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| **Document Title:** Policy for Health Data Quality | **Issue Date:** 01/08/2023 **Effective Date:** 01/11/2023 **Revision Date:** 01/08/2026 | |
| **Ownership:** Health Regulation Sector | | |
| **Applicability:** All Health Entities under the Jurisdiction of Dubai Health Authority | | |

## 1. Definitions/Abbreviations:

**Compliance:** is the act of adhering to, and demonstrating adherence to, a standard or regulation (international or local).

**Confidentiality:** Part of the information security triad, confidentiality means the information is not made available or disclosed to unauthorized individuals, entities, or processes.

**Data:** An organized set of information, facts, concepts, instructions, observations, or measurements in the form of numbers, letters, words, symbols, images, videos, signs, sounds, maps, or any other form, generated, processed, stored, interpreted, or exchanged, by individuals or Information and Communications Technology (ICT).

**Data Accuracy:** one of the dimensions of data quality referring to the degree to which the data correctly describe the condition it was designed to measure.

**Data Collection:** A systematic gathering or organized collection of data, in any format, for a particular purpose, including manual entry into an application system, questionnaires, interviews, observations, existing records, and electronic records.

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**Data Quality:** The state of accuracy, completeness, reliability, validity, timeliness, and systemic consistency that makes data fit for purpose.

**Data Standards:** Data standards are documented agreements on representation, format, definition, structuring, transmission, manipulation, use, and management of data.

**Data Subject:** A person who is the subject of Protected Health Information. This can be the patient or any healthy individual.

**Emergency Contact:** the first person medical personnel will get in touch in case of an emergency.

**Entity:** Entity in Dubai that is involved in the direct delivery of health and/or supportive health services, or in the financing of health such as health insurer and health insurance facilitator, health claims management, revenue cycle management, payer, third party administrator, medical providers, medical clinic, medical center, telemedicine provider, laboratory and diagnostic center, and pharmacy, etc.

**Exchange of Health information**: Access, exchange, copying, photocopying, transfer, storage, publication, disclosure or transmission of health data and information.

**Electronic Medical Record (EMR):** also known as Electronic Health Record, is a systematic collection of electronic health information of an individual in a digital format that conforms to nationally recognized interoperability standards and enables information to be used and shared over secure networks.

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**File Number**: a number that can be found below the Unified identification (UID) number. The file number contains three pieces of information, i.e. which emirates have issued visas, issuing year of the visa, and visa number. The resident File Number can be found on the visa or the entry permit.

**Gulf Cooperation Council:** Alliance of six Middle Eastern countries—Saudi Arabia, Kuwait, the United Arab Emirates, Qatar, Bahrain, and Oman.

**Health Professional:** A person who by education, training, certification and licensure is qualified to provide health services

**Health Information:** Data and health information processed and made apparent and evident whether visible, audible or readable, and which are of a health nature whether related to health facilities, health or insurance facilities or beneficiaries of health services.

**Health Information Exchange (HIE):** is the electronic transmission of health data and information among health care Entities according to national standards. Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

**Medical Records (also called Health Records):** A record that consists of data concerning health; has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates.

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**Primary Use:** The information collected by the health provider for the primary purposes of giving treatment and health care to the Data Subject/Patient.

**Problems:** The conditions a person has (e.g. Diagnosis, Disease, Condition).

**Processing:** Data processing covers the creating, entering, using, modifying, updating, deleting, storing, disclosing and disposing of data.

**Revenue Cycle Management:** The process used by healthcare systems to track the revenue from Data subject/patients, from their initial appointment or encounter with the healthcare system to their final payment of balance. The process includes all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue.

**Secondary Use:** is use of personal health information for purposes other than treating the individual subject of care, including but not limited to Research, Public Health, Quality Improvement, Safety Initiatives, payment and marketing. Some secondary uses directly complement the needs of primary use. Examples include medical billing, hospital administrative, and management operations.

**Sensitive Health Information:** special categories of personal health information which require greater protection and justification for usage and sharing. This data is similar to 'Personal Sensitive Information' previously defined under the DHA Health Information Assets Classification policy Health Information Assets Classification and includes:

- Drug abuse.

- Alcohol abuse.

- Sexual health (including sexually transmitted diseases and Human immunodeficiency virus infection).

- Reproductive health.

- Mental health / Behavioral health.

- Genetic information.

- Child pregnancy.

- Child protection and safeguarding related issues.

**Third Parties:** an individual or organization that deals with the Entity through a business relationship and has access to Entity`s health information as per contractual terms and conditions.

**Very Important Person Criteria**:

- Senior visitors (leaders and heads of state)

- Foreign ministers during their visit to the UAE

- Ambassadors and Delegates in the UAE

- Ministers and Undersecretaries of the Ministry of the UAE

- Chairmen and Undersecretaries of the government departments of the UAE

- Royals and crown princes of the UAE and other Emirates including their immediate family members (wives, sons, daughters, brothers and sisters)

- Al Nahyan and Al Maktoum family members

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- Members with prefix "Sheikh" or "Sheikha" in their official identity

- Members with prefix "His Excellency" or "Her Excellency" in their official identity.

**Unified Identification Number:** UID Number is a unique six-digit number that is automatically assigned to all UAE visitors.

| | | |
|---|---|---|
| **DHA** | : | Dubai Health Authority |
| **EMR** | : | Electronic Medical Record |
| **GCC** | : | Gulf Cooperation Council |
| **HIE** | : | Health Information Exchange |
| **HISHD** | : | Health Informatics & Smart Health Department |
| **HRS** | : | Health Regulation Sector |
| **ICT** | : | Information and Communications Technology |
| **ID** | : | Identity Document. |
| **IG** | : | Information Governance |
| **IT** | : | Information Technology |
| **MOHAP** | : | Ministry of Health & Prevention in the UAE |
| **UAE** | : | The United Arab Emirates. |
| **UID** | : | Unified identity number. |
| **VIP** | : | Very Important Person |

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## 2. **Purpose**

**2.1.** To set out Dubai Health Authority (DHA) `s requirements for "Health Data Quality" in the Emirate of Dubai; in line with the United Arab Emirates (UAE) laws and DHA regulatory frameworks.

**2.2.** To ensure Entities under jurisdiction of DHA are collecting/using/providing/sharing high quality health data and information.

**2.3.** To provide a framework for health data quality controls and standards.

## 3. **Scope**

**3.1.** All health data and Information within the Emirate of Dubai collected/produced/ used/shared by Entities under jurisdiction of DHA.

**3.2.** Health information as defined by the UAE Information and Communications Technology (ICT) in health law includes information/data in all its form. This includes but is not limited to:

3.2.1. Health/Medical records (both physical and digital forms of data/records).

3.2.2. All registries (birth, death and disease registries.)

3.2.3. Genomic records (Especially if associated with Health/Medical record or Health Information Exchange (HIE)).

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3.2.1. Health assets such as laboratory, X-ray and imaging, pharmaceutical, microform (microfiche or microfilm), audio and video tapes, cassettes, and CD-ROM.

3.2.2. Non-Medical information (e.g. Human resource, complaints records, corporate records/administrative records related to health service functions of the Entity or regulator).

3.2.3. Health Assets management and supply chain records.

3.2.4. Structured record systems (Paper and electronic).

**3.3.** All users of health data and information in health sector in the Emirate of Dubai; including all employees, trainees, students, contractors, consultants, suppliers, vendors, partners, customers and wider stakeholders where appropriate; involved in the collection, recording, storage, processing, or use of Data Subject/Patient-related health data and information should be conscious of this policy.

## 4. Policy Statement:

**4.1.** The "Health Data Quality Policy" is an integral part of the DHA's approach to Information Governance (IG) in the Emirate of Dubai. This policy must be read in conjunction with other related DHA IG policies [DHA IG Policies](#) .

**4.2.** All related UAE laws, Emirate of Dubai legislations, and DHA regulations on health information are considered in this policy.

**4.3.** The main emphasis of the policy is on Electronic Medical Records (EMR), the documents used to feed those electronic systems, all digital solutions that manage EMR and Revenue Cycle Management (RCM) and Enterprise resource planning.

**4.4.** For data associated with "UAE National Genome Project", it should be as per UAE national genome repository data access framework and related polices.

**4.5. <u>Principles of Health Data Quality</u>**

All data collected, recorded, utilised and shared within the Entities must have the following attributes and principles of efficient data quality:

**4.5.1.** <u>Accurate</u>: Data must be accurate and truthful at aggregate and record level, representing what was intended/defined by their official source. Data recorded in Data Subject/Patient EMRs must accurately reflect each other and the care/treatment provided to the Data Subject/Patient.

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4.5.2.  <u>Valid</u>: Data must be codified within an agreed standard format that is compliant with the DHA approved code set version ([Clinical Data Coding Terminology Standards](#) and [Interoperability and Data Exchange Standards](#)). Wherever possible, EMRs must be programmed to only accept valid entries.

4.5.3.  <u>Complete</u>: All mandatory data items within a data set must be completed and default codes must only be used where appropriate, not as a substitute for real data. EMR Systems must be programmed to force the input of mandated fields as per DHA requirements. If it is necessary to bypass a data item in order to admit or treat a Data Subject/Patient, the missing information must be documented as soon as possible.

4.5.4.  <u>Timeliness</u>: Data must be captured as quickly as possible after the event or activity; and within specified timeframes as per this policy.

4.5.5.  <u>Relevance</u>: Data must be relevant and meet the needs of users. Data captured should be appropriate for the intended purpose and never excessive.

4.5.6.  <u>Defined and consistent</u>: The data being collected/recorded by the Entity must be internally consistent. For Data Subjects/Patients with multiple episodes, recorded dates must be consistent and where multiple referrals or episodes exist, interventions must be linked correctly through Data Subject/Patient unique identifier.

4.5.7.  <u>Data Coverage</u>: Data must reflect all the clinical work carried out for the Data

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Subjects/Patients including admissions, discharges, transfers, procedures, and outcome.

4.5.8. Free from duplication and fragmentation: Data Subjects/Patients must not have duplicated records. Where a duplicate record is detected, a call must be raised to Entity`s health information management (HIM) department/office to request the merge of two records. If the two records cannot be merged due to legal or technical reasons, then those records must be cross referenced.

4.5.9. Accessibility: Information must be accessed quickly and efficiently through the use of systematic management in electronic (or physical) format. Access must be appropriate so that only those with a lawful basis and legitimate relationship to the data may view, create or modify them.

4.5.10. Security and confidentiality: The UAE ICT Health Law requires Entities to introduce required technical, organizational, and operational procedures to ensure the security and integrity of data in the Health. Entities must ensure that the EMR and any system keeping Data Subject/Patient information have security measures in place that follow the UAE laws and DHA regulations.

### 4.6. Demographic Data

4.6.1. Demographic data provides the essential building block for the Entity's collection of Data Subject/Patient information. Demographic data must be recorded accurately, completely, and timely. They must be kept in line with the UAE laws and DHA

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requirements.

4.6.2. Demographic data must cover all personal data related to the Data Subject/Patient, including but not limited to:

a. Full name as spelled in the passport.

b. Emirates Identity Document (ID) Number or File Number or UID Number.

c. Date of Birth

d. Gender

e. Nationality

f. Marital Status

g. Telephone Number

h. Email address

i. Emirate: The Emirate from which the visa/residency is issued from. For UAE Nationals, select the Emirate that issued the passport. For GCC Nationals and Diplomats, select the Emirate of residence.

j. Residential Location: actual place of residence (City area for example Al Barsha, Al Mizhar etc.)

k. Occupation

l. Emergency contact name, relationship (e.g. next of kin, friend, husband etc.), and phone number.

4.6.3. Entities must use Emirates ID reader when registering a Data Subject/Patient to avoid any errors in collecting data. Entity`s administration and clinical staff are

responsible for checking demographic details with their Data Subject/Patient at all attendances.

4.6.4. If the Emirates ID is not available, then below substitutes must be applied:

   a. <u>Tourists and new visitors</u>: File Number or the UID Number.

   b. <u>Newborns (less than 3 months)</u>: Mother`s Emirates ID number or file number in case the mother is a tourist.

   c. <u>Nationals of Gulf Cooperation Council (GCC) countries</u>: Their country ID number.

   d. <u>Diplomats</u>: Passport number.

4.6.5. If Emirates ID and/or passport are present but not valid (e.g. not renewed or expired); then the Entity is allowed to insert expired EID number with keeping record of the expired document (e.g. Emirates ID and/or passport).

4.6.6. If the Data Subject/Patient does not have any Emirates ID or passport and the case is emergency, then the Entity is allowed to insert EID number as All 1.

4.6.7. If the Data Subject/Patient does not have any Emirates ID or passport and the case is not emergency, then the Entity is allowed to insert EID number as All 1 with keeping record of any official identity (e.g. date of birth, or as mentioned in [Ministerial Decision No. (14) of 2021 concerning the Patient Rights and Duties Charter](#) ).

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4.6.8. The Emirates ID number or its substitutes is considered a mandatory field and unique Data Subject/Patient identifier; and must be implemented within all EMRs to ensure that Data Subjects/Patients are identified correctly.

### 4.7. Dubai Health Authority Clinical Data Requirements

4.7.1. Dubai Health Authority has a clinical dataset requirements for Entities based on facility category. All Entities must abide to below requirements for their data documentation:

| Clinical Data R=Required O=Optional | Hospital | Convalescence House Rehabilitation Center | General Clinic | Polyclinic | Specialty Clinic | Special Need Center Fertility Center | Renal Dialysis Center | Day Surgery | Aesthetics clinics | Home Healthcare Agency | Dental Clinic | Tele Health | Physiotherapy | Standalone Laboratory | Standalone Radiology | Diagnostic Center (Multiple Specialties) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Allergies | R | R | | | R | | R | R | R | R | R | R | O | O | O | O |
| Vital signs | R | R | | | R | | R | R | R | R | O | O | O | O | O | O |
| Problems | R | R | | | R | | R | R | O | R | R | R | O | O | O | O |
| Diagnosis | R | R | | | R | | R | R | R | R | R | R | O | O | O | O |
| Procedures | R | O | | | R | | R | R | R | O | R | O | R | O | O | O |
| Social History | R | R | | | R | | R | R | O | O | O | R | O | O | O | O |
| Family History | R | R | | | R | | R | R | O | R | O | R | O | O | O | O |
| Medication | R | R | | | R | | R | R | O | R | R | O | O | O | O | O |
| Laboratory Results - Discreet and Textual | R | R | | | O | | R | R | O | O | O | O | O | R | O | R |
| Radiology Results- Discreet and Textual | R | R | | | O | | R | R | O | O | R | O | O | O | R | R |

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| Data | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Laboratory Radiology Results (PDF)** | R | O | O | R | R | O | O | O | O | O | R | R | R |
| **Immunizations** | R | O | O | R | O | O | O | O | O | O | O | O | O |
| **Clinical Summaries** | R | R | R | R | R | R | R | R | R | O | O | O | |
| **Insurance** | R | R | R | R | R | R | R | R | R | O | O | O | O |
| **Patient Merge** | R | R | R | R | R | R | R | R | R | R | R | R | |
| **Patient Consent** | R | R | R | R | R | R | R | R | R | R | R | R | |
| **Patient VIP Flag** | R | R | R | R | R | R | R | R | R | R | R | R | |
| **Sensitive Health Information Flag/label** | R | R | R | R | R | R | R | R | R | R | R | R | |

### 4.8. <u>Compliance with Dubai Health Authority Data Quality Requirements</u>

4.8.1. Dubai Health Authority has below requirements that must be fulfilled by all Entities under it`s jurisdictions, unless more specific policy or circular applies:

| Data | Compliance Required & Timeline of Recording |
|---|---|
| • Emirates ID number or its substitutes as mentioned in section 4.6.4-7.<br>• Full name as spelled in the passport<br>• Patient VIP Flag<br>• Sensitive Health Information Flag/label<br>• Patient Consent | **100%** Within first hour Except for emergency cases that EID of the patient might not be available. |
| • Infectious diseases recorded to the DHA/MOHAP (UAE Ministry of Health & Prevention) system. | 100% Within **24 hours** |
| • Death, Birth/Still births notifications recorded to the DHA/ MOHAP systems.<br>• Requirements of Dubai Registries.<br>• Newborn babies, who have left the maternity unit before they have been | 100% Within **72 hours** |

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| Data | | % Compliance |
|---|---|---|
| • named, have registered with Mother`s Emirates ID number or file number in case the mother is a tourist.<br>• The name of newborns were added to the system as soon as it has been registered at a Newborn clinic. | | |
| • All Diagnosis types: admitting, working, and final<br>• Vital signs<br>• Allergies<br>• Problems<br>• Clinical, procedures, laboratory, radiology, and medications data.<br>• Inpatient admission, transfer, discharge, and outcome data.<br>• Outpatient attendance and outcome data.<br>• Nationality, Date of Birth, Gender, Marital status<br>• Telephone Number, Emergency contact name and number | | 99% Within **12 hours**<br>- For laboratory and radiology reports: within 12 hours after their release.<br>- For final diagnosis: within 12 hrs after the diagnosis has been made. |
| • Home Address<br>• Occupation | | 90% Within **24 hours** |

4.8.2. Non-Compliance/ Errors will be measured as below:

| Data | % of non-compliance | Error Count |
|---|---|---|
| • Emirates ID number or its substitutes as mentioned in section 4.6.4-7.<br>• Full name as spelled in the passport<br>• Death, Birth/Still births notifications recorded to the DHA/MOHAP systems.<br>• Infectious diseases recorded to the DHA/MOHAP system.<br>• Patient VIP Flag<br>• Sensitive Health Information Flag/label<br>• Patient Consent | **Any single Error** | 1 |
| • Nationality, date of birth, gender, marital status, telephone number, emergency contact<br>• Requirements of Dubai Registries.<br>• All Diagnosis types: Admitting, Working, and Final<br>• Vital signs, allergies, Problems<br>• Clinical, procedure, laboratory, radiology, and medications data<br>• Inpatient admission, transfer, discharge, and outcome data. | **≥ 1% Error** in total data for one week | 1 |

| | | |
|---|---|---|
| • Outpatient attendance and outcome data.<br>• The name of Newborns. | | |
| • Home Address<br>• Occupation | **≥ 10% Error** in total data for one week | 1 |

### 4.9. All Health Entities Must

4.9.1. Develop and implement applicable internal policies and procedures to ensure all data documented/accessed/stored/shared are within the required quality context of the UAE laws and DHA regulations.

4.9.2. Entities must ensure that clinical coding is accurate, complete and timely recorded, in compliance with DHA interoperability standards (Clinical Data Coding Terminology Standards and Interoperability and Data Exchange Standards) and this policy.

4.9.3. Policies and procedures should be reviewed at regular intervals (at least once every two years or whenever a related new UAE law or DHA policy is released) and should be amended to maintain its compliance with recent UAE laws and DHA regulations.

4.9.4. It is the responsibility of the Entity`s Executive leader/Medical Director to ensure the Information Governance Lead/Officer are enforcing the required policies and procedures within their Entity and that all staff members are aware of both their corporate and individual responsibilities regarding the data quality.

4.9.5. The Entity must put in place systems and processes for identification and standardization of data entry fields, to secure the quality of data as part of normal

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business activity. Where data quality standards are identified as a risk, these must be reported to the Entity`s Executive leader/Medical Director for further investigation and added to the Entity's risk register.

4.9.6. Entities must work closely with the EMR supplier/vendor to ensure DHA requirements on record keeping and data quality standards (including this policy) are fulfilled. Wherever possible, EMRs must be programmed to error-trap invalid entries for demographic data.

4.9.7. Entities must use best practices for design, implementation and quality reviews of interface development to avoid data errors.

4.9.8. Entities should perform regular (e.g. weekly basis) data quality and clinical coding audits. The audit must observe on:

a. Verifying all new Data Subject/Patient`s data added for data quality.

b. Attesting specific data errors including missing, incomplete or invalid information (e.g. incorrect Emirates ID numbers, no home address, or missing mobile number), duplicate records, or untimely data; and rectifying them as soon as possible.

c. Identifying for future/occurring causes and the associated risks for insufficient data quality.

d. Ensuring that all death/births/stillbirths/infectious diseases notifications and Dubai registries are input onto appropriate system within timeline specified.

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4.9.9.   Internal monitoring reports must be used to inform management, improve processes and documentation, and identify training needs.

4.9.10.   Entities must implement methods to receive patient feedback regarding inaccurate information.

4.9.11.   Entities must apply appropriate sanctions against staff, trainees, vendors and third party contractors who violates "Health Data Quality" policies and procedures.

### 4.10.  Training

4.10.1.   Entity`s staff must be provided with training appropriate to their needs on how to use the EMR and how to collect/record health data by using coding structures properly. The Entity`s staffs must have clear understanding of the correct terminology and codes in use.

4.10.2.   This training must be incorporated in the Entity's induction course and proof of training must be available for DHA to audit at any time. Access to Entity`s systems must not be granted until appropriate introduction training has been completed.

4.10.3.   Entities must also train other workforce members (e.g. trainees, vendors, contractors and anyone over whom the Entity exercises direct control) on its "Health Data Quality Policy", as necessary and appropriate for them to carry out their functions.

4.10.4.   The Entity should review the training and awareness courses periodically to reflect

current UAE laws and DHA regulatory requirements. Any changes to information requirements and/or EMR systems require further update on the training provided by Entity.

4.10.5. Training must be backed up by regularly reviewed procedures. These must be properly documented and accessible to all appropriate Entity`s staff. Entity`s staff must be made aware of where these documents are kept and how to access them.

### 4.11. Non-Compliance

4.11.1. Dubai health authority will perform regular inspection and carry out regular audits on quality of data in the Entities under it`s jurisdiction. The Entity is responsible for demonstrating its compliance with the UAE laws and DHA`s policies and regulations; and will be asked for evidence to demonstrate its fulfilment of the required health data quality regime to the DHA. Recommendations made as a result of data quality audits must be acted upon within agreed timescales.

4.11.2. A failure to adhere to this policy is considered a violation that requires investigation. Disciplinary action/dismissal will be taken in accordance with the provision of the current legislations.

## 5. References

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