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Guidelines for Reporting Standalone Day Surgery Centre Key Performance Indicators

Version 1.1

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Health Policies and Standards Department

Health Regulation Sector (2021)

INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (6) of 2018 to undertake several functions including but not limited to:

- Developing regulation, policy, standards, and 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.
- Managing health advertisement and marketing of healthcare products.
- Governing the use of narcotics, controlled, and semi-controlled medications.
- Strengthening health tourism and assuring ongoing growth.
- Assuring management of health informatics, e-health, and promoting innovation.

The Guidelines for Reporting Standalone Day Surgery Centre KPIs aims to fulfil the following overarching DHA Strategic Objectives and Program within the Dubai Health Strategy (2016–2021):

- **Objective 1:** Position Dubai as a global medical destination by introducing a value-based, comprehensive, integrated and high-quality service delivery system.
- **Objective 2:** Direct resources to ensure happy, healthy and safe environment for Dubai population.

- **Strategic Program 10:** Excellence & Quality, which promotes excellence in healthcare service delivery in Dubai while enhancing patient happiness, experience, satisfaction, and trust.

ACKNOWLEDGMENT

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Health Regulation Sector

Dubai Health Authority

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EXECUTIVE SUMMARY

Standalone Day Surgery Centres are health facilities that provide same day simple to moderate operative and diagnostic procedures only, without a need for overnight stay or hospitalization. These facilities are not located within or adjoining a hospital and provide services for healthy patients or patients with mild diseases only. In 2019, Dubai Health Authority (DHA) issued the Standards for Day Surgery Centres to set out the minimum Standards for the provision of day surgery services among DHA licensed Standalone Day Surgery Centres. The Standards include requirements to assure the provision of effective, efficient and safe services. Standard Eleven mandates Day Surgery Centres to report a set of Key Performance Indicators. Key Performance Indicators are a set of defined and measurable values that are used to determine progress towards a specific goal. They are used to provide evidence and inform decision making on the areas they measure.

This document provides a guidance to Standalone Day Surgery Centre facilities on reporting a set of 14 Key Performance Indicators (KPIs). A description of each KPI is provided in a KPI card to ensure proper reporting. Providers are expected to report the KPIs on a quarterly basis using the provided KPI submission tool. The Key Performance Indicators for Standalone Day Surgery Centre are categorised in this document into two domains: access and quality as follows:

1. Access:

- Average Patient Waiting Time for Elective Surgery.
- Percentage of Procedures Performed under Moderate Sedation.
- Percentage of Procedures Performed under Deep Sedation.
- Percentage of Procedures Performed under General Anaesthesia.
- Percentage of Procedures Performed for ASA I Cases.
- Percentage of Procedures Performed for ASA II Cases.
- Percentage of Procedures Performed for ASA III or above Cases.

2. Quality:

- Percentage of Complications.
- Percentage of Sentinel Events.
- Percentage Hospital Emergency Transfers.
- Percentage of 30-day Readmission.
- Number of Fall Incidents.
- Percentage of Patient Satisfaction.
- Percentage of Staff Satisfaction.

Key Updates in Version 1.1 are as follows:

- Section 6.2.5: Updated KPI name and calculation (page 26).
- Section 6.2.6: Reporting frequency changed to annual (page 27).
- Section 6.2.7: Reporting frequency changed to annual (page 28).

DEFINITIONS

ASA PS Classification: Is the system used for assessing the fitness of a patient before surgery. It is based on the American Society of Anaesthesiologists Physical Status classification system, which offers clinicians a simple categorization of a patient's physiological status and help in predicting operative risk when assessed with other factors. The system adopted six (6) categories physical status classification ranging from healthy to brain-dead patients and Day Surgery Centres' scope falls within two categories: ASA PS I and ASA PS II.

- a. **ASA I:** A normal healthy patient. For example: patients who are fit, not obese (BMI under 30), a non-smoking patient, minimal or no alcohol use, with good exercise tolerance.
- b. **ASA II:** A patient with a mild systemic disease without substantive functional limitations. Examples include: patients who are current smokers, patients with well-controlled disease such as hypertension/ diabetes mellitus, obese ($30 < \text{BMI} < 40$), or social alcohol drinker patients.
- c. **ASA III- VI:** A patient with severe systemic disease, or a severe systemic disease that is a threat to life, a moribund patient who is not expected to survive without operation, or a declared brain-dead patient.

Complications: Complications that develop during or post-operative procedures such as: hemorrhage, sepsis, deep vein thrombosis, surgical site infection, pulmonary embolism, urinary retention, or require a follow up or repeated surgical procedure within 30 days of surgery.

Day Surgery Centre: Is an independent Health Facility, which provides Day Surgical Services and is not located within or adjoining a hospital. It has an operating theatre and provides low complexity surgical and diagnostic procedures and services for healthy patients or patients with mild diseases only without substantive functional limitations who do not require hospitalization or overnight stay. A Day Surgical Centre may include several surgical units to accommodate different procedures by the respective surgical teams. Day Surgical Centres are Consultant or Specialist led services supported by a surgical team who are trained, competent, experienced and privileged by the Medical Director to perform specified surgical procedures within the confinements of the permitted licensure, specialisation, patient acuity and sedation levels.

Patient: is any individual who receives medical attention, care, treatment or therapy by a DHA licensed healthcare professional in a DHA licensed health facility.

Procedures: are surgical interventions, which require Informed Consent from the patients or next of kin/ legal guardian, as per UAE Federal Laws.

Sedation: The administration of a sedative agent or drug to induce a state of calm, restfulness, or drowsiness. The sedative agent or drug depresses activity of the central nervous system, reduces anxiety, and induces sleep. There are four levels of sedation however, given that sedation is a continuum, it is not always possible to predict how an individual patient will respond and the patient may progress to a level of sedation that is beyond the scope of practice of staff without specific anaesthesia training:

a. Minimal Sedation (Anxiolysis): Is a drug-induced state to reduce patient anxiety during in which the patient responds normally to verbal commands (technically awake). In this stage, the following shall be present:

- Normal respirations.
- Normal eye movements.
- Intact protective reflexes.
- Amnesia may or may not be present.

b. Moderate Sedation/Analgesia (Conscious Sedation): Is a drug-induced depression of consciousness during which the patient tolerates unpleasant therapeutic or diagnostic procedure, and responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation while maintaining cardio-respiratory function. This commonly involves intravenous administration of drugs with anxiolytic, hypnotic, analgesic, and amnesic properties either alone or as a supplement to a local or regional anaesthetic. Moderate sedation is a medically controlled state of drug induced depressed consciousness that:

- Allows protective reflexes to be maintained.
- Retains the patient's ability to maintain a patent airway independently and continuously.
- Permits appropriate response by the patient to physical stimulation or verbal command, for example, "open your eyes."

- The drugs, doses, and techniques used are not intended to produce a loss of consciousness.
- c. Deep Sedation/Analgesia:** Is a drug-induced depression of consciousness or unconsciousness during which patients cannot be easily aroused and respond purposefully following repeated or painful stimulation or verbal command. The ability to independently maintain ventilatory function may be impaired thus; patients may require assistance in maintaining a patent airway and spontaneous ventilation. Cardiovascular function is usually maintained.
- d. General Anaesthesia:** Is a controlled state of drug-induced unconsciousness state accompanied by a loss of protective reflexes, including loss of the ability to maintain a patent airway independently or to respond purposefully to physical stimulation or verbal command. Cardiovascular function may be impaired and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function.

Sentinel Event: Is defined as an unanticipated event involving death, severe harm or major permanent loss of function unrelated to the nature course of the patient illness or underlying condition. Examples of sentinel events include but are not limited to loss of a limb, permanent loss of function, transmission of a serious illness, or severe temporary harm.

ABBREVIATIONS

- ASA** : American Society of Anaesthesiologists Physical Status Classification
- DHA** : Dubai Health Authority
- DSC** : Day Surgery Centre
- HRS** : Health Regulation Sector
- KPI** : Key Performance Indicator

1. BACKGROUND

Advancements in surgical and monitoring techniques have enabled physicians to provide complex medical procedures in ambulatory care settings including Day Surgery Centres (DSC). A Day Surgery Centre is a health facility with one or more operating/ procedure rooms where admission, preparation and provision of simple to moderate operative or endoscopic procedures are performed within the same day without a need for overnight stay or hospitalization.

In 2019, Dubai Health Authority (DHA) issued the Standards for Day Surgery Centres to set out the minimum Standards for the provision of day surgery services among DHA licensed Standalone Day Surgery Centres. The Standards aim to assure the provision of the highest levels of safety and quality within DHA licensed Day Surgery Centres. Standard Eleven of the Standards require healthcare providers to report specific Key Performance Indicators (KPIs) to the Health Regulation Sector (HRS) at DHA. KPIs are defined measurable values used to assess progress towards a specific goal. They are part of healthcare quality practice and are designed to provide evidence on several key areas including improvement in outcome, safety, access, quality, efficiency and effectiveness

This Guidelines aim to assist providers at DSCs in understanding DHA's Standalone Day Surgery Centre KPIs and their reporting method. The KPIs covered in the guidelines are categorised into two domains: Access and Quality.

2. PURPOSE

- 2.1. To ensure reliable and valid reporting of Standalone Day Surgery Centres KPIs.
- 2.2. To assure high quality and patient safety.

3. SCOPE

- 3.1. Measurement and reporting of KPIs by DHA licensed Standalone Day Surgery Centres.

4. APPLICABILITY

- 4.1. All DHA licensed Standalone Day Surgery Centres.

5. GENERAL PROCEDURES

- 5.1. All DHA licensed Standalone Day Surgery Centres are required to report the indicators applicable to their scope of services.
- 5.2. Each facility is encouraged to assign a quality lead who will be responsible for reporting the indicators.
- 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. Managers of Standalone Day Surgery Centres should ensure staff awareness of the KPIs.
- 5.5. Healthcare providers should consider the following in data collection:

- 5.5.1. Decide which KPI is applicable to the facility based on the DSC license classification.
 - 5.5.2. Ensure 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. Ensure adequate data collection systems and tools are in place.
 - 5.5.5. Back up the data and ensure protection of data integrity.
- 5.6. Data Analysis and Submission:
- 5.6.1. Healthcare providers must ensure data is clean and analysed for reliability and accuracy before submission.
 - 5.6.2. Data submission should be on a quarterly basis.
 - 5.6.3. Submission deadline is the second week of each quarter as follows:
 - a. Q1 date of reporting- 5-14 April.
 - b. Q2 date of reporting- 5-14 July.
 - c. Q3 date of reporting- 5-14 Oct.
 - d. Q4 date of reporting- 5-14 Jan.
 - 5.6.4. Submissions should be using the KPIs Submission Tool.
 - 5.6.5. Submitted data should reflect the quarter period only (i.e. April report will only cover January to end of March data period).
 - 5.6.6. Data submission and other related queries can be communicated to the Monitoring and Evaluation Section at the Health Regulation Sector (MonitoringKPIs@dha.gov.ae).

5.7. Managers of the Standalone Day Surgery Centres are encouraged to review findings with the respective teams to promote performance improvement.

6. KEY PERFORMANCE INDICATORS

6.1. ACCESS

6.1.1. Average Patient Waiting Time for Elective Surgery

Average Patient Waiting Time for Elective Surgery	
Main Domain:	Access.
Subdomain:	Patient Waiting Time.
Indicator Definition:	Patient waiting time measures the total number of waiting time for elective surgery per day.
Calculation:	<p><u>Numerator:</u> Total number of waiting time for elective surgery per day.</p> <p><u>Denominator:</u> Total number of patients who have been given approval for surgery by physician.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Patient request to extend surgery date; and • Diagnostic procedures.
Target:	14 days.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Average number of days a patient waits to get elective surgery.
Reporting Frequency:	Quarterly.
Desired Direction:	Lower is better.
Rationale:	Metric of access and efficiency.
KPI Source:	DHA.

6.1.2. Percentage of Procedures Performed under Moderate Sedation

Percentage of Procedures Performed under Moderate Sedation	
Main Domain:	Access.
Subdomain:	Patient Care.
Indicator Definition:	<p>The percentage of diagnostic and surgical procedures performed under moderate sedation where any of the following was used:</p> <ul style="list-style-type: none"> • Intravenous sedative: Midazolam with reversible agents. • Intravenous analgesics: Pethidine hydrochloride. • Regional anaesthesia: Lidocaine, Mepivacaine, Levobupivacaine, Bupivacaine, and Ropivacaine.
Calculation:	<p><u>Numerator:</u> Number of diagnostic and surgical procedures performed under moderate sedation.</p> <p><u>Denominator:</u> Total number of performed procedures that require sedation (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Cancelled procedures; and • Procedures under other anaesthesia levels.
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of diagnostic and surgical procedures performed under moderate sedation of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	N/A.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA, ASA.

6.1.3. Percentage of Procedures Performed under Deep Sedation

Percentage of Procedures Performed under Deep Sedation	
Main Domain:	Access.
Subdomain:	Patient Care.
Indicator Definition:	<p>The percentage of diagnostic and surgical procedures performed under deep sedation where any of the following was used:</p> <ul style="list-style-type: none"> • Intravenous sedative: Propofol. • Intravenous analgesics: Fentanyl. • Dissociative anaesthetics: Ketamine. • Spinal anaesthesia: Bupivacaine, Ropivacaine, Lidocaine, Levobupivacaine. • Epidural anaesthesia: Bupivacaine, Ropivacaine, Lidocaine, Levobupivacaine.
Calculation:	<p><u>Numerator:</u> Number of diagnostic and surgical procedures performed under deep sedation.</p> <p><u>Denominator:</u> Total number of performed procedures that require sedation (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Cancelled procedures; and • Procedures under other anaesthesia levels.
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of diagnostic and surgical procedures performed under deep sedation of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	N/A.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA, ASA.

6.1.4. Percentage of Procedures Performed under General Anaesthesia

Percentage of Procedures Performed under General Anaesthesia	
Main Domain:	Access.
Subdomain:	Patient Care.
Indicator Definition:	The percentage of diagnostic and surgical procedures performed under general anaesthesia.
Calculation:	<p><u>Numerator:</u> Number of diagnostic and surgical procedures performed under general anaesthesia.</p> <p><u>Denominator:</u> Total number of performed procedures that require sedation (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Cancelled procedures; and • Procedures under other anaesthesia levels.
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of diagnostic and surgical procedures performed under general anaesthesia of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	N/A.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA, ASA.

6.1.5. Percentage of Procedures Performed for ASA I Cases

Percentage of Procedures Performed for ASA I Cases	
Main Domain:	Access.
Subdomain:	Patient Care.
Indicator Definition:	The number of diagnostic and surgical procedures performed for patients who fall into ASA PS classification I (permitted patient acuity I) of the total number of diagnostic and surgical procedures.
Calculation:	<p><u>Numerator:</u> Number of diagnostic and surgical procedures performed for ASA PS classification I patients.</p> <p><u>Denominator:</u> Total number of performed procedures (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Procedures performed for ASA PS classification II patients (permitted patient acuity 2). • Procedures performed for ASA PS classification III or above patients (permitted patient acuity 3 or above).
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of procedures performed for ASA PS classification I patients of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	N/A.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA.

6.1.6. Percentage of Procedures Performed for ASA II Cases

Percentage of Procedures Performed for ASA II Cases	
Main Domain:	Access.
Subdomain:	Patient Care.
Indicator Definition:	The number of diagnostic and surgical procedures performed for patients who fall into ASA PS classification II (permitted patient acuity 2) of the total number of diagnostic and surgical procedures.
Calculation:	<p><u>Numerator:</u> Number of diagnostic and surgical procedures performed for ASA PS classification II patients (permitted patient acuity 2).</p> <p><u>Denominator:</u> Total number of performed procedures (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Procedures performed for ASA PS classification I patients (permitted patient acuity 1). • Procedures performed for ASA PS classification III or above patients (permitted patient acuity 3 or above).
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of procedures performed for ASA PS classification II patients of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	N/A.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA.

6.1.7. Percentage of Procedures Performed for ASA III or above Cases

Percentage of Procedures Performed for ASA III or above Cases	
Main Domain:	Access.
Subdomain:	Patient Care.
Indicator Definition:	The number of diagnostic and surgical procedures performed for patients who fall into ASA PS classification III or above (permitted patient acuity 3 or above) of the total number of diagnostic and surgical procedures.
Calculation:	<p><u>Numerator:</u> Number of diagnostic and surgical procedures performed for ASA PS III or above patients (permitted patient acuity 3 or above).</p> <p><u>Denominator:</u> Total number of performed procedures (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Procedures performed for ASA PS classification I patients (permitted patient acuity 1). • Procedures performed for ASA PS classification II patients (permitted patient acuity 2).
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of procedures performed for ASA PS classification III or above patients of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	N/A.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA.

6.2. QUALITY

6.2.1. Percentage of Complications

Percentage of Complications	
Main Domain:	Quality.
Subdomain:	Patient Care.
Indicator Definition:	The number of patients who have experienced complications during or after the procedure (diagnostic/ surgical) such as: reaction to anaesthesia, haemorrhage, sepsis, deep vein thrombosis (DVT), surgical site infection (SSI), pulmonary embolism (PE), urinary retention, or require repeated procedure (diagnostic/ surgical) within 30 days.
Calculation:	<p><u>Numerator:</u> Number of patients who experienced complications during or after a procedure.</p> <p><u>Denominator:</u> Total number of performed procedures (diagnostic and surgical).</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Complication related to the patient's medical condition.
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of complications of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA.

6.2.2. Percentage of Sentinel Event

Percentage of Sentinel Events	
Main Domain:	Quality.
Subdomain:	Patient Care.
Indicator Definition:	The number of patients who have experienced unexpected events leading to serious physical or psychological harm or death including, but not limited to loss of a limb, permanent loss of function, transmission of a serious illness, or severe temporary harm (sentinel events) due to their surgical or diagnostic procedure.
Calculation:	<u>Numerator:</u> Number of sentinel events. <u>Denominator:</u> Total number of performed procedures (diagnostic and surgical).
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of sentinel events of all procedures.
Reporting Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA.

6.2.3. Percentage of Hospital Emergency Transfers

Percentage of Hospital Emergency Transfers	
Main Domain:	Quality.
Subdomain:	Emergency Transfers.
Indicator Definition:	The percentage of patients visiting day surgery centre who were transferred to hospital for emergency reasons.
Calculation:	<p><u>Numerator:</u> Number of hospital emergency transfers.</p> <p><u>Denominator:</u> Total number of patients.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Non-emergency transfers. • Referrals
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of hospital emergency transfers of all patient visits.
Reporting Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of safety and efficiency.
KPI Source:	DHA.

6.2.4. Percentage of 30-Day Readmission

Percentage of 30-day Readmission	
Main Domain:	Quality.
Subdomain:	Patient Care.
Indicator Definition:	The percentage of patients who were readmitted within 30-days of performing a procedure (diagnostic/ surgical) in a day surgery center.
Calculation:	<u>Numerator:</u> Number of patients re-admitted within 30-days of procedure. <u>Denominator:</u> Total number of patients.
Target:	N/A.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of 30-day readmission of all patients.
Reporting Frequency:	Quarterly.
Desired Direction:	Higher % is better.
Rationale:	Metric of safety.
KPI Source:	DHA, OECD.

6.2.5. Number of Fall Incidents

Number of Fall Incidents	
Main Domain:	Quality.
Subdomain:	Injury.
Indicator Definition:	The number of fall incidents among patients visiting the Day Surgery Centre.
Calculation:	Number of patient fall incidents.
Target:	N/A.
Methodology:	Sum of fall incidents.
Measuring Unit:	Number of patient fall incidents in the Day Surgery Centre.
Reporting Frequency:	Quarterly.
Desired Direction:	Lower is better.
Rationale:	Metric of safety and effectiveness.
KPI Source:	DHA.

6.2.6. Percentage of Patient Satisfaction

Percentage of Patient Satisfaction	
Main Domain:	Quality.
Subdomain:	Patient Care.
Indicator Definition:	Patient satisfaction rate following a visit to the Day Surgery Center.
Calculation:	<p><u>Numerator:</u> Overall score for patients who assessed the services received by the day surgery centre.</p> <p><u>Denominator:</u> Total number of patients who responded to the satisfaction survey.</p>
Target:	85%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of patients satisfied with the services.
Reporting Frequency:	Annual.
Desired Direction:	Higher % is better.
Rationale:	Metric of satisfaction.
KPI Source:	DHA.

6.2.7. Percentage of Staff Satisfaction

Percentage of Staff Satisfaction	
Main Domain:	Quality.
Subdomain:	Patient Care.
Indicator Definition:	Staff satisfaction rate following provision of services at the Day Surgery Center.
Calculation:	<u>Numerator:</u> Overall score for staff who assessed their satisfaction of the day surgery centre. <u>Denominator:</u> Total number of staff.
Target:	85%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of staff satisfied with providing services.
Reporting Frequency:	Annual.
Desired Direction:	Higher % is better.
Rationale:	Metric of satisfaction.
KPI Source:	DHA.

REFERENCES

1. American Society of Anesthesiologists (2014). Physical Status Classification System. Available at: <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system> (accessed 18 May 2021).
2. Centers for Medicare and Medicaid Services (2021). ASC Quality Reporting. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting> (accessed 04 May 2021).
3. Department of Health Abu Dhabi (2021). JAWDA Quarterly Guidelines for One Day Surgery Centers. Available at <https://www.doh.gov.ae/en/resources/muashir/jawda-indicators-submission-guidelines> (accessed 04 May 2021).
4. Doyle Daniel and Emily (2018). American Society of Anaesthetists Classification (ASA Class). Available at: <https://www.ncbi.nlm.nih.gov/books/NBK441940/> (Accessed 18 May 2021).
5. Dubai Health Authority (2019). Standards for Day Surgery Centres. Available on: <https://www.dha.gov.ae/Documents/Regulations/Standards%20for%20Day%20Surgical%20Centres%20Final.pdf> (accessed 18 May 2021).
6. Organisation for Economic Co-operation and Development (2019). Health at a Glance 2019. Available at: <https://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm> (accessed 18 May 2021).