



دائرة الصحة  
DEPARTMENT OF HEALTH

# Dialysis Facilities (DF) Service Jawda Guidance

Version 9

# Dialysis Facilities (DF) Service JAWDA Performance Indicators

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## Dialysis Facilities (DF) Service JAWDA 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 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 the 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 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 [jawda@DoH.gov.ae](mailto:jawda@DoH.gov.ae)

This document is subject to review and therefore it is advisable to utilize online versions available on the DOH at all times.

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## Dialysis Facilities (DF) Service JAWDA Performance Indicators

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### 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](mailto: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 15<sup>th</sup> 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 Facilities (DF) Service JAWDA Performance Indicators

## Dialysis Facility Quality Indicators

Type: DF Quality Indicator

Indicator Number: DF001

<b>KPI Description (title):</b>	<b>Red Blood Cell (RBC) transfusion in Hemodialysis patients</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition:</b>	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who received red cell blood transfusion during the reporting quarter.
<b>Calculation:</b>	<p><b><u>Numerator:</u></b> Patient-months from the denominator who received red blood cell transfusion</p> <p><b>Numerator codes for red blood cell:</b>  <b>HCPCs:</b> (P9010, P9011, P9016, P9021, P9022, P9038, P9039, P9040, P9051, P9054, P9056, P9057, P9058).  <b>CPT:</b> (36430)</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month.</li> <li>○ Count unique patients per month, rather than transfusions done</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b><u>Denominator:</u></b> 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 &gt;= 90 days, at the 1<sup>st</sup> day of each month.</p> <p><b>Denominator Dialysis codes:</b>  <b>Service:</b> (14-01)  <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b><u>Denominator Exclusion:</u></b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patient on ESRD treatment for less than 90 days.</li> <li>○ Patient with haemoglobinopathy (e.g., Sickle cell anemia, thalassemia, hemolytic anemia, aplastic anemia) <b>ICD-10 codes (not limited to):</b> D56.0, D56.1, D56.2, D56.3, D56.4, D56.5, D56.8, D56.9, D57.00, D57.01, D57.02, D57.03, D57.09, D57.1, D57.20, D57.211, D57.212, D57.213, D57.218, D57.219, D57.3, D57.40, D57.411, D57.412, D57.413, D57.418, D57.419, D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, D57.459, D57.80, D57.811, D57.812, D57.813, D57.818, D57.819, D58.0, D58.1, D58.2, D58.8, D58.9, D59.0, D59.10, D59.11, D59.12, D59.13, D59.19, D59.2, D59.3, D59.4, D59.5, D59.6, D59.8,</li> </ul>

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

	<p>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</p> <ul style="list-style-type: none"> <li>○ Patients on scheduled dialysis at the same facility <ul style="list-style-type: none"> <li>○ ≥3 sessions per week: fewer than 11 sessions/month</li> <li>○ ≤2 sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	<ul style="list-style-type: none"> <li>• Percentage</li> </ul>
<b>International comparison if available</b>	<ul style="list-style-type: none"> <li>• <a href="#">NQF NHSN Dialysis Event Bloodstream Infection (BSI) Measure Information (cdc.gov)</a></li> <li>• <a href="#">CMS ESRD Measures Manual for the 2024 Performance Period</a></li> </ul>
<b>Desired direction:</b>	<b>&lt;5% of patients should receive a transfusion every month</b>
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	<ul style="list-style-type: none"> <li>• Patient medical record file</li> <li>• Blood Bank transfusion cards</li> <li>• Administrative data</li> </ul>

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF002

<b>KPI Description (title):</b>	<b>Bloodstream Infection in Hemodialysis patients</b>
<b>Domain</b>	<b>Safety</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition:</b>	Percentage of bloodstream infection among patients receiving hemodialysis during the reporting quarter.
<b>Calculation:</b>	<p><b><u>Numerator:</u></b> Total number of <b>patients</b> per month who had new positive blood culture events based on blood cultures drawn as an outpatient or within one calendar day after a hospital admission.</p> <p><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></p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month</li> <li>○ Count unique patients per month, rather than events</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b><u>Denominator:</u></b> 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)</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b>Denominator Dialysis codes:</b>  <b>Service:</b> (14-01)  <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Patients receiving inpatient hemodialysis or peritoneal dialysis</li> <li>○ Patients receiving only home peritoneal dialysis</li> <li>○ Patients not on ESRD treatment</li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	KDOQI, USA, National Kidney Foundation, <a href="http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/">http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/</a>
<b>Desired direction:</b>	Lower is better
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF003

<b>KPI Description (title):</b>	<b>Delivered Dose of Hemodialysis Above Minimum</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition:</b>	Percentage of patient-months for all adults (18 years or older) hemodialysis patients whose delivered dose of hemodialysis was $spKt/V \geq 1.2$ for thrice weekly dialysis, OR for other frequencies of dialysis a weekly $stdKt/V \geq 2.1$ .
<b>Calculation:</b>	<p><b>Numerator:</b> Patient-months from the denominator whose delivered dose of hemodialysis was <math>spKt/V \geq 1.2</math> for thrice weekly dialysis, OR for other frequencies of dialysis a weekly <math>stdKt/V \geq 2.1</math>.</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> <li>○ Calculated from the last measurement of each month</li> <li>○ The delivered dose of dialysis measured by <math>Kt/V</math> should be calculated. This should be done by calculating a single pool <math>Kt/V</math> (<math>spKt/V</math>) 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 (<math>D_2</math>), or using the same urea data to calculate a weekly standard <math>Kt/V</math> (<math>stdKt/V</math>) for patients not being dialysed on a three times weekly dialysis regimen.</li> </ul> <p><b>Denominator:</b> 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 <math>\geq 90</math> days at the 1<sup>st</sup> day of each month.</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b>Denominator Dialysis codes:</b>  <b>Service:</b> (14-01)  <b>CPT:</b> (90935, 90937, 99512)</p> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patient on ESRD treatment for less than 90 days</li> <li>○ Patients on Peritoneal Dialysis only</li> <li>○ Patients on scheduled dialysis at the same facility             <ul style="list-style-type: none"> <li>○ <math>\geq 3</math> sessions per week: fewer than 11 sessions/month</li> <li>○ <math>\leq 2</math> sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International</b>	<ul style="list-style-type: none"> <li>• <a href="#">0249 NQF Submission 2019.pdf (dialysisdata.org)</a></li> <li>• <a href="#">1423 NQF Submission 2019.pdf (dialysisdata.org)</a></li> <li>• <a href="#">CMS ESRD Measures Manual for the 2024 Performance Period</a></li> </ul>



## Dialysis Facilities (DF) Service JAWDA Performance Indicators

comparison if available	
Desired direction:	>85% to achieve spKt/V $\geq$ 1.2 for thrice weekly dialysis, OR for other frequencies of dialysis a weekly stdKt/V $\geq$ 2.1. (Higher is better)
Notes for all providers	
Data sources and guidance:	-Patient medical record -Administrative data

Type: DF Quality Indicator

Indicator Number: DF004

<b>KPI Description (title):</b>	<b>Hemodialysis Vascular Access: Long-term Catheter Rate</b>
<b>Domain</b>	<b>Safety</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition:</b>	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.
<b>Calculation:</b>	<p><b><u>Numerator:</u></b> Patient-months from the denominator who were on maintenance hemodialysis on a catheter continuously (using or not using) for three months or longer</p> <p><b><u>Numerator Guidance:</u></b> <i>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.</i></p> <p><b><u>Denominator:</u></b> 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 <math>\geq</math> 90 days, at the 1st day of each month.</p> <p><b><u>Denominator Guidance:</u></b> <i>Report the sum of the denominators for each month. An individual patient may contribute up to 03 patient-months per quarter.</i></p> <p><b>Denominator Dialysis codes:</b> <b>Service:</b> (14-01) <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patient on ESRD treatment for less than 90 days</li> <li>○ Patients on Peritoneal Dialysis only</li> <li>○ Patients on scheduled dialysis at the same facility</li> </ul>

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> <li>○ ≥3 sessions per week: fewer than 11 sessions/month</li> <li>○ ≤2 sessions per week: fewer than 7 sessions/month</li> <li>○ Patients with a catheter that have limited life expectancy:             <ul style="list-style-type: none"> <li>a. Patients with a terminal prognosis; life expectancy of &lt;12 months (requires a physician note).</li> <li>b. Patients under hospice care in the current reporting month</li> <li>c. Patients with metastatic cancer in the past 12 months  <b>ICD-10 codes:</b> 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</li> <li>d. Patients with end stage liver disease in the past 12 months  <b>ICD-10 codes:</b> I85.00, I85.01, I85.10, I85.11, K70.41, K71.11, K72.01, K72.10, K72.11, K72.90, K72.91, K74.00, K74.01, K74.02, K76.6, K76.7, K76.81</li> <li>e. Patients with coma or anoxic brain injury in the past 12 months  <b>ICD-10 codes:</b> 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</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	<ul style="list-style-type: none"> <li>• KDOQI, USA, National Kidney Foundation,</li> <li>• <a href="http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/2978_NQF_Submission_2020.pdf">http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/2978_NQF_Submission_2020.pdf</a> (<a href="http://dialysisdata.org">dialysisdata.org</a>)</li> <li>• <a href="#">Quality ID #482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (mdinteractive.com) for codes 2978 NQF Submission 2020.pdf (dialysisdata.org)</a></li> <li>• <a href="#">Quality ID #482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (mdinteractive.com)</a></li> <li>• <a href="#">CMS ESRD Measures Manual for the 2024 Performance Period</a></li> </ul>
<b>Desired direction:</b>	<20% of patients should be on a catheter continuously (using or not using)
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF005

<b>KPI Description (title):</b>	<b>Frequency of emergency visit</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition:</b>	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.
<b>Calculation:</b>	<p><b>Numerator:</b> Total number of adult hemodialysis patients (18 years or older) who went to unplanned emergency or urgent care visits per month</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month.</li> <li>○ Count unique patients per month, rather than visits</li> </ul> <p><b>Service:</b> (17-21) <b>CPT:</b> (99281, 99282, 99283, 99284, 99285)</p> <p><b>Denominator:</b> 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 at the 1st day of each month.</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter</li> </ul> <p><b>Denominator Dialysis codes:</b> <b>Service:</b> (14-01) <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patient on ESRD treatment for less than 90 days</li> <li>○ Patients on Peritoneal Dialysis only</li> <li>○ Patients on scheduled dialysis at the same facility <ul style="list-style-type: none"> <li>○ ≥3 sessions per week: fewer than 11 sessions/month</li> <li>○ ≤2 sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	KDOQI, USA, National Kidney Foundation, <a href="http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/">http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/</a> <a href="#">CMS ESRD Measures Manual for the 2024 Performance Period</a>
<b>Desired direction:</b>	Lower is better
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data



## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF007

<b>KPI Description (title):</b>	<b>Anemia management</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition:</b>	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.
<b>Calculation:</b>	<p><b>Numerator:</b> Patient-months from the denominator who achieved a hemoglobin level in the range of 100-120 g/ L.</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> <li>○ Calculated from the last measurement of each month</li> <li>○ Patients with a hemoglobin &gt;120 g/l who had not received an ESA in the previous month are considered to have met the target.</li> </ul> <p><b><u>Denominator:</u></b> 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 &gt;= 90 days, at the 1st day of each month</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b>Denominator Dialysis codes:</b>  <b>Service:</b> (14-01)  <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patient on ESRD treatment for less than 90 days</li> <li>○ Patients on acute hemodialysis, peritoneal dialysis</li> <li>○ Patients on scheduled dialysis at the same facility             <ul style="list-style-type: none"> <li>○ ≥3 sessions per week: fewer than 11 sessions/month</li> <li>○ ≤2 sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	KDOQI, USA, National Kidney Foundation, <a href="http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/">http://www.therenalnetwork.org/development/quality-improvement/kdoqi-guidelines/</a> <a href="http://www.arborresearch.org/pdf/Number_of_pts_less_than_10.pdf">http://www.arborresearch.org/pdf/Number_of_pts_less_than_10.pdf</a> <a href="http://qualitymeasures.ahrq.gov/content.aspx?id=27358&amp;search=hemoglobin+%3C10">http://qualitymeasures.ahrq.gov/content.aspx?id=27358&amp;search=hemoglobin+%3C10</a>
<b>Target</b>	<b>70 % of dialysis patient should achieve pre-hemodialysis hemoglobin~100-120 g/L (Higher is better)</b>
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF008

<b>KPI Description (title):</b>	<b>Assessing nutritional status</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition:</b>	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who achieved a pre-dialysis albumin level of $\geq 25$ g/L, during the reporting quarter.
<b>Calculation:</b>	<p><b>Numerator:</b> Patient-months from the denominator who achieved pre-dialysis serum albumin level of <math>\geq 25</math>g/L.</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> <li>○ Calculated from the last measurement of each month</li> </ul> <p><b>Denominator:</b> 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 <math>\geq 90</math> days, at the 1st day of each month.</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b>Denominator Dialysis codes:</b> <b>Service:</b> (14-01) <b>CPT:</b> (90935, 90937, 99512)</p> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patients with &lt; 90 days of chronic hemodialysis</li> <li>○ Patients on Peritoneal Dialysis only</li> <li>○ Patients on scheduled dialysis at the same facility             <ul style="list-style-type: none"> <li>○ <math>\geq 3</math> sessions per week: fewer than 11 sessions/month</li> <li>○ <math>\leq 2</math> sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	<a href="http://www.medicare.gov">Medicare.gov - the Official U.S. Government Site for Medicare Dialysis FacilityCompare</a> <a href="http://qualitymeasures.ahrq.gov/content.aspx?id=28233&amp;search=serum+albumin">http://qualitymeasures.ahrq.gov/content.aspx?id=28233&amp;search=serum+albumin</a>
<b>Target</b>	<b>85% of patients should have a pre-dialysis serum albumin <math>\geq 25</math> g/l.</b> Higher is better
Notes for all providers	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF009

<b>KPI Description (title):</b>	<b>Keeping a patient's bone mineral levels in balance</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition:</b>	Percentage of patient-months for all adults (18 years or older) hemodialysis patients who achieved a pre-dialysis calcium level in the range of 2.1 to 2.6 mmol/L, during the reporting quarter.
<b>Calculation:</b>	<p><b><u>Numerator:</u></b> Patient-months from the denominator who achieved pre-dialysis serum calcium level in the range of 2.1 to 2.6 mmol/L.</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter</li> <li>○ Calculated from the last measurement of each month</li> <li>○ Lab values should be accurate to one decimal place.</li> </ul> <p><b><u>Denominator:</u></b> 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 &gt;= 90 days, at the 1st day of each month.</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b>Denominator Dialysis codes:</b>  <b>Service:</b> (14-01)  <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patients with &lt; 90 days of chronic hemodialysis</li> <li>○ Patients on Peritoneal Dialysis only</li> <li>○ Patients on scheduled dialysis at the same facility             <ul style="list-style-type: none"> <li>○ ≥3 sessions per week: fewer than 11 sessions/month</li> <li>○ ≤2 sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	<a href="http://www.Medicare.gov">Medicare.gov</a> - <a href="http://www.Medicare.gov">the Official U.S. Government Site for Medicare Dialysis Facility</a>
<b>Target</b>	<b>80% of patients should have a pre-dialysis serum calcium between 2.1 and 2.6 mmol/L. (Higher is better)</b>
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data

## Dialysis Facilities (DF) Service JAWDA Performance Indicators

Type: DF Quality Indicator

Indicator Number: DF010

<b>KPI Description (title):</b>	<b>Transplantation assessment</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition:</b>	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.
<b>Calculation:</b>	<p><b>Numerator:</b> 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.</p> <p><b><u>Numerator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the numerators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter For e.g. For yearly assessment &amp; referral for an individual patient will be counted as 3/3 for the reporting quarter.</li> </ul> <p><b>Denominator:</b> 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 &gt;= 90 days, at the 1st day of each month.</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ Report the sum of the denominators for each month.</li> <li>○ An individual patient may contribute up to 03 patient-months per quarter.</li> </ul> <p><b>Denominator Dialysis codes:</b> <b>Service:</b> (14-01) <b>CPT:</b> (90935, 90937, 99512)</p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Pediatric patients (&lt;18 years old)</li> <li>○ Patients with &lt; 90 days of chronic hemodialysis</li> <li>○ Patients on Peritoneal Dialysis only</li> </ul>
<b>Reporting Frequency:</b>	Quarterly
<b>Unit of Measure:</b>	Percentage
<b>International comparison if available</b>	<a href="https://kdigo.org/wp-content/uploads/2018/08/KDIGO-Txp-Candidate-GL-FINAL.pdf">https://kdigo.org/wp-content/uploads/2018/08/KDIGO-Txp-Candidate-GL-FINAL.pdf</a> <a href="#">CMS ESRD Measures Manual for the 2024 Performance Period</a>
<b>Target</b>	<b>80% of patients should be assessed annually for their suitability for transplantation and this should be documented.</b> Higher is better
<b>Notes for all providers</b>	
<b>Data sources and guidance:</b>	-Patient medical record -Administrative data



## Dialysis Facilities (DF) Service JAWDA Performance Indicators

### Summary of Changes 2025

KPI #	Changes
DF001, DF003- DF010	<ul style="list-style-type: none"> <li>• Revised the Domain and indicator type based on IOM domain site.</li> <li>• Added in 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 <math>\geq 90</math> days, at the 1st day of each month</li> <li>• Updated Denominator exclusion:               <ul style="list-style-type: none"> <li>○ Patients on scheduled dialysis at the same facility                   <ul style="list-style-type: none"> <li>○ <math>\geq 3</math> sessions per week: fewer than 11 sessions/month</li> <li>○ <math>\leq 2</math> sessions per week: fewer than 7 sessions/month</li> </ul> </li> </ul> </li> </ul>
DF001	<ul style="list-style-type: none"> <li>• Added in Numerator Guidance: Count unique patients per month, rather than transfusions done</li> </ul>
DF002	<ul style="list-style-type: none"> <li>• Revised numerator: Total number of <b>patients</b> per month who had new positive blood culture events based on blood cultures drawn as an outpatient or within one calendar day after a hospital admission</li> <li>• Added numerator guidance: Count unique patients per month, rather than events</li> <li>• Updated desired direction: Lower is better</li> </ul>
DF004	<ul style="list-style-type: none"> <li>• Added codes in denominator exclusion: K74.00, K74.01, K74.02</li> <li>○ Aligned the denominator exclusion: Patient on ESRD treatment for less than 90 days</li> </ul>
DF005	<ul style="list-style-type: none"> <li>• Added in 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 <math>\geq 90</math> days, at the 1st day of each month</li> <li>• Revised Numerator: Total number of adult hemodialysis patients (18 years or older) who went to unplanned emergency or urgent care visits, per month</li> <li>• Added numerator guidance: Count unique patients per month, rather than visits</li> <li>• Aligned the denominator exclusion: Patient on ESRD treatment for less than 90 days</li> </ul>
DF006	<ul style="list-style-type: none"> <li>• Added in 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 <math>\geq 90</math> days, at the 1st day of each month</li> <li>• Revised Numerator: Total number of adult hemodialysis patients (18 years or older) who went to unplanned inpatient hospital admissions, per month</li> <li>• Added numerator guidance: Count unique patients per month, rather than admissions</li> <li>• Aligned the denominator exclusion: Patient on ESRD treatment for less than 90 days</li> </ul>
DF007	<ul style="list-style-type: none"> <li>• Aligned the denominator exclusion: Patient on ESRD treatment for less than 90 days</li> </ul>
DF009	<ul style="list-style-type: none"> <li>• Revised normal value 2.2 to 2.1</li> <li>• <i>Numerator guidance: Lab values should be accurate to one decimal place.</i></li> </ul>
DF010	<ul style="list-style-type: none"> <li>• Updated reference for assessment guidelines</li> </ul>