



دائرة الصحة
DEPARTMENT OF HEALTH

**JAWDA KPI Quarterly
Guidelines for Dialysis
Facilities (DF) Service
Providers**

January 2020

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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 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.

Published: January 2020 Version 1

About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Dialysis Facilities (DF) performance indicators. The Department of Health (DoH), with consultation from local and international expertise of kidney diseases, has developed Dialysis Facilities 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 hemodialysis patients in this guidance include measures to monitor I.e. how well dialysis centers care for their patients, how often dialysis centers follow best practices and how effective they are at keeping patients healthy, and how patients feel about their experience at dialysis centers. Healthcare providers are the most qualified professionals to develop and evaluate quality of care for kidney disease patients; therefore, it is crucial that clinicians retain a leadership position in defining performance among dialysis healthcare providers.

Who is this guidance for?

All DoH licensed healthcare facilities providing hemodialysis 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 Dialysis services 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 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.
- Current DoH Standard for renal dialysis clinical services.

Dialysis Facility Quality Indicators

Type: DF Quality Indicator

Indicator Number: DF001

KPI Description (title):	Avoiding unnecessary transfusion
Domain	Clinical Effectiveness
Sub-Domain	Outcome
Definition:	Percentage of hemodialysis adult patients (18 years or older) who received red cell blood transfusion during the reporting period.
Calculation:	<p>Numerator: Number of all adult hemoheodialysis patients who received red blood cell transfusion during the reporting period.</p> <p>Numerator HCPCS code for red blood cell (P9010, P9011, P9016, P9021, P9022, P9038, P9039, P9040, P9051, P9054, P9056, P9058, 36430)</p> <p>Denominator: Count on the first 2 working days of the month, total patient adult hemoheodialysis patients (18 years old) under the care of the dialysis facility for the entire reporting period.</p> <p>Denominator Dialysis service code (14-01), CPT; 90935, 93937)</p> <p>Denominator Exclusion: Pediatric patients (<18 years old)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility Compare
Desired direction:	Lower numbers are better
Notes for all providers	
Data sources and guidance:	<ul style="list-style-type: none"> • Patient medical record file • Blood Bank transfusion cards • Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF002

KPI Description (title):	Preventing Bloodstream Infection in Hemodialysis Outpatients
Domain	Patient Safety
Sub-Domain	Outcome
Definition:	Percentage of bloodstream infection among patients receiving hemodialysis at outpatient hemodialysis centers.
Calculation:	<p>Numerator: Count the number of new positive blood culture events based on blood cultures drawn as an outpatient or within 1 calendar day after a hospital admission. <i>(A positive blood culture is considered a new event and counted only if it occurred 21 days or more after a previous positive blood culture in the same patient)</i></p> <p>Denominator : Count on the first 2 working days of the month the total number of maintenance hemoemodialysis patients treated in the outpatient hemodialysis center during the reporting period</p> <p>Denominator Exclusions: Patients receiving inpatient hemodialysis are excluded</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	KDOQI, USA, National Kidney Foundation, http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/
Desired direction:	Lower numbers are better
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF003

KPI Description (title):	Removing Waste from blood
Domain	Clinical Effectiveness
Sub-Domain	Outcome
Definition:	Percentage of adult hemodialysis patients (18 years or older) who had enough waste removed from their blood during hemodialysis- and achieved single pool kt/v of >1.4.
Calculation:	<p>Numerator: Count number of times in which hemodialysis adult patients with more than 90 days of dialysis treatment who are prescribed \geq three times weekly treatment-achieved single pool kt/v of >1.4.</p> <p>Denominator: Count on the first 2 working days of the month , total adult hemodialysis patients in the facility receiving hemodialysis three times a week for \geq 90 days</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old) -Patients on Peritoneal Dialysis</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility Compare
Desired direction:	Higher numbers are better
Target	90 % achieved a single pool of kt/v of >1.4.
Notes for all providers	
Data sources and guidance:	-Patient medical record file -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF004

KPI Description (title):	Hemodialysis Vascular Access: Long-term Catheter Rate
Domain	Patient Safety
Sub-Domain	Outcome
Definition:	Percentage of adult hemodialysis patients (18 years or older) using a catheter continuously for three months or longer for vascular access.
Calculation:	<p>Numerator: Count number of adult patients who were on maintenance hemodialysis using a catheter continuously for three months or longer as of the last hemodialysis session of the reporting period.</p> <p>Denominator: Count on the first 2 working days of the month , total adult hemodialysis patients who are determined to be maintenance hemodialysis patients (in-center and home HD) for the complete reporting period at the same facility.</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old) -Patients on Peritoneal Dialysis</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	KDOQI, USA, National Kidney Foundation, http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/
Desired direction:	lower is better
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF005

KPI Description (title):	Frequency of emergency visit
Domain	Patient Safety
Sub-Domain	Access
Definition:	Rate of unplanned emergency or urgent care visits among adult hemodialysis patients (18 years or older) without being admitted to the hospital
Calculation:	<p>Numerator: Number of unplanned emergency or urgent care visits among adult hemodialysis patients (18 years or older) during the reporting period. (<i>Count # of attendance in the emergency or urgent care visits rather than the residence</i>)</p> <p>Denominator: Count on the first 2 working days of the month, total adult hemodialysis patients (18 years or older) at the facility during the reporting period.</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	KDOQI, USA, National Kidney Foundation, http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/
Desired direction:	Lower number are better
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF006

KPI Description (title):	Frequency of hospital admission
Domain	Patient Safety
Sub-Domain	Outcome
Definition:	Percentage of unplanned hospital admission among adult hemodialysis patients 18 years or older).
Calculation:	<p>Numerator: Total number of unplanned inpatient hospital admissions among adult hemodialysis patients during the reporting period. <i>(If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered a readmission).</i></p> <p>Denominator: Count on the first 2 working days of the month, total number of adult hemodialysis patients at the facility during the reporting period.</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	KDOQI, USA, National Kidney Foundation, http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/
Desired direction:	Lower number are better
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF007

KPI Description (title):	Anemia Management
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of adult hemodialysis patients (18 years or older) who were measured their hemoglobin level and achieved a pre dialysis hemoglobin in the range of 100-120 g/L
Calculation:	<p>Numerator: Count number of times in which hemodialysis adult patients with more than 90 days of dialysis treatment who are prescribed \geq three times weekly treatment – achieved a hemoglobin level in the range of 100-120 during the reporting period the unit should be g/L (100-120)</p> <p>Denominator: Count on the first 2 working days of the month , total adult hemodialysis patients in the facility receiving hemodialysis three times a week for \geq 90 days during the reporting period.</p> <p>Denominator Exclusions:</p> <ul style="list-style-type: none"> • Pediatric patients (<18 years old) • Patients on acute hemodialysis, peritoneal dialysis, or pediatric patients • Patients with a hemoglobin >120 g/l who had not received an ESA in the previous month are considered to have met the target.
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	<p>KDOQI, USA, National Kidney Foundation, http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/</p> <p>http://www.arborresearch.org/pdf/Number_of_pts_less_than_10.pdf http://qualitymeasures.ahrq.gov/content.aspx?id=27358&search=hemoglobin+%3C10</p>
Desired direction:	Higher is better
Target	70 % of dialysis patient should achieve pre-hemodialysis (hemoglobulin~100-120 g/L)
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF008

KPI Description (title):	Assessing nutritional status
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of adult hemodialysis patients (18 years or older) who were measured their serum albumin level and achieved a pre dialysis albumin level of 30g/L
Calculation:	<p>Numerator: Count number of times in which hemodialysis adult patients with more than 90 days of dialysis treatment who are prescribed \geq three times weekly treatment –achieved pre-dialysis serum albumin level of 25g/L during the reporting period</p> <p>Denominator: Count on the first 2 working days of the month , total adult hemodialysis patients in the facility receiving hemodialysis three times a week for \geq 90 days during the reporting period</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old) Patients with < 90 days of chronic hemodialysis</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility Compare http://qualitymeasures.ahrq.gov/content.aspx?id=28233&search=serum+albumin
Desired direction:	Higher number are better
Target	90% of patients should have a pre dialysis serum albumin \Rightarrow 30 g/l.
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF009

KPI Description (title):	Keeping a patient's bone mineral levels in balance
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of adult hemodialysis patients (18 years or older) who were measured their serum phosphate level and achieved a pre dialysis phosphate level in the range of 1.2 to 1.8 mmol/L.
Calculation:	<p>Numerator: Count number of times in which hemodialysis adult patients with more than 90 days of dialysis treatment who are prescribed \geq three times weekly treatment- achieved pre-dialysis serum phosphate level in the range of 1.2 to 1.8 mmol/L during the reporting period</p> <p>Denominator: Count on the first 2 working days of the month , total adult hemodialysis patients in the facility receiving hemodialysis three times a week for \geq 90 days during the reporting period</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old) Patients with < 90 days of chronic hemodialysis</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility Compare http://www.arborresearch.org/pdf/Measurement_of_serum_phosphorus_conc.pdf
Desired direction:	Higher number are better
Target	55% of patients should have a pre dialysis serum phosphate between 1.2 and 1.8 mmol/l.
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF010

KPI Description (title):	Transplantation Assessment
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of adult hemodialysis patients (18 years or older) who were assessed their suitability for transplantation
Calculation:	<p>Numerator: Count total hemodialysis adult patients with more than 90 days of dialysis treatment who are prescribed \geq three times weekly treatment – and assessed their eligibility for receiving transplantation during the reporting period.</p> <p>Denominator: Count on the first 2 working days of the month , total adult hemodialysis patients in the facility receiving hemodialysis three times a week for \geq 90 days during the reporting period.</p> <p>Denominator Exclusions: -Pediatric patients (<18 years old) Patients with < 90 days of chronic hemodialysis</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility Compare
Desired direction:	Higher number are better
Target	90% of patients should be assessed annually for their suitability for transplantation and this should be documented
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data