



Quality and Patient Safety Policy

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1. Policy Purpose and Brief

The purpose of the Quality and Patient Safety policy is to establish a structured framework that ensures safe, effective and high-quality healthcare delivery. It defines governance mechanism, accountability structures and best practices to minimize risks and prevent adverse outcomes. The policy promotes continuous improvement, data driven decision making and stakeholders collaboration fostering a culture of safety and excellence within healthcare systems.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1.	Accreditation	Accreditation is a formal, independent verification that a program or institution meets established quality standards and is competent to carry out specific conformity assessment tasks.
2.2.	Adverse Event	A patient safety event that resulted in harm to a patient. Adverse events should prompt notification of hospital leaders, investigation, and corrective actions. An adverse event may or may not be the result of an error.
2.3.	Best Practice	Clinical, scientific, or professional technique, method, or process, that is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice.
2.4.	Culture of Safety	Also known as a safe culture, a collaborative environment in which skilled clinicians treat each other with respect; leaders drive effective teamwork and promote psychological safety; teams learn from errors and near misses; caregivers are aware of the inherent limitations of human performance in complex systems (stress recognition); and there is a visible process of learning and driving improvement through debriefings. Staff members are able to report concerns about safety or quality of care without fear of retaliation from health care organization leaders or other staff members.
2.5.	Efficiency	The relationship between the outcomes (results of care) and the resources used to deliver care. Increasing efficiency involves achieving the same output with fewer resources or more output with the same amount of resources.
2.6.	Good Catch	The identification and prevention of a potential error or harm before it reached the patient. It highlights proactive actions taken to avoid incidents, like near miss.
2.7.	Department of Health (DoH)	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, Established based on law No. (10) of 2018.

2.8.	Handover	The transfer of responsibility for a patient and the patient's care that is achieved through effective communication (for example, between health care practitioners; from one department, unit, or service of the organization to another; between the organization and other levels of health care; between staff and patients/families).
2.9.	Healthcare Quality	The degree to which health care services increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
2.10.	Patient Safety Event	An event, incident, or condition that could have resulted, or did result, in harm to a patient
2.11.	JAWDA	JAWDA is the Arabic word for Quality. The indicators are aimed at improving the quality of the healthcare services provided to nationals and residents in the Emirate of Abu Dhabi and beyond.
2.12.	Medication Error	A preventable incident that could result in inappropriate medication use or harm to a patient while the medication is under the control of healthcare professionals, patients, or consumers.
2.13.	Morbidity	Refers to the incidence or prevalence of disease, injury, or disability in a population. It captures the extents of health conditions that affect individuals' quality of life and healthcare needs.
2.14.	Mortality	Denotes the frequency of deaths in a population, often expressed as death rates or cause specific mortality. It is a core indicator used to assess public health trends, disease burden and the effectiveness of health systems.
2.15.	Near Miss	Circumstances or events that had the capacity to cause an adverse event, but which did not reach the patient.
2.16.	Outcome	Outcome is understood as the evaluation of patient health, as a result of care received, changes in health status, behavior and knowledge as well as patient and staff satisfaction and health-related quality of life.
2.17.	Patient-Centered Care	Care that is respectful of, and responsive to, individual patient preferences, needs, and values. Ensures that patients are involved in their own clinical decisions.
2.18.	Patient Safety	The discipline that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery.
2.19.	Quality Improvement	An approach to the continuous study and improvement of the processes of providing health care services to meet the needs of patients and others. Also called continuous quality improvement, continuous improvement, organization-wide continuous quality and performance improvement practices.

2.20. Quality of Care	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Dimensions of performance include the following: patient perspective issues; safety of the care environment; and accessibility, appropriateness, continuity, effectiveness, efficacy, efficiency, and timeliness of care.
2.21. Reliability	A characteristic of a measure indicates how accurately and consistently the measure produces similar results. For example, a reliable measure or measurement tool yields accurate and consistent results when used by different individuals, across different settings, with different patients, and so on, as applicable.
2.22. Risk	Combination of the probability of occurrence of harm and the severity of that harm. The probable rate of occurrence of hazard causing harm and the degree of severity of the harm
2.23. Root Cause Analysis	A process for identifying the basis or causal factor(s) that bring about variation in performance, including the occurrence, or possible occurrence, of a sentinel event. A root cause analysis focuses primarily on systems and processes, not on individual performance.
2.24. Safety	The degree to which the organization's building, grounds and equipment do not pose a hazard or risk to patients, staff, or visitors.
2.25. Scope of Service	The range of activities, such as clinical care services, offered by the organization and performed by health care practitioners, support staff, managerial staff, the governing entity, and so on.
2.26. Sentinel Event	Sentinel Event - a patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and: results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm). Sentinel events are a subcategory of adverse events
2.27. Structure	Entails the components that affect the context in which health services are delivered, and includes healthcare facility structure, equipment, human resources, policy, data systems, administration, environment and the availability of other resources to drive quality and patient safety. Securing structure is fundamental in assuring quality and patient safety and can be linked to the shortcomings in process or outcome measures.

3. Policy Content

3.1. Policy Principles

- 3.1.1. In alignment with international and national health priorities, DoH is committed to ensuring high standards of care and continuous improvement in the healthcare system. Healthcare is guided by the following principles: Patient-Centered Care – Prioritizing patient needs, rights and safety in all healthcare decisions
- 3.1.2. Evidence-Based Practice – Implementing strategies based on research, data and best practice
- 3.1.3. Transparency and Accountability – Ensuring clear communication and responsibility among healthcare providers
- 3.1.4. Continuous Improvement - Encouraging ongoing evaluation and enhancement of healthcare quality.
- 3.1.5. Regulatory Compliance – Adhering to national and international healthcare standards and requirements on Quality and Patient Safety, Data Privacy and Information Security and other regulatory domains.
- 3.1.6. Ethical and Scientific Integrity -Explicitly integrates ethical considerations into quality and patient safety framework, ensuring alignment with Federal and Abu Dhabi Laws
- 3.1.7. Advancing a high performing, patient centered health system through the adoption of robust processes, evidence-based practices, and integrated systems that strengthen safety and quality across all healthcare settings. Healthcare providers shall ensure the following:
 - 3.1.7.1. Elimination of Avoidable Harm by establishing and enforcing standards, protocols, and monitoring mechanisms that prevent avoidable harm and promote a culture of safety across the continuum of care.
 - 3.1.7.2. High Reliability Health Systems by embedding high reliability principles into organizational governance, clinical operations, and workforce practices to ensure consistent, dependable, and resilient care delivery.
 - 3.1.7.3. Safety of Clinical Processes by standardizing and continuously improving clinical pathways, procedures, and decision support systems to safeguard patients and reduce variability in care.
 - 3.1.7.4. Health Worker Education, Skills, and Safety by ensuring all health workers are equipped with the competencies, training, and safe working environments required to deliver high-quality, patient-centered care
 - 3.1.7.5. Information, Research, and Risk Management by strengthening data systems, research capabilities, and risk management frameworks to enable proactive decision making, transparency, and continuous improvement.

3.2. Policy Priorities and Expectations

- 3.2.1. Healthcare quality domains are key to providing a framework for improving patient outcomes, reducing risks and optimizing healthcare performance. The desired outcomes outlined below are aligned with the defined indicators established by DoH and will be measured using applicable KPIs set forth by the regulatory authority.

Quality Domain	Desired Outcome
Safety - Avoiding harm to patients from the care, treatment, and services that are intended to help them	Reduced sentinel events, medication errors leading to harm and hospital acquired infections
Effectiveness - Avoiding overuse of inappropriate care, treatment, and services and underuse of effective care, treatment, and services	Improved recovery rates, reduced unnecessary procedures, optimized resource utilization, standardized care pathways leading to fewer complications and readmissions.
Patient-Centered - Providing care, treatment, and services that are respectful	Higher patient satisfaction and better

of and responsive to individual preferences, needs, and values	<p>adherence to treatment plans.</p> <p>Enhanced communication and shared decision-making between patients and providers.</p> <p>Personalized care planning considers cultural, emotional, and social factors.</p>
Timeliness - (or Accessibility or Affordability): Reducing barriers to care, treatment, and services that may be caused by time delays, accessibility, or affordability	Reduced wait times, faster emergency response, and improved access to critical interventions
Efficiency - Avoiding waste, including waste of all resources (human, equipment, supplies, finances, energy)	Cost-effective care, optimized hospital workflows and sustainable healthcare financing
Equity - Removing variation in the quality of care, treatment, and services that may be based on patient characteristics such as gender, ethnicity, race, or socioeconomic status	Reduced healthcare disparities, improved access to underserved populations, and fair resource distribution

3.2.2. All healthcare facilities licensed by the DoH are responsible for establishing an appropriate structure to support quality and safety.

3.2.2.1. The healthcare facility shall establish and maintain a comprehensive governance framework that delineates clear roles, responsibilities, protocols, and escalation pathways to uphold high standards of care and patient safety across all levels of service delivery through the integration of key operational, clinical, and strategic components, including but not limited to:

3.2.2.1.1. Patient Safety Event Reporting Systems: Mechanisms for timely identification, documentation, and analysis of incidents that may compromise patient safety, enabling prompt corrective actions and preventive strategies.

3.2.2.1.2. Safety Culture Measures: Tools and methodologies to assess, promote, and sustain a culture of safety within healthcare settings, fostering an environment where staff are empowered to prioritize patient safety and speak up without fear.

3.2.2.1.3. Quality Indicators: Standardized metrics to evaluate the effectiveness, efficiency, and safety of healthcare services, serving as a foundation for continuous quality improvement and benchmarking.

3.2.2.1.4. Integrated Solutions and Improvements: Data-driven approaches that synthesize insights from reporting systems, safety culture assessments, and quality indicators to inform strategic planning and drive system-wide enhancements in patient safety and healthcare quality.

3.2.2.2. The healthcare facility shall ensure effective governance and oversight of healthcare facilities; the organization shall implement the following as part of Quality and Patient Safety Program:

3.2.2.2.1. Annual Approval and Review: The Healthcare Facility Quality and Patient Safety Program shall be formally approved and reviewed by the designated Governance Body on an annual basis to uphold regulatory compliance and maintain high standards of care.

3.2.2.2.2. Quarterly Reporting: Healthcare facility performance data shall be submitted to the Governance Body on a quarterly basis to promote transparency, accountability, and timely monitoring of key quality and safety indicators.

3.2.2.2.3. Quarterly Review: The Governance Body shall conduct a structured quarterly review of reported performance data to evaluate operational effectiveness,

- 3.2.3.8. Mortality and Morbidity
 - 3.2.3.9. Data and Performance Management / Key Quality Metrics
 - 3.2.3.10. Whistleblowing
 - 3.2.3.11. Bioethics Governance (including but not limited to Biomedical Research, Emerging Technologies)
 - 3.2.3.12. Health Information Management (including but not limited to Data Privacy and Information Security Management)
 - 3.2.3.13. Facility Management and Safety
 - 3.2.3.14. Medication Management & Use
 - 3.2.3.15. Sustainability Program (including but not limited to Climate Impact reduction, resource stewardship, social responsibility)
- 3.2.4. The healthcare facility shall implement a rigorous policy and structured framework to achieve patient safety goals, addressing immediate risks while embedding a sustained culture of safety and quality care. All healthcare facilities are mandated to monitor and demonstrate full compliance with key performance indicators (KPIs) related to patient safety, using evidence-based methodologies and best practices aligned with regulatory standards and international benchmarks.
- Goal 1 – Identify Patient Correctly
 - Goal 2 – Improve Effective Communication
 - a. Process of reporting critical reports results of diagnostics tests
 - b. Standardized process for handover communication
 - Goal 3 – Improve Safety of High Alert Medications
 - a. Processes to improve the safety of high alert medications
 - b. Process to improve the safety of look-alike/sound alike medications
 - c. Process to manage the safe use of concentrated electrolytes
 - Goal 4 – Ensure Safe Surgery
 - Goal 5 – Reduce the Risk of Health Care Associated Infections
- 3.2.5. The healthcare facility shall conduct systematic clinical review and monitor key performance indicators to enhance patient care, ensure compliance, improve operational efficiency and generate actionable insights for continuous improvement.
- 3.2.6. The healthcare facility shall foster a positive safety culture that prioritizes patient safety, staff well-being, and continuous improvement through structured approaches that integrate leadership commitment and active employee engagement. A patient safety culture survey shall be conducted every 18 months to assess progress and inform action.
- 3.2.7. Healthcare facilities licensed by the DoH are accountable for ensuring adherence to the requirements specified in this policy, along with applicable UAE regulations and designated international standards, extending beyond just accreditation and certification.
- 3.2.7.1. **Regulatory Compliance:** Facilities must adhere to all applicable local and international regulations, ensuring that their operations align with the highest standards of healthcare delivery.
- 3.2.7.2. **Beyond Accreditation:** Compliance is not limited to obtaining accreditation or certification. Facilities must continuously meet and maintain the standards set forth by the DoH and other relevant regulatory bodies.

4. Policy Roles and Responsibilities

4.1. Department of Health

- 4.1.1. The Department of Health collaborates with both internal and external stakeholders to develop effective collaboration frameworks and clearly defines its roles and responsibilities in implementing and sustaining the initiatives, interventions, objectives, and priorities set forth in this policy.
- 4.1.2. The Department of Health will offer essential guidance and, when needed, use its regulatory authority to ensure the requirements outlined in this policy are fulfilled.
- 4.1.3. The Department of Health provides oversight through a structured regulatory framework that ensures health quality, patient safety and compliance.
- 4.1.4. DoH is the entity responsible for defining healthcare quality and safety and will set the performance parameters and indicators to be achieved by all Health Facilities in the Emirate of Abu Dhabi.
- 4.1.5. The DoH will evaluate and inspect health facilities to ensure their adherence to the requirements that promote quality and patient safety.
- 4.1.6. The DoH will hold health facilities accountable if there are any compromises in quality and patient safety or if they fail to meet the required quality and safety standards.
- 4.1.7. The DoH is responsible for regulating the health system and ensuring all regulatory provisions are enabled to address service gaps, inefficiencies, malpractice or unfairness.
- 4.1.8. The DoH will provide the necessary stewardship and ensure the requirements set out in this policy are met through its regulatory powers and where necessary, set out further regulatory measures to address current and future health system needs

4.2. Stakeholders

- 4.2.1. Healthcare ecosystem stakeholders should work together with the Department of Health to coordinate efforts in optimizing healthcare quality and patient safety initiatives and support the attainment of its objectives.

Stakeholder name	Stakeholder Key Role
Department of Health	<ul style="list-style-type: none"> – Ensure actions to drive quality and patient safety are in accordance with Federal and Abu Dhabi Laws. – Audit and inspect the performance of health facilities on the requirements that drive quality and patient safety – Leverage use of data from multiple sources to drive quality, elevate patient safety and shape resilient, accountable healthcare system – Provides regulatory guidance, technical support, and capacity building resources to help healthcare facilities meet compliance requirements and uphold patient safety stand
Healthcare Providers	<ul style="list-style-type: none"> – Ensure there is a strategy in place to drive quality and patient safety throughout the organization which is supported by policies, procedures, guidelines and workflows – Ensure a robust governance structure is in place with clear roles and responsibilities, protocols and escalation procedures for high-quality care and patient safety throughout the organization.
Healthcare Professionals	<ul style="list-style-type: none"> – Healthcare staff are responsible for adhering to quality and patient safety policies by actively participating in initiatives aimed at reducing risks and improving care. – Staff should also engage in continuous education to

	<p>stay informed about the best practices and updates in policies related to patient safety and quality care.</p> <ul style="list-style-type: none"> – Core commitment: Prevent Harm, Deliver Evidence-Based Care, Promote Continuous Improvement, Foster a Just Culture, Accountability and Transparency – Shall ensure completion of information security courses assigned by DoH from time to time.
Healthcare Payers	<ul style="list-style-type: none"> – Conduct claims data analysis related to the quality-of-care delivery – Support initiatives that prioritize patient outcomes

5. Policy Scope of Implementation

This policy applies to all stakeholders within the Abu Dhabi healthcare ecosystem, including but not limited to healthcare providers, healthcare professionals (physicians, nurses, pharmacists, dentists, allied healthcare professionals), contracted services, government entities, health insurance companies and any other relevant entities.

6. Exempted from Policy Scope

No exception to this policy, however, should potential exemptions to this policy arise in the future, they will be reviewed through a formal evaluation process, subject to regulatory approval and alignment with quality and patient safety standards.

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

- 7.1. DoH can impose sanctions in relation to any breach of requirements under this Policy in accordance with the disciplinary regulation of the Healthcare sector.

8. Monitoring and Evaluation (Key success factors)

A monitoring and evaluation plan will be implemented to ensure compliance and evaluate the effectiveness of this policy and its components. DoH will serve as the primary regulator for these activities, setting key strategic KPIs aligned with strategic initiatives. Success will be measured through data driven assessments, stakeholders' engagement and transparent reporting.

Key Monitoring Principles:

- Performance Metrics: Regular tracking of JAWDA KPIs, Sentinel Events and Incidents Reported
- Stakeholders Feedback: Identify gaps by reviewing complaints, safety culture survey, other related surveys
- Compliance Audits: Conducting audits to ensure adherence to regulatory standards and safety protocol
- Benchmarking and Best Practice: Comparing outcomes with regional and international standards to drive excellence
- Continuous Improvement: Implementing corrective actions based on trends analysis and root causes.

9. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1.	December 2024	Incident Reporting and Management Standard	https://www.doh.gov.ae/en/resources/standards
2.	June 2025	Pay for Quality Standard	https://www.doh.gov.ae/en/resources/standards
3.	November 2024	Healthcare Workforce Governance Policy	https://www.doh.gov.ae/en/resources/policies
4.	July 2024	Enterprise Risk & Business Continuity Management System Policy	https://www.doh.gov.ae/en/resources/policies
5.	April 2024	Accreditation Standards for Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards
6.	July 2024, Effective 1 January 2025	Joint Commission International Accreditation Standards for Hospitals	Joint Commission International Standards for Hospitals, 8th Edition Joint Commission International
7.	October 2024	Circular USO 182/2024 Mandatory Implementation of Electronic Incident Reporting System for Patient Safety Incorporating Mortality Module	https://www.doh.gov.ae/en/resources/Circulars
8.	April 2025	Circular USO 67/2025 Mandatory Participation in the Patient Safety Culture Survey	https://www.doh.gov.ae/en/resources/Circulars
9.	March 2025	Mandatory Participation in the International Hospital Rankings	https://www.doh.gov.ae/-/media/423385ADCEF4481C9BF3CB2FEA87CE23.a shx
10.	Jan 2022	Circular USO/29/2022 Abu Dhabi Healthcare Sector Cyberlearning Program	https://www.doh.gov.ae/en/resources/Circulars
11.	May 2024	Abu Dhabi Healthcare Information and Cyber Security (ADHICS) Standard	https://www.doh.gov.ae/en/resources/standards
12.	Feb 2025	Abu Dhabi Patient Safety Taxonomy	https://www.doh.gov.ae/en/resources/policies
13.	Dec 2025	Data Storage and Retention Standard	https://www.doh.gov.ae/-/media/FB7CE4A318974DE2B955F3FC4E3D7A72.a shx
14.	Dec 2025	Reference and Master Data Standard	https://www.doh.gov.ae/-/media/6D1C25DBB8C048DEB478337A17339EB9. ashx
15.	Dec 2025	Data Architecture and Modeling Standard	https://www.doh.gov.ae/-/media/8DB42837623D4D6BA65AC11899E99749. ashx
16.	Nov 2025	Data Classification Standard	https://www.doh.gov.ae/-/media/D3D2022DC7B14E7BB82E812BD6F12BFB. ashx

17.	Oct 2025	Data Quality Standard	https://www.doh.gov.ae/-/media/0FDBD6F306564E3FBB7807D51A7229E9.ashx
18.	Oct 2025	Data Catalog and Metadata Management Standard	https://www.doh.gov.ae/-/media/DD8FD71E751D47239F2E303912BECB53.ashx
19.	Oct 2025	Data Governance Standard	https://www.doh.gov.ae/-/media/DCA581EEE66A4D01A6BC878C59BC42C0.ashx