دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

# DOH STANDARD FOR CENTERS OF EXCELLENCE IN THE EMIRATE OF ABU DHABI

MARCH 2019

PUBLIC عـــام

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DEPARTMENT OF HEALTH

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| **Document Title:** | DOH Standard for Centers of Excellence in the Emirate of Abu Dhabi | | |
| **Document Ref. Number:** | DOH/SD/COE/0.9 | **Version:** | 0.9 |
| **Approval Date:** | March 2019 | **Effective Date:** | March 2019 |
| **Last Review:** | March 2019 | **Next Review:** | April 2022 |
| **Document Owner:** | Strategy Division | | |
| **Applies to:** | All DOH Licensed Healthcare Providers | | |
| **Classification:** | ⦿ Public | | |

## 1. Purpose

This Standard defines the service specifications and minimum requirements for Healthcare Providers to be designated as Centers of Excellence (COE) in health care in the Emirate of Abu Dhabi.

It sets the baseline requirements and specifications that healthcare providers must comply with over and above the general DOH licensing requirements, in order to be eligible for COE designation in any healthcare service line and to be recognized as such by the Department of Health.

## 2. Scope

This Standard applies to all healthcare providers, public and private, licensed by DOH that seek to qualify as a "Center of Excellence" in any service line.

## 3. Definitions

3.1 **Centers of Excellence (CoE)**: Specialized and distinguished programs within DOH licensed Healthcare facilities, which can provide an exceptionally high level of expertise and multidisciplinary resources centered on particular service lines and/or services and delivered in a comprehensive, interdisciplinary fashion to achieve the best patient outcomes possible.

3.2 **Outstanding facilities:** These are top quality performers as determined by the annual Abu Dhabi Quality Index Star Rating.

3.3 **Distinguished Centers:** These will be the centers that meet and exceed the general and service line specific requirements and Jawda quality metrics for COE's and receive an outstanding facility rating (as defined above).

## 4. Implementation Arrangements

DOH shall:

4.1. Ensure that the requirements set out in this Standard are met through its regulatory powers and where necessary, set out further regulatory measures to address the current and future health system needs for developing Centers of Excellence.

4.2. Develop a set of detailed service line specific requirements to guide the healthcare sector on implementation to qualify as a "Center of Excellence" in any service line.

4.3. Develop the application processes to guide the healthcare sector on their request to DOH for "Center of Excellence" designation in any service line.

4.4. Develop key performance indicators (KPI's) to monitor the COE's performance annually.

Healthcare Providers shall:

4.5. Meet the requirements as set out by DOH in this standard along with the detailed service line specific requirements to qualify as a "Center of Excellence" in any service line.

Health Insurers:

4.6. Health Insurers are responsible for ensuring the requirements set out in this Standard and relevant UAE rules and regulations are met.

## 5. Enforcement and Sanctions

DOH licensed Healthcare Providers must comply with the requirements of this Standard. DOH may impose sanctions in relation to any breach of requirements under this Standard in accordance with Chapter XI, Complaints, Investigations, Regulatory Action, and Sanctions, the DOH Healthcare Regulator Manual.

## 6. Requirements of Centers of Excellence

Centers of Excellence are required to comply with the below listed baseline DOH requirements for healthcare organizations governing the following:

A. System and Leadership
B. Infrastructure
C. Clinical Services
D. Improved Outcomes
E. Research
F. Education
G. Accreditation

To be eligible for CoE designation, healthcare providers must, at a baseline, comply with the below list of minimum general requirements specific to CoE's:

## A. System and Leadership

| Criteria | Sub-criteria | Sub-criteria description (minimum requirements) | Measurement (Examples) |
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| A. System and Leadership | • Leadership & Governance<br>• Strategy i.e. vision, mission, etc.<br>• Policies and processes control system.<br>• Information security and confidentiality.<br>• Suitable financial system and policies.<br>• Clinical leadership – Clinical network.<br>• Manpower: Experienced staffing with high clinical staff retention rates.<br>• Population Management.<br>• Productivity (meet minimum volume).<br>• Lean operations. | **5.1 Leadership and Governance**<br>The COE must have documented evidence that indicates:<br>**Specific:**<br>5.1.1 A clear vision, mission and function statements for the COE developed by the organization and its senior leadership and written in accordance with this criteria and easily accessable to the proposed program staff and its patients.<br>5.1.2 A leadership system has been established that supports the formation, deployment, and actual activation of the strategic plan, as well as the COE organization's guiding principles and values.<br>5.1.3 A stratgeic plan is in place and is being implemented that addresses the organization's vision and strategy for advancement and sustainability – current performance goals and associated measures traceable to the strategic plan for the COE candidate are in place – activities to achieve the performance goals are being accomplished.<br>5.1.4 Appropriate progress and success measures have been established to measure progress against the COE strategic plan - the measures are actively used as part of organizational progress determination.<br>5.1.5 Senior leaders regularly review the COE's performance (e.g., innovation, operational, financial, and others) for improvement and to take appropriate action and identify risks.<br>5.1.6 COE senior leaders communicate values, vision, directions, key decisions, and expectations through the leadership system to all employees.<br>5.1.7 Senior leaders are actively seeking and facilitating appropriate interactions related to the COE topic areas with leading thinkers within both academia and the industry. | Examples:<br>• Approved Strategy<br>• Ability to drive improvement within the network (with other providers, collaboration agreements).<br>• Alignment with regulatory requirements.<br>• Outcomes |

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| | | **5.2 Manpower**<br>The COE must have documented evidence that indicates:<br>**Specific:**<br>5.2.1 They have in place, carefully planned collaborative, interdisciplinary teams directed to deliver exceptional care to the medical conditions addressed by the COE.<br>In order to do so, the teams must:<br>5.2.1.1 Determine staffing requirements and specific qualifications (e.g. credentials, skills, experience), needed to fulfil the COE's mission.<br>5.2.1.2 Formulate an associated staffing model/recruitment and retention plan to acquire highly qualified personnel and retain them at the COE.<br>**5.3 Organization Design and Structure**<br>5.3.1 Governance mechanisms and processes are in place that ensure transparency and accountability.<br>5.3.2 Systems for healthcare financial management are in place and demonstrate effective accounting, budgeting, health insurance claims submissions and financial risk monitoring and management.<br>5.3.3 Data management systems and protocols are in place and maintain the confidentiality of gathered personal/health/medical information. The access to, use, sharing and transmission and reporting of such data complies with Healthcare Regulator Manual Chapter on Data Management and the DOH Data Criterias and Procedures.<br>**5.4 Security and Privacy**<br>5.4.1 The COE leadership shall demonstrate commitment towards patient data protection.<br>5.4.2 The COE must have defined policies and processes that demonstrate their compliance towards;<br>• Federal information assurance mandates;<br>• Current and future health information and cyber security regulatory requirements; | |

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| | | • International best practices in information security and privacy.<br>5.4.3 The COE must establish secure provision for exchange of data between COE and other parties, including the patient.<br>5.4.4 The COE must have breach notification mechanism, to notify affected stakeholders and DOH when a breach is identified. | |

## B. Infrastructure

| Criteria | Sub-criteria | Sub-criteria description (minimum requirements) | Measurement (Examples) |
|---|---|---|---|
| B. Infrastructure | • IT/EHR / Health Information Exchange<br>• State of art technology /Equipment<br>• Design of facility (including landscape)<br>• Building (including space, parking, etc.) | **5.5 Equipment and Technology**<br>COE's must have:<br>**General:**<br>5.5.1 The availability of the requisite range of equipment and the choice of equipment, its maintenance and servicing supporting high quality and safe healthcare services.<br>**Specific:**<br>5.5.2 The availability of the most advanced scientifically proven and internationally accepted equipment's and technologies to support the COE physicians in providing exceptional quality of care. | Examples:<br>• EHR system<br>• Building size as per licensing requirements<br>• Patient portal<br>• Digital services |

## C. Clinical Services

| Criteria | Sub-criteria (key themes) | Sub-criteria description (minimum requirements) | Measurement (Examples) |
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| C. Clinical Service | • Access<br>• Clinical Pathways & Evidence based practices.<br>• Referral system in place within network or network affiliation.<br>• Health Promotion<br>• Corporate social responsibility.<br>• Marketing Strategy<br>• Global and regional Branding and networking (size or scale of provider) | **5.6 Clinical Services Quality**<br>COE's must:<br>5.6.1 Have documented evidence of implementing best practice clinical care guidelines and pathways for patient case management for the range of clinical services provided by the COE under DOH license;<br>5.6.2 Formally develop and implement condition specific clinical pathways that facilitate the standardization of care.<br>5.6.3 Seamless and exceptional patient referral by the COE, where applicable, only to other providers for further and/or specialized healthcare as may be the case, abiding by the following principles:<br>5.6.3.1 Timely and proper initial management, especially for urgent cases and avoidance of treatment delays;<br>5.6.3.2 Evidence-based best practice and informed physician/healthcare professional (as per scope of practice and job duties) documented judgment in deciding when and how to treat, transfer or discharge.<br>5.6.4 COE specific risk control and management processes for emergency including the recording, monitoring and reporting of issues and their resolution, auditing of activities and services provided by the COE and in compliance with DOH requirements (clinical, technological and environmental safety), as well as rectification of non-compliance events;<br>5.6.5 Adopt and implement a continuous comprehensive quality indicator system that annually reports on quality metrics and makes a summary of the evaluation available to prospective patients and family members.<br>5.6.6 Compliance with tailored COE specific and generic Jawda - Quality | Examples:<br>• Ability to show case health promotion, corporate social responsibility (CSR) contributions.<br>• Network affiliations to meet minimum volume.<br>• Quality Outcomes |

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| | | Metrics against which the COE's performance will be monitored and assessed.(Link: https://www.haad.ae/haad/tabid/1489/Default.aspx )<br>5.6.7 Meet the requirements for data collection for COE's related quality indicators that will be determined on a service-line basis and accordingly specified in service-line specific COE standards.<br>5.6.8 Patient Engagement and Retention rates as measured by percentage of patients who remain in treatment with the COE until successful commencement of treatment.<br>**5.7 Continuity and Integration of Care**<br>Specific:<br>COE's must have documented evidence indicating the following:<br>5.7.1 Members of the COE care team coordinate with each other, and with primary and specialist care teams within the COE or in a facility other than the COE to implement the patient's care plan and deliver comprehensive efficient and patient-centered care.<br>5.7.2 COE demonstrates the systematic integration of support for the patient and family by:<br>• Assignment of case managers and patient navigators for each patient to individualize care,<br>• Culturally appropriate and language friendly services to cater to a variety of patients,<br>• Psychosocial assessment and services including behavioral health specialists, clinical licensed social workers, counseling services, spiritual support, condition specific support groups, and financial counselors,<br>• Family services and support,<br>• Aftercare and survivor services,<br>• Access to pain management services,<br>• Evidence-based complementary care options,<br>• Bereavement support, and<br>• Counseling on quality of life.<br>5.7.3 Expedited and timely referrals and follow-up of the COE patients. | |

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| | | 5.7.4 Seamless acceptance of emergency transfers from another healthcare provider for that specific COE service line.<br>5.7.5 Accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that COE or available through other health care organizations.<br>5.7.6 COE's participation in a comprehensive network of specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives.<br>5.7.7 Activities that address disparities in health outcomes related to race, ethnicity, language, disability, or other disparity-related factors.<br>5.7.8 If the COE provides patient care through partners, these resources should be well coordinated, seamless and monitored by the organization to ensure effectiveness.<br>5.7.9 A COE specific process for communicating diagnosis and treatment options that includes patient education materials, information about personal considerations, and information about clinical trials and other treatment options relevant to patient needs.<br>5.7.10 COE's care coordination with the patient's primary care physician and other treating physicians, for example, by distributing a summary of the treatment plan and a coordinated care plan.<br>5.7.11 The COE should have a coordinated and transparent reporting infrastructure for obtaining information from patients and family members about their experience with their care journey.<br>5.7.12 Conduct patient and family satisfaction surveys and use that information (survey results) to improve care.<br>5.7.13 Transition and discharge from the COE is well collaborated, coordinated and planned with the patient and must include an offer of continued clinical and/or recovery support services through the COE.<br>**5.8 Prevention**<br>Specific: | |

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| | | COE's must have documented evidence that indicates:<br>5.8.1 Participation in a current public health program designed to prevent and reduce communicable and non-communicable diseases or initiating a new disease control and prevention program.<br>5.8.2 Excellence in dissemination of scientifically rigorous research in order to increase awareness among the patients and the population.<br>5.8.3 Initiate patient awareness programmes to give patients information about preventive aspects of their specific conditions.<br>**5.9 Patient Support Services**<br>Specific:<br>COE's must have documented evidence that indicates:<br>5.9.1 Development of patient support service programs in compliance with the article 5.7.2.<br>5.9.2 The COE provides ongoing opportunities for the patient to provide all the information to the health care team that is relevant to care and treatment decisions.<br>5.9.3 The COE provides ongoing opportunities for the patient to communicate concerns and worries that might affect treatment.<br>5.9.4 The COE provides ongoing opportunities for the patient to improve their understanding of their condition.<br>5.9.5 The COE provides ongoing opportunities for the patient to report treatment outcomes.<br>5.9.6 The COE provides ongoing opportunities for the patient to include a friend or family member in the care process. | |

## D. Improved Outcomes

| Criteria | Sub-criteria | Sub-criteria description (minimum requirements) | Measurement (Examples) |
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| D. Improved Outcomes | • Clinical Quality & Patient safety outcomes<br>• Clinical outcomes<br>• Patient experience<br>• Staff engagement/satisfaction. | **5.10 Clinical Quality and Patient Safety**<br>COE's must have documented, and demonstrate evidence of adherence to, the range of services provided by the COE, including:<br>**General:**<br>5.10.1 Quality Assurance and Improvement framework including:<br>5.10.2 Quality assurance and governance policy;<br>5.10.3 A quality committee and assigned physician responsible for quality;<br>5.10.4 Setting and monitoring performance against quality and safety metrics agreed with DOH;<br>5.10.5 Electronic Medical Records;<br>5.10.6 Written policies and standard operating procedures (SOP), and documented evidence of implementation on:<br>5.10.7 Compliance with the requirements of the DOH Consent Policy.<br>5.10.8 Collaborations, affiliations, agreements and/or contracts with other healthcare providers in the Abu Dhabi healthcare system in support of associated services;<br>5.10.9 Management of image sharing and transmission;<br>5.10.10 Management of patient records, electronic and hard copies;<br>5.10.11 Business continuity to address service disruption;<br>5.10.12 Complaints management.<br>5.10.13 Collect Patient Reporting Outcome Measures (PROMS) to evaluate treatment outcomes. | Examples:<br>• High performance as per Jawda indicators.<br>• Develop specialty sensitive measures (clinical outcome).<br>• Achieve higher net promoter scores.<br>• Able to demonstrate reduced variation in clinical outcomes, practices and costs. |

## E. Research

| Criteria | Sub-criteria | Sub-criteria description (minimum requirements) | Measurement (Examples) |
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| E. Research | • Research strategy<br>• Research program. | **5.11 Research Excellence**<br>COE's must:<br>5.11.1 Ensure compliance with DOH, national and international regulations for conducting research.<br>5.11.2 Facilitate high impact, high quality research design to generate high quality, internationally recognized peer reviewed publications where applicable.<br>5.11.3 Facilitate and generate intellectual property from research projects and safeguard intellectual property rights where applicable.<br>5.11.4 Maintain condition specific registries and ensure data collection and reporting in compliance with Healthcare Regulator Manual Chapter on Data Management and the DOH Data Criteria and Procedures.<br>5.11.5 Improve and exceed DOH key performance indicators for research and patient protection.<br>**Specific:**<br>5.11.6 Translate the mission, vision, values of the COE to be a leading innovator in healthcare.<br>5.11.7 Proof of conducting research (clinical research, registry and data collection and analysis where applicable) in particular for the medical conditions addressed by the COE.<br>5.11.8 Participation of the COE in at least one regional condition specific programme.<br>5.11.9 Initiation by the COE or participation of the COE in research training initiatives.<br>5.11.10 Accredited human research protection program in place if the COE is conducting human research. | Example:<br>• Percentage protected research time per clinician.<br>• Number of published articles in peer reviewed scientific journals per year. |

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| | | 5.11.11 Establish and maintain a facility-based Research Ethics Committee for the COE.<br>5.11.12 Have COE research reviewed by accredited institutional review board to ensure the highest ethical criteria.<br>5.11.13 Establish COE's strategic partnerships with stakeholders such as academia, industry, foundations, and endowment organizations (both regional and international) where applicable.<br>5.11.14 The COE should describe the health impact of the research conducted by its researchers, and how the results of the research are used to improve patient care at the COE where applicable.<br>5.11.15 The COE should demonstrate that the research conducted is rigorous and improves the condition specific care, which may include evidence of grant funding, professional recognition and awards, comparative rankings, and peer-reviewed publications.<br>5.11.16 The COE should demonstrate that it conducts research that is scientifically rigorous, and is conducted across a comprehensive research program. This must include three components:<br>• Evidence of active involvement in clinical research,<br>• Evidence of UAE wide impact in one of the six research areas listed in article 5.11.17, and<br>• Evidence of research in at least one other area listed below in articles 5.11.17 and 5.11.18.<br>5.11.17 Establish and prioritize the COE health research services that could include any of the following:<br>• Basic research.<br>• Translational research: Research that translates new knowledge.<br>• Clinical research: Research that gathers evidence of the benefits and harms of various interventional options.<br>• Population science: Research on the health outcomes of a group of individuals.<br>• Health services research (health systems research): Research on health organizations, institutions and the | |

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| | | health care system as a whole.<br>• Epidemiological studies: Research on disease control and prevention.<br>5.11.18 Maintain a robust system for COE's post-marketing surveillance by:<br>• Having clinical data from COE's studies integrated into national post-market surveillance initiatives.<br>• Having in place spontaneous reporting databases, prescription event monitoring, electronic health records, patient registries, and record linkage between health databases. These data should be reviewed to highlight potential safety concerns where applicable.<br>5.11.19 Ensure the COE meets the minimum DOH research requirements by conducting research in at least one of the research service areas listed in article 5.11.17 and mandatory post marketing research to monitor safety and effectiveness of drugs and medical devices for the patients where applicable. | |

## F. Education

| Criteria | Sub-criteria | Sub-criteria description (minimum requirements) | Measurement (Examples) |
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| F. Education | • Education and training of staff<br>• Education and training of other providers' staff involved in care.<br>• Community outreach<br>• Residency programs/teaching programs. | **5.12 Health Promotion and Medical Education**<br>Specific:<br>COE's must have documented evidence that indicates:<br>5.12.1 COE's commitment to establish, maintain and enhance medical education.<br>5.12.2 COE's participation in current programs or initiating new health promotion and health education programs for the community.<br>5.12.3 Institutional accreditation by national and international accrediting bodies.<br>5.12.4 COE should seek accreditation for major residency programs relevant to the institution scope of services by national and | Examples:<br>• Educational affiliation.<br>• Number of residents /residency programs.<br>• Number of trained staff.<br>• Number of conferences conducted per year. |

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| | | international accrediting bodies.<br>5.12.5 Establish and maintain a COE Graduate Medical Committee where applicable.<br>5.12.6 Establish and maintain COE's educational activities and conferences to support its medical and nursing staffs continuing medical and nursing education.<br>**5.13 Training and Development**<br>Specific:<br>COE's must have documented evidence that indicates:<br>5.13.1 Evidence of provision of training and development for healthcare professionals to share expertise as well as evidence of plans to share knowledge with other COE's and specialist clinics to make sure the best care criteria are available to all. | |

## G. Licensing and Accreditation

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| G. Licensing and Accreditation | • Recognized accreditation (international recognized by DOH) | **5.14 Licensing and Accreditation**<br>Healthcare Providers must have documented evidence that indicates:<br>**Specific:**<br>5.14.1 The organization maintains a license in good standing for a minimum of 3 years.<br>5.14.2 DOH will make exception in cases where the organisation has been functional for less than 3 years and therefore with less than 3 years of a good standing license, this requirement can be waved of if:<br>• The organisation has had outstanding compliance during the first year of licensing.<br>• The organisation has achieved outstanding clinical intervention outcomes monitored by the Jawda Quality Metrics.<br>5.14.3 The organisation achieves and maintains accreditation by | Example:<br>• Maintain accreditation for three continuous years. |

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| | | recognised international accreditors. | |

B. Figure 1: Key Areas to determine the baseline criteria for Centers of Excellence in the Emirate of Abu Dhabi