Circular No. US/ 57 / 18) تعميـــم رقم

Date: 12/12/2018

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To: All Healthcare Providers

إلى: جميع مزودي الرعاية الصحية

Subject: Establishment of Abu Dhabi Chronic Diseases Registry and the mandate of reporting any of the mentioned chronic diseases cases and related risk factors.

الموضوع: إنشاء السجل الموحّد للأمراض المزمنة في إمارة أبوظبي والزامية التبليغ الإلكتروني عن حالات الإصابة بأي من الأمراض المزمنة المذكورة وعوامل الاختطار المرتبطة بهذه الأمراض.

Greetings,

Sincere greetings, wishing you every success.

تحية طيبة وبعد،،،

يسرنا أن نتقدم إليكم بخالص التحية والتقدير متمنين لكم دوام التوفيق

We would like to extend our gratitude to all healthcare providers that are committed to the mandate issued by the circular number (63/12) and continues to report cancer cases through the Department of Health – Abu Dhabi (DoH) e- notification system.

كما نتقدم بالشكر لكافة مزودي الرعاية الصحية الملتزمون بالتبليغ عن البيانات الخاصة بحالات الإصابة بمرض السرطان من خلال نظام التبليغ الإلكتروني لدائرة الصحة بحسب التعميم المُلزم رقم (63/12).

أما بعد،

Reference to the subject and as part of the DoH Abu Dhabi continuous thrive to support healthcare sector improvements; this is to inform you about the establishment of Abu Dhabi's Chronic Diseases Registry (ADCDR) through leveraging the previously established e-notification system.

بالإشارة إلى الموضوع أعلاه، وحرصاً من دائرة الصحة – أبوظبي على تطوير الأنظمة الداعمة لتطوير القطاع الصحي نود أن نحيطكم علماً بأننا بصدد تأسيس السجل الموحّد للأمراض المزمنة في إمارة أبوظبي وذلك برفع قدرات نظام التبليغ الإلكتروني السابق.

The aim of ADCDR is to monitor the prevalence of chronic diseases and relevant risk factors such as:

- Diabetes
- Cardiovascular diseases
- Cancers
- Chronic Respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Mental diseases (such as depression and dementia)
- Osteoporosis

يهدف تأسيس هذا السجل إلى مراقبة انتشار الأمراض المزمنة الأكثر شيوعاً وعوامل الاختطار المرتبطة بهذه الأمراض مثل:

- مرض السكري
- الأمراض القلبية الوعائية
- أمراض السرطان
- الأمراض التنفسية المزمنة (كمرض الانسداد الرئوي المزمن والربو)
- الأمراض النفسية (كمرض الاكتئاب والخرف)
- مرض هشاشة العظام

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Furthermore, it will serve as a tool for monitoring and evaluating the current medical interventions, to identify potential areas of improvement in the current health practices and prevention of chronic conditions.

كما أنه سيتم استخدام السجل كأداة لرصد وتقييم فاعلية التدخلات العلاجية والممارسات الصحية الحالية كوسيلة للسيطرة على الأمراض المزمنة والوقاية منها.

Diabetes cases of all types will be reported first (on two phases), whereas other chronic diseases will be added gradually later on.

بداية سيتم جمع بيانات مرض السكري بكافة أنواعه على مرحلتين، على أن يتم إضافة الأمراض المزمنة الأخرى لاحقاً وبالتدريج.

Phase one for Diabetes reporting starts from the 1st of January – 30th of June 2019. All licensed healthcare providers (hospitals, clinics, primary healthcare centers and centers for diabetes and endocrinology) must report all diabetes cases diagnosed and/or managed at their facilities for the period of 1st January – 31st December 2018.

تمتد المرحلة الأولى من جمع بيانات مرض السكري في الفترة من 1 يناير ولغاية 30 يونيو 2019. حيث يتوجب على كافة مزودي الرعاية الصحية في الإمارة (المستشفيات والعيادات ومراكز الرعاية الصحية ومراكز السكري والغدد الصماء) التبليغ عن جميع حالات مرض السكري التي تم تشخيصها و/أو متابعتها في منشآتهم في الفترة من 1 يناير ولغاية 31 ديسمبر 2018.

Phase two for Diabetes reporting starts from the 1st of July 2019 and continues unless stated otherwise by another circular. All licensed healthcare providers must report all diabetes cases diagnosed and/or managed at their facilities retrospectively (i.e. cases diagnosed in January 2019 must be reported in July 2019, cases diagnosed in February 2019 must be reported in August 2019 and so on).

على أن تبدأ المرحلة الثانية من 1 يوليو 2019 وتستمر ما لم يصدر تعميم بغير ذلك، وفيها سيتوجب على كافة مزودي الرعاية الصحية (المستشفيات والعيادات ومراكز الرعاية الصحية ومراكز السكري والغدد الصماء) التبليغ عن جميع حالات مرض السكري التي تم تشخيصها و/أو متابعتها لديهم وذلك بأثر رجعي (مثال: الحالات التي تم تشخيصها في يناير 2019 يتم التبليغ عنها في يوليو 2019 بينما الحالات التي تم تشخيصها في فبراير 2019 يتم التبليغ عنها في أغسطس وهكذا).

The e-notification system can be accessed through the DoH website.

كما نحيطكم علماً بأن نظام التبليغ الإلكتروني متاح على الموقع الإلكتروني لدائرة الصحة.

Starting January the 1st 2019, all notifications must be compliant with the data reporting requirements accessed on the DoH website through the following link:

www.haad.ae/datadictionary/RoutineReporting

هذا واعتباراً من الأول من يناير 2019 يتعين أن تكون البيانات المرسلة متوافقة مع متطلبات التبليغ الممكن الاطلاع عليها على موقع دائرة الصحة الإلكتروني من خلال الرابط:

www.haad.ae/datadictionary/RoutineReporting

For the other chronic diseases, a new circular will be issued at a later stage.

أما الأمراض المزمنة الأخرى فسوف يتم إصدار تعميم آخر بخصوصها في مرحلة لاحقة.

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Note that registration is required to access and use the e-notification system. DoH will conduct several orientations and training workshops for the same.

كما يتوجب على كافة مزودي الرعاية الصحية التسجيل في نظام التبليغ الإلكتروني للتمكن من استخدامه. وسيتم عقد عدد من ورش العمل التدريبية في هذا الصدد.

For further information, please contact Mr. Nart Shabsough Telephone number: 025048830 / email: nshabsough@doh.gov.ae

لمزيد من المعلومات يرجى التواصل مع السيد/ نارت شابسوغ
عبر الهاتف رقم: 025048830/ البريد الإلكتروني:
nshabsough@doh.gov.ae

Thanking you for your kind cooperation.

شاكرين لكم حسن تعاونكم معنا.

محمد حمد الهاملي
وكيل دائرة الصحة
Mohammed Hamad Al Hameli
Undersecretary - DoH

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Data Dictionary

دائـــــرة الـــصـــحـــة
DEPARTMENT OF HEALTH

Diabetes Registry

Data items were grouped into 6 sections:

Section 1: FACILITY INFORMATION: This includes details of the health care facility, medical records and referrals if any.

Section 2: PATIENT DEMOGRAPHICS: The core data, which helps in the identification of a patient and his categorization into categories for the purpose of statistical analysis.

Section 3: COMORBIDITIES: Name and ICD-10 code of each disorders co-occurring with diabetes.

Section 4: RISK FACTORS: This includes the physical characteristics as well as any habitual risk factors like smocking and alcohol consumption.

Section 5: DIESES SPECIFIC INFORMATION: This section provide information specific to disease of interest: laboratory investigation, procedure of care, treatment, associated condition and complication.

Section 6: VITAL STATUS / FOLLOW UP: The current status of the patient after the diagnosis or treatment.

Section 1: FACILITY INFORMATION	
Record Creation Date	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	This is automatically generated during the date of creation of record
Source of standard	UAE
Rational	To point back to patient first visit to the facility, for follow up and quality check
Method of collection	Registry Software
Record Created By	
Type of Data	Text
Length	10
Recommendation	
Description	This is automatically generated during the date of creation of record
Source of standard	UAE
Rational	Identifies the name of the record creator for follow up and quality control
Method of collection	Registry Software
Facility Name	
Type of Data	Alphabet
Length	40
Recommendation	
Description	The name of the healthcare facility where the patient is currently treated
Source of standard	UAE
Rational	For follow up and quality control

Method of collection	Registry Software
Facility License	
Type of Data	Alphanumeric
Length	10
Recommendation	
Description	The license of the healthcare facility where the patient is currently treated and managed
Source of standard	UAE
Rational	For follow up and quality control
Method of collection	Registry Software
Facility From	
Type of Data	Alphanumeric
Length	40
Recommendation	Please fill in if applicable
Description	The name of the healthcare facility from where the patient was referred
Source of standard	UAE
Rational	For follow up and quality control
Method of collection	From the medical record/HIMS
Section 2 : PATIENT DEMOGRAPHICS	
Last Name	
Type of Data	Text (Alphabet)
Length	15
Recommendation	Provide the names as in Emirates ID
Description	For identification of the patient
Source of standard	UAE
Rational	For better identification of the patient, follow up and quality control
Method of collection	From the medical record/HIMS
First Name	
Type of Data	Text (Alphabet)
Length	15
Recommendation	Provide the names as in Emirates ID
Description	For identification of the patient
Source of standard	UAE
Rational	For better identification of the patient, follow up and quality control
Method of collection	From the medical record/HIMS
Middle Name	
Type of Data	Text (Alphabet)

Length	15
Recommendation	Provide the names as in Emirates ID
Description	For identification of the patient
Source of standard	UAE
Rational	For better identification of the patient, follow up and quality control
Method of collection	From the medical record/HIMS
Gender	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1.Male 2. Female 9. Not Specified
Description	For identification of the gender of patient
Source of standard	UAE
Rational	Can be used to compare the data outcomes by gender. The same gender should appear in all the medical records of a patient with multiple tumors.
Method of collection	From the medical record/HIMS
Nationality	
Type of Data	Text (Alphabet)
Length	20
Recommendation	Mention the nationality of the Patient
Description	Identifies the nationality of the patient
Source of standard	UAE
Rational	Helps in stratification of patients data according to their nationalities.
Method of collection	From the medical record/HIMS
Emirates ID Number	
Type of Data	Numeric
Length	15
Recommendation	Please provide in the format (XXX-XXXX-XXXXXXX-X) as in Emirates ID
Description	For identification of the patient
Source of standard	UAE
Rational	For identification of the patient, follow up and quality control
Method of collection	From the medical record/HIMS
Medical File Number	
Type of Data	Alphanumeric
Length	20
Recommendation	The number should be same for different visits of the same patient

Description	Indicate the patient's medical record number as assigned by the medical practice and for identification of the patient's multiple visits in the same facility.
Source of standard	UAE
Rational	For better identification of the patient's multiple visits, follow up and quality control
Method of collection	From the medical record/HIMS
Date of Birth	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Helps in calculating age at diagnosis
Source of standard	UAE
Rational	For better identification of the patient, follow up and quality control
Method of collection	From the medical record/HIMS
Emirate Title	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1.Abu Dhabi 2.Dubai 3.Sharjah 4.Ajman 5. Umm al Quwain 6. Ras Al Khaimah 7. Al Fujairah 9. Not specified
Description	Helps in stratification of patients data according to the emirate
Source of standard	UAE
Rational	This will help to measure the burden of the disease emirate wise
Method of collection	From the medical record/HIMS
City Title	
Type of Data	Text (Alphabet)
Length	20
Recommendation	Name of the city where the patient currently resides
Description	Helps in stratification of patients data according to the emirate
Source of standard	UAE
Rational	This will help to measure the burden of the disease city wise
Method of collection	From the medical record/HIMS

Section 3 : COMORBIDITIES	
Disease Name ICD 10 code	
Type of Data	Alphanumeric
Length	7
Recommendation	Sequenced according to the severity of the condition
Description	Records the patient's related chronic medical conditions, associated or existing on top of diabetes condition
Source of standard	UAE
Rational	Comorbidities can affect the treatment decisions and influence patient outcomes. Information on co morbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality of care.
Method of collection	From the medical record/HIMS
Section 4: RISK FACTORS	
Height(cm)	
Type of Data	Numeric
Length	3 .Value Range 30-300
Recommendation	Indicate the patient's Height in centimeters (cm).height is measured and reported to the nearest 0.1 cm
Description	In order to ensure consistency in measurement, and to calculate the body mass index(BMI).The calculator indicates any health risks in relation to the BMI or waist circumference and risk of developing weight-related diseases
Source of standard	UAE
Rational	Recent studies reveal that taller people are at an increased certain cancers including kidney, ovarian and pancreatic cancers. So this data will help in evaluating this factor in UAE context
Method of collection	From the medical record/HIMS
Weight (kg)	
Type of Data	Numeric
Length	3 .Range 5-300
Recommendation	Provide the weight in kilograms.
Description	In order to ensure consistency in measurement, calculate the body mass index(BMI).The calculator indicates any health risks in relation to the BMI or waist circumference and risk of developing weight-related diseases
Source of standard	UAE

Rational	In order to ensure consistency in measurement, Obesity is a known risk factor for diabetes. This data will help to estimate the impact of weight in UAE diabetes population
Method of collection	From the medical record/HIMS
Waist Circumference(inch)	
Type of Data	Numeric
Length	3
Recommendation	Provide the waist circumferences in inches.
Description	Weight around waist makes it harder for the body to control the levels of sugar in the blood, even if the BMI is healthy. The BMI is an indicator of health risk associated with excess fat around the waist is associated with health problems such as type 2 diabetes, heart disease and high blood pressure. This can increase the risk of Type 2 diabetes. The management of diabetes is also harder with increased waist circumference.
Source of standard	UAE
Rational	This data will help to estimate the relation between of waist circumference and diabetes in UAE population.
Method of collection	From the medical record/HIMS
Systolic Blood Pressure (mmHg)	
Type of Data	Numeric
Length	3 .Value Range 10-400
Recommendation	Indicate the patient's systolic blood pressure in mmHg. **Not mandatory for children <12 years old;** The recorded sitting blood pressure after 2 minutes rest, at 5th phase (mm Hg).
Description	High blood pressure is a major risk factor for coronary heart disease, heart failure, stroke, and renal failure with the risk increasing along with the level of blood pressure
Source of standard	UAE
Rational	To estimate relation between diabetes and hypertension in UAE population
Method of collection	From the medical record/HIMS
Diastolic Blood Pressure (mmHg)	
Type of Data	Numeric
Length	3.Value Range 10-300
Recommendation	Indicate the patient's diastolic blood pressure in mmHg. **Not mandatory for children <12 years old;** The recorded sitting blood pressure after 2 minutes rest, at 5th phase (mm Hg).

Description	High blood pressure is a major risk factor for coronary heart disease, heart failure, stroke, and renal failure with the risk increasing along with the level of blood pressure
Source of standard	UAE
Rational	To estimate relation between diabetes and hypertension in UAE population
Method of collection	From the medical record/HIMS
Smoking Status	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	**Not mandatory for children <12 years old.** 1. Current smoker 2. Ex-smoker 3. Non-smoker - history unknown 4. Never smoked 5. Unknown
Description	Tobacco use is a major cause of CVD and increases the risk for conditions such as type 2 diabetes, cancer and increase blood sugar levels and lead to insulin resistance.
Source of standard	UAE
Rational	To estimate the impact of smoking in UAE diabetic population.
Method of collection	From the medical record/HIMS
Section 5: DIESES SPECIFIC INFORMATION	
Date of First Contact at the reporting facility	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Date of first visit to the facility for any diabetes related complaints Indicate the documented date of diagnosis of diabetes first encounter date where diabetes was recorded.
Source of standard	UAE
Rational	To point back to patient first visit related to diabetes, for follow up and quality check
Method of collection	From the medical record/HIMS
Date of Diagnosis	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Date of confirmation of the diagnosis Diabetes
Source of standard	UAE

Rational	To point back to patient date of confirmation diabetes, for follow up and quality check
Method of collection	From the medical record/HIMS
Diabetes Type	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Specify the type of diabetes: 1. Type I 2. Type II 3. MODY 4. Other, Specified 9. Not specified
Description	
Source of standard	UAE
Rational	To stratify the diabetes patients in UAE according to the type of diabetes. Is a chronic disease caused by inherited and/or acquired deficiency in production of insulin by the pancreas, or by the ineffectiveness of the insulin produced to record/report all new /diagnosed cases of people with DM
Method of collection	From the medical record/HIMS
Diabetes Therapy Type	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Specify the treatment done during the visit 1.Diet and exercise only 2. Oral hypoglycemic; 3. Insulin 4. Insulin plus oral hypoglycaemic 5.Nil – not currently receiving diabetes treatment
Description	The type of treatment provide information about the stage of diabetes, the standard of medical care provided etc Indicate the type of diabetes therapy the patient is currently receiving
Source of standard	UAE
Rational	Helps in the process statistical analysis of different types of treatment options widely used in UAE
Method of collection	From the medical record/HIMS
Other Therapy Type	
Type of Data	Numeric (Enumerated)
Length	1

Recommendation	1. Lipid Therapy 2. Antiplatelet Therapy 3. Antihypertensive Medication 4. Other, Specified
Description	Indicate the patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or microalbuminuria and other related medical conditions, associated with diabetes who are currently treated with ACE-I (or ARBs) and other therapy
Source of standard	UAE
Rational	Comorbidities can affect the treatment decisions and influence patient outcomes. Information on co morbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality of care.
Method of collection	From the medical record/HIMS
Diabetes Education	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1. Yes 2. No
Description	Indicate if the patient has received counseling or instruction for diabetes management, cardiac symptoms or primary prevention, in the past 12 months.
Source of standard	UAE
Rational	For empowering the person with diabetes to manage the disease successfully and to improve their quality of life. Diabetes education is a collaborative process through which people with diabetes gain the knowledge and skills needed to modify their behavior and to self-manage successfully the disease and its related conditions
Method of collection	From the medical record/HIMS
Reason of First Contact at your Facility	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Indicate the primary diagnosis of the event Specify the reason of first contact like: 1. Routine screening 2. OPD, symptomatic (New case) 3. OPD, follow up (Established case) 4. Emergency Visit 5. Inpatient 6. Other, specified
Description	Indicate type of first encounter

Source of standard	UAE
Rational	Describe first presentation of patient and help to identify if this is incident or prevalent case. Also, identify cases diagnosed through the population based screening program.
Method of collection	From the medical record/HIMS
Date of Initial HbA1c	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Indicate the date blood was drawn for the earliest Hemoglobin A1c (HbA1c) test. HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.
Source of standard	UAE
Rational	For the estimation use and interpretation of HbA1c in general practice for diabetes diagnosis
Method of collection	From the medical record/HIMS
Value of Initial HbA1c –Percentage%	
Type of Data	Numeric
Length	3.Value Average 2.15-25.0
Recommendation	Indicate patient Hemoglobin A1c (HbA1c) percentages from Hemoglobin A1c (HbA1c) test at first contact.
Description	Early lab result indicate the lab order during this encounter. HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.
Source of standard	UAE
Rational	To point back to patient first HbA1c value and to track the development and management of the disease
Method of collection	From the medical record/HIMS
Date of Most Recent HbA1c-	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Indicate the date blood was drawn for the most recent Hemoglobin A1c (HbA1c) test. HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not

	only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.
Source of standard	UAE
Rational	For the estimation use and interpretation of HbA1c in general practice for diabetes diagnosis
Method of collection	From the medical record/HIMS
Value of Most Recent HbA1c- Percentage%	
Type of Data	Numeric
Length	3.Value Average 2.15-25.0
Recommendation	Indicate most recent patient Hemoglobin A1c (HbA1c) percentages from Hemoglobin A1c (HbA1c) test.
Description	The most recent Lab result indicate the lab order during this encounter to monitor HbA1c every 4-6 weeks or more frequently if indicated to ensure optimal metabolic control for Patients With Diabetes Mellitus. HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.
Source of standard	UAE
Rational	It indicates the cumulative glycemic value of the most recent time and thus indicates the recent status of the patient's medical condition and probable long term diabetic complications
Method of collection	From the medical record/HIMS
Total Cholesterol Value (mmol/L)	
Type of Data	Numeric
Length	3.Value Average 0.01-50
Recommendation	Indicate most recent patient cholesterol levels in mill mole per liter (for lipid panels. **Not mandatory for children <12 years old**
Description	Diabetes increases the risk of diabetic dyslipidemia
Source of standard	UAE
Rational	Diabetes increases the risk of diabetic dyslipidemia, the initial cholesterol value reveals if the patient had cholesterol issues when diagnosed with diabetes
Method of collection	From the medical record/HIMS
Date of Total Cholesterol	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Indicate the date blood was drawn for most recent patient cholesterol levels.

Source of standard	UAE
Rational	For the estimation use and interpretation cholesterol levels in general practice for diabetes diagnosis
High Density Lipoprotein (HDL) Value (mmol/L)	
Type of Data	Numeric
Length	3.Value Average 0.01-5
Recommendation	Measurement in mmol
Description	Indicate patient most recent high density lipoproteins (HDL)in mill mole per liter (**mmol/L**) for the lipid panels. **Not mandatory for children <12 years old**
Source of standard	UAE
Rational	Diabetes increases the risk of diabetic dyslipidemia, the initial cholesterol value reveals if the patient had cholesterol issues when diagnosed with diabetes
Method of collection	From the medical record/HIMS
Low Density Lipoprotein (LDL) Value (mmol/L)	
Type of Data	Numeric
Length	3.Value Average 0.01-5
Recommendation	
Description	Indicate patient most recent low density lipoproteins (LDL) in mill mole per liter (**mmol/L**) for lipid panels. **Not mandatory for children <12 years old**
Source of standard	UAE
Rational	Diabetes increases the risk of diabetic dyslipidemia, the initial cholesterol value reveals if the patient had cholesterol issues when diagnosed with diabetes
Method of collection	From the medical record/HIMS
Triglycerides Value (mmol/L)	
Type of Data	Numeric
Length	3.Value Average 0.01-100
Recommendation	Indicate patient most recent triglycerides in mill mole per liter (**mmol/L**) for the lipid panel.
Description	Provide the date of the latest documented cholesterol test
Source of standard	UAE
Rational	Diabetes increases the risk of diabetic dyslipidemia, the initial cholesterol value reveals if the patient had cholesterol issues when diagnosed with diabetes
Method of collection	From the medical record/HIMS
Date of Triglycerides	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Indicate the date blood was drawn for most recent Triglycerides levels.

Source of standard	UAE
Rational	For the estimation use and interpretation Triglycerides level in general practice for diabetes diagnosis
Serum Creatinine Level (µmol/L)	
Type of Data	Numeric
Length	4.Value Average 3-1999
Recommendation	Indicate all serum creatinine in (µmol/L)
Description	Measuring the levels of creatinine in the bloodstream and in the urine can be helpful for tracking the progression of diabetic kidney disease Serum creatinine can be used to help determine renal function; iSerum creatinine together with a patient's age, weight and sex can be used to calculate glomerular filtration rate (GFR), which is an indicator of renal status/function.
Source of standard	UAE
Rational	Helps to evaluate the chances of diabetic kidney disease and to track progression of kidney disease if already diagnosed with diabetic kidney disease
Method of collection	From the medical record/HIMS
Urine Albumin/Creatinine Ratio	
Type of Data	Numeric
Length	3.Value Average 1-999
Recommendation	Indicate all urine albumin: creatinine ratio (UACR) values in mg/g for 24 hour period. **Not mandatory for children <12 years old** Provide the value in unit mg/dL
Description	Creatinine ratio is a test for levels of albumin and creatinine in the blood as an indicator of nephropathy that can occur as a complication of diabetes. Albuminuria is a condition in which the urine has more than normal amounts of a protein called albumin. Albuminuria may be a sign of nephropathy (kidney disease) The urine albumin/creatinine ratio (ACR) is used to screen people with chronic conditions, such as diabetes and high blood pressure (hypertension) that put them at an increased risk of developing kidney disease.
Source of standard	UAE
Rational	Helps to evaluate the chances of diabetic kidney disease and to track progression of kidney disease if already diagnosed with diabetic kidney disease
Method of collection	From the medical record/HIMS
Diabetic Nephropathy	
Type of Data	Numeric(Enumerated)
Length	1
Recommendation	Patient screened for evidence of nephropathy 1. Yes 2. NO

Description	Indicate if the patient was screened or had evidence of nephropathy. Evidence of nephropathy can be considered if any of these apply: microalbuminuria or macroalbuminuria test result documented and reviewed OR documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for End Stage Renal Disease, or any visit to a nephrologist in the chart) OR patient receiving ACE or ARB therapy.
Source of standard	UAE
Rational	Diabetic nephropathy may be effectively prevented and treated by controlling glycemia and administering angiotensin-converting enzyme (ACE) inhibitors.
Method of collection	From the medical record/HIMS
Review of Diabetic Foot Exam	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1.Yes 2.No
Description	Indicate if a patient received a foot exam within the past 12 months. A foot exam should include these 3 elements: visual inspection, sensory exam with monofilament and pulse exam. Foot Exam identify patients at risk of foot ulceration, as an indicator of nephropathy that can occur as a complication of diabetes According to statistics 1 in 4 people with diabetes will develop a foot condition that requires intervention.
Source of standard	UAE
Rational	To estimate the prevalence of evaluation and management of foot problems in diabetes
Method of collection	From the medical record/HIMS
Date of Diabetic Foot Exam	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Indicate the date the patient received a foot exam.
Source of standard	UAE
Rational	To monitor quality and compliance with guidelines of diabetic care
Review of Diabetic Pulse Exam	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1.Yes 2.No
Description	Indicate if the patient received a pulse exam, to assess the risk of vascular ulceration
Source of standard	UAE

Rational	To estimate the date of foot exam, for follow up and quality control
Method of collection	From the medical record/HIMS
Diabetic Peripheral Neuropathy	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Indicate if the patient has documented diabetic peripheral neuropathy. 1.Yes 2.No
Description	**Diabetic Peripheral Neuropathy:** Peripheral neuropathy is nerve damage that affects the feet, legs, or hands. Peripheral neuropathy causes pain, numbness, or a tingling feeling.
Source of standard	UAE
Rational	The maintenance of good glycaemic control (in diabetes Type 1 and Type 2, significantly reduces progression of diabetes-related complications such as retinopathy, nephropathy and neuropathy, as indicated in the 'Diabetes Control and Complications. The outcome of assessment for the presence of peripheral neuropathy and to assess the degree of loss of sensation in the feet.
Method of collection	From the medical record/HIMS
Diabetes Routine Eye Review (Retinal or Dilated Eye Exam)	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Indicate if the patient has had an eye exam with an eye care provider within the past 12 months. 1. Yes 2. No
Description	Diabetes increases the risk of eye conditions, such as glaucoma and cataracts. People with diabetes can also develop diabetic retinopathy. **Not mandatory for children <12 years old**
Source of standard	UAE
Rational	To estimate the prevalence of evaluation and management of eye problems in diabetes
Method of collection	From the medical record/HIMS
Date of Diabetes Routine Eye Review	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Indicate the date the patient received a routine eye review.
Source of standard	UAE
Rational	To monitor quality and compliance with guidelines of diabetic care

Diabetic Retina Screening	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1. Yes 2. No
Description	Uses specialized digital photography to look for changes that could affect sight. Is a key part of diabetes care. People with diabetes are at risk of damage from diabetic retinopathy, a condition that can lead to sight loss if it's not treated.
Source of standard	UAE
Rational	To estimate the prevalence of evaluation and management of eye problems in diabetes
Method of collection	From the medical record/HIMS
Diabetic Retinopathy	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Indicate if the patient has documented diabetic retinopathy. 1.Yes 2.No
Description	Diabetic retinopathy or retinopathy is an eye disease that is caused by damage to the small blood vessels in the retina. Loss of vision may result.
Source of standard	UAE
Rational	To estimate the prevalence of evaluation and management of eye problems in diabetes. The prevalence of retinopathy increases with increasing duration of diabetes. In the early stage, retinopathy is asymptomatic, however up to 20% of people with diabetes Type 2 have retinopathy at the time of diagnosis of diabetes. Cataract and glaucoma are also associated diabetic eye problems that could lead to blindness.
Method of collection	From the medical record/HIMS
Procedures – CPT Codes	
Type of Data	Alphanumeric
Length	5
Recommendation	Please mention the applicable procedures from below: • **LASER (Ocular retinal photocoagulation)** Cauterisation of lesion of retina Laser destruction (secondary procedure) • **MINOR AMPUTATION (amputation toe or below ankle)** _ Amputation of great toe _ Amputation of phalanax of toe -code 28825 _ Amputation of toe, other specified –code 28820 _ Amputation of toe, unspecified – code 28825 _ Amputation of foot through ankle -code 27592- 27598

	_ Amputation of foot, other specified _ Amputation of foot, unspecified • **MAJOR AMPUTATION (amputation leg, above or below knee)** _ Amputation of leg above knee code 27590 _ Amputation of leg through knee _ Amputation of leg below knee code 27880 • **RRT (End stage renal failure requiring renal replacement therapy)** 4 CPT codes 90935, 90937, 90945 and 90947 _ Compensation for renal failure, renal dialysis _ Compensation for renal failure, peritineal dialysis _ Compensation for renal failure, haemodialysis _ Compensation for renal failure, other specified Compensation for renal failure, unspecified _ Transplantation of kidney autotransplantation of kidney _ Transplantation of kidney allotransplantation of kidney _ Transplantation of kidney allotransplantation of kidney _ Transplantation of kidney other specified _ Transplantation of kidney unspecified
Description	_
Source of standard	UAE
Rational	To evaluate and estimate the procedures used in management of Diabetes in UAE
Method of collection	From the medical record/HIMS
Complication - ICD 10 code	
Type of Data	Alphanumeric
Length	7
Recommendation	Records ICD 10 code of patient's related medical complication associated with diabetes condition **complication associated with the diabetic condition:** • **DKA (Hyperglycaemic emergencies)** _ Diabetes mellitus _ Ketoacidosis - diabetic (synonym) _ Diabetes mellitus + ketoacidosis - no coma _ Diabetes with coma _ Diabetes mellitus with ketoacidosis _ Diabetes mellitus, juvenile type, with ketoacidosis _ Diabetes mellitus, adult onset, with ketoacidosis _ Other specified diabetes mellitus with ketoacidosis _ Diabetes mellitus NOS with ketoacidosis

	• **ANGINA** _ Angina pectoris _ Unstable angina _ Stable angina • **MI (Myocardial Infarction** _ Heart failure (preferred term), _ Cardiac failure (synonym) _ Congestive cardiac failure • **CVA (Stroke/Cerebro-Vascular Accident)** _ Cerebrovascular disease _ Intracerebral hemorrhage _ Cerebral arterial occlusion _ Stroke/CVA undefined • **RRT (End stage renal failure requiring renal replacement therapy)** _ Chronic renal failure (preferred term) _ End stage renal failure (synonym)
Description	Patients with diabetes have increased risk of developing macrovascular complications (coronary artery disease, peripheral arterial disease, and stroke) and microvascular complications (diabetic nephropathy, neuropathy, and retinopathy).
Source of standard	UAE
Rational	Patients should be assessed for the complications of and be referred for specialist management if required. Complications can affect the treatment decisions and influence patient outcomes. Information on co morbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality of care.
Method of collection	From the medical record/HIMS
Vaccination Status	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	1. Yes 2. No

Description	People with diabetes are at higher risk for serious problems from certain vaccine-preventable diseases like influenza, pneumococcal Infection and hepatitis B
Source of standard	UAE
Rational	Helps in the understanding of the utilization of the vaccination facilities by diabetes patients
Method of collection	From the medical record/HIMS
Vaccination Type	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Please mention the names of vaccination given: 1. Influenza Vaccine 2. pneumococcal Vaccine 3. Hepatitis B vaccine(3dose) 4. Others, Specify
Description	People with diabetes are at higher risk for serious problems from certain vaccine-preventable diseases like influenza, pneumococcal Infection and hepatitis B. Vaccines are one of the safest ways to stay healthy.
Source of standard	UAE
Rational	Helps in the estimation of the prevalence and utilization of the vaccination facilities by diabetes patients
Method of collection	From the medical record/HIMS
Section 6: VITAL STATUS / FOLLOW UP	
Discharge Date/Date of Last Visit	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Provide the date of discharge in case of admission or last outpatient visit date
Source of standard	UAE
Rational	To have patient outcomes studies, for follow up and quality control
Method of collection	From the medical record/HIMS
Patient Status	
Type of Data	Numeric (Enumerated)
Length	1
Recommendation	Provide the patient status during discharge or last date of contact like Alive and stable, Alive but unstable or Deceased 1. Alive

	2. Unkown/Lost follow up 3. Referred to other healthcare facility 4. Died
Description	Records the vital status of the patient as of the date entered in discharge date or date of last visit
Source of standard	UAE
Rational	This information is used for patient follow-up and outcomes studies
Method of collection	From the medical record/HIMS
If Deceased, Date of Death	
Type of Data	Date
Length	8
Recommendation	Date in the European form DD/MM/YYYY
Description	Provide the date of death if applicable
Source of standard	UAE
Rational	To have patient outcomes studies, for follow up and quality control
Method of collection	From the medical record/HIMS
Cause of Death ICD 10 code	
Type of Data	Alphanumeric
Length	7
Recommendation	Mention the ICD 10 code of the disease causing the death
Description	Records ICD 10 code of the disease causing the death
Source of standard	UAE
Rational	For easier and more specific statistical study
Method of collection	From the medical record/HIMS