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# Guidelines for Reporting Emergency Unit/Department Services Key Performance Indicators Version (1.1)

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**Health Regulation Sector**

**Dubai Health Authority**

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## INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector;
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice;
- Managing patient complaints and assuring patient and physician rights are upheld;
- Governing the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Guidelines for Reporting for Reporting Emergency Unit/Department (ED) Services Emergency Key Performance Indicators aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centred health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.

## EXECUTIVE SUMMARY

Emergency Unit/ Department (ED) Services play a vital role in the healthcare system as they can be the entry point to the system for many patients and therefore the monitoring of their performance is equally important. The Guidelines for reporting Emergency Unit/Department (ED) Services Key Performance Indicators (KPIs) are developed to establish of system-level measures to monitor the provision of Emergency Unit/ Department Services in the Emirate of Dubai and to assure the optimization of the delivery of patient care and improving health outcomes.

Dubai Health Authority issued Standards for Emergency Unit/ Department Services that focus on:

- The healthcare professional requirements and permitted services for Emergency Units/Department.
- The health facility design requirements for Emergency Unit/Department Services aligned with the DHA Health facility guidelines.
- The policies, procedures, protocols and clinical governance that should be in place for the provision of Emergency Unit/Department. Services.
- The general requirements for patient triage, assessment, stabilisation, admission, referral and management.

This document provides guidance to healthcare facilities providing Emergency Unit/ Department. Services on reporting a set of four Key Performance Indicators (KPIs). These KPIs are categorized into Two domains as follows:

### 1. Time

- Emergency Unit/Department Waiting Time to Triage.
- Door to Balloon (PPCI).
- Time from Emergency Unit/ Department to In-patient Bed.

### 2. Effectiveness

- Revisit Rate to The Emergency Unit/ Department within or less than 72 hours of Initial Discharge

All DHA licensed health facilities providing Emergency Unit/ Department Services should collect the data Biannually and report them to DHA using the KPI data tools.

Key updates in V1.1 are as follows:

- Clarification of key performance indicators (KPIs) and associated terminology has been undertaken.
- Modify Key Performance Indicator (KPI) previously tracking "Time from Emergency Unit/Department to In-patient Ward" to "Time from Emergency Unit/Department to In-patient Bed." To provide a more precise reflection of patient flow and resource utilization.

## DEFINITIONS:

**Discharge:** the formal release of a patient from a hospital after a procedure or course of treatment.

**Door To Balloon:** the time taken from arrival to the ED to balloon deployment in the catheterization lab.

**Emergency Unit/ Department.:** Health facilities that are open 24 hours, 7 days a week. An emergency unit/department is consultant-led (onsite emergency trained physician), with a multidisciplinary team and nursing support, and possess diagnostic, surgical and pharmacy capabilities to manage an emergency or life-threatening patient.

**Patient arrival:** refers to the moment a patient presents themselves to the Emergency Unit/ Department for urgent medical care. Regardless of any methods.

**Primary Percutaneous Coronary Intervention (PPCI)** is an emergency procedure used to treat acute coronary artery disease.

**Revisit Rate:** The Percentage of patients who return to the emergency department within or less than a specified period of initial discharge with the same chief complaint.

**ST-elevation myocardial infarction (STEMI):** is an event in which transmural myocardial ischemia results in myocardial injury or necrosis.

**Triage:** a process which categorizes patients based on urgency of needs.

## ABBREVIATIONS

**AHA:** American Heart Association

**DHA:** Dubai Health Authority.

**DOH:** Department of Health.

**ED:** Emergency Department

**HRS:** Health Regulation Sector.

**KPIs:** Key Performance Indicators.

**LAMA:** Leave Against Medical Advice

**PPCI:** Primary Percutaneous Coronary Intervention.

**STEMI:** ST-elevation myocardial infarction.



## 1. BACKGROUND

Emergency services that are well established and connected are considered the backbone of strong functioning health systems. Dubai Health Authority (DHA) has issued its Standards for Emergency Unit/ Department Services and upon the execution of Emergency Transfer Services Assessment project the importance of establishing system level measures emerged. Given the critical role emergency care plays in healthcare provision, and importance of assuring the highest levels of quality and patient safety are upheld, it is important to establish system-level measures to monitor the provision of Emergency Unit/ Department services in the Emirate of Dubai.

This Guideline aims to assist providers of emergency services in understanding DHA's Emergency Services KPIs and their reporting method. Each of the KPIs covered in the guideline have a KPI card elaborating on the calculation and relevant details.

## 2. SCOPE

2.1. Measurement and reporting of KPIs by DHA licensed Healthcare providers

## 3. PURPOSE

3.1. Improve Emergency Unit providers' understanding of the Key Performance Indicators.

3.2. Initiate data collection for Emergency Services KPIs.

3.3. Ensure monitoring and quality assurance among Emergency Services providers.

3.4. Improve Emergency services provided in Dubai.

#### **4. APPLICABILITY**

- 4.1.** All DHA licensed Hospitals providing Emergency Services.

#### **5. GENERAL PROCEDURES**

- 5.1.** All DHA licensed facilities providing Emergency Unit/ Department services are required to report the indicators specific to the scope of Emergency services.
- 5.2.** Each facility providing emergency services shall assign a Quality Representative who will be responsible for reviewing the data from departments and reporting the Key Performance Indicators (KPIs) to DHA Biannually.
- 5.3.** If the KPI is not applicable to the range of services provided by the facility, quality leads should mark the field with “NA”.
- 5.4.** The quality representative of the Emergency Unit/ Department services must assure staff awareness of the new KPIs.
- 5.5.** The quality representative must consider the following in data collection:
- 5.5.1.** Decide which KPI is applicable to the facility based on the scope of services.
  - 5.5.2.** Assure data collection lead(s) are adequately skilled and resourced.
  - 5.5.3.** Create a data collection plan based on methodology and available resources.
  - 5.5.4.** Assure adequate data collection systems and tools are in place.
  - 5.5.5.** Back up the data and assure protection of data integrity.
- 5.6.** Data Analysis and Submission:

5.6.1 The quality representative must ensure data is clean and analysed for reliability and accuracy before submission.

5.6.2 Data submission should be on a Biannual basis.

5.6.3 Submission deadline as follows:

- Q1 and Q2 date of reporting- 5-14 July.
- Q3 and Q4 date of reporting 5- 14 January.

5.6.4 Each report shall cover data from two quarters and reflect performance during that period.

5.6.5 Data should be submitted using the following DHA-provided link:

- [https://msurvey.government.ae/survey/Dubai\\_Health\\_Authority/IJU](https://msurvey.government.ae/survey/Dubai_Health_Authority/IJU)
- Or to scan the bar code



5.6.6 Data submission and related queries can be communicated with the Monitoring and Evaluation Section ([MonitoringKPIs@dha.gov.ae](mailto:MonitoringKPIs@dha.gov.ae)).

## 6 KEY PERFORMANCE INDICATORS:

### 6.1 Time:

#### 6.1.1 Emergency Unit/Department Waiting Time to Triage.

Emergency Unit/Department Waiting time to Triage	
<b>Main Domain:</b>	Time
<b>Subdomain:</b>	Patient Waiting Time
<b>Indicator Definition:</b>	The percentage of arrival time at Emergency Unit/Department until patient is triaged by health care professional
<b>Calculation:</b>	<p>Numerator: Total number of patients triaged within 15 minutes from arrival to Emergency Unit/Department</p> <p>Denominator: Total number of arrived patients in ED</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Patient who leaves without being seen</li> <li>• Patient who are immediately triage upon arrival (patient with life threatening conditions)</li> <li>• Patient transferred directly to other facility or department upon arrivals</li> </ul>
<b>Target:</b>	80% at 15 or less minutes
<b>Methodology:</b>	Numerator/ denominator x100.
<b>Measuring Unit:</b>	% of timely triage
<b>Reporting Frequency:</b>	Biannually
<b>Desired Direction:</b>	Higher is better
<b>Rationale:</b>	Metric of process efficiency and patient care
<b>KPI Source:</b>	DHA.

### 6.1.2 Door to Balloon (PPCI).

Door to Balloon (PPCI)	
<b>Main Domain:</b>	Time
<b>Subdomain:</b>	Timely Intervention
<b>Indicator Definition:</b>	The percentage of waiting time for patients suspected with Acute Myocardial Infarction (AMI) from the patient's arrival at the Emergency Unit/Department to first inflation of the balloon catheter during percutaneous coronary intervention
<b>Calculation:</b>	<p><u>Numerator:</u> Total number of patients who received PPCI within 90 minutes or less</p> <p><u>Denominator:</u> Total number of STEMI patients who are indicated to receive PPCI</p> <p><u>Inclusion:</u></p> <ul style="list-style-type: none"> <li>Hospitals with Cath Lab Services</li> </ul> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>In-Patients</li> <li>Patients who refuse/ ineligible for PPCI.</li> <li>Patients who were treated with Tenecteplase (TNK) or Coronary artery bypass surgery (CABG).</li> </ul>
<b>Target:</b>	80% of patients receiving PPCI within 90 mins or less
<b>Methodology:</b>	Numerator/ denominator x100.
<b>Measuring Unit:</b>	% of timely intervention
<b>Reporting Frequency:</b>	Biannually
<b>Desired Direction:</b>	Higher is better
<b>Rationale:</b>	Metric of effectiveness and quality
<b>KPI Source:</b>	DHA, AHA, DOH

### 6.1.3 Time from Emergency Unit / Department to in-patient Bed.

Time from Emergency Unit/ Department to In-patient Bed	
<b>Main Domain:</b>	Time
<b>Subdomain:</b>	Conveyance
<b>Indicator Definition:</b>	The percentage of patients' waiting time from admission decision at the Emergency unit/ Department to in-patient bed.
<b>Calculation:</b>	<p><u>Numerator:</u> Total number of patients whose waiting time from the admission decision in the Emergency Department to transfer to an inpatient bed was less than 180 minutes.</p> <p><u>Denominator:</u> Total number of patients transferred from Emergency unit/ Department to in-patient bed</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Patients who leave against medical advice (LAMA).</li> <li>• Patients who were transferred to another hospital.</li> </ul>
<b>Target:</b>	80%
<b>Methodology:</b>	Numerator/ denominator
<b>Measuring Unit:</b>	Percentage
<b>Reporting Frequency:</b>	Biannually
<b>Desired Direction:</b>	Higher is better
<b>Rationale:</b>	Metric of efficiency and quality
<b>KPI Source:</b>	DHA.

## 6.2 Effectiveness

### 6.2.1. Revisit Rate to The Emergency Department Within or Less Than 72 Hours of Initial Discharge.

Revisit Rate to The Emergency Unit/ Department Within or Less Than 72 Hours of Initial Discharge	
<b>Main Domain:</b>	Revisit Rates
<b>Subdomain:</b>	Effectiveness
<b>Indicator Definition:</b>	The percentage of patient revisit Emergency Unit/Department within or less than 72 hours of initial discharge for the same chief complaint
<b>Calculation:</b>	<p><u>Numerator:</u> Number of revisits to the Emergency Unit/Department within or less than 72 hours</p> <p><u>Denominator:</u> Number of all discharged patients from Emergency Unit/Department</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> <li>• Scheduled referral visit</li> <li>• Patient left without being seen</li> <li>• Patient left against medical advice</li> <li>• Admitted patients through ED.</li> <li>• Wound care</li> <li>• Dressing</li> <li>• Infusion</li> <li>• Unrelated Diagnosis</li> </ul>
<b>Target:</b>	NA
<b>Methodology:</b>	Numerator/ denominator x100.
<b>Measuring Unit:</b>	percentage
<b>Reporting Frequency:</b>	Biannually
<b>Desired Direction:</b>	Lower is better
<b>Rationale:</b>	Metric of effectiveness and quality
<b>KPI Source:</b>	DHA

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