
DUBAI HEALTHCARE CITY

REQUIREMENTS OF THE LICENSING BOARD

REGARDING

MINIMUM REQUIRED DATA SUBMISSIONS

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1. ***Introduction***

- 1.1 These requirements, as the Licensing Board may amend them from time to time (the “Requirements”), are referred to as the “Licensing Board’s Disease Reporting Requirements.”
 - 1.1.1 Subject to the other provisions of these Requirements, the Licensing Board may modify the enumeration of Required Data to be submitted to HIRAS as contained in these Requirements, through expansion or deletion, only following approval of each such modification by the Standards Council.
- 1.2 These Requirements are subject to and are to be read in conjunction with the Healthcare Operators Regulations.
- 1.3 These Requirements govern the minimum data required to be provided by each Licensed Healthcare Operator to CPQ. The purpose of these Requirements is to define the minimum Required Data to be submitted by each Licensed Healthcare Operator to CPQ for inclusion in HIRAS, and the uniform standards for such submissions, in addition to such other data submission requirements as may be contained in the Governing Regulations, the Healthcare Operators Regulations and applicable Rules, for purposes of evaluating and maintaining Healthcare quality and safety in the DHCC.

2. ***Interpretation***

- 2.1 In these Requirements, unless the context otherwise requires:
 - 2.1.1 Capitalized terms not otherwise defined in these Requirements shall have the meanings ascribed to them in the Healthcare Operators Regulations;
 - 2.1.2 “Appendix A” has the meaning set out in Section 6.1.1;
 - 2.1.3 “Appendix B” has the meaning set out in Section 7.1.1;
 - 2.1.4 “Application System” means any computer software program that is capable of storing patient related information electronically and retrieving it whenever required;
 - 2.1.5 “Category A Data” is described in Section 3.2.1 and in Sections 6 and 7;
 - 2.1.6 “Category B Data” is described in Section 3.2.2 and in Sections 6 and 7;
 - 2.1.7 “Category C Data” is described in Section 3.2.2 and in Sections 6 and 7;
 - 2.1.8 “Data Capture Forms” means those forms developed by CPQ for the purposes of collecting data that cannot be transmitted through HL7;
 - 2.1.9 “Electronic Health Record” or “EHR” means a longitudinal, patient centered, shared care record, to which all relevant parties contribute and have access electronically, enabling continuity of care throughout a network of Healthcare Operators and Healthcare Professionals;

- 2.1.10 “Equipment” means any medical equipment or devices used by Healthcare Operators for therapeutic procedures or investigations, including radiological tests;
- 2.1.11 “Healthcare Information Reporting and Analysis System” or “HIRAS” means the health information system maintained and used by CPQ to collect patient information from Licensed Healthcare Operators and Licensed Healthcare Professionals for quality, licensing, medical educational, research and other purposes that are related to implementing the provisions of the Governing Regulations, these Requirements and other applicable regulations and rules in effect from time to time in the DHCC.
- 2.1.12 “Healthcare Operators Regulations” means Dubai Healthcare City Healthcare Operators Regulations, Regulation 4/2006, as they may be amended from time to time;
- 2.1.13 “HL7” means a structured, message-oriented protocol framework for computer communication between Application Systems.
- 2.1.14 “Hospital Information System” or “HIS” means an information system that encompasses the clinical and non-clinical activities used by Licensed Healthcare Operators.
- 2.1.15 “Inpatient” means the admission of a patient to a Healthcare Operator for a specific procedure, primarily so that he can be closely monitored during the procedure and during recovery.
- 2.1.16 “Outpatient” means Healthcare received by a patient from a Healthcare Operator that does not require a hospital admission, or a procedure performed with respect to a patient outside the premises of a Licensed Healthcare Operator;
- 2.1.17 “Required Data” means the data that each Licensed Healthcare Operator is required to submit to HIRAS in accordance with these Requirements;
- 2.1.18 “Requirements” has the meaning set out in Section 1.1; and
- 2.1.19 “Sentinel Event” means an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof, including but not limited to loss of limb or function;
 - 2.1.19.1 “Or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

3. ***Entities Required to Submit Data***

- 3.1 Each Licensed Healthcare Operator shall submit Required Data to HIRAS in accordance with the provisions of these Requirements.
- 3.2 Required Data is classed in one of the following three (3) categories:

- 3.2.1 Category A Data is to be submitted by the Licensed Healthcare Operators in the following Business Categories:
 - 3.2.1.1 Hospitals;
 - 3.2.1.2 Medical Offices;
 - 3.2.1.3 Multi Specialty Clinics;
 - 3.2.1.4 Day Surgery Centers;
 - 3.2.1.5 Rehabilitation Centers;
 - 3.2.1.6 Nursing Homes;
 - 3.2.1.7 Homecare Centers; and
 - 3.2.1.8 Long Term Care Centers;
- 3.2.2 Category B Data is to be submitted by the Licensed Healthcare Operators in the following Business Categories:
 - 3.2.2.1 Laboratories;
 - 3.2.2.2 Diagnostic Centers.
- 3.2.3 Category C Data is to be submitted by Licensed Healthcare Operators that are pharmacies.
- 3.2.4 The Manager of each Licensed Healthcare Operator shall identify those persons, whether Licensed Healthcare Professionals or otherwise, who are to be responsible for assuring that the Required Data is submitted to HIRAS in accordance with these Requirements.
 - 3.2.4.1 Any Licensed Healthcare Professional who is engaged by a Licensed Healthcare Operator and has the basic knowledge of disease groups and their recommended codes (ICD 10, CPT4, etc.) may be assigned the responsibility of submitting the Required Data.
- 3.3 A Licensed Healthcare Operator that refuses to report, or partially or wrongly reports, Required Data may be subject to the following:
 - 3.3.1 summary restriction or suspension of its Clinical Operating Permit pursuant to the Healthcare Operators Regulations;
 - 3.3.2 revocation of its Clinical Operating Permit pursuant to the Healthcare Operators Regulations; or
 - 3.3.3 refusal by the Licensing Board to renew its Clinical Operating Permit pursuant to the Healthcare Operators Regulations.

4. ***Methods of Reporting Data***

4.1 Licensed Healthcare Operators shall submit data electronically to HIRAS using any of the following methods:

4.1.1 HL7 Messaging: Licensed Healthcare Operators that have their own Application System compatible with HL7 may send the Required Data to HIRAS using HL7 messaging protocol.

4.1.2 Data Capture Forms: Required Data that cannot be sent through HL7 shall be captured and submitted by Licensed Healthcare Operators using Data Capture Forms developed and provided to them by CPQ.

5. ***Minimum Data Requirement***

5.1 Required Data shall be submitted to HIRAS in accordance with the provisions of this Section 5 depending on the applicable Phase, as follows:

5.1.1 Required Data to be submitted in Phase I, as further described in Section 6, shall be based on those data elements identified by CPQ to Licensed Healthcare Operators as of January 2007 and shall consist of those data elements required by CPQ for quality monitoring, planning and producing statistical reports.

5.1.2 Required Data to be submitted in Phase II, as further described in Section 7, shall be based on those data elements identified by DHCC to Licensed Healthcare Operators when DHCC implements an Electronic Health Record system in the DHCC and shall consist of those data elements required in conjunction with such Electronic Health Record implementation.

5.1.2.1 DHCC shall provide written notification to Licensed Healthcare Operators, at least thirty (30) days in advance, of the start date for Phase II.

6. ***Phase I of HIRAS: Data Required by CPQ***

6.1 Each Licensed Healthcare Operator required to submit Category A Data:

6.1.1 shall submit the Required Data set out in Sections 1 through 5 of Table 1 and in Table 2 of Appendix A, attached hereto and incorporated herein, as it may be modified from time to time in accordance with the provisions of these Requirements (“Attachment A”); and

6.1.2 if it places orders for laboratory and/or radiology tests, shall also submit the Required Data set out in Tables 3 and 4 of Appendix A, as applicable; and

6.1.3 if it places pharmacy orders, shall also submit the data required in Table 5 of Appendix A.

6.2 Each Licensed Healthcare Operator required to submit Category B Data:

- 6.2.1 if it is a laboratory, shall submit the Required Data set out in Table 7 of Appendix A; and
 - 6.2.2 if it is a diagnostic center providing radiology services, shall submit the Required Data set out in Table 8 of Appendix A.
 - 6.3 Each Licensed Healthcare Operator required to submit Category C Data shall submit the Required Data set out in Table 9 of Appendix A.
 - 6.4 Each Licensed Healthcare Operator shall submit, using Data Capture Forms, the Required Data relating to each Sentinel Event as required in Table 6 of Appendix A, if such Sentinel Event is not captured by that Licensed Healthcare Operator's Hospital Information System.
 - 6.5 Each Licensed Healthcare Operator shall submit the quality indicator Required Data specific to applicable procedures and/or diseases as set out in Tables 10 through 14 of Appendix A, subject, however, to Section 6.4.1.
 - 6.5.1 CPQ on behalf of the Quality Council may from time to time determine which quality indicator data shall constitute Required Data that shall be submitted during a specific period and shall so inform each Licensed HCO of such reporting requirements for that period.
7. ***Phase II of HIRAS: Data Required for Electronic Health Record and Master Patient Index***
- 7.1 Each Licensed Healthcare Operator required to submit Category A Data:
 - 7.1.1 shall submit the Required Data set out in Sections 1 through 5 of Table 15 and in Tables 16 and 20 of Appendix B, attached hereto and incorporated herein, as it may be modified from time to time in accordance with the provisions of these Requirements ("Attachment B"); and
 - 7.1.2 if it places orders for laboratory tests, shall also submit the Required Data set out in Tables 17 and 18 of Appendix B; and
 - 7.1.3 if it places pharmacy orders, shall also submit the data required in Table 19 of Appendix B.

APPENDIX A
MINIMUM DATA REQUIREMENT – HIRAS PHASE I

(Data required by CPQ)

Required (R) means those data elements that are mandatory for submission to HIRAS. HIRAS shall not accept such Required Data if any of these elements are missing.

Conditional (C) means those elements that shall be submitted if a particular condition is applicable. For example, the Licensed Healthcare Operator shall submit all the Required Data elements listed in Table 2 (General Clinical Order Information) only if it places an order.

Optional (O) means those data elements that don not constitute Required Data. HIRAS shall accept such data even if elements are missing.

TABLE 1

Patient Registration & Encounter Details

Entities required to submit the data: Those required to submit Category A Data.

Method of Submission: HL7

Data Elements	Definitions	Priority	Frequency
1. Patient Data			
Facility ID	A unique number to identify a tenant (will be assigned by CPQ)	R	Daily/Real time
Medical Record Number	A unique internal medical record number to identify a patient who visits a facility. (Will be assigned by the HCO)	R	Daily/Real time
Labor Card Number	Employee card number of the patient as assigned by the Ministry of Labor	O	Daily/Real time
Passport Number	The passport number of the patient if the patient is holding a valid passport	O	Daily/Real time
National ID No.	The National ID number of the patient if UAE nationals	O	Daily/Real time
Driver License Number	Driving License Number if applicable	O	Daily/Real time
Residence Visa / Permit No	Residence visa /permit number as assigned by the Ministry of Immigration	O	Daily Real time
Identity unknown indicator	If the patient identity information is unknown or in doubt (Phase I)	O	Daily/Real time
2.General Demographic Information			
Title	Mr/ Mrs/ Ms	O	Daily/Real time
First Name	The first name of the patient	O	Daily/Real time
Middle Name	Middle name of the patient	O	Daily/Real time
Last Name	Last name of the patient	O	Daily/Real time

Age	The age of the patient in years	R	Daily/Real time
Sex	The sex of the patient (M/F)	R	Daily/Real time
Date / Time of Birth	The date of birth of the patient (dd/mm/yyyy)	R	Daily/Real time
Ethnic Group	Ethnic group to which the patient belongs to	R	Daily/Real time
Street Name	Street name of the residence	O	Daily/Real time
Contact Number	Contact number of the patient	O	Daily/Real time
Dwelling Number	Residence number	O	Daily/Real time
Home Phone Area Code	Area code of the residence of the patient	O	Daily/Real time
Home Phone Country Code	Country code of the residence of the patient	O	Daily/Real time
City	The city code as assigned by DHCC.	R	Daily/Real time
Nationality	The nationality of the patient	R	Daily/Real time
Country	The country of residence of the patient	R	Daily/Real time
Zip / Postal code	PO Box Number / Zip number of the patient	O	Daily/Real time
3. Patient Death Information			
Patient Death Date and Time	Indicate the death date and time	C	Daily/Real time
4. Visit Information			
Discharge Disposition	The nature of discharge	R	Daily/Real time
Admit Date/Time	Date and time of patient admission	R	Daily/Real time
Discharge Date/Time	Date and time of patient discharge	R	Daily/Real time
Patient Class	Whether the patient is “outpatient” or “inpatient”.	R	Daily/Real time
Attending Doctor	Name of the doctor who attended the patient	R	Daily/Real time
Discharged To Location	The location to where the patient got discharged	R	Daily/Real time
Admission Type	The type of admission (Emergency, Routine, Accident, Labor etc)	R	Daily/Real time
Visit Number	The number of the visit by the patient within the same episode	R	Daily/Real time
5. Diagnosis & Procedure Information			
Diagnosis Information			
Diagnosis Code	ICD 10 codes for the diagnosis	R	Daily/Real time
Diagnosing Clinician	Name of the clinician who made the diagnosis	R	Daily/Real time
Diagnosis Date / Time	Date and Time when the diagnosis is made	R	Daily/Real time
Diagnosis Type	Admitting/ Working/Final	R	Daily/Real time
Diagnosis Priority	Primary / Secondary /	R	Daily/Real time
Final primary diagnosis	Final primary diagnosis of the patient condition	R	Daily/Real time

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Final Secondary Diagnosis	Final secondary diagnosis of the patient condition	R	Daily/Real time
Procedure – General			
Procedure Code	CPT 4 codes for the procedure performed on the patient	C	Daily/Real time
Procedure Date/Time	Date when the procedure has been done	C	Daily/Real time
Procedure Practitioner ID	A unique number to identify a surgeon (will be assigned by DHCC)	C	Daily /Real time
Procedure –Surgical			
Surgery Code	CPT4 Code of the surgery done	C	Daily/Real time
Primary Anesthetist ID	A unique number to identify an anesthetist (will be assigned by CPQ)	C	Daily/Real time
Surgery Start Date	Start Date of the surgery	C	Daily/Real time
Surgery End Date	End date of surgery	C	Daily/Real time
Anesthesia Start Date	Anesthesia start Date	C	Daily/Real time
Anesthesia Start time	Anesthesia start time	C	Daily/Real time
Anesthesia End Date	Anesthesia End Date	C	Daily/Real time
Anesthesia End time	Anesthesia End time	C	Daily/Real time
Type of Anesthesia	General, local or conscious sedation (CPT4 Coding)	C	Daily/Real time

TABLE 2

General Clinical Order Information

Entities required to submit the data: Those required to submit Category A Data.

Method of Submission: HL7

Data Elements	Definitions	Priority	Frequency
Placer Order Number	Order number	C	Daily/Real time
Order Quantity	Quantity of the order	C	Daily/ Real-time
Repeat Pattern	Whether the order has to repeated	C	Daily/Real time
Start Date	Start date of the order	C	Daily/Real time
Ordering Provider	DHCC code of the Physician who placed the order	C	Daily/Real time
Service Identifier	CPT 4 code	C	Daily/Real time

TABLE 3

Laboratory Orders

Entities required to submit data: Those required to submit Category A Data, if applicable.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
Placer Order Number	Order number	C	Daily/Real time
Ordering Provider	DHCC code of the Physician who placed the order	C	Daily/Real time
Order Date	The Date when the order is placed	C	Daily/Real time
Order Type	Inpatient / outpatient	C	Daily/Real time
Service identifier	Code for the order placed	C	Daily/Real time

TABLE 4

Radiology Orders

Entities required to submit data: Those required to submit Category A Data, if applicable.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
Placer Order Number	Specify order number	C	Daily/Real time
Ordering Provider	DHCC code of the Physician who placed the order	C	Daily/Real time
Order Date	Date on which the order is placed	C	Daily/Real time
Order Type	Inpatient / Out patient	C	Daily/Real time
Service Identifier	CPT 4 code for the procedure	C	Daily/Real time

TABLE 5

Pharmacy Orders

Entities required to submit data: Those required to submit Category A Data, if applicable.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
General Order Information			
Placer Order Number	Order number	C	Daily/Real time
Order Date	Date of the order	C	Daily/Real time
Ordered drug code	Code for the drug ordered (will be determined by DHCC)	C	Daily/Real time
Ordering Provider	DHCC code of the Physician who placed the order	C	Daily/Real time

TABLE 6

Reportable Events

Entities required to submit data: Those required to submit Category A Data, if applicable.

Method of submission: Data Capture Form

Data Elements	Definitions	Priority	Frequency
Form Information			
Date of Incident	Date of indent occurred	R	Monthly
Medication Error	State if the incidence is a medication error	R	Monthly
Anesthesia Incident	State if the incidence is due to anesthesia given to the patient	R	Monthly
Suicide	State if the incidence is a suicide	R	Monthly
Wrong Site Surgery	State if the incidence is a surgery done on wrong site	R	Monthly
Maternal Death	State if the mother dies during delivery	R	Monthly
Perinatal Death	State if the baby dies during the delivery	R	Monthly
Violent Crime	State if the incidence is a violent crime	R	Monthly
Patient Fall	State if the incidence is a fall	R	Monthly
Hemolytic Transfusion	State if the incidence is a hemolytic transfusion	R	Monthly
Infant Abduction	State if the infant has been abducted	R	Monthly
Infection Incident	State if the incidence due to infection	R	Monthly
Delayed Treatment	State if the incidence is due to delayed treatment	R	Monthly
Use of Restraints	State if the incidence is due to use of restraints	R	Monthly
Equipment Event	State if the incidence is due to equipment error	R	Monthly
Operation Complication	State if the incidence is a complication of surgery	R	Monthly
Utility Systems Failure	State if the incidence is due to utility system failure	R	Monthly
Fire	State if the incidence is due to fire	R	Monthly
Unplanned Admission to Hospitals	State if the incidence is due to unplanned admission to hospitals	R	Monthly
Other Event	State if the incidence is due any other reasons	R	Monthly
Summary of Event	Summary of the event	R	Monthly

TABLE 7

Laboratory Services

Entities required to submit data: Those required to submit Category B Data.

Method of submission: Data Capture Form

Data Elements	Definition	Priority	Frequency
Form Information			
Service Code	DHCC code for the service offered	R	Monthly
Service Date	The Date on which the total is calculated	R	Monthly
Total Occurrences	Total number of services offered	R	Monthly

TABLE 8

Pharmacy Services

Entities required submit data: Those required to submit Category C Data.

Method of submission: Data Capture Form

Data Elements	Definition	Phase	Frequency
Form Information			
Drug Code	Drug code recommended by DHCC	R	Monthly
Dispense Amount	Amount of drug dispensed	R	Monthly
Dispense Units	Unit of drug dispensed	R	Monthly
Dosage Form	Form of drug dispensed (tablets/ capsules / ...)	R	Monthly
Strength	Strength of the drug per amount	R	Monthly
Strength Units	Unit of given strength	R	Monthly
Dispensed Date	Date when the total is calculated	R	Monthly
Supplementary Code	Generic drug name code	R	Monthly

TABLE 9

Radiology Services

Entities required to submit data: Those required to submit Category B Data.

Method of submission: Data Capture Form (DCF)

Data Elements	Definition	Phase	Frequency
Form Information			
Service Code	CPT4 code of the radiological investigation	R	Monthly
Service Date	The Date on which the Total is calculated	R	Monthly
Total Occurrences	Total number of Radiological tests conducted	R	Monthly

TABLE 10

Ambulatory Surgery Quality Indicators

During Phase I, CPQ may require the reporting of certain data elements listed on this table. These data elements are required only for ambulatory surgery patients.

Entities required to submit data: Those required to submit Category A Data.

Method of submission: Data Capture Form

Data Elements	Definition	Phase	Frequency
Form Information			
Period	From Date to Date	R	Monthly
Procedure Scheduled	DHCC code of the procedure scheduled	R	Monthly
Procedure Cancelled	Whether the procedure is cancelled	R	Monthly
Cancelled on Day	Whether the procedure is cancelled on the same day	R	Monthly
Cancelled By	Whether the procedure is cancelled by HCO or the patient	R	Monthly
Given Prophylaxis	Prophylaxis for the patient	R	Monthly
Time before Surgery	Time taken before surgery(30 mins, 1 hr, 2 hrs, 24 hrs)	R	Monthly
Number of Anesthesia Consultations	Number of Anesthesia consultations	R	Monthly
Unscheduled Return	Whether the return is unscheduled	R	Monthly
Transferred to Hospital	Whether the patient transferred to the hospital	R	Monthly
Surgical Site Infections	If there is any surgical site infection	R	Monthly
Site Infection Risk Index	The risk of such surgical site infection (0,1,2,3)	R	Monthly
ASA Classification	Whether ASA classification used	R	Monthly
ASA Details	Details of ASA Classification (ASA P1, P2, P3, P4, P5)	R	Monthly
Sedation and Analgesia Episode	Whther under sedation or analgesics	R	Monthly
O2 Desaturation (Mild , Severe)	Extent of O2 desaturation	R	Monthly
Severe Aspiration	Whther severe aspiartion or not	R	Monthly
Airway Obstruction	Whther there is airway obstruction or not	R	Monthly
Drop in Systolic Blood Pressure	Whthere there is drop in systemic blood pressure	R	Monthly

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Use of Reversal Agents	If reversal agents is used	R	Monthly
Involvement of Anesthesia Staff	Whther Anesthesia Staff got involved	R	Monthly

TABLE 11

Diabetes Quality Indicator

During Phase I, CPQ may require the reporting of certain data elements listed on this table. These data elements are required only for diabetes patients.

Entities required to submit data: Those required to submit Category A Data.

Method of submission: Data Capture Form

Data Element	Definition	Phase	Frequency
Form Information			
Period	From Date – To Date	R	Monthly
HbA1c Test Conducted	Whether HbA 1c Test conducted	R	Monthly
HbA1c Result	Result of HbA 1c Test conducted	R	Monthly
LDL-C Test Conducted	Whether LDL-C test conducted	R	Monthly
LDL-C Result <	Result of LDL-C Test conducted	R	Monthly
Retinal Eye Test Conducted	Whether retinal eye test conducted	R	Monthly

TABLE 12

CAD Quality Indicator

During Phase I, CPQ may require the reporting of certain data elements listed on this table. These data elements are required only for coronary artery disease patients.

Entities required to submit data: Those required to submit Category A Data.

Method of submission: Data Capture Form

Data Elements	Definition	Phase	Frequency
Form Information			
Period	Date Range	R	Monthly
Patient Evaluated	Whether the patient underwent evaluation	R	Monthly
Identified Cigarette Smoker	Whether the patient a known cigarette smoker	R	Monthly
Cessation Intervention	Whether the patient had a smoking cessation intervention	R	Monthly
Lipid Lowering Therapy	Whether the patient given lipid lowering therapy	R	Monthly
Infraction	Whether Infraction occurred to the patient	R	Monthly
Infraction with Beta-Blocker	Whether infraction occurred to the patient and is under beta blocker	R	Monthly
Lipid Profile	Whether Lipid profile is done	R	Monthly

TABLE 13

Hypertension Quality Indicator

During Phase I, CPQ may require the reporting of certain data elements listed on this table. These data elements are required only for hypertensive patients.

Entities required to submit data: Those required to submit Category A Data.

Method of submission: Data Capture Form

Property	Definition	Phase	Frequency
Form Information			
Period	From Date To Date	R	Monthly
Number of Visits	Number of visits by the patient	R	Monthly
Number of Visits with Blood Pressure Tested	Number of visits in which the Blood Pressure is tested	R	Monthly
Number of Visits with High Blood Pressure	Number of visits in with high Blood Pressure	R	Monthly
Number of Visits with a Plan of Care	Number of visits in with a plan of care for hypertension	R	Monthly
Plan of Care & Follow-up Scheduled	Whether there is a plan of care & follow-up was scheduled	R	Monthly
Plan of Care & Addition or change to antihypertensive pharmacologic therapy	Whether there is a plan of care & Addition or change to antihypertensive pharmacologic therapy	R	Monthly
Plan of Care & Follow-up Scheduled & Addition or change to non-pharmacologic therapy such as weight loss, exercise, decrease sodium or alcohol intake	Whether there is a plan of care & Addition or change to non-pharmacologic therapy such as weight loss, exercise, decrease sodium or alcohol intake	R	Monthly

TABLE 14

Homecare Acquired Infections Quality Indicator

During Phase I, CPQ may require the reporting of certain data elements listed on this table. These data elements are required only for patients with homecare acquired infections.

Entities required to submit data: Those required to submit Category A Data.

Method of submission: Data Capture Form (DCF)

Data Elements	Definition	Phase	Frequency
Form Information			
Indwelling Catheter	Whether due to catheter is used	R	Monthly
Indwelling Catheter with Symptomatic UTI	Whether due to catheter is used & had Symptomatic UTI	R	Monthly
Acquired Surgical Site Infection	Whether acquired Surgical Site infection	R	Monthly
Acquired IV Site Infection	Whether acquired IV Site infection	R	Monthly
Acquired Skin Infection	Whether acquired Skin infection	R	Monthly
Acquired Respiratory Infection	Whether acquired Respiratory infection	R	Monthly
Acquired Gastrointestinal Infection	Whether acquired Gastrointestinal infection	R	Monthly
Receiving TPN	Whether receiving TPN	R	Monthly
TPN and Sepsis	Whether receiving TPN & acquired Sepsis	R	Monthly

APPENDIX B

MINIMUM DATA REQUIREMENT – HIRAS PHASE II

(Data Required for Electronic Health Record and Patient Master Index)

Required (R) means those data elements that are mandatory for submission to HIRAS. HIRAS shall not accept such Required Data if any of these elements are missing.

Conditional (C) means those elements that shall be submitted if a particular condition is applicable. For example, the LICENSED HEALTHCARE OPERATOR shall submit all the Required Data elements listed in Table 2 (General Clinical Order Information) only if it places an order.

Optional (O) means those data elements that don not constitute Required Data. HIRAS shall accept such data even if elements are missing.

TABLE 15

Patient Registration & Encounter Details

Entities required to submit data: Those required to submit Category A Data.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
1. Patient Data			
Labor Card Number	Employee card number of the patient as assigned by the Ministry of Labor	R*	Daily/Real time
Passport Number	The passport number of the patient if the patient is holding a valid passport	R*	Daily/Real time
National ID No.	The National ID number of the patient if UAE nationals	R*	Daily/Real time
Driver License Number	Driving License Number if applicable	R*	Daily/Real time
Residence Visa / Permit No	Residence visa /permit number as assigned by the Ministry of Immigration	R*	Daily Real time
Identity unknown indicator	If the patient identity information is unknown or in doubt (Phase I)	R*	Daily/Real time
*At least one has to be provided			

Data Elements	Definitions	Priority	Frequency
1. General Demographic Information			
Primary Language	Primary language of the patient	R	Daily/Real time
Marital Status	Marital status of the patient	R	Daily/Real time
Title	Mr/ Mrs/ Ms	R	Daily/Real time
First Name	The first name of the patient	R	Daily/Real time
Middle Name	Middle name of the patient	O	Daily/Real time

Last Name	Last name of the patient	R	Daily/Real time
Street Name	Street name of the residence	O	Daily/Real time
Contact Number	Contact number of the patient	O	Daily/Real time
Dwelling Number	Residence number	O	Daily/Real time
Home Phone Area Code	Area code of the residence of the patient	R	Daily/Real time
Home Phone Country Code	Country code of the residence of the patient	R	Daily/Real time
Religion	Religion of the patient if applicable	R	Daily/Real time
Tribal citizenship	Tribal citizenship of the patient (if any)	O	Daily/Real time
State or Province	State or province of patient's residence	R	Daily/Real time
Mother's Maiden Name	Patient's mother's maiden name	O	Daily/Real time
Home Email*	Personal email ID	O	Daily/Real time
Business Email*	Business email of the patient	O	Daily/Real time
Business Phone Area Code	Area code of the business phone number	O	Daily/Real time
Business Phone Country Code	Country code of the business phone number	O	Daily/Real time
Business Phone Number	Business / work phone number	O	Daily/Real time
Business Tech Type	Type of technology such as cell phone, land line , email etc	O	Daily/Real time
Blood Group	Blood group of the patient	R	Daily/ Real time
Patient Account Number	The patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient's account.	R	Daily/Real time
Mother's Identifier	Mention Mother's name of the new born baby. This is used to identify the baby and its mother	R	Daily/Real time
Birth Place	Birth place of the patient	O	Daily/Real time
Multiple Birth Indicator	Whether	O	Daily/Real time
Mode of payment	If the payment is made through cash / insurance	O	Daily/ Real time
Zip / Postal code	PO Box Number / Zip number of the patient	O	Daily/Real time

* any of these fields

2. Patient Death Information

Patient Death Indicator	Indicate if the patient dies in the facility	R	Daily/Real time
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3. Visit Information

Publicity	State if the patient wishes to restrict visit information	R	Daily/Real time
Ambulatory Status	The patient's current medical condition when brought to the clinic/ hospital. No functional limitations, vision impaired, hearing impaired, disoriented, amputee, paraplegic, oxygen therapy, pregnant etc.	R	Daily Real time
Re-admission Indicator	Whether the admission is re-admission	R	Daily/Real time
Admit Source	Where the patient got admitted from?	R	Daily/Real time
Diet type	Patient's diet type (code will be assigned by DHCC)	O	Daily/Real time

Referring doctor	Name of the doctor who referred the patient	R	Daily/Real time
4. Procedure Information			
Procedure Duration	The duration taken for the procedure	C	Daily/Real time
Anesthesiologist	Code of the Anesthesiologist if it's not the attending doctor (code will be assigned by DHCC)	C	Daily/Real time
Surgeon	Code of the Surgeon if it's not the attending doctor (code will be assigned by DHCC)	C	Daily/Real time
Procedure Priority	Priority given to the procedure (primary , lower etc)	C	Daily/Real time
Associated Diagnosis Code	Diagnosis to which the procedure relates	C	Daily/Real time
5. Emergency Data			
Patient Condition	Condition of the patient at the time of arrival	R	Daily/Real time
Time of arrival	Time when the patient is brought to the clinic/ hospital	R	Daily/Real time
6. Surgery Details (Minor OT)			
Investigations ordered during the surgery	Mention the all investigations ordered during the surgery	C	Daily/Real time
List of Equipments /Drugs / Materials consumed for surgery	List the equipment used / drugs prescribed / and materials consumed during the surgery	C	Daily/Real time
7. Allergies			
Allergen Type Code	The type of Allergen (codes will be assigned by DHCC)	C	Daily/Real time
Allergen Code/Mnemonic/Description	Description of the Allergen	C	Daily/Real time
Allergy Severity Code	The severity of Allergy	C	Daily/Real time
Allergy Reaction	The description of the allergen reaction	C	Daily/Real time
Identification Date	The date when the allergy is identified	C	Daily/Real time

TABLE 16

General Clinical Order Information

Entities required to submit data: Those required to submit Category A Data.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
Order Status	Status of the order	C	Daily/Real time
End Date	End date of the order	C	Daily/Real time
Entered By	DHCC code of the person who entered the order	C	Daily/Real time

TABLE 17

Laboratory Orders

Entities required to submit data: Those required to submit Category A Data.

Method of Submission: HL7

Data Elements	Definitions	Priority	Frequency
Order Status	Status of the order (cancelled / completed)	C	Daily/Real time
Order Quantity	Quantity of the order	C	Daily/ Real time
Start Date	Start date of the order	C	Daily/Real time
Entered By	End date of the order	C	Daily/Real time
Order Control Code Reason	Give reason if the order is cancelled	C	Daily/Real time
Reason for the study	The ICD 10 code of the diagnosis which prompted the order.	C	Daily/Real time

TABLE 18

Laboratory Order specimens

Entities required to submit data: Those required to submit Category A Data.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
Specimen Description	Specimen fee format description	C	Daily/Real time
Collection Date/Time	Date and time of specimen collection	C	Daily/Real time
Specimen Type	Code of the specimen as assigned by DHCC	C	Daily/Real time

TABLE 19

Pharmacy orders

Entities required to submit data: Those required to submit Category A Data.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
General Order Information			
Order Status	The status of the order (cancelled / completed)	C	Daily/Real time
Entered By	DHCC code of the person who entered the code	C	Daily/Real time
Order Control Code Reason	State the reason if the order is cancelled	C	Daily/Real time
Order Type	Inpatient / outpatient	C	Daily/Real time
Repeat Pattern	If the order is repeated (Phase II)	C	Daily/Real time
Provider Instructions	Instruction given by the provider at the time of order	C	Daily/Real time
Ordered Drug Amount	The amount of drug ordered	C	Daily/Real time
Ordered Drug Units	The units of the drug ordered	C	Daily/Real time
Ordered Drug Strength	Strength of the drug ordered with units	C	Daily/Real time
Ordered Drug dosage	The dosage form of the drug	C	Daily/ Real time
Allow Substitutions	Whether the drug can be substituted	C	Daily/Real time
Indication	Indication / diagnosis to which the drug is prescribed (ICD 10)	C	Daily/Real time
Supplementary Code	Generic code of the drug	C	Daily/Real time

TABLE 20

Electronic Medical Record

Entities required to submit data: Those required to submit Category A Data.

Method of submission: HL7

Data Elements	Definitions	Priority	Frequency
1. Electronic Medical Records			
Visit Reason	The reason for each visits	R	Daily /Real time
investigations ordered	List of investigations ordered	C	Daily /Real time
Laboratory name	The name of laboratory where the investigation has been done	C	Daily /Real time
Investigation Results	The results of the investigations ordered	C	Daily /Real time
Drugs prescribed	List of drugs prescribed for the patient	C	Daily /Real time
Drugs administered	List of drugs administered	C	Daily /Real time
Dosage of the drugs	Dosage of the drugs prescribed	C	Daily /Real time
Procedure ordered	List of procedures ordered for the patient	C	Daily /Real time
Procedure findings	Findings of the procedure ordered	C	Daily /Real time
Discharge dates	The date of discharge for inpatients	R	Daily /Real time
Admission dates	The date of admission for inpatients	R	Daily /Real time
Patient History	History of the patient diseases and conditions	R	Daily /Real time
Family History	History of diseases in family members of the patient	O	Daily /Real time
Reason for admission	Why the patient got admitted	R	Daily /Real time
Initial Diagnosis	Initial diagnosis of the patient condition	R	Daily /Real time
Procedure group	The type of procedures done	C	Daily /Real time
Surgeries done	Name of the surgery done	C	Daily /Real time
Medication	Medication given at the end of each visit	C	Daily /Real time