

# JAWDA KPI Quarterly Guidelines for Haematopoietic Stem Cell Transplant (HSCT) Service Providers

January 2020

# **Jawda HSCT Quality Performance Indicators**

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### **Jawda HSCT 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 ranges 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 of care 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 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 <a href="mailto:jawda@DoH.gov.ae">jawda@DoH.gov.ae</a>

This document is subject for review and therefore it is advisable to always utilize online versions available on the DOH website.

Published: January 2020 Version 1

March 2023 Version 2

Effective: Q1 2023

## **About this Guidance**

The guidance sets out the definitions and reporting frequency of JAWDA Haematopoietic Stem Cell Transplantation (HSCT) Facilities performance indicators. The Department of Health (DOH), with consultation from local and international expertise of Haematopoietic Stem Cell Transplantation (HSCT), has developed Haematopoietic Stem Cell Transplantation 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 Haematopoietic Stem Cell Transplantation patients in this guidance include measures to monitor morbidity and mortality in patients undergoing Haematopoietic Stem Cell Transplantation. Healthcare providers are the most qualified professionals to develop and evaluate quality of care for HSCT patients; therefore, it is crucial that clinicians retain a leadership position in defining performance among Haematopoietic Stem Cell Transplantation s healthcare providers.

### Who is this guidance for?

All DOH licensed healthcare facilities providing Haematopoietic Stem Cell Transplantation 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 Haematopoietic Stem Cell Transplantation 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 <a href="mailto:JAWDA@doh.gov.ae">JAWDA@doh.gov.ae</a> and submit the required quarterly quality performance indicators through Jawda online portal.

### What are the Regulations related to this guidance?

- Legislation establishing the Health Sector
- As per DOH <u>Policy for Quality and Patient Safety</u> issued January 15<sup>th</sup> 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.
- DOH Standard on Stem Cell Therapies and Products & Regenerative Medicine

# Haematopoietic Stem Cell Transplantation Quality Performance Indicators

Type: Haematopoietic Stem Cell Transplantation

KPI Description (title):	Percentage of ac	lult patients wit	th successful eng	graftment
Domain	Patient Centered			
Sub-Domain	Clinical Outcome			
Definition	Percentage of adult patients with successful engraftment			
Calculation	Numerator: Number of adult patients (18 years and older) where engraftment was successful (successful defined as neutrophil count of (> 0.5 * 10^9L) for three consecutive days by day plus 28)  CPT CODE: 85048  Denominator: Total number of adult patients (18 years and older) transplanted in the first 6 months of the previous 7 month reporting period  CPT CODES: 81267, 81268, 38206, 38232, 38241, 38205, 38230, 38240, 38242  Example for denominator reporting 2022/2023  Q1 Q2 Q3 Q4  Jan 22 - Jun 22   Apr 22 - Sep 22   Jul 22 - Dec 22   Oct 22 - Mar 23			
Reporting Frequency	Quarterly			
Unit Measure	Percentage			
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20			
<b>Desired Direction</b>	Higher is better			
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record</li> </ul>			

KPI Description (title):	Percentage of pedi	atric patients	with successful	l engraftment
Domain	Patient Centered			
Sub-Domain	Clinical Outcome			
Definition	Percentage of pediatric patients with successful engraftment			
Calculation	Numerator: Number of pediatric patients (below 18 years) where engraftment was successful (successful defined as neutrophil count of (> 0.5 * 10^9L) for three consecutive days by day plus 28)  CPT CODE: 85048  Denominator: Total number of patients (below 18 years) transplanted in the first 6 months of the previous 7 month reporting period  CPT CODES: 81267, 81268, 38206, 38232, 38241, 38205, 38230, 38240, 38242  Example for denominator reporting 2022/2023  Q1 Q2 Q3 Q4			
Reporting Frequency	Quarterly			
Unit Measure	Percentage			
International comparison	Specialized Services Q	uality Dashboa	rds – Blood and In	fection metric
if available	definitions for 2019/20			
<b>Desired Direction</b>	Higher is better			
Data Source	Centrally collected claim data (KEH)			
	Patient medical	al record		

KPI Description (title):	Percentage of adult patients dying within 100 days of autologous transplant
Domain	Patient Centered
Sub-Domain	Clinical Outcome
Definition	Percentage of adult patients dying within 100 days of <i>autologous</i> transplant
Calculation	Numerator: Number of adult patients (18 years and older) in denominator who died within 100 days of <i>autologous</i> transplant  Denominator: Total number of <i>autologous</i> transplants for adult patients (18 years and older) in the first 365 days of the previous 465 day reporting period  CPT CODES: 38206, 38232, 38241
Reporting Frequency	Quarterly
Unit Measure	Percentage of BMT died within 100 days of <i>autologous</i> transplant
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20
<b>Desired Direction</b>	Lower is better
Data Source	<ul><li>Centrally collected claim data (KEH)</li><li>Patient medical record</li></ul>

KPI Description (title):	Percentage of pediatric patients dying within 100 days of autologous transplant
Domain	Patient Centered
Sub-Domain	Clinical Outcome
Definition	Percentage of pediatric patients dying within 100 days of <i>autologous</i> transplant
Calculation	Numerator: Number of pediatric patients (below 18 years) in denominator who died within 100 days of <i>autologous</i> transplant  Denominator: Total number of <i>autologous</i> transplants for pediatric patients (below 18 years) in the first 365 days of the previous 465 day reporting period  CPT CODES: 38206, 38232, 38241
Reporting Frequency	Quarterly
Unit Measure	Percentage of BMT died within 100 days of <i>autologous</i> transplant
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20
<b>Desired Direction</b>	Lower is better
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record</li> </ul>

KPI Description (title):	Percentage of adult patients alive at 1 year post autologous transplant
Domain	Patient Centered
Sub-Domain	Clinical Outcome
Definition	Percentage of adult patients alive at 1 year post <i>autologous</i> transplant
Calculation	Numerator: Number of adult patients (18 years and older) in denominator alive 1 year after <i>autologous</i> transplant  Denominator: Total number of <i>autologous</i> transplants for adult patients (18 years and older) <i>in</i> the first 12 months of the previous 24-month reporting period.  CPT CODES: 38206, 38232, 38241
Reporting Frequency	Annual
Unit Measure	Percentage of survival at 1 year after <i>autologous</i> transplant
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20
Desired Direction	Higher is better
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record</li> </ul>

KPI Description (title):	Percentage of pediatric patients alive at 1 year post autologous transplant
Domain	Patient Centered
Sub-Domain	Clinical Outcome
Definition	Percentage of pediatric patients alive at 1 year post <i>autologous</i> transplant
Calculation	Numerator: Number of pediatric patients (below 18 years) in denominator alive 1 year after <i>autologous</i> transplant  Denominator: Total number of <i>autologous</i> transplants for pediatric patients (below 18 years) <i>in</i> the first 12 months of the previous 24-month reporting period.  CPT CODES: 38206, 38232, 38241
Reporting Frequency	Annual
Unit Measure	Percentage of survival at 1 year after <i>autologous</i> transplant
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20
Desired Direction	Higher is better
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record</li> </ul>

Type: Haematopoietic Stem Cell Transplantation Number: HSCT007

KPI Description (title):	Percentage of adult patients dying within 100 days of allogeneic transplant		
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Domain	Patient Centered		
Sub-Domain	Clinical outcome		
Definition	Percentage of adult patients dying within 100 days of <i>allogeneic</i> transplant		
Calculation	<b>Numerator:</b> Number of adult patients (18 years and older) in denominator who died within 100 days of <i>allogenei</i> c transplant		
	<b>Denominator:</b> Total number of <i>allogeneic</i> transplants for adult patients (18 years and older) in the first 365 days of the previous 465 days reporting period		
	CPT CODES: 38205, 38230, 38240, 38242		
Reporting Frequency	Quarterly		
Unit Measure	Percentage of BMT died within 100 days of <i>allogeneic</i> transplant		
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20		
Desired Direction	Lower is better		
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record</li> </ul>		

Type: Haematopoietic Stem Cell Transplantation Number: HSCT008

KPI Description (title):	Percentage of pediatric patients dying within 100 days of allogeneic transplant
Domain	Patient Centered
Sub-Domain	Clinical outcome
Definition	Percentage of pediatric patients dying within 100 days of <i>allogeneic</i> transplant
Calculation	<b>Numerator:</b> Number of pediatric patients (below 18 years) in denominator who died within 100 days of <i>allogenei</i> c transplant
	<b>Denominator:</b> Total number of <i>allogeneic</i> transplants for pediatric patients (below 18 years) in the first 365 days of the previous 465 day reporting period <b>CPT CODES:</b> 38205, 38230, 38240, 38242
Reporting Frequency	Quarterly
Unit Measure	Percentage of BMT died within 100 days of <i>allogenic</i> transplant
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20
Desired Direction	Lower is better
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record</li> </ul>

Number: HSCT009

**Type: Haematopoietic Stem Cell Transplantation** 

KPI Description (title):	Percentage of adult patients alive at 1 year post allogeneic transplant
Domain	Patient Centered
Sub-Domain	Clinical Outcome
Definition	Percentage of adult patients alive at 1 year post <i>allogeneic</i> transplant
Calculation	<b>Numerator:</b> Number of adult patients (18 years and older) in denominator alive 1 year after <i>allogeneic</i> transplant
	<b>Denominator:</b> Total number of <i>allogeneic</i> transplants for adult patients (18 years and older) in the first 12 months of the previous 24 month reporting period
	CPT CODES: 38205, 38230, 38240, 38242
Reporting Frequency	Annual
Unit Measure	Overall survival at 1 year
Exclusions:	Percentage of survival at 1 year after <i>allogeneic</i> transplant
International comparison if available	Specialized Services Quality Dashboards – Blood and Infection metric definitions for 2019/20
<b>Desired Direction</b>	Higher is better
Data Source	Centrally collected claim data (KEH)     Patient medical record chart

KPI Description (title):	Percentage of pediatric patients alive at 1 year post allogeneic transplant
Domain	Patient Centered
Sub-Domain	Clinical Outcome
Definition	Percentage of pediatric patients alive at 1 year post <i>allogeneic</i> transplant
Calculation	<b>Numerator:</b> Number of pediatric patients (below 18 years) in denominator alive 1 year after <i>allogeneic</i> transplant
	<b>Denominator:</b> Total number of <i>allogeneic</i> transplants for pediatric patients (below 18 years) in the first 12 months of the previous 24 month reporting period
	CPT CODES: 38205, 38230, 38240, 38242
Reporting Frequency	Annual
Unit Measure	Overall survival at 1 year
<b>Exclusions:</b>	Percentage of survival at 1 year after <i>allogenic</i> transplant
International	Specialized Services Quality Dashboards – Blood and Infection metric definitions
comparison if available	for 2019/20
<b>Desired Direction</b>	Higher is better
Data Source	<ul> <li>Centrally collected claim data (KEH)</li> <li>Patient medical record chart</li> </ul>

KPI Description (title):	Percentage of adult patients with successful platelet engraftment
Domain	Effectiveness
Sub-Domain	Process
Definition:	Percentage of adult patients (18 and older) where engraftment was successful (successful defined as platelets > or = 20,000 maintained for 7 consecutive days without transfusion) by day plus 28.
	<b>Numerator:</b> Number of adult patients (18 and older) where engraftment was successful (successful defined as platelets > or = 20,000 maintained for 7 days without transfusion)
	CPT CODE: 85049
Calculation:	<b>Denominator:</b> Total number of adult patients (18 and older) transplanted in the first 6 months of the previous 7 month reporting period
	CPT CODES: 81267, 81268, 38206, 38232, 38241, 38205, 38230, 38240, 38242
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	https://www.cibmtr.org/manuals/fim/1/en/topic/q12-14-initial-platelet-recovery
Desired direction:	Higher is better
Data sources and guidance:	-Patient medical record -Hospital administrative data

KPI Description (title):	Percentage of pediatric patients with successful platelet engraftment
Domain	Effectiveness
Sub-Domain	Process
Definition:	Percentage of pediatric patients (below 18 years) where engraftment was successful (successful defined as platelets > or = 20,000 maintained for 7 consecutive days without transfusion) by day plus 28
	<b>Numerator:</b> Number of pediatric patients (below 18 years) where engraftment was successful (successful defined as platelets > or = 20,000 maintained for 7 days without transfusion)
	CPT CODE: 85049
Calculation:	<b><u>Denominator:</u></b> Total number of pediatric patients (below 18 years) transplanted in the first 6 months of the previous 7 month reporting period.
	CPT CODES: 81267, 81268, 38206, 38232, 38241, 38205, 38230, 38240, 38242
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	https://www.cibmtr.org/manuals/fim/1/en/topic/q12-14-initial-platelet-recovery
Desired direction:	Higher is better
Data sources and guidance:	-Patient medical record -Hospital administrative data