



دائرة الصحة
DEPARTMENT OF HEALTH

JAWDA KPI Quarterly Guidelines for Cerebral Palsy Rehabilitation for Children

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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 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 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 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 be collected and monitor by all Primary healthcare provider 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 subjected for review and therefore it is advisable to utilize online versions available on the DOH at all times.

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About this Guidance

The guidance sets out the definitions and reporting frequency of Jawda Cerebral Palsy Rehabilitation for Children performance indicators. The Department of Health (DoH), with consultation from local and international expertise of Cerebral Palsy management has developed Cerebral Palsy Rehabilitation for Children 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 of time.

The Jawda KPI for Cerebral Palsy in this guidance include measures to monitor i.e. how well Cerebral Palsy Rehabilitation providers care for their patients, how often they follow best practices and how effective they are at keeping patients healthy, and how patients feel about their experience at rehabilitation providers. Healthcare providers are the most qualified professionals to improve patients' activity level and participation and, their quality of life; therefore, it is crucial that clinicians retain a leadership position in defining performance among Cerebral Palsy Rehabilitation service providers.

Who is this guidance for?

All healthcare facilities who are licensed by DoH to provide Rehabilitative Services to Children with Cerebral Palsy in the Emirate of Abu Dhabi.

For further details, kindly refer Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect and monitor Cerebral Palsy Rehabilitation quality indicators. The provider is required to submit quarterly submission of data through Jawda e-notification system.

Note: Jawda team may use centrally collected claim data submitted by healthcare providers through Shafafiya portal to validate the data submitted by the providers through Jawda portal.

What is the Regulation related to this guidance?

- Legislation establishing the Health Sector
- Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi
- 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.

Type: Rehabilitation

Number: CP001

KPI Description (title):	Percentage of children with cerebral palsy (between 6 months and 16 years) with any improvement in gross motor function after physiotherapy interventions
Domain	Patient Care/Outcome
Sub-Domain	Clinical effectiveness
Definition	Percentage of children with cerebral palsy with any improvement in gross motor function.
Calculation	<p><u>Numerator:</u> Number of children with cerebral palsy who received physiotherapy sessions and have any improvement in gross motor function at the completion of the treatment round.</p> <p>Physiotherapy interventions include:</p> <ul style="list-style-type: none"> • Gait training • Postural training • Activities for building endurance • Muscle strengthening • increasing range of motion and flexibility • enhancing coordination and balance • learning the use of prosthesis • overall fitness • aquatic therapy • assessment for standing aids • assessment for walking aids • Head control, rolling, sitting balance, crawling, kneeling, standing balance – (static and dynamic) training. • Hand function skills training- fine and gross motor <p>Gross motor function is measured using the Gross Motor Function Measure (GMFM)</p> <p>Numerator Exclusions:</p> <ul style="list-style-type: none"> • No improvement or deterioration in scores • Exclude patients whose minimally clinically important difference (MCID) score is less than 0.8 in the use of GMFM-66 tool. <p><u>Denominator:</u> A count of the total number of Cerebral Palsy patients who have completed <i>one round</i> of both intensive rehabilitation phase and the consolidation phase during the reporting period. (The round can start in the previous quarter).</p> <p><u>Denominator Guidance:</u> For more information about the <i>intensive rehabilitation phase</i> and the <i>consolidation phase</i> please refer to the DOH Cerebral Palsy Standard.</p>

	<p><i>DOH Standard for Cerebral Palsy Services in Emirate of Abu Dhabi (July 2023)</i></p> <p><u>Denominator Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Children diagnosed with cerebral palsy between the ages of 6 months and 7 years or those above 7 years to 16 years old whose functional ability is below that of a child 7 years of age without a disability. <p><u>Denominator Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Children below the age of 6 months • Children above age 7 whose gross motor function is similar to other children aged 7 who do not have a disability. • Patients require rehabilitation for other clinical reasons (other than cerebral palsy). • Children who have not achieved at least an 85% rate of attendance (including days and hours) to the therapy sessions in the scheduled round. • Children who got admitted in any inpatient unit at least 2 times in the last three months with any diagnosis and hospitalization of 1-2 weeks and above. • Children who do not complete the prescribed therapy hours in the intensive and consolidation phase in the current round. • Children who were admitted in long-term care facilities for more than 3 months.
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	<p>-Developed by DoH- Abu Dhabi Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi Recommendations Spasticity in under 19s: management Guidance NICE</p>
Desired Direction	Higher is better
Data Source/ Report Name:	<p>- Administrative and medical records.</p> <p>- Claims</p>

Type: Rehabilitation

Number: CP002

KPI Description (title):	Percentage of children with cerebral palsy (between 6 months and 16 years) with 25% improvement in gross motor function after physiotherapy interventions
Domain	Patient Care/Outcome
Sub-Domain	Clinical effectiveness
Definition	Percentage of children with cerebral palsy with improvement (25%) in gross motor function.
Calculation	<p><u>Numerator:</u> Number of children with cerebral palsy who received physiotherapy sessions and have a 25% improvement in gross motor function at the completion of the treatment cycle.</p> <p>Physiotherapy interventions include:</p> <ul style="list-style-type: none"> • Gait training • Postural training • Activities for building endurance • Muscle strengthening • increasing range of motion and flexibility • enhancing coordination and balance • learning the use of prosthesis • overall fitness • aquatic therapy • assessment for standing aids • assessment for walking aids • Head control, rolling, sitting balance, crawling, kneeling, standing balance – (static and dynamic) training. • Hand function skills training- fine and gross motor <p>Gross motor function is measured using the Gross Motor Function Measure (GMFM)</p> <p>Numerator Exclusions:</p> <ul style="list-style-type: none"> • No improvement or deterioration in scores <p><u>Denominator:</u> A count of the total number of Cerebral Palsy patients who have completed the <i>one cycle</i> of both intensive rehabilitation phase and the consolidation phase during the reporting period.</p> <p><i>(A cycle is defined as 3 rounds of intensive rehabilitation phase and 3 rounds of consolidation phase)</i></p> <p><u>Denominator Guidance:</u></p>

	<p>For more information about the <i>intensive rehabilitation phase</i> and the <i>consolidation phase</i> please refer to the DOH Cerebral Palsy Standard.</p> <p><i>DOH Standard for Cerebral Palsy Services in Emirate of Abu Dhabi (July 2023)</i></p> <p><u>Denominator Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Children diagnosed with cerebral palsy between the ages of 6 months and 7 years or those above 7 years to 16 years old whose functional ability is below that of a child 7 years of age without a disability. <p><u>Denominator Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Children below the age of 6 months • Children above age 7 whose gross motor function is similar to other children aged 7 who do not have a disability. • Patients require rehabilitation for other clinical reasons (other than cerebral palsy). • Children who have not achieved at least an 85% rate of attendance (including days and hours) to the therapy sessions in scheduled cycles. • Children who got admitted in any inpatient unit at least 2 times in the during the cycle with any diagnosis and hospitalization of 1-2 weeks and above. • All patients who did not complete the three rounds of intervention. • Children who were admitted in long-term care facilities for more than 3 months.
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	<p>-Developed by DoH- Abu Dhabi</p> <p>Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi</p> <p>Recommendations Spasticity in under 19s: management Guidance NICE</p>
Desired Direction	Higher is better
Data Source/ Report Name:	<p>- Administrative and medical records.</p> <p>- Claims</p>

Type: Rehabilitation

Number: CP003

KPI Description (title):	Percentage of children with Cerebral Palsy (between 6 months and 16 years) who have shown any improvement in functional independence
Domain	Patient Care/Outcome
Sub-Domain	Clinical effectiveness
Definition	Percentage of children with cerebral palsy who have shown any improvement in functional independence.
Calculation	<p><u>Numerator:</u> Number of children with cerebral palsy who received therapy sessions and have any improvement in functional independence at the completion of the treatment round.</p> <p><u>Numerator Exclusions:</u></p> <ul style="list-style-type: none"> • No improvement or deterioration in scores. • Children with improved minimally clinically important difference (MCID) functional scores of less than 3 in WeeFIM score <p><u>Denominator:</u> A count of the total number of Cerebral Palsy patients who have completed the <i>one round</i> of both intensive rehabilitation phase and the consolidation phase during the reporting period. (The round can start in the previous quarter).</p> <p><u>Denominator Guidance:</u> For more information about the <i>intensive rehabilitation phase</i> and the <i>consolidation phase</i> please refer to the DOH Cerebral Palsy Standard.</p> <p><i>DOH Standard for Cerebral Palsy Services in Emirate of Abu Dhabi (July 2023)</i></p> <p><u>Denominator Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Children diagnosed with cerebral palsy between the ages of 6 months and 7 years or those above 7 years to 16 years old whose functional ability is below that of a child 7 years of age without a disability. <p><u>Denominator Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Children below the age of 6 months • Children above age 7 whose gross motor function is similar to other children aged 7 who do not have a disability. • Patients require rehabilitation for other clinical reasons (other than cerebral palsy).

Jawda Cerebral Palsy Rehabilitation for Children Quality Performance Indicators

	<ul style="list-style-type: none"> Children who have not achieved at least an 85% rate of attendance (including days and hours) to the therapy sessions in the scheduled round. Children who got admitted in any inpatient unit at least 2 times in the last three months with any diagnosis and hospitalization of 1-2 weeks and above. Children who do not complete the prescribed therapy hours in the intensive and consolidation phase in the current round. Children who were admitted in long-term care facilities for more than 3 months.
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	-Developed by DoH- Abu Dhabi Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi Interventions that improve function and participation: physical function - NCBI Bookshelf (nih.gov) Recommendations Spasticity in under 19s: management Guidance NICE
Desired Direction	Higher is better
Data Source/ Report Name:	- Administrative and medical records. - Claims

Type: Rehabilitation

Number: CP004

KPI Description (title):	Percentage of children with cerebral palsy who have 25% improvement in functional independence
Domain	Patient Care/Outcome
Sub-Domain	Clinical effectiveness
Definition	Percentage of children with cerebral palsy who have 25% improvement in functional independence.
Calculation	<p><u>Numerator:</u> Number of children with cerebral palsy who received therapy sessions and have 25% improvement in functional independence at the completion of the treatment cycle.</p> <p><u>Numerator Exclusions:</u></p> <ul style="list-style-type: none"> No improvement or deterioration in scores <p><u>Denominator:</u> A count of the total number of Cerebral Palsy patients who have completed the one cycle of both intensive rehabilitation phase and the consolidation phase during the reporting period.</p>

	<p>(A cycle is defined as 3 rounds of intensive rehabilitation phase and 3 rounds of consolidation phase)</p> <p><u>Denominator Guidance:</u> For more information about the <i>intensive rehabilitation phase</i> and the <i>consolidation phase</i> please refer to the DOH Cerebral Palsy Standard.</p> <p><i>DOH Standard for Cerebral Palsy Services in Emirate of Abu Dhabi (July 2023)</i></p> <p><u>Denominator Inclusion Criteria:</u></p> <ul style="list-style-type: none"> Children diagnosed with cerebral palsy between the ages of 6 months and 7 years or those above 7 years to 16 years old whose functional ability is below that of a child 7 years of age without a disability. <p><u>Denominator Exclusion Criteria:</u></p> <ul style="list-style-type: none"> Children below the age of 6 months Children above age 7 whose gross motor function is similar to other children aged 7 who do not have a disability. Patients require rehabilitation for other clinical reasons (other than cerebral palsy). Children who have not achieved at least an 85% rate of attendance (including days and hours) to the therapy sessions in the scheduled cycle. Children who got admitted in any inpatient unit at least 2 during the cycle with any diagnosis and hospitalization of 1-2 weeks and above. All patients who did not complete the three rounds of intervention. Children who were admitted in long-term care facilities for more than 3 months
Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	<p>-Developed by DoH- Abu Dhabi Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi Interventions that improve function and participation: physical function - NCBI Bookshelf (nih.gov) Recommendations Spasticity in under 19s: management Guidance NICE</p>
Desired Direction	Higher is better
Data Source/ Report Name:	<p>- Administrative and medical records.</p> <p>- Claims</p>

Type: Rehabilitation

Number: CP005

KPI Description (title):	Percentage of children (between 6 months and 16 years) achieving 85% attendance in Cerebral Palsy Outpatient based Therapy sessions
Domain	Process
Sub-Domain	Clinical effectiveness
Definition	Percentage of children in outpatient-based therapy sessions who had achieving at least 85% attendance rate.
Calculation	<p><u>Numerator:</u> Number of children who have achieved at least 85% attendance rate in the consolidation phase for completion in the reporting period.</p> <p>(The child attends 3 hours of outpatient therapy 3 days per week, consisting of physiotherapy, occupational therapy, and speech therapy program for 40 days).</p> <p><u>Denominator:</u> Total number of Cerebral Palsy children enrolled and completed the outpatient-based therapy sessions (<i>one</i> consolidation phase) during the reporting period.</p> <p><u>Denominator Guidance:</u> For more information about the <i>consolidation phase</i> please refer to the DOH Cerebral Palsy Standard.</p> <p><i>DOH Standard for Cerebral Palsy Services in Emirate of Abu Dhabi (July 2023)</i></p> <p><u>Denominator Inclusion Criteria:</u></p> <ul style="list-style-type: none"> Children diagnosed with cerebral palsy between the ages of 6 months and 7 years or those above 7 years to 16 years old whose functional ability is below that of a child 7 years of age without a disability. <p><u>Denominator Exclusion Criteria:</u></p> <ul style="list-style-type: none"> Children below the age of 6 months Children above age 7 whose gross motor function is similar to other children aged 7 who do not have a disability. Patients require rehabilitation for other clinical reasons (other than cerebral palsy). Children who got admitted in any inpatient unit at least 2 times in the last three months with any diagnosis and hospitalization of 1-2 weeks and above. All patients who were enrolled less than 2 months in the CP program in the reporting facility). Children who were admitted in long-term care facilities for more than 3 months.

Jawda Cerebral Palsy Rehabilitation for Children Quality Performance Indicators

Reporting Frequency	Quarterly
Unit Measure	Percentage
International comparison if available	-Developed by DoH- Abu Dhabi Standards of Care for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi https://www.flintrehab.com/cerebral-palsy-occupational-therapy-activities/ https://pubmed.ncbi.nlm.nih.gov/15658794/Recommendations Spasticity in under 19s: management Guidance NICE
Desired Direction	Higher is better
Data Source/ Report Name:	- Administrative and medical records. - Claims