

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators



دائرة الصحة
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Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

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Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

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.

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Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

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 Dialysis/Homecare centers providing hemodialysis (outpatient or Home dialysis) 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
- Department of Health Standard for primary care issued March 200 <https://www.doh.gov.ae/en/resources/standards>
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DoH Licensed Dialysis/Homecare centers 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.

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

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 -hemodialysis patients who received red blood cell transfusion during the reporting period. Report the sum of the numerators for each month Numerator HCPCS code for red blood cell (P9010, P9011, P9016, P9021, P9022, P9038, P9039, P9040, P9051, P9054, P9056, P9058, 36430)</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on hemodialysis (in-centre or at home) and are regularly receiving treatment in this facility and been patients in the centre for >= 90 days. Report the sum of the denominators for each month Denominator Dialysis service code (14-01) , CPT; 90935, 93937)</p> <p>Denominator Exclusion: Pediatric patients (<18 years old) Patient on ESRD treatment for less than 90 days. Patient with haemoglobinopathy (e.g., Sickle cell anemia, thalassemia, hemolytic anemia, aplastic anemia) Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</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:	<5% of patients should receive a transfusion every month
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> Report the sum of the numerators for each month</p> <p>Denominator: Count of total number of adult HD patients each month of the reporting period, who are on hemodialysis (in-centre or at home). Do not count the same patient more than once for 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:	<2 infections/100 patient months
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 or combined equilibrated Kt/V (ceKt/V) ≥ 1.2 .
Calculation:	<p>Numerator: Count number of chronic haemodialysis adult patients who achieve spKt/V ≥ 1.4 or ceKt/V of ≥ 1.2 per 30 days. Or Weekly clearance or weekly target of Standard Kt/V (stdKt/V) ≥ 2.1 Report the last measurement in the reporting period</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on hemodialysis (in-centre or at home) and regularly receiving treatment in this facility for ≥ 90 days. Report the denominator pertaining to the last measurement period Do not count the same patient more than once for the reporting period.</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patient on ESRD treatment for less than 90 days Patients on Peritoneal Dialysis Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</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	>85% to achieve a single pool of ceKt/V of ≥ 1.2 or spKT/V ≥ 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. Report the sum of the numerators for each month</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for ≥ 90 days. Do not count the same patient more than once for the reporting period.</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patients on Peritoneal Dialysis Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</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:	<20% of patients should be using a catheter.
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 number of patients</i>) Report the sum of the numerators for each month</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for ≥ 90 days. Report the sum of the denominators for each month</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</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>Count the admission rather than the patient</i>) Report the sum of the numerators for each month</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days. Report the sum of the denominators for each month</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</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 hemodialysis adult patients with ≥ 90 days of dialysis treatment who are achieved a hemoglobin level in the range of 100-120 during the reporting period the unit should be g/L (100-120). Report the last measurement in the reporting period Patients with a hemoglobin >120 g/l who had not received an ESA in the previous month are considered to have met the target.</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for ≥ 90 days. Do not count the same patient more than once for the reporting period. Report the denominator pertaining to the last measurement period</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patients on acute hemodialysis, peritoneal dialysis, or pediatric patients Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</p>
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(hemogobulin~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 ≥ 25 g/L
Calculation:	<p>Numerator: Count number of hemodialysis adult patients with ≥ 90 days of dialysis treatment who are achieved pre-dialysis serum albumin level of ≥ 25g/L during the reporting period. Report the last measurement in the reporting period</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for ≥ 90 days. Report the denominator pertaining to the last measurement period</p> <p>Do not count the same patient more than once for the reporting period</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patients with < 90 days of chronic hemodialysis Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week</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	85% of patients should have a pre dialysis serum albumin ≥ 25 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 calcium level and achieved a pre dialysis calcium level in the range of 2.2 to 2.6 mmol/L.
Calculation:	<p>Numerator: Count number of hemodialysis adult patients with ≥ 90 days of dialysis treatment who are achieved pre-dialysis serum calcium level in the range of 2.2 to 2.6 mmol/L during the reporting period. Report the last measurement in the reporting period</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for ≥ 90 days. Do not count the same patient more than once for the reporting period. Report the denominator pertaining to the last measurement period</p> <p>Denominator Exclusions: Pediatric patients (<18 years old) Patients with < 90 days of chronic hemodialysis Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility
Desired direction:	Higher number are better
Target	80% of patients should have a pre dialysis serum calcium between 2.2 and 2.6 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 annually for their suitability for transplantation and referred if suitable to DoH designated transplantation center
Calculation:	<p>Numerator: Count total adult hemodialysis patients dialysing at the centre for ≥ 90 days who have had a yearly assessment of their fitness to receive a kidney transplant and referred if suitable to a DoH designated transplantation center during the reporting period.</p> <p>Denominator: Count of total adult patients from each month of the reporting period, who are on haemodialysis (in-centre or at home) and receiving treatment in this facility for ≥ 90 days. Do not count the same patient more than once for 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	80% 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

[Summary of Changes July 2022](#)

KPI #	Changes in July 2022
DF002	Report the sum of the denominator for each month has removed from denominator
DF003	Weekly clearance or weekly target of Standard Kt/V (stdKt/V) ≥ 2.1 has added
DF004	Report the sum of the denominator for each month has removed from denominator
DF008	The statement do not count the same patient more than once for the reporting period has added
DF010	Remove the phrase of Report the last measurement in the reporting period from numerator and denominator