu Dhabi.

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

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

Issued:	Version 1, January 2022
	Version 2, June 2022
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About this Guidance

The guidance sets out the definitions and reporting frequency of Jawda Post Acute Rehabilitation (PAR) performance indicators. The Department of Health (DoH), in consultation with local PAR experts has developed Post Acute Rehabilitation (PAR) 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 period.

The Jawda KPIs in this guidance include measures to monitor morbidity in inpatient rehabilitation patients receiving PAR services.

Who is this guidance for?
All DoH licensed healthcare facilities providing PAR services in the Emirate of Abu Dhabi.

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

What is the Regulation related to this guidance?

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

Glossary

INPATIENT: *Is a beneficiary registered and admitted to a hospital for bed occupancy for purposes of receiving healthcare services and is medically expected to remain confined overnight and for a period in excess of 12 consecutive hours.*

- *Daycase admission is not included in INPATIENT.*
- *Beds **excluded** from the inpatient bed complement:*
  - ***Beds/cots for healthy newborns***
  - *Beds in Day Care units, such as surgical, medical, pediatric day care, interventional radiology*
  - *Beds in Dialysis units*
  - *Beds in Labor Suites (e.g. birthday beds, birthing chairs)*
  - *Beds in Operating Theatre*
  - *Temporary beds such as stretchers*
  - *Chairs, Cots or Beds used to accommodate sitters, parents, guardians accompanying patients or sick children and healthy baby accompanying a hospitalized breast-feeding mother*
  - *Beds closed during renovation of patient care areas when approved by the competent authority*

DAYCASE*: Daycase beds, also known as observation beds, are beds used in Day Care units such as surgical, medical, pediatric day care interventional radiology. They are not included in the inpatient bed complement.*

LONG TERM CARE PATIENTS: They will be reported under LTCF Jawda Guidance. ***Service codes (not limited to)****: 17-13, 17-14, 17-15, 17-16, 17-27, 17-28, 17-30, 17-31, self-pay LTC, etc.*

CRITICAL CARE AREA: A patient is in a Critical Care Area if they are receiving active cardiac monitoring (including telemetry) in an Intensive Care Unit, Emergency Room, Urgent Care Centre, Operating Room, Procedure Room, Anesthetic Induction Room or Recovery Area.

DISCHARGE: Discharge to anywhere (home, another acute facility within the facility, long term etc.)

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number: PAR001**

KPI Description (title)	**Rate of Emergency Attendance for Post-Acute Rehab Patients**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Rate of emergency department or urgent care visits by PAR inpatient (all ages) without being admitted to the hospital within the measurement quarter.
Calculation:	**Numerator**: Number of all unplanned visits to the Emergency Department (ED) or urgent care by PAR inpatients (all ages) within the measurement quarter. (Count the attendance rather than the number of patients). *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 PAR inpatient days (all ages) during the measurement quarter. **Denominator Exclusions:** PAR inpatients in acute care facilities with PAR services (included in the license). *Rate is calculated by the number of ED or urgent care visits during the measurement quarter, divided by the total number of patient days (all ages) during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 patient days.
International comparison if available	Developed by DOH in consultation with subject matter experts.
Desired direction:	Lower is better
Notes for all providers	
Suggested data sources and guidance:	- Patient data source - Claims

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR 002

KPI Description (title)	**Rate of unplanned hospital admission or transfer to a higher acuity unit for PAR 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 PAR inpatients (all ages).
Calculation:	**Numerator:** Number of all unplanned inpatient admissions to any acute care hospital or transfer to a higher acuity unit such as ICU within the same facility by PAR inpatients (all ages) during the measurement quarter (count the admissions or transfers rather than the patients). *Guidance: For definition of unplanned care and medical emergency, please refer to DOH (HAAD)-Standard for Emergency Departments.* *Planned OPD appointment leading to an emergency admission with medical necessity shall be considered as unplanned admission.* **Denominator:** A count of the total number of PAR inpatient days (all ages) during the measurement quarter. *Rate is calculated by the number of unplanned admissions / transfers during the measurement quarter divided by the total number of inpatient days (all ages) during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days.
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-
Desired direction:	Lower is better
Notes for all providers	
Suggested data sources and guidance:	- Patient data source - Claims

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR 003

KPI Description (title)	**All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities**
Domain	**Effectiveness**
Indicator Type	**Outcome**
Definition:	Rate of unplanned readmissions to acute care or PAR facility within the measurement quarter by PAR inpatients.
Calculation:	**Numerator**: Number of unplanned acute or PAR admissions occurring within 30 days following the discharge from Inpatient rehabilitation facilities. Observation window: *The 30-day window for this measure runs for 30 days from the second day following discharge from the PAR.* **Denominator**: Number of inpatients (all ages) who were discharged (Index discharges) from the PAR facility to post-acute levels of care such as homecare services or to the community or to long term care LTC (include discharge to another LTC facility or transfer to LTC encounter in the same facility) during the assessment period. **Denominator Inclusion**: • Had a short-term acute care stay within 30 days prior to an PAR admission date **Denominator Exclusions** • PAR patients who died during the PAR stay • PAR patients who were transferred to an acute care hospital or another facility of the same type. • PAR patients discharged against medical advice (AMA) • PAR patients for whom the prior acute stay was for medical (nonsurgical) treatment of cancer (e.g: Z51.11 - Encounter for antineoplastic chemotherapy, Z51.0 - Encounter for antineoplastic radiation therapy.)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 PAR inpatient discharges
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-SODF-Presentation-CMS-National-Dry-Run-October-20-2015-edit-11-15.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Patient record, EMR, or assessment - Claims data

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR004

KPI Description (title):	**Rate of newly acquired or worsening pressure injury (Stage 2 and above) for PAR inpatients.**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	Rate of newly acquired or worsening pressure injury (Stage 2 and above) among PAR inpatients
Population	All patients (adult and pediatric) who are being cared for in the PAR facility.
Calculation	**Numerator:** Number of PAR inpatients with newly acquired pressure injury or with worsening pressure injury Stage 2, 3, 4, Unstageable or Deep Tissue Injury (DTI) within the measurement quarter. **PAR 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* ***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 following the start of the PAR. • PAR associated pressure injury Stage I ***(ICD- 10 CM Codes****: (L89.001, L89.011, L89.021, L89.101, L89.111, L89.121, L89.131, L89.141, L89.151, L89.201, L89.211, L89.221, L89.301, L89.311, L89.321, L89.41, L89.501, L89.511, L89.521, L89.601, L89.611, L89.621, L89.811, L89.891, L89.91)*

	<u>Denominator</u>: A count of the total number of PAR inpatient days during the measurement quarter. Rate is calculated by the number of PAR inpatients with newly acquired or worsening pressure injury (Stage 2 and above) during the measurement quarter divided by the total number of inpatient days during the same period and multiplying by 1000. *Calculation: [numerator / denominator] x 1000*
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 PAR inpatient days
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-Measure-Calculations-and-Reporting-Users-Manual-V31-508c.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

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR005

KPI Description (title):	**Catheter-associated Symptomatic Urinary Tract Infection (CA-SUTI) per 1000 PAR Inpatient days**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	The measure reports the PAR 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 patient 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 PAR facility.*
Population	All PAR inpatients with an indwelling catheter who are being cared for in the PAR facility
Calculation	**Numerator:** All residents that meet the below criteria: ***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 patient has another possible cause for the fever (e.g., pneumonia).* ***Numerator Inclusion:*** • To be considered a CA-SUTI, 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 PAR facility onset events. ***Numerator Exclusion:*** • If *a patient is transferred from an acute care facility and develops signs/symptoms of a UTI within the first 2 calendar days of* admission to the PAR facility, it would be considered present at the time of transfer to the PAR facility. This case would not be included in the numerator for the PAR facility. • 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) **Denominator:** Catheter-days: Number of PAR 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. **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 PAR inpatients with CA-SUTI / Catheter-days x 1, 000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 urinary catheter days (PAR)
International comparison if available	Urinary Tract Infection (cdc.gov)
Desired Direction	Lower is better
Data Source	Patient medical record, Laboratory data

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR006

KPI Description (title):	**Rate of Healthcare Facility Onset Clostridium Difficile Infection (CDI) in All Adult Post-Acute Rehabilitation Inpatients**
Domain	**Safety**
Indicator Type	**Outcome**
Definition:	Rate of healthcare facility onset Clostridium Difficile Infection (CDI) that meet CDI definitions for LabID event during the reporting period.
Criteria to define HAI) Clostridium Difficile Infection (CDI)	***Numerator:*** Total number of adult PAR inpatients (18 years and older) who meets ***NSHN CDI*** definitions for healthcare-associated C. difficile infections (CDI) during the reporting period. **ICD 10 CODES (not limited to):** A04.71, A04.72 ***CDI Definitions:*** *both of the following criteria must be present:* ***1. At least one of the following:*** a) Three or more liquid or watery stools above what is normal for the patient within a 24-hour period b) Presence of toxic mega colon (abnormal dilation of the large bowel, documented radiologically) ***AND*** ***2. At least one of the following diagnostic criteria:*** a) a stool sample yields a positive laboratory test result for C. difficile toxin A or B, or a toxin-producing C. difficile organism is identified from a stool sample b) pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathology examination of a biopsy specimen ***Numerator Inclusions:*** • All adult patients (=> 18 years old) • Report all healthcare-associated infections where C. difficile, identified by a positive toxin result including toxin producing gene [PCR]), is the associated pathogen • Report each new CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs ***Numerator Exclusions*:** • Present on Admission (POA) • Positive Lab Tests results for collected specimens in an outpatient location • Repeated infection for the same type during 14 days from Date of Event • Positive Lab Tests results for collected specimens in an Inpatient Acute Care and Inpatient Psychiatric Facility **Denominator:** Total number of adult (age 18 and older) PAR inpatients during the reporting period. **Denominator Exclusion**: • *Psychiatric Inpatients (*Refer to Mental Health Jawda Guidance) • *Acute Care Inpatients. (*Refer to General & Specialized Hospitals Jawda Guidance)
Reporting Frequency:	Quarterly

Unit of Measure:	Rate per 1000 PAR inpatient days
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-Measure-Calculations-and-Reporting-Users-Manual-V31-508c.pdf https://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	a) Lab test results of all specimen b) Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. c) Patient medical record.

Type: Rehab **Indicator Number:** PAR007

KPI Description (title):	**Rate of falls resulting in any injury per 1,000 PAR Inpatient days**
Domain	**Safety**
Indicator Type	**Outcome**
Definition	Rate of falls resulting in any injury per 1000 PAR inpatient days.
Population	All patients who are being cared for in the PAR facility.
Calculation	**Numerator:** Total number of PAR 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 / 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 / patients that roll off a low bed onto a mat as a fall. The National Database of Nursing Quality Indicators ***NDNQI definitions for injury***: •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 dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion. •Moderate resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain. •Major resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall. •Death the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)." **Numerator Exclusions**: Patient falls, but no harm was evident **Denominator:** Total number of PAR inpatient days in the measurement quarter. **Denominator Exclusion:** • *Inpatient Acute Care (*Refer to General & Specialized Hospitals Jawda Guidance) • Long-term care & home care patients

	• *Psychiatric Patients.* (Refer to Mental Health Jawda Guidance) Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 PAR inpatient days
International comparison if available	Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual - Version 3.1 (cms.gov)
Desired Direction	Lower is better
Notes for all providers	
Data Source	Patient Medical Records Incident Reports

Type: Rehab **Indicator Number:** PAR008

KPI Description (title)	**Change in Self-Care score at Discharge from Inpatient PAR**
Domain	**Patient-Centered Care**
Indicator Type	**Outcome**
Definition:	Percentage of patients with had an improvement in their self-care score at discharge using a validated and internationally accepted tool (e.g.: CARE, FIM etc.)
Calculation:	**Numerator**: Total number of patients who had any improvement in their self-care score at discharge compared to admission self-care score. **Denominator:** Total number of PAR inpatients discharged during the reporting period. **Denominator exclusions**: • Patients with a length of stay less than 3 days • Patients who expired • Patients who left against medical advice • Patients who are independent with all self-care activities at the time of admission • Patients with a documented reason for not conducting self-care score assessment (such as medical conditions of coma; persistent vegetative state or locked-in syndrome).
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 PAR inpatients
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-Measure-Calculations-and-Reporting-Users-Manual-V31-508c.pdf #2633 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients, Last Updated: Oct 25, 2019
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	- Patient record, EMR, or assessment

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR009

KPI Description (title)	**Improvement in Mobility score at Discharge from Inpatient PAR**
Domain	**Patient-Centered Care**
Indicator Type	**Outcome**
Definition:	Percentage of patients who had improvement in their mobility score at discharge using a validated and internationally accepted tool (e.g.: CARE, FIM etc.)
Calculation:	**Numerator**: Total number of patients who had any improvement in their mobility score at discharge compared to admission mobility score. **Denominator**: Total number of PAR inpatient discharged during the reporting period. **Denominator Exclusions**: • Patients with a length of stay less than 3 days • Patients who expired • Patients who left against medical advice • Patients who are independent with all mobility activities at the time of admission • Patients with a documented reason for not conducting mobility score assessment (such as medical conditions of coma; persistent vegetative state or locked-in syndrome).
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 PAR inpatients
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-Measure-Calculations-and-Reporting-Users-Manual-V31-508c.pdf #2634 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients, Last Updated: Oct 25, 2019
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	- Patient record, EMR, or assessment

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR010

KPI Description (title)	**Drug Regimen Review**
Domain	**Safety**
Indicator Type	**Process**
Definition:	Percentage of PAR discharges (all ages) that had a drug regimen review conducted within 24 hours of admission and at discharge
Calculation:	**Numerator**: Total number of patients (all ages) from the denominator who had a drug regimen review conducted: • Within 24 hours of admission • At discharge **Denominator**: Total number of PAR Inpatient discharges (all ages) during the reporting period.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 PAR discharges
International comparison if available	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-Measure-Calculations-and-Reporting-Users-Manual-V31-508c.pdf
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	- Patient record, EMR, or assessment

Post-Acute Rehabilitation (PAR) Service JAWDA Performance Indicator

Type: Rehab **Indicator Number:** PAR011

KPI Description (title)	**Post-Discharge appointment**
Domain	**Effectiveness**
Indicator Type	**Process**
Definition:	Percentage of patients (all ages) who were discharged from PAR Service for whom a follow-up appointment was scheduled within 10 working days and documented before discharge (as specified).
Calculation:	**Numerator**: Patients for whom a follow-up appointment was scheduled within 10 working days and documented before discharge from PAR service including either: • A clinic visit (including location, date, and time) • A home health visit (including location and date) • A telehealth visit (including location and date) *Note: Because of the nature of scheduling home health visits, the location and date of the follow-up appointment is sufficient for meeting the measure.* **Denominator:** All patients (all ages) who were discharged from PAR facility during the reporting period. **Denominator Exclusions**: • Patients transferred to another facility • Patients who left against medical advice • Patient who are repatriated to another country within 7 days. • Patients who were discharged expired
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 PAR discharges
International comparison if available	
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	- Patient record, EMR, or assessment

Summary of Changes 2025

KPI #	Changes
Glossary	Added glossary in page 5
PAR002	• Added guidance: Planned OPD appointment leading to an emergency admission with medical necessity shall be considered as unplanned admission
PAR003	• Added all ages population to this KPI.
PAR004	• Revised pressure ulcer guide as per updated international guidelines.
PAR005	• Added codes in Numerator and Denominator • Updated CAUTI definition as per the international guidelines • Moved denominator exclusion to numerator exclusion
PAR006	• Aligned definitions with General Hospitals JAWDA Guidance (removed Appendix A)
PAR007	Removed Appendix B *Added Denominator Exclusion:* • *Inpatient Acute Care (Refer to General & Specialized Hospitals Jawda Guidance)* • *Long-term care & home care patients* • *Psychiatric Patients. (Refer to Mental Health Jawda Guidance)*