دائـــرة الـصـحـــة
DEPARTMENT OF HEALTH

JAWDA Quarterly Guidelines for (Home Healthcare Providers)

January 2019

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Executive Summary

The Department of Health (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, centres, clinics and other healthcare providers. This is ranging from school clinics and mobile units to internationally renowned specialist, and tertiary academic centres. Although, access and quality of care has improved dramatically over the last couple of decades mirroring the economic upturn and population boom of the Abu Dhabi Emirate, however, challenges remain in addressing further improvements.

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

DoH has developed a dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating for quarterly reporting by the operating Home Healthcare Providers in the Emirates of Abu Dhabi.

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

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

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

Published: January 2019, Version 3

2. Introduction

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

- To achieve the highest standards in health curative, preventative and medical services and health insurance in the Emirate.
- To lay down the strategies, policies and plans, including future projects and extensions for the health sector in the Emirate, and to follow-up their implementation
- To apply the laws, rules, regulations and policies that are issued as these are related to its purposes and responsibilities; in addition to what is issued by the respective international and regional organizations in line with the development of the health sector.
- To follow up and monitor the operation of the health sectors, to achieve an exemplary standard in the provision of health, curative, preventive and medicinal services and health insurance

2.2 DOH defines the strategy for the health system, monitors and analyses the health status of the population and performance of the system. In addition, DOH shapes the regulatory framework for the health system, inspects against regulations, enforce standards, and encourages adoption of world – class best practices and performance targets by all healthcare service providers in the Emirate of Abu Dhabi.

2.3 DOH also drives programs to increase awareness and adoption of healthy living standards among the residents of the Emirate of Abu Dhabi in addition to regulating scope of services, premiums and reimbursement rates of the health system in the Emirate of Abu Dhabi.

2.4 The health system of the Emirate of Abu Dhabi is comprehensive, encompassing the full spectrum of health services and is accessible to all residents of Abu Dhabi. The system is driven towards excellence through continuous outcome, improvement culture, and monitoring achievement of specified indicators. Providers of health services are independent, predominately private and follow highest international quality standards. The system is financed through mandatory health insurance.

In doing so DoH will:

- Drive structure, process and outcome improvements across health sector
- Put people first and champion their rights
- Focus on quality and act swiftly to eliminate poor quality of care
- Work with stakeholders and apply fair processes.
- Gather information and utilize knowledge and expertise to improve care.
- Link the care to payment in a way that results in a continuous improvement and maximize the value of the care provided in Abu Dhabi.

3. Patient Safety and Clinical Effectiveness

Patient safety is 'the discipline in the health care sector that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery'. Patient safety is also an attribute of health care systems; it minimizes the incidence and impact of, and maximizes recovery from, adverse events. Clinical effectiveness is "the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice" Clinical effectiveness is about doing the right thing at the right time for the right patient and is concerned with demonstrating improvements in quality and performance.

- The right thing (evidence-based practice requires that decisions about health care are based on the best available, current, valid and reliable evidence)
- In the right way (developing a workforce that is skilled and competent to deliver the care required)
- At the right time (accessible services providing treatment when the patient needs them)
- In the right place (location of treatment/services).
- With the right outcome (clinical effectiveness/maximising health gain)

Patient safety, clinical effectiveness and patient experience are recognized as the main pillars of quality in healthcare. In Abu Dhabi, the measurement of patient safety, clinical effectiveness and patient experience data is intended to identify strengths and weaknesses of healthcare delivery, drive-quality improvement, inform regulation and promote patient choice. In addition to data on harm avoidance or success rates for treatments, providers will be assessed on

aspects of care such as dignity and respect, compassion and involvement in care decisions through patient satisfaction surveys. The inclusion of patient safety, clinical effectiveness and patient experience for quality performance is often justified on grounds of its intrinsic value. For example, clear information, empathic, two-way communication and respect for patients' beliefs and concerns could lead to patients being more informed and involved in decision-making and create an environment where patients are more willing to disclose information.

4. Planning for data collection and submission

In planning for data collection and submission, healthcare providers must adhere to reporting, definition and calculation requirements as set out in Section 7 (Home Healthcare Indicator Definitions). Healthcare providers must also consider the following:

- Nominate responsible data collection and quality leads(s).
- Ensure data collection leads are adequately skilled and resourced.
- Understand and identify what data is required, how it will be collected (sources) and when it will be collected.
- Create a data collection plan.
- Ensure adequate data collection systems and tools are in place.
- Maintain accurate and reliable data collection methodology.
- Data collation, cleansing and analysis for reliability and accuracy.
- Back up and protect data integrity.
- Have in place a data checklist before submission.
- Submit data on time and ensure validity.
- Review and feedback data findings to the respective teams in order to promote performance improvement.
- When needed, documentation and tracks will be provided instantly to DOH or their representative to assure DoH that all due processes are

being followed in collecting, analyzing, validating and submitting the performance

- Failing to submit valid data will be in breach of the licensing condition and could result in fines being applied, penalties associated with performance or revocation of license.

5. About this Guidance

This guidance sets out the Patient Safety and Clinical Effectiveness reporting requirements so as to ensure High quality and safety of healthcare services offered to patients in the Emirate of Abu Dhabi. The guidance sets out the definitions, parameters and frequency by which JAWDA Quality indicators will be measured and submitted to DOH and will ensure that healthcare providers provide safe, effective and high quality services.

Q. Who is this guidance for?

All DOH Licensed Home Healthcare Providers in the Emirate of Abu Dhabi

Q. How do I follow this guidance?

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

Q. What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- DOH Standards for Homecare Health Services in Emirate of Abu Dhabi,
- As per Circular CEO 38/12 issued August 5th 2012 this guidance applies to all DoH Licensed Home Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard

6. **Glossary:**

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

Patient:
A person who is served by, or uses the services of a Department of Health (DOH) licensed Healthcare Provider for the provision of healthcare services in the home.

Home Healthcare Service Provider:
A Healthcare facility or provider that is licensed by DOH to provide home healthcare services.

Population:
Unless specified for the indicator, all patients (children, adults, using or not using devices etc.) served by the home care facility are considered to be included for indicator measurement.

Adult is defined as 18 years and older.

Applicability of the indicator:
The denominator criteria of an indicator determines the applicability of that indicator. Certain indicators are applicable to a patient population subgroup or patients with a particular health condition e.g. Percutaneous Endoscopic Gastrostomy (PEG) Tube complication rate will apply to patients with a PEG tube.
Some indicators will be applicable to all patients served by the home care facility.

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

Patient days: The total number of days during which the patient was served by the home care facility. Any day/s during which the patient was not served by the home care facility (e.g. days spent in any acute healthcare facility) would not count towards the total patient days. The following rules are used when computing patient days:

- The counting stops with
  (a) The last record in the target period if that record is a discharge assessment
  (b) The last record in the target period if that record is an admission to a healthcare facility (transfer to another healthcare facility).
  (c) The last record in the target period if that record is a death ***or***
  (d) The end of the target period is reached, whichever is earlier.

- Include the day of entry but not the day of discharge or admission to a healthcare facility unless the entry and discharge occurred on the same day in which case the number of days in the stay is equal to 1.

- While death in facility records end patient day counting, these records are not used as target records because they contain only tracking information and do not include clinical information necessary for JAWDA indicator calculation.

7. Facility Submission of Case-mix:

The home care patient days are to be classified by the level of care as given in the "HAAD Standard for Homecare Health Services in Emirate of Abu Dhabi Appendix 5".

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

	Acuity Level (Care Level)	**Service Code**	**Patient days for target period**
	Simple	17-26-1	
	Intermediate	17-26-2	
	Intensive	17-26-3	
	Complex	17-26-4	
	Self-pay	XXXX	
	Total patient days in the target period		

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

**Some of the patients may have an assignment of more than one care level in the target period based on improvement or worsening of the care level (or possibly conversion from self-pay to insured patient or vice versa). Please consider the changes of service level during the reporting period e.g. if a patient was care level 17-26-4 till the 10th of the month and then that patient's care level changed to 17-14 on 11th; the patient days will be accordingly assigned.*

Home care performance indicators

Type: Home Health Care Indicator **Indicator Number:** HC001

KPI Description (title)	**Rate of emergency attendance**
Domain	Effectiveness
Sub-Domain	Emergency attendance
Definition:	Rate of emergency department visits by the Home Health Care patients without being admitted to the hospital during the measurement quarter.
Population:	All patients who are being cared for by the home care facility.
Calculation:	***Numerator*:** Number of all unplanned visits to the Emergency Department (ED) by home care patients 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 patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff. ***Rate:*** *Rate is calculated by the number of ED visits during the measurement quarter, divided by the total number of patient days during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 Home Health Care patient days
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Suggested data sources and guidance:	Patient medical records Claims

Type Home care healthcare **Indicator number HC002**

KPI Description (title)	**Rate of unplanned hospital admission**
Domain	Effectiveness
Sub-Domain	Hospital admission
Definition:	Rate of emergency admissions in an inpatient setting of an acute care hospital within the measurement quarter among Home Health Care patients (following the start of home care).
Population:	All patients who are being cared for by the home care facility.
Calculation:	***Numerator:*** Number of all Home Health Care patients with unplanned admissions to any acute care hospital during the measurement quarter (Count the admission rather than the patient). *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 home care patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff. ***Rate:*** *Rate is calculated by the number of unplanned admissions during the measurement quarter divided by the total number of patient days during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 Home Health Care patients days.
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Suggested data sources and guidance:	Patient medical records Claims

Type: Home Health Care **Indicator Number:** HC003

KPI Description (title)	**Rate of Deep Vein Thrombosis**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Rate of Deep vein thrombosis (primary or secondary diagnosis) for Home Health Care patients aged 18 years and above within the measurement quarter.
Population	All adult patients who are being cared for by the home care facility.
Calculation:	***Numerator*:** Number of home care patients aged 18 years of age or older with a primary or secondary new ICD-10-CM Diagnosis Codes for Deep Vein Thrombosis within the measurement quarter. **Codes:** *Primary or secondary ICD-10-CM Diagnosis Codes for Deep Vein Thrombosis as follows:* *I82.401, I82.402, I82.403, I82.409, I82.411, I82.412, I82.413, I82.419, I82.421, I82.422, I82.423, I82.429, I82.431, I82.432, 82.433, I82.439, I82.441, I82.442, I82.443, I82.449, I82.491, I82.492, I82.493, I82.499, I82.4Y1, I82.4Y2, I82.4Y3, I82.4Y9, I82.4Z1, I82.4Z2, I82.4Z3, I82.4Z9, I82.601, I82.602, I82.603, I82.609, I82.621, I82.622, I82.623,I82.629, T82.897A, T82.897D, T82.897S, T81.72XA, T81.72XD, T81.72XS, T80.1XXA,T80.1XXD, T80.1XXS, I80.00, I80.01,I80.02,I80.03,I80.10,I80.11,I80.12, I80.13, I80.201, I80.202, I80.203, I80.209,I80.211, I80.212, I80.213, I80.219, I80.221,I80.222, I80.223, I80.229, I80.231,I80.232, I80.233, I80.239, I80.291, I80.292,I80.293, I80.299, I80.3,I80.8, I80.9* **Denominator:** A count of the total number of adult patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff.

	Exclusion: Patients who have had their diagnosis of an inherited or acquired hypercoagulable condition reviewed and confirmed at the time of start of the home care services and every 6 months thereafter by a haematologist. ***Rate:*** *Rate is calculated by the number of newly diagnosed adult patients with deep vein thrombosis during the measurement quarter divided by the total number of adult patient days during the same period and multiplying by 1000.* Calculation: [numerator / denominator] x 1000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 home care (adult) patient days
International comparison if available	Mainly using source of AHRQ QI™ Version 4.5, Patient Safety Indicators #12, Deep Vein Thrombosis Rate Also using OECD, CQC of UK with modification following discussion with local experts and considering local culture.
Desired direction:	Lower is better
Data sources and guidance:	Patient records with specific ICD 10 diagnosis and procedure codes Claims

Type: Home Health Care **Indicator Number:** HC004

KPI Description (title)	**Rate of newly acquired or worsening pressure injury (Stage II and above)**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	Rate of newly acquired or worsening pressure injury (Stage II and above) among home care patients.
Population	All patients who are being cared for by the home care facility.
Calculation:	**Numerator:** Number of home care patients with newly acquired pressure injury or with worsening pressure injury Stage II, III, IV, Unstageable or Deep Tissue Injury (DTI) within the measurement quarter. Home care facility associated or worsening pressure Injury (Stage II and above) ICD- *10 CM Codes:* *L89.000,L89.002,L89.003,L89.004,* *L89.010,L89.012,L89.013,L89.014,L89.020,* *L89.022,L89.023,L89.024,L89.100,L89.102,* *L89.103,L89.104,L89.110,L89.112,L89.113,* *L89.114,L89.120,L89.122,L89.123,L89.124,* *L89.130,L89.132,L89.133,L89.134,L89.140,* *L89.142,L89.143,L89.144,L89.150,L89.152,* *L89.153,L89.154,L89.200,L89.202,L89.203,* *L89.204,L89.210,L89.212,L89.213,L89.214,* *L89.220,L89.222,L89.223,L89.224,L89.300,* *L89.302,L89.303,L89.304,L89.310,L89.312,* *L89.313,L89.314,L89.320,L89.322,L89.323,* *L89.324,L89.42,L89.43,L89.44,L89.45,L89.500,* *L89.502,L89.503,L89.504,L89.510,L89.512,* *L89.513,L89.514,L89.520,L89.522,L89.523,* *L89.524,L89.600,L89.602,L89.603,L89.604,L89.610,L89.612,* *L89.613,L89.614,L89.620,L89.622,L89.623,L89.624,L89.810,* *L89.812,L89.813,L89.814,L89.890,L89.892,L89.893,* *L89.894,L89.92,L89.93,L89.94,L89.95*

	***Guide on stage is defined below*;** **Category/Stage II: Partial thickness** Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or serosanguinous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising*. This Category/Stage should not be used to describe skin tears, tape burns, incontinence associated with dermatitis, maceration or excoriation. *Bruising indicates deep tissue injury. **Category/Stage III: Full thickness skin loss** Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and Category/Stage III Injury can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure Injury. Bone/tendon is not visible or directly palpable. **Category/Stage IV: Full thickness tissue loss** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often included undermining and tunneling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these injuries can be shallow. Category/Stage IV Injury can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or osteitis likely to occur. Exposed bone/muscle is visible or directly palpable. **Exclusions:** • Patients with pressure injury present at the start of home care services that stayed the same stage or improved following the start of home care. • Home care 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. **Denominator:** A count of the total number of home care patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff. **Rate:** Rate is calculated by the number of home care patients with newly acquired or worsening pressure injury (Stage II and above) during the measurement quarter divided by the total number of home care patient days during the same period and multiplying by 1000. Calculation: [numerator / denominator] x 1000
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 home care patient days
International comparison if available	CQC of UK with modification following discussion with local experts https://www.npuap.org/wp-content/uploads/2014/08/Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-Jan2016.pdf
Desired direction:	Lower is better
Data sources and guidance:	Manual Data Collection Patient medical record or EMR (Medical Chart Review): Skin and Wound Assessment Chart Internal adverse event system

Type: Home Health Care **Indicator Number:** HC005

KPI Description (title):	**Rate of falls resulting in any injury per 1000 patient days**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel Events
Definition	Falls resulting in any injury per 1000 home care patient days.
Population	All patients who are being cared for by the home care facility.
Calculation	**Numerator:** Total number of patient falls resulting in injury (minor, moderate, major, or death) to the home care patient in the measurement quarter. Inclusions: Patient falls with injury: minor, moderate, major, or death. A ***fall*** is an unplanned descent to the floor. Include falls when a patient lands on a surface where you wouldn't expect to find a patient. All unassisted and assisted falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Also report patients that roll off a low bed onto a mat as a fall. The National Database of Nursing Quality Indicators ***NDNQI definitions for injury*** follow: •None—patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury. •"Minor—resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion. •Moderate—resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain. •Major—resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall.

	•Death—the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)." ***Exclusions:*** • Patient falls, but no harm was evident. • For home care visits, a fall occurring outside the visiting time will be excluded. **Denominator:** A count of the total number of all home care patient days during the measurement quarter. The day counts include visits and extended hours of care by licensed healthcare staff. **Rate:** Calculation: [numerator / denominator] x 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 home care patient days
International comparison if available	https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk5.html
Desired Direction	Lower
Data Source	Patient medical records Incident reports

Type: Home Health Care **Indicator Number:** HC006

KPI Description (title):	**Percutaneous Endoscopic Gastrostomy (PEG) Tube Complication Rate**
Domain	Patient Safety
Sub-Domain	Complication
Definition	Rate of complications of Percutaneous Endoscopic Gastrostomy (PEG) tube among Home Health Care patients.
Population	All patients with a percutaneous endoscopic gastrostomy tube who are being cared for by a home health care facility.
Calculation	**Numerator:** Number of reported Percutaneous Endoscopic Gastrostomy (PEG) tube complications during the measurement quarter (count the incidents rather than the patient). *Secondary or primary ICD-10-CM Diagnosis Codes for Percutaneous Endoscopic Gastrostomy (PEG) Tube Complication as follows:* K94.20, K94.21, K94.22, K94.23, K94.29 **Denominator:** PEG tube days: Number of patients with a PEG tube collected daily for all patients cared by the facility. These daily counts are summed and only the total days for the measurement quarter are entered. The day counts include visits and extended hours of care by licensed healthcare staff. **Rate:** Numerator/Denominator * 1000
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 PEG tube days
International Comparisons	https://www.giejournal.org/article/S0016-5107(14)02050-1/pdf
Desired Direction	Lower
Data sources	Patient medical records Claims