JAWDA KPI Quarterly Guidelines for Dialysis Facilities (DF) Service Providers

Issue 2022

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

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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.

Published:

July 2022 Version 6

Feb 2023 Version 7

May 2023 Version 8

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 15t^h 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.

Dialysis Facility Quality Indicators

Type: DF Quality Indicator   **Indicator Number: DF001**

KPI Description (title):	Red Blood Cell (RBC) transfusion in Hemodialysis patients
Domain	Clinical Effectiveness
Sub-Domain	Outcome
Definition:	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who received red cell blood transfusion during the reporting quarter.
Calculation:	**Numerator:** Patient-months from the denominator who received red blood cell transfusion **Numerator codes for red blood cell:** **HCPCs:** (P9010, P9011, P9016, P9021, P9022, P9038, P9039, P9040, P9051, P9054, P9056, P9057, P9058). **CPT:** (36430) *Numerator Guidance:* o *Report the sum of the numerators for each month.* o *An individual patient may contribute up to 03 patient-months per quarter.* **Denominator:** Count of total adult patients (18 years or older) from each month of the reporting quarter, who are on hemodialysis (in-centre or at home) and are regularly receiving treatment / been patients in the same facility for >= 90 days. **Denominator Dialysis codes:** **Service:** (14-01) **CPT:** (90935, 90937, 99512) *Denominator Guidance:* o *Report the sum of the denominators for each month.* o *An individual patient may contribute up to 03 patient-months per quarter.* **Denominator Exclusion:** o Pediatric patients (<18 years old) o Patient on ESRD treatment for less than 90 days. o Patient with haemoglobinopathy (e.g., Sickle cell anemia, thalassemia, hemolytic anemia, aplastic anemia) **ICD-10 codes**: D56.0, D56.1, D56.2, D56.3, D56.4, D56.5, D56.8, D56.9, D57.00, D57.01, D57.02, D57.1, D57.20, D57.211, D57.212, D57.219, D57.3, D57.40, D57.411, D57.412, D57.419, D57.80, D57.811, D57.812, D57.819, D58.0, D58.1,

	D58.2, D58.8, D58.9, D59.0, D59.1, D59.2, D59.3, D59.4, D59.5, D59.6, D59.8, D59.9, D60.0, D60.1, D60.8, D60.9, D61.01, D61.09, D61.1, D61.2, D61.3, D61.810, D61.811, D61.818, D61.82, D61.89, D61.9, D62, D63.0, D63.8, D64.0, D64.1, D64.2, D64.3, D64.4
	
	    o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week
	    o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week

Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Medicare.gov - the Official U.S. Government Site for Medicare Dialysis FacilityCompare NQF NHSN Dialysis Event Bloodstream Infection (BSI) Measure Information (cdc.gov) NQF NHSN Dialysis Event Bloodstream Infection (BSI) Measure Information (cdc.gov)
Desired direction:	**<5% of patients should receive a transfusion every month**
Notes for all providers	
Data sources and guidance:	• Patient medical record file • Blood Bank transfusion cards • Administrative data

Type: DF Quality Indicator   **Indicator Number: DF002**

KPI Description (title):	**Bloodstream Infection in Hemodialysis patients**
Domain	Patient Safety
Sub-Domain	Outcome
Definition:	Percentage of bloodstream infection among patients receiving hemodialysis during the reporting quarter.
Calculation:	**Numerator:** The number of new positive blood culture events based on blood cultures drawn as an outpatient or within one calendar day after a hospital admission. *(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.)*

	Numerator Guidance:
	Report the sum of the numerators for each month
	Denominator:
	Count of total adult patients (18 years or older) from each month of the reporting quarter, who are on hemodialysis (in-centre or at home)
	Denominator Guidance:
	o *Report the sum of the denominators for each month.*
	o *An individual patient may contribute up to 03 patient-months per quarter.*
	Denominator Dialysis codes:
	Service: (14-01)
	CPT: (90935, 90937, 99512)
	Denominator Exclusions:
	o Patients receiving inpatient hemodialysis or peritoneal dialysis
	o Patients receiving only home peritoneal dialysis
	o Patients not on ESRD treatment
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

Type: DF Quality Indicator   **Indicator Number: DF003**

KPI Description (title):	Delivered Dose of Hemodialysis Above Minimum
Domain	Clinical Effectiveness
Sub-Domain	Outcome
Definition:	Percentage of patient-months for all adults (18 years or older) hemodialysis patients whose delivered dose of hemodialysis was spKt/V ≥1.2 for thrice weekly dialysis, OR for other frequencies of dialysis a weekly stdKt/V ≥ 2.1.

Calculation:	**Numerator**: Patient-months from the denominator whose delivered dose of hemodialysis was **spKt/V ≥1.2** for thrice weekly dialysis, OR for other frequencies of dialysis a weekly **stdKt/V ≥ 2.1.** *Numerator Guidance:* o *Report the sum of the numerators for each month* o *An individual patient may contribute up to 03 patient-months per quarter.* o *Calculated from the last measurement of each month* o *The delivered dose of dialysis measured by Kt/V should be calculated. This should be done by calculating a single pool Kt/V (spKt/V) using results from blood sampling on a single midweek session according to standard methodology, using pre and post dialysis urea measurements and applied in the Daugirdas 2 equation (D2), or using the same urea data to calculate a weekly standard Kt/V (stdKt/V) for patients not being dialysed on a three times weekly dialysis regimen.* **Denominator**: Count of total adult patients from each month of the reporting quarter, who are on hemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days. *Denominator Guidance:* o *Report the sum of the denominators for each month.* o *An individual patient may contribute up to 03 patient-months per quarter.* **Denominator Dialysis codes:** **Service:** (14-01) **CPT:** (90935, 90937, 99512) **Denominator Exclusions**: o Pediatric patients (<18 years old) o Patient on ESRD treatment for less than 90 days o Patients on Peritoneal Dialysis o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	
	[Medicare.gov - the Official U.S. Government Site for Medicare Dialysis FacilityCompare](#)
	[0249_NQF_Submission_2019.pdf (dialysisdata.org)](#)

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Desired direction:	Higher is better
Target	**>85% to achieve spKt/V ≥1.2 for thrice weekly dialysis, OR for other frequencies of dialysis a weekly stdKt/V ≥ 2.1.**
Notes for all providers	
Data sources and guidance:	-Patient medical record file -Administrative data

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 patient-months for all adults (18 years or older) hemodialysis patients who were on a catheter continuously (using or not using) for three months or longer for vascular access.

Calculation:	**Numerator**:
	Patient-months from the denominator who were on maintenance hemodialysis on a catheter continuously (using or not using) for three months or longer
	
	Numerator Guidance:
	Report the sum of the numerators for each month.
	An individual patient may contribute up to 03 patient-months per quarter.
	Calculated from the last hemodialysis session of each month.
	
	Denominator: Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days.
	
	Denominator Guidance:
	Report the sum of the denominators for each month.
	An individual patient may contribute up to 03 patient-months per quarter.
	
	Denominator Dialysis codes:
	Service: (14-01)
	CPT: (90935, 90937, 99512)
	
	Denominator Exclusions:
	   o Pediatric patients (<18 years old)
	   o Patients on Peritoneal Dialysis

<table>
<tr><td></td><td>

  o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week

  o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week

In addition, the following exclusions are applied to the denominator:
Patients with a catheter that have limited life expectancy:

  o Patients with a terminal prognosis; life expectancy of <12 months (requires a physician note).

  o Patients under hospice care in the current reporting month

  o Patients with metastatic cancer in the past 12 months
ICD-10 codes: C77.0, C77.1, C77.2, C77.4, C77.5, C77.8, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.89, C79.9, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, C80.0, C91.00, C91.01, C91.02, C92.00, C92.01, C92.02, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.A0, C92.A1, C92.A2, C93.00, C93.01, C93.02, C94.00, C94.01, C94.02, C95.00, C95.01, C95.02

  o Patients with end stage liver disease in the past 12 months
ICD-10 codes: I85.00, I85.01, I85.10, I85.11, K70.41, K71.11, K72.01, K72.10, K72.11, K72.90, K72.91, K74.0, K76.6, K76.7, K76.81

  o Patients with coma or anoxic brain injury in the past 12 months
ICD-10 codes: E03.5, G93.1, G93.5, G93.6, R40.20, R40.2110, R40.2111, R40.2112, R40.2113, R40.2114, R40.2120, R40.2121, R40.2122, R40.2123, R40.2124, R40.2210, R40.2211, R40.2212, R40.2213, R40.2214, R40.2220, R40.2221, R40.2222, R40.2223, R40.2224, R40.2310, R40.2311, R40.2312, R40.2313, R40.2314, R40.2320, R40.2321, R40.2322, R40.2323, R40.2324, R40.2340, R40.2341, R40.2342, R40.2343, R40.2344, R40.3, S06.1X0A, S06.1X1A, S06.1X2A, S06.1X3A, S06.1X4A, S06.1X5A, S06.1X6A, S06.1X7A, S06.1X8A, S06.1X9A

</td></tr>
<tr><td>**Reporting Frequency:**</td><td>Quarterly</td></tr>
<tr><td>**Unit of Measure:**</td><td>Percentage</td></tr>
<tr><td rowspan="4">**International comparison if available**</td><td>KDOQI, USA, National Kidney Foundation, http://www.therenalnetwork.org/development/quality-improvement/kdoqi-</td></tr>
<tr><td>guidelines/
2978_NQF Submission_2020.pdf (dialysisdata.org)</td></tr>
<tr><td>Quality ID #482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (mdinteractive.com) ⬛ for codes</td></tr>
<tr><td>2978_NQF Submission_2020.pdf (dialysisdata.org)
Quality ID #482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (mdinteractive.com)</td></tr>
<tr><td>**Desired direction:**</td><td>**<20% of patients should be on a catheter continuously (using or not using)**</td></tr>
<tr><td colspan="2" style="text-align:center">**Notes for all providers**</td></tr>
</table>

Data sources and guidance:	-Patient medical record -Administrative data

Type: DF Quality Indicator   **Indicator Number: DF005**

KPI Description (title):	Frequency of emergency visit
Domain	Patient Safety
Sub-Domain	Access
Definition:	Percentage of unplanned emergency or urgent care visits among adult hemodialysis patients (18 years or older) without being admitted to the hospital, during the reporting quarter.
Calculation:	**Numerator**: Number of unplanned emergency or urgent care visits among adult hemodialysis patients (18 years or older). *Numerator Guidance:* o *Report the sum of the numerators for each month.* o *Count # of attendance in the emergency or urgent care visits rather than the number of patients* **Service:** (17-21) **CPT:** (99281, 99282, 99283, 99284, 99285) **Denominator:** Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days. *Denominator Guidance:* o *Report the sum of the denominators for each month.* o *An individual patient may contribute up to 03 patient-months per quarter.* **Denominator Dialysis codes:** **Service:** (14-01) **CPT:** (90935, 90937, 99512) **Denominator Exclusions:** o Pediatric patients (<18 years old) o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week

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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 is better
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

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), during the reporting quarter.

Calculation:	**Numerator:** Number of unplanned inpatient hospital admissions among adult hemodialysis patients (18 years or older).
	
	Numerator Guidance:
	  o *Report the sum of the numerators for each month.*
	  o *Count # of the unplanned admissions rather than the number of patients*
	
	Denominator: Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days.
	
	Denominator Guidance:
	  o *Report the sum of the denominators for each month.*
	  o *An individual patient may contribute up to 03 patient-months per quarter.*
	
	Denominator Dialysis codes:
	Service: (14-01)
	CPT: (90935, 90937, 99512)
	
	Denominator Exclusions:
	  o Pediatric patients (<18 years old)

	o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week
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 is better
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Type: DF Quality Indicator   **Indicator Number: DF007**

KPI Description (title):	**Anemia management**
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who achieved a pre-dialysis hemoglobin level in the range of 100-120 g/L, during the reporting quarter.
Calculation:	**Numerator:** Patient-months from the denominator who achieved a hemoglobin level in the range of 100-120 g/ L. *Numerator Guidance:* *Report the sum of the numerators for each month.* *An individual patient may contribute up to 03 patient-months per quarter.* *Calculated from the last measurement of each month* *Patients with a hemoglobin >120 g/l who had not received an ESA in the previous month are considered to have met the target.* **Denominator:** Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days. *Denominator Guidance:* *Report the sum of the denominators for each month.*

	An individual patient may contribute up to 03 patient-months per quarter.
	Denominator Dialysis codes: **Service:** (14-01) **CPT:** (90935, 90937, 99512)

	Denominator Exclusions:
	    o Pediatric patients (<18 years old)
	    o Patients on acute hemodialysis, peritoneal dialysis, or pediatric patients
	    o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week
	    o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week

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/ http://www.arborresearch.org/pdf/Number_of_pts_less_than_10.pdf http://qualitymeasures.ahrq.gov/content.aspx?id=27358&search=hemoglobin+%3C10
Desired direction:	Higher is better
Target	**70 % of dialysis patient should achieve pre-hemodialysis hemoglobin~100-120 g/L**
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Type: DF Quality Indicator   **Indicator Number: DF008**

KPI Description (title):	Assessing nutritional status
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who achieved a pre-dialysis albumin level of >=25g/L, during the reporting quarter.

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Calculation:	**Numerator:**
	Patient-months from the denominator who achieved pre-dialysis serum albumin level of >=25g/L.
	
	Numerator Guidance:
	   o *Report the sum of the numerators for each month.*
	   o *An individual patient may contribute up to 03 patient-months per quarter.*
	   o *Calculated from the last measurement of each month*
	
	Denominator:
	Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days.
	
	Denominator Guidance:
	   o *Report the sum of the denominators for each month.*
	   o *An individual patient may contribute up to 03 patient-months per quarter.*
	
	Denominator Dialysis codes:
	Service: (14-01)
	CPT: (90935, 90937, 99512)
	
	Denominator Exclusions:
	   o Pediatric patients (<18 years old)
	   o Patients with < 90 days of chronic hemodialysis
	   o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week
	   o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week

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 is 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

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 patient-months for all adults (18 years or older) hemodialysis patients who achieved a pre-dialysis calcium level in the range of 2.2 to 2.6 mmol/L, during the reporting quarter.

Calculation:	**Numerator:**
	Patient-months from the denominator who achieved pre-dialysis serum calcium level in the range of 2.2 to 2.6 mmol/L.
	
	Numerator Guidance:
	  o *Report the sum of the numerators for each month.*
	  o *An individual patient may contribute up to 03 patient-months per quarter*
	  o *Calculated from the last measurement of each month*
	
	Denominator:
	Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days.
	
	Denominator Guidance:
	  o *Report the sum of the denominators for each month.*
	  o *An individual patient may contribute up to 03 patient-months per quarter.*
	
	Denominator Dialysis codes:
	Service: (14-01)
	CPT: (90935, 90937, 99512)
	
	Denominator Exclusions:
	  o Pediatric patients (<18 years old)
	  o Patients with < 90 days of chronic hemodialysis
	  o Patients on dialysis at the same facility for fewer than 11 session a month for patients who have 3 sessions per week
	  o Patients on dialysis at the same facility for fewer than 7 session a month for patients who have 2 sessions per week

Reporting Frequency:	Quarterly
Unit of Measure:	Percentage

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International comparison if available	[Medicare.gov - the Official U.S. Government Site for Medicare Dialysis Facility](#)
Desired direction:	Higher is 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

Type: DF Quality Indicator   **Indicator Number: DF010**

KPI Description (title):	Transplantation assessment
Domain	Clinical Effectiveness
Sub-Domain	Process
Definition:	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who were assessed annually for their suitability for transplantation and referred if suitable to DoH designated transplantation center.
Calculation:	**Numerator:** Patient-months from the denominator who had a yearly assessment of fitness to receive a kidney transplant and referred if suitable to a DoH designated transplantation center. *Numerator Guidance:* o *Report the sum of the numerators for each month.* o *An individual patient may contribute up to 03 patient-months per quarter* *For e.g. For yearly assessment & referral for an individual patient will be counted as 3/3 for the reporting quarter.* **Denominator:** Count of total adult patients from each month of the reporting quarter, who are on haemodialysis (in-centre or at home) and regularly receiving treatment in this facility for >= 90 days. *Denominator Guidance:* o *Report the sum of the denominators for each month.* o *An individual patient may contribute up to 03 patient-months per quarter.* **Denominator Dialysis codes:**

	Service: (14-01) **CPT:** (90935, 90937, 99512) **Denominator Exclusions**: o Pediatric patients (<18 years old) o Patients with < 90 days of chronic hemodialysis
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 is 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

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

<table>
<tr><td colspan="4">Summary of Revisions May 2023</td></tr>
<tr><td colspan="4">Note: Revisions are based on the feedback received from the SMEs, to be aligned with the international best practices & for further clarification on the specification criteria.</td></tr>
<tr><td>KPI #</td><td>KPI Title</td><td>Revisions</td><td>Reasons for revision</td></tr>
<tr>
<td>DF001</td>
<td>Avoiding unnecessary transfusion</td>
<td>
1. Title has been revised to 'Red Blood Cell (RBC) transfusion in Hemodialysis patients'
2. Numerator and Denominator Guidance have been added
3. Denominator: codes 90937, 99512 have been added.
4. Removed D63.1 ICD-10 code in the Denominator Exclusion
</td>
<td>
1. As per the objective of this KPI
2. For further clarification
3. As per the objective of this KPI
4. As per objective of the denominator
</td>
</tr>
<tr>
<td>DF002</td>
<td>Preventing bloodstream infection in hemodialysis outpatients</td>
<td>
1. Title has been revised to 'Bloodstream Infection in Hemodialysis patients'
2. Definition has been revised to 'Percentage of bloodstream infection among patients receiving hemodialysis during the reporting quarter.'
3. Numerator and Denominator Guidance have been added
4. 'Do not count the same patient more than once for the reporting quarter', has been removed.
5. 'Patient-months' definition has been added.
6. More exclusions have been added:
  o Patients receiving inpatient hemodialysis or peritoneal dialysis
  o Patients receiving only home peritoneal dialysis
  o Patients not on ESRD treatment
</td>
<td>
1. As per the objective of this KPI
2. As per the objective of this KPI
3. For further clarification
4. There can be more than one event in a month for the same patient.
5. For further clarification
6. As per the international steward.
</td>
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Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

DF003	Removing waste from blood	1. Title has been revised to 'Delivered Dose of Hemodialysis Above Minimum' 2. The target has been revised, hence the numerator & the definition. 3. Report the last measurement in the reporting period, has been removed. 4. Numerator Guidance has been added 5. Report the denominator pertaining to the last measurement quarter, has been removed	1. As per the objective of this KPI 2. Selecting appropriate formulas /calculation criteria is based on the recommendation received from SMEs, to be consistent across all providers in Abu Dhabi, hence revised accordingly. 3. As per the revised numerator 4. For further clarification 5. As per the objective of this KPI

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

DF004	Hemodialysis vascular access: Long-term Catheter Rate	1. Numerator and Denominator Guidance have been added
		2. The numerator has been revised as "The number of adult patient-months in the denominator who were on maintenance hemodialysis on a catheter continuously (using or not using) for three months or longer."
		3. Do not count the same patient more than once for the reporting quarter, has been removed.
		4. In addition, the following exclusions are applied to the denominator:
		Patients with a catheter that have limited life expectancy:
		    o Patients with a terminal prognosis; life expectancy of <12 months (requires a physician note).
		    o Patients under hospice care in the current reporting month
		    o Patients with metastatic cancer in the past 12 months
		    o Patients with end stage liver disease in the past 12 months
		    o Patients with coma or anoxic brain injury in the past 12 months
		5. Codes for Metastatic cancer, End Stage Liver Disease and coma or anoxic brain injury codes were reviewed. New codes are added and unwarranted codes have been removed.
			1. For further clarification
			2. Based on the recommendation received from SMEs
			3. To be aligned with the international steward.
			4. As per the international steward.
			5. Based on the recommendation received from SMEs & to be in line with the international steward.

DF005	Frequency of emergency visit	1. Numerator and Denominator Guidance have been added	1. For further clarification
DF006	Frequency of hospital admission	1. Numerator and Denominator Guidance have been added	1. For further clarification

Jawda Dialysis Facilities (DF) Service Quality Performance Indicators

DF007	Anemia management	1. Numerator and Denominator Guidance have been added 2. 'Report the denominator pertaining to the last measurement quarter 'has been removed. 3. Do not count the same patient more than once for the reporting quarter, has been removed. 4. Report the denominator pertaining to the last measurement quarter, has been removed.	1. For further clarification 2. As per the revised denominator 3. To be aligned with the international steward. 4. As per the objective of this KPI
DF008	Assessing nutritional status	1. Do not count the same patient more than once for the reporting quarter, has been removed. 2. Numerator and Denominator Guidance have been added 3. Report the denominator pertaining to the last measurement quarter, has been removed 4. Report the last measurement in the reporting quarter, has been removed from the numerator	1. To be aligned with the international steward. 2. For further clarification 3. As per the revised denominator 4. As per the revised numerator
DF009	Keeping a patient's bone mineral levels in balance	1. Do not count the same patient more than once for the reporting quarter, has been removed. 2. Numerator and Denominator Guidance have been added 3. Report the denominator pertaining to the last measurement quarter,	1. To be aligned with the international steward. 2. For further clarification 3. As per the revised denominator
DF010	Transplantation assessment	1. Do not count the same patient more than once for the reporting quarter, has been removed. 2. Numerator and Denominator Guidance have been added	1. To be aligned with the international steward. 2. For further clarification