Policy for Health Emergency Management (HEM) In Abu Dhabi

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Contact:	cepar@DoH.gov.ae

1.Policy Purpose and Brief

This policy establishes governance for Health Emergency Management (HEM) and Ecosystem to ensure support and commitment of the healthcare sector towards robust healthcare emergency and disaster preparedness and response for a resilient, patient-centered health system in the Emirate of Abu Dhabi. It integrates the Abu Dhabi Healthcare System for emergencies with internal and external stakeholders, local and federal preparedness and response plans, incident management, and healthcare system monitoring and management. CEPAR develops the processes and procedures for monitoring and optimizing the prevention, preparedness, and response to any and all healthcare emergencies that occur daily, and which can occur as multiple or mass casualties. It ensures the development and management of the HEM Ecosystem that monitors status, capacity, and readiness of the critical resources for healthcare emergency and disaster response systems. It provides performance and outcomes reports through a collaborative, evidence-based, centralized data management system for healthcare emergencies and disaster management related data. It expands health sector mechanisms to assess and manage the risks to health and health systems and to develop safer, healthier, and sustainable communities through an ongoing, continuous process improvement of health sector emergency plans and capabilities.

2.Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	#999	Simplified dialing number for emergency phone connection to public safety access points or call taking centers.
2.2	Abu Dhabi Crisis and Disasters Management Center (ADCMC)	The Center responsible for drafting policies, strategies, and plans related to emergency, crisis, and disaster management, it also conducts studies, field visits, and audit and evaluation operations to ensure entities are prepared to face challenges and recover quickly. The Center also plays a role in enhancing knowledge exchange and coordination with stakeholders and authorities. This is all aimed at elevating Abu Dhabi's capability to effectively manage emergencies and crises.
2.3	Access	Ability of the rights holders to use or benefit from a certain service or product (ISO 22300:2021(en) Security and resilience vocabulary)
2.4	Activity	Set of one or more tasks with a defined output (ISO 22300:2021(en) Security and resilience — Vocabulary
2.5	Audit	Systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled. (ISO 22300:2021(en) Security and resilience — Vocabulary)
2.6	American Burn Association (ABA)	Professional association developing accreditation requirements for Burn Centers.
2.7	American College of Surgeons Committee on Trauma (ACS COT)	Professional association developing the accreditation for trauma centers.
2.8	American Heart Association (AHA)	Professional association developing certification requirements for chest pain, stroke, and other cardiovascular related injuries.

2.9	Business Continuity	Capability of an organization to resume delivery of products and services during a disruption within acceptable timeframes at acceptable capacity (NCEMA BCM-7000:2021)
2.10	Business Continuity Management (BCM)	Business Continuity Management (BCM) is a holistic management process that identifies potential risks and threats to DoH and the impacts to essential operations, healthcare systems and services those threats, if realized, might cause.
2.11	Capacity	A combination of all the strengths, attributes, and resources available within an organization, jurisdiction, society, or community that can contribute to managing and reducing the level of risk and strengthening resilience. (WHO Framework for a Public Health Emergency Operations Centre, November 2015)
2.12	Commission on Accreditation of Rehabilitation Facilities (CARF)	An independent, nonprofit accreditor of health and human services for rehabilitation facilities. Through accreditation, CARF assists service providers in demonstrating value by the quality of their services and meeting internationally recognized organizational and program standards.
2.13	Centralized Registry Data Abstraction	Data aggregation and analysis of SPP registry and all additional outcomes and performance data across the entire Pathway to monitor standard and identify novel critical performance indicators, process improvements, and other significant findings.
2.14	Computer-aided dispatch (CAD)	Dedicated, professional ambulance dispatch services using trained professionals and information technology applications to determine the best use of public safety ambulance resources or dedicated patient transport services to provide ambulance services to the public. CADs are most often used in Public Safety Answering Point (PSAP) locations.
2.15	Data Discovery	Comprehensive data analytics using all the data available from operations to discover novel critical failure points, deficiencies, process improvement recommendations, and any other significant findings worthy of further investigation.
2.16	Disaster	Any incidents causing severe damage, requiring the cooperation of the government and society to achieve recovery and may require the support and help of the international community. (WHO Framework for a Public Health Emergency Operations Centre, November 2015)
2.17	Ecosystem (for the HEM)	A system of systems architecture for the Health Emergency Management model and framework that identifies and includes all elements and their relationship, interdependencies, technological representation, data management, and systems integration.

2.18	Emergency	Any major incident or incidents resulting in severe damage to individuals or properties, or threatens the general order, the continuity of government functions, the safety and health of the population, the environment, or threatening the economy, and which requires special mobilization and coordination between multiple agencies. (DoH Policy on Healthcare Emergency Disaster Management, 2017)
2.19	Emergency Management	An ongoing process to prevent, mitigate, prepare for, respond to, and recover from an incident that threatens life, property, operations, or the environment. (DoH Policy on Healthcare Emergency Disaster Management, 2017)
2.20	Enterprise Risk Management (ERM)	Enterprise Risk management (ERM) is the identification, analysis, evaluation, and prioritization of risks followed by coordinated and application of resources to minimize, monitor, and control the probability or impact of unfortunate events or to maximize the realization of opportunities.
2.21	Exercise	Process to train for, assess, practice, and improve performance in an organization. (ISO 22300:2021(en) Security and resilience — Vocabulary)
2.22	Extracorporeal Life Support Organization (ELSO)	International professional association overseeing the accreditation of ECMO requirements.
2.23	Extracorporeal Membrane Oxygenation (ECMO)	Advanced medical treatment that provides artificial heart and lung function outside the body of the patient.
2.24	Gulf Cooperation Council (GCC)	A political and economic alliance of six Middle Eastern countries— Saudi Arabia, Kuwait, the United Arab Emirates, Qatar, Bahrain, and Oman.
2.25	Healthcare Emergencies	Cases involving single, multiple, and mass casualty numbers of patients with critical diseases or injuries which require patient-centered, always available, time-critical medical intervention, specialty training, and equipment. Most treatment pathways have internationally recognized standards with time-to-treatment thresholds, training and certification equipment, specialized equipment, processes, and practices.
2.26	Health Emergency Management (HEM)	A framework management model building on the EMIRATES Framework for identifying, preparing for, monitoring, and managing factors that lead to health emergencies. It seeks to recognize, detect, prevent, mitigate, prepare for, respond to, and recover from all healthcare emergencies within a healthcare system using high reliability operations focusing on patient-centered care in their program management. It incorporates comprehensive enterprise risk and business continuity management to ensure continuity of operations and high reliability within the healthcare sector.

2.27	Hospital Liaison Officer (HLO)	Trained and experienced personnel provided by the major healthcare system providers serving Abu Dhabi healthcare to staff the HLO section in the CEPAR Unified Medical Operations Command Center. Their responsibilities include providing real-time information from their healthcare systems on status, readiness, and capacity of hospitals designated by SPP Journey mapping to the UMOC to determine the selection of hospitals for transport.
2.28	Hospital Preparedness Program (HPP)	The HPP ensures healthcare providers have professionally trained Emergency Managers and are capable of incident management during disasters; ensures performance metrics are applied to healthcare facilities for healthcare emergencies and disasters; and provides real time status, capacity, performance, and compliance data. Additionally, it ensures integrated disaster planning, Hazard Vulnerability Assessments (HVA), and additional equipment and training are available to respond to mass casualty incidents.
2.29	Hospital Reliability Program (HRP)	Extension of the HPP making Hospital Emergency Managers responsible for coordination with SPP Program Managers and the integration of their hospital with the UMOC, and for planning for operations of the SPPs during MCI responses.
2.30	International Society for Quality in Healthcare (ISQua)	International organization dedicated to the development of quality standards and metrics in healthcare.
2.31	Joint Commission International (JCI)	International organization providing objective assessments of quality achievement and patient care and safety for hospitals and healthcare systems.
2.32	Medical Direction	Medical Direction is a system of physician-directed leadership, quality assurance, administrative and medical oversight that provides professional and public accountability for medical care provided in the pre-hospital setting and pathways.
2.33	Off-line (Prospective and Retrospective) Medical Direction	Direction including the administrative promulgation and enforcement of accepted standards for out-of-hospital care accomplished through both prospective (e.g., training, testing and certification of providers, protocol development, operational policy and procedures development, and legislative activities), and retrospective methods (e.g., medical audit and review of care/ process improvement, direction of remedial education, and limitation of patient care functions)
2.34	On-line (Concurrent) Medical Direction	Direction provided directly to out-of-hospital providers by the medical director or designee, in an emergency, either on-scene or by direct voice communication by radio, telephone, or other means as technology develops, and including person-to-person communication of patient status, and orders to be carried out
2.35	Poison Control Center (PCC)	A dedicated, centralized special information center set up to inform people about how to respond to potential poisoning. The center maintains databases of poisons and appropriate emergency treatment to develop prevention and public awareness campaigns.

2.36	Professional Qualification Requirements (PQRs)	Educational standards, experience, and licensure requirements for healthcare professionals to be licensed to practice safely in the UAE and in accordance with the UAE federal laws and benchmarked international best practices
2.37	Public Safety Answering Point (PSAP)	Dedicated, secure communications centers with trained operators and specialized information technology applications for receiving and public safety calls from the public and integrating them with public safety dispatch and response services.
2.38	Quality Assurance (QA)	A cyclical process involving assessment leading to improvement, it is designed to objectively and systematically monitor and evaluate healthcare systems and services offered to stakeholders in accordance with pre-established standards and to resolve identified problems and pursue opportunities for improving services, leading to stakeholder's satisfaction. Quality Assurance (QA) is a part of quality management system focused on providing confidence that quality requirements of healthcare systems will be fulfilled.
2.39	Special Program Pathway (SPP)	Components of the healthcare system required to manage time-critical healthcare emergencies and that require specific training, equipment, and availability. Systems to manage these must be patient-centered, highly reliable, always available 24/7, and optimized for each patient. SPPs often have internationally recognized accreditation/ certification/ verification organizations that develop and update treatment requirements and data registry sets that allow for performance benchmarking and that drive quality and process improvement.
2.40	Special Program Pathway (SPP) Program and Service	Hospitals develop and maintain SPP Programs to manage their participation in designated Pathway Systems. Program Managers ensure objectives are met, reports are submitted, and the Program remains integrated within the larger SPP System. Most programs undergo an accreditation/ certification/ validation process, which may determine a tiering level. SPP Programs provide the SPP Hospital Service line which may include specialized equipment, critical care units, outpatient clinics, and ancillary services including rehabilitation, dietary, and counseling.
2.41	Special Program Pathway (SPP) System	The capability requirements and available resources across Abu Dhabi's entire healthcare system that provide the specialized, patient-centered care for that specific Pathway. It includes the complete set of resources to treat that medical condition and recognizes that many of those resources (such as the EMS System or emergency rooms) are shared across other Pathways.

2.42	Special Program Pathway Task Force (TF)	A group of technical healthcare experts and program managers organized under the CEPAR and including internal DoH regulatory authorities and external stakeholders representing EMS, healthcare providers trained in the healthcare subspecialty of the SPP. The TF develops and updates policies and standards, reviews performance, and advises DoH on critical and relevant issues.
2.43	ST-wave Elevation Myocardial Infarction (STEMI)	Electrocardiographic evidence of a heart attack representing an often-reversible condition when treated in a timely manner.
2.44	Unified Medical Operations Command Center (UMOC)	DoH operations center run by CEPAR that monitors, facilitates, and optimizes healthcare emergencies in Abu Dhabi.

3. Policy Content

3.1 CEPAR Structure: CEPAR will participate in the relevant strategy, policy, planning, and monitoring requirements related to Healthcare Emergency Management (HEM) including prehospital programs and services, time-critical healthcare emergencies and specialized care in hospitals, and disaster management.

3.1.1 Staffing: CEPAR senior staff shall have demonstrated experience and expertise in appropriate mission portfolio disciplines including emergency medicine, pre-hospital emergency medicine, emergency management, information technology, program and project management, finance, policy development, enterprise risk management and business continuity, Chemical, Biological, Radiological, Nuclear, and high yield Explosives (CBRNE), training, and national security. The Professional Qualification Requirements (PQRs) shall be used to capture the experience requirements for staff positions.

3.1.1.1 The CEPAR Executive Director shall be a healthcare professional with training or demonstrated experience in emergency medicine, disaster medicine, critical care, or prehospital healthcare services (e.g., EMS).

3.1.1.2 CEPAR shall develop and maintain a Medical Direction System (MDS) with a Medical Directors Office (MDO) to ensure the following:

3.1.1.2.1 The MDS shall provide clinical oversight of relevant governance processes across the CEPAR mission portfolio and be staffed sufficiently by experienced medical professionals, program managers, and supporting staff. The MDS shall provide subject matter expertise (SME) for clinical issues, standards of care, quality of care review processes, process improvement programs, and program management.

3.1.1.2.2 The MDS Medical Director position shall be filled by a healthcare professional with demonstrated training and experience in emergency medicine and pre-hospital emergency medicine, Critical Care, or Disaster Medicine. The Medical Director shall meet the Medical Director PQR as defined by the CEPAR Medical Direction System standard and shall report directly to the CEPAR Executive Director.

3.2 CEPAR Authorities and Functions: CEPAR will have shared roles, responsibilities, and authorities within DoH and oversee the following functions:

3.2.1 Processes and procedures shall be delineated in regulatory tools developed through formal DoH processes utilizing Task Forces (TF) hosted by CEPAR. TF shall include technical experts from relevant internal (regulators) and external stakeholders (operators) who are directly impacted or have related authorities addressed in the policies.

3.2.2 HEM Components: CEPAR shall focus on the strategy and regulatory tools driving program development that includes objectives for prevention, preparedness, mitigation, response, recovery, and post-disaster assessments related to healthcare emergencies of single, multiple, or mass casualty numbers of patients or health risk to the population. This effort shall have shared, regulatory oversight and authorities that is facilitated by TFs in the following areas:

3.2.2.1 Pre-hospital components shall consist of the following:

3.2.2.1.1 Pre-hospital community engagement programs: CEPAR shall develop and maintain pre-hospital programs and provide regulatory oversight including disease and injury prevention, community awareness, emergency response, mobile medical response capabilities, preparedness, public access defibrillation and cardiac arrest survival programs, volunteer programs, and public awareness campaigns for first aid (for example, "Stop the Bleed" campaign), Basic Lifesaving (BLS), Publicly Accessible Defibrillation (PAD), and other basic, first aid skills.   These programs shall include integration efforts with hospital-based programs and services and shall have collaboration and alignment with other healthcare entities to include off-line and on-line medical direction. Processes and procedures shall be delineated in DoH regulatory tools.

3.2.2.1.2 All patient transport services and Emergency Medical Services (EMS) including the following:

3.2.2.1.2.1 Pre-hospital ambulance and Emergency Medical Services (EMS) System regulatory oversight: CEPAR shall serve as the DoH regulatory authority for pre-hospital emergency, ambulance, and EMS Systems. CEPAR's scope shall include all pre-hospital medical care, including patient transport services for EMS, interfacility, critical care transport, event and mass gathering medicine, marine, aviation, and special teams. Processes and procedures shall be delineated in DoH regulatory tools and shall include the following:

3.2.2.1.2.2 Development and management of standardized clinical pathway guidelines (CPG) or protocols, Scope of Practice (SOP) for pre-hospital healthcare providers, ambulance standards, Professional Qualification Requirements (PQRs) for Medical Directors and healthcare providers, information systems registries, an Emergency Medical Technicians (EMT) and paramedic licensing registry, and oversight of all quality assurance (QA) and quality improvement (QI) Process Improvement Programs for all ambulance and patient transport services. CEPAR QA/QI processes shall integrate with provider agencies, including regular meetings, data sharing, assessments, audits, training, and inspections.

3.2.2.1.2.3 Establishment and lead of a review board for case review questions or concerns of standard of care and to provide recommendations to partner agencies and DoH sectors.

3.2.2.1.2.4 CEPAR shall partner with international organizations and participate in the development of international standards and best practices.

3.2.2.1.2.5 Patient Transport Services between facilities: CEPAR shall develop and maintain policies regulating programs and provide regulatory oversight for interfacility patient transfer services including critical care transport. This shall include the patient treatment guidelines and protocols for all methods of patient transport regardless of setting or mode of conveyance. Processes and procedures shall be delineated in DoH regulatory tools.

3.2.2.2 Hospital-based healthcare emergencies including Emergency Medicine and integration of Special Program Pathways (SPP) shall include the following:

3.2.2.2.1 Special Program Pathways (SPP) and time-critical healthcare emergencies: CEPAR shall establish and maintain a process for monitoring and optimizing care for healthcare emergencies that are time-critical, must be always available, and require specialized care, equipment, and supplies. Policies shall be developed through SPP TFs.

3.2.2.2.2 SPPs shall establish Abu Dhabi-wide healthcare systems, service lines, and individual hospital programs for each SPP; shall be comprehensive; shall ensure healthcare is provided in accordance with current international standards and best practices; and ensure pathways are integrated across pre-hospital, hospital, outpatient follow-up services including rehabilitation medicine, mental health, appropriate outpatient follow-up care, and extended return to community and life management.

3.2.2.2.3 These pathways shall be monitored through the Unified Medical Operations Command Center (UMOC) and coordinated through the MDS. Processes and procedures shall be delineated in DoH regulatory tools.

3.2.2.2.4 Formal, objective, third-party accreditation/ certification shall be pursued for SPPs and shall include Quality, Performance, and Process Improvement Programs established in accordance with international best practices and standards.

3.2.2.2.5 Typing and tiering related to accreditation, certification, or validation of healthcare services shall be conducted regularly and maintained for the management of trauma, burn, STEMI, stroke, ECMO, pediatric emergencies, and maternity labor and delivery pathways of care. Tiering shall be used in UMOC operations for management optimization of patient SPP journeys. Processes and procedures shall be delineated in various regulatory tools.

3.2.2.3 Emergency Preparedness and Response: CEPAR shall develop and maintain integrated emergency operational plans (EOP), protocols, procedures, and programs for use across the Abu Dhabi healthcare system in preparedness and response to predictable and potential incident types. The following elements shall be included:

3.2.2.3.1 These programs and plans shall address at a minimum Management of Mass Casualty Incidents; Chemical, Biological, Radiological, Nuclear, high-yield Explosive (CBRNE) preparedness programs; Hazard Vulnerability Assessment (HVA) programs; Pre-hospital and Hospital Preparedness Programs; strategic medical stockpiles of critical stocks; personal protective equipment (PPE); healthcare supplies, and medical equipment; disaster morgue services; strategic blood stockpile and blood bank services; and programs for special events and large public gatherings. Processes and procedures shall be delineated in appropriate DoH regulatory tools.

3.2.2.3.2 CEPAR shall pursue the evolution of HPP to a Hospital Reliability Program (HRP) incorporating high reliability organizational principles for all components of the HEM.

3.2.2.4 Enterprise Risk Management and Business Continuity Management (BCM): The healthcare and public health system is part of the national critical infrastructure, serves a crucial role in society, and must be protected in the event of a disruption or crisis to ensure continuity of operations through the following actions:

3.2.2.4.1 Healthcare providers, pre-hospital services, and other medical support services in Abu Dhabi Health sector shall develop and maintain a BCM system in compliance with National Crisis Emergency Management Authority (NCEMA) 7000:2021 standard and relevant policies of the Department of Health (DoH). The progress of the implementation and any related challenges shall be reported to the DoH according to an agreed upon timeline. The implementation of this system should align with all DoH policies to prevent duplication of cross-requirements.

3.2.2.4.2 In terms of economic payers and reimbursement considerations, healthcare providers and centers face unique challenges due to their critical infrastructure status. Providers shall maintain an appropriate level of capacity and readiness and establish processes for cost and expense recovery from the responsible parties (Motor Vehicle Insurance, tourist insurance, Sponsors, Employers, etc.) as established in regulations, if this expense may not be fully covered by reimbursement from insurance or government programs.

3.2.2.4.3 Healthcare providers shall consider the potential economic impact of their critical infrastructure status when developing their BCM and financial strategies. Healthcare providers shall work closely with stakeholders including regulators, payers, and customers to ensure adequate funding, reinvestment, and support for their critical services.

3.2.2.5 Unified Medical Operations Command Center (UMOC): CEPAR shall establish and maintain a UMOC that monitors in (near) real-time the status of critical healthcare operations, recognizing potential hazards and vulnerabilities within the Abu Dhabi healthcare system, and facilitating appropriate mitigation, preparedness, and response actions including the following:

3.2.2.5.1 Status, capacity, and readiness of critical healthcare response assets relevant to the CEPAR mission

3.2.2.5.2 Tracking of hospital typing and tiering of all hospitals for all SPPs.

3.2.2.5.3 Hosting of centralized registries for all patient transport systems and certain SPPs.

3.2.2.5.4 UMOC Processes and procedures and a holistic ecosystem serving as the management hub for CEPAR, leveraging collaboration and project management enabling tools, gaining, and maintaining situational awareness and a common operational picture, and providing standard, periodic, and situational reports. It shall facilitate medical direction for all patient transports, optimize routing and healthcare facility selection for cases, perform heat-mapping of healthcare services, and monitor for and report unusual activity. The UMOC shall have a live, active, redundant site.

3.2.2.5.5 The UMOC shall contain the following components at a minimum:

3.2.2.5.5.1 Ambulance Call Center (ACC): CEPAR shall support and facilitate an Ambulance Call Center (#999) capability to function as needed as a public safety answering point (PSAP).

3.2.2.5.5.2 Computer-aided ambulance dispatch (CAD) center: CEPAR shall support and facilitate computer aided dispatch and ambulance and other healthcare asset tracking systems through the UMOC. This system shall allow for operational control during disaster operations and oversight and direction of routine responses for healthcare emergencies, EMS, and interfacility transfers.

3.2.2.5.5.3 Healthcare provider Liaison Officers (HLO): Healthcare Providers shall establish and provide, either in person or electronically, a healthcare liaison officer to UMOC to facilitate communication; maintain visibility of healthcare facility resources, capacity, and real time status; and assist the UMOC and the ambulance call center in ensuring patients requiring emergency care are correctly matched to healthcare system resources.

3.2.2.5.5.4 Abu Dhabi Poison Control Center (PCC): CEPAR shall coordinate with Abu Dhabi PCC to ensure Poison Center assets are integrated into the UMOC and HEM ecosystem.

3.2.2.5.5.5 Centralized Registry and Data Abstraction for SPP and EMS Registries including Data Scientists: CEPAR shall retain data registry scientists, and the DoH shall establish centralized registries for all SPP and EMS to perform data discovery. These shall be aligned with internationally recognized accreditation, certification, or validation registry requirements, standards, and best practices.

3.2.2.5.5.6 Incident Management Section (when activated) shall serve as the Department of Health incident management and operations center supporting Emirate or national incident response and recovery.

3.2.2.6 CEPAR Academy: CEPAR shall establish and maintain a regional center of excellence for advanced training, exercises, and innovation in the management of healthcare emergencies. This function will include coordination with international, Gulf Cooperation Council (GCC), and national agencies and organizations. It shall participate in the development of international standards and

best practices. The Academy shall serve as the focal point for CEPAR efforts in research, development, testing, evaluation, and innovation, working in concert with the DoH Research and Innovation Center. Working with public and private partners, to include government, industry, and academia, it shall also explore the research, development, testing, evaluation, validation, integration, and rapid incorporation of advanced technological solutions into the CEPAR mission space. It shall support the development, evaluation and validation of advanced training, tactics, techniques, procedures, and protocols, and it shall partner with academic centers to perform academic research.

4. Policy Roles and Responsibilities

Stakeholder Name	Stakeholder Key Responsibilities
Abu Dhabi Civil Defense Authority (ADCDA)	Provider of Emergency Medical Services in Abu Dhabi
Abu Dhabi Crisis and Disasters Management Center (ADCMC)	Integration of Public Safety operations including Emergency Medical Services, Incident Management, Hazard, and Vulnerability Assessments
DoH sectors as appropriate	Regulations, coordination, monitoring, and ensure integration, alignment, and continuous improvement
Healthcare Providers	Compliance, support, commitment, accreditation / certification where applicable, reporting and data-sharing as required
Healthcare Professionals	Provision of the standard of care, compliance with QA/ QI/ Performance Improvement Programs
Health Insurers	Active collaboration and coordination ensuring all aspects of healthcare requirements necessary to provide quality standard of care

5. Policy Scope of Implementation

This policy applies to the Abu Dhabi healthcare system, including all licensed healthcare providers, professionals, and DoH sectors. It also must integrate relevant policies of public safety agencies that support or provide emergency healthcare for integration of Public Safety services and emergency response.

6. Enforcement and Compliance (Consequences/sanction of not applying policy by related stakeholder)

DoH may impose sanctions including fines and forfeiture of licenses in relation to any breach of requirements under this policy in accordance with the healthcare sector's disciplinary regulation. This policy applies to all licensed healthcare providers and professionals.

7. Monitoring and Evaluation (Key success factors)

7.1 Most mission objectives are measured against international standards and best practices that have well-established key and quality performance indicators. While these can be added to and tracked in JAWDA, it is anticipated that CEPAR will be able to discover and establish novel KPIs and QPIs through monitoring in the UMOC. Additionally, for time-critical healthcare emergencies, Abu Dhabi healthcare providers will seek to meet international accreditation, certification, or validation for the following SPPs:

7.1.1 Trauma Center—American College of Surgeons Committee on Trauma (ACS COT) for Levels I,

II, III, IIIN

7.1.2 Burn Centers-American Burn Association (ABA)

7.1.3 STEMI Centers—American Heart Association (AHA) for Comprehensive Chest Pain, Primary Chest Pain, and Chest Pain Ready levels

7.1.4 Stoke Centers—AHA for Comprehensive, Primary, and Stroke Ready levels.

7.1.5 ECMO Services—Extracorporeal Lifesaving ELSO for Pediatrics and Adult ECMO

7.1.6 Hospitals—International Society for Quality in Healthcare (ISQua)

7.1.7 Hospitals and EMS Accreditation—Joint Commission International (JCI)

7.1.8 Rehabilitation Medicine Facilities—Commission on Accreditation of Rehabilitation Facilities (CARF)

8.Relevant Reference Documents			
No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	Dec 2023	Executive Council Resolution 235, Regarding Additional Powers for the Department of Health	Authorities for DoH regarding regulatory oversight of ambulance services for Abu Dhabi, https://www.abudhabi.gov.ae/-/media/sites/adgov/gazettes/2023/en/11th-edition-english-2023.ashx
2	2011	Decree No. 2 of 2011: In Respect of the Establishment of the National Emergency, Crisis and Disasters Management Authority (NCEMA)	Establishment of CEPAR, As Amended by Federal Decree-Law No. (6) of 2013 And Federal Decree-Law No. (8) of 2015, Federal Law No. 2 of 2011 - NCEMA (2).pdf.aspx
3	2021	ISO 22300:2021 (en): Security and resilience	Process to train for, assess, practice, and improve performance in an organization, ISO 22300:2021(en), Security and resilience — Vocabulary
4	19 SEP 2020	The EMIRATES Framework: Emergency Management Integrated Roadmap Aimed Towards Every Healthcare System. A conceptual framework, Saudi Journal of Emergency Medicine, 2021;2(1):003–011	EMIRATES Framework https://sjemed.com/article/135004
5	2021	The National Standard for Business Continuity Management System, NCEMA 7000:2021 standard	AESCNSNCEMA7000-2021-En.pdf

6	24 Nov 2023	Emergency Medical Services Clinical Practice Protocols (EMS CPP) Circular	https://www.DoH.gov.ae/-/media/03A2B9A4C12C4448A9505E7C3DCCDE2E.ashx
7	2023	Commission on Accreditation of Rehabilitation Facilities.	https://carf.org/loccertification/
8	Dec 2023	Abu Dhabi Ambulance and EMS Standard	https://www.DoH.gov.ae/-/media/F8647B708EDE4AFD87FEB6A024F2E907.ashx
9	Jan 2024	Medical Support & Preparedness at Mass Gatherings and Events Standard	https://www.DoH.gov.ae/ar/resources/standards, https://www.DoH.gov.ae/en/resources/standards
10	Jan 12, 2024	Medical Direction System Standard	https://www.DoH.gov.ae/-/media/DBDCA02AE4AB443685BBEB941175C9D8.ashx
11	Dec 2023	Standard for Trauma Center I, II, III	https://www.DoH.gov.ae/-/media/DBDCA02AE4AB443685BBEB941175C9D8.ashx
12	2023	ACS COT Accreditation and Verification	https://www.facs.org/quality-programs/accreditation-and-verification/
13	2023	ABA American Burn Association Verification	https://ameriburn.org/quality-care/certification/
14	2023	ELSO Extracorporeal Life Support Organization (ELSO)	https://www.elso.org/registry.aspx
15	2023	International Society for Quality in Healthcare (ISQua)	https://isqua.org/external-evaluation.html
16	2023	Hospitals Accreditation-- Joint Commission International (JCI)	https://www.jointcommissioninternational.org/what-we-offer/accreditation/accreditation-programs/hospital/
17	2023	STEMI and Stroke, American Heart Association International Certification	https://www.heart.org/en/professional/quality-improvement/international
18	2023	CARF Accreditation and Certification	https://carf.org/loccertification/
19	2024	EMS Clinical Protocols	https://www.DoH.gov.ae/-/media/CECB13E1AC3C4401B3DA00B01139E94C.ashx