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Guidelines for Reporting Telehealth Key Performance Indicators

Version 2

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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 Telehealth 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.

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Health Regulation Sector

Dubai Health Authority

TABLE OF CONTENTS

INTRODUCTION	2
ACKNOWLEDGMENT	3
EXECUTIVE SUMMARY	5
DEFINITIONS	7
ABBREVIATIONS	8
1. BACKGROUND	9
2. PURPOSE	10
3. SCOPE	10
4. APPLICABILITY	10
5. GENERAL PROCEDURES	10
6. KEY PERFORMANCE INDICATORS	12
REFERENCES	27
APPENDICES	28
APPENDIX 1: DUBAI ZONES AND LOCALITIES	28

EXECUTIVE SUMMARY

Telehealth is the use of virtual technology and telecommunication to deliver healthcare services outside of traditional healthcare facilities and without a physical examination. It is used by healthcare facilities to assist in the delivery of a range of health care services. In 2019, Dubai Health Authority issued the Standards for Telehealth Services to set out the minimum Standards for the provision of Telehealth services among DHA licensed Health facilities followed by updates. Standard Thirteen mandates reporting a set of Key Performance Indicators.

This document provides a guidance to healthcare facilities providing Telehealth services on reporting a set of 15 Key Performance Indicators (KPIs). These KPIs are categorised into two domains as follows:

1. Access

- Percentage of Patient Waiting Time (days).
- Percentage of Physician or Specialist or Consultant In-Person Referrals.
- Percentage of Telehealth Emergency Referrals.
- Percentage of Telehealth Calls From Outside Dubai.
- Population Coverage (Consultation) by Location.
- Population Coverage (Tele-Prescribing) by Location.
- Population Coverage (Tele-Monitoring) by Location.

2. Quality

- Percentage of Patient Follow-up (High Risk Groups).

- Percentage of Medication Prescription through Teleconsultation.
- Percentage of Antibiotics Prescription through Teleconsultation.
- Percentage of Sick Leave Prescription through Teleconsultation.
- Percentage of Medication Errors Related to Teleconsultation.
- Percentage of Telehealth Patient Satisfaction.
- Percentage of Telehealth Staff Satisfaction.
- Percentage of Complaints Against Telehealth Services.

All health facilities providing Telehealth services should collect the data quarterly and report them using the KPI data tool to the specified email address.

Key Updates in Version 2 are as follows:

1. Section 5.4: Guidance on reporting data that is not currently captured and add it as “Not Captured” (page 10).
2. Section 5.7: Reporting deadlines have been added (page 11).
3. Section 6.1: Percentage of Patient Wait Time measuring unit is in days, and target has been updated to more than 80% at two (2) days (page 12).
4. Access KPI on the Percentage of Complete Calls has been removed.
5. Section 6.1: New KPI on Percentage of Telehealth Calls from Outside Dubai (page 15).
6. Section 6.2: Updated definition of High Risk Patient Group (page 19).
7. Section 6.2: Sick leave prescription is now measured through one KPI only (page 22).
8. Appendix 1: Updated Zone list has been provided (pages 28-29).

DEFINITIONS

Teleconsultation: Is the use of information and communication technologies (telephone, voice over internet protocol and high-resolution video-conferencing services) to offer medical advice and treatment to patients. Teleconsultation may be conducted between two physicians, between a physician and a patient, or between physician and patient with another physician where either party is not in the same location. Teleconsultation excludes face-to-face in person consultation or adhoc follow up call following face-to-face in person consultation.

Telehealth: Involves the use of telecommunications and virtual technology to deliver healthcare services remotely outside of the traditional healthcare facility setting and without a physical presence and examination of the patient. It is used to exchange patient's medical information from one site to another via the available electronic communication platforms such two-way video, email, smart phones, wireless tools and other forms of telecommunication technology to assess and evaluate the patient's health status for treatment purposes. Telehealth facilitates the delivery of health and health-related services including patient assessment, diagnosis, treatment, therapy, referral, provider and patient education and self-care, exchange of health information services via telecommunications and digital communication technologies.

Telehealth services is divided into six key areas:

- Teleconsultation;
- Telediagnosis;
- Telemonitoring (remote patient monitoring);

- Mhealth (Mobile Health);
- Telerobotics and robot-assisted services; and
- Telepharmacy.

Tele-monitoring (remote patient monitoring): Is the use of telehealth technology to remotely monitor and collect patient data to manage their condition.

Tele-prescribing: Is the remote prescription of treatment by an authorised DHA licensed physician when distance separates the physician and the patient, by using teleconsultation services or prescribe treatment based on a previous clinical assessment carried out through face-to-face in person by a physician within the expected prescribing period for the specified condition or disease.

ABBREVIATIONS

DHA : Dubai Health Authority

HRS : Health Regulation Sector

KPI : Key Performance Indicator

1. BACKGROUND

Recent advancement in communication technologies and their integration with health have promoted the use of Telehealth. Through offering virtual and telecommunication-based healthcare services, telehealth has shown potential to improve accessibility to health at an affordable cost. It has enabled patients to access high-quality healthcare services including assessment, diagnosis, treatment, referral, and health education.

In 2019, Dubai Health Authority (DHA) issued the Standards for Telehealth Services to set out the minimum Standards for the provision of Telehealth services among DHA licensed Health facilities. These standards complemented a series of decrees, laws and regulations covering the provision of telehealth services in the United Arab Emirates.

Standard Thirteen of the Standards for Telehealth Services require healthcare providers who are engaged in telehealth services to report specific Key Performance Indicators (KPIs). KPIs are a set of defined measurable values that are used to assess progress towards a specific goal or objective. They are part of healthcare quality practice and are designed to provide evidence on the improvement of healthcare services.

This Guidelines aims to assist telehealth providers in understanding DHA's Telehealth KPIs and their reporting method. The KPIs are categorized into two domains: Access and Quality.

2. PURPOSE

- 2.1. To ensure reliable and valid reporting of Telehealth KPIs.
- 2.2. To assure high quality and patient safety.
- 2.3. To inform Policy-decision making.

3. SCOPE

- 3.1. Measurement and reporting of KPIs by DHA licensed telehealth providers.

4. APPLICABILITY

- 4.1. All DHA licensed facilities providing Telehealth services.

5. GENERAL PROCEDURES

- 5.1. All DHA licensed facilities providing Telehealth services are required to report the indicators specific to the scope of telehealth 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. If the current telehealth platform does not capture a specific KPI, quality leads should mark the field with “Not Captured”.
- 5.5. Managers of telehealth services must assure staff awareness of the new KPIs.

5.6. Telehealth providers must consider the following in data collection:

- 5.6.1. Decide which KPI is applicable to the facility based on the scope of services.
- 5.6.2. Assure data collection lead(s) are adequately skilled and resourced.
- 5.6.3. Create a data collection plan based on methodology and available resources.
- 5.6.4. Assure adequate data collection systems and tools are in place.
- 5.6.5. Back up the data and assure protection of data integrity.

5.7. Data Analysis and Submission:

- 5.7.1. Telehealth providers must ensure data is clean and analysed for reliability and accuracy before submission.
- 5.7.2. Data collection should be on a quarterly basis.
- 5.7.3. 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.
- 5.7.4. Submission should be using the KPI data submission tool.
- 5.7.5. Data submission and related queries can be communicated with the Monitoring and Evaluation Section at the Health Regulation Sector (MonitoringKPIs@dha.gov.ae).

5.8. Managers of telehealth services are encouraged to review findings with the respective teams to promote performance improvement.

6. KEY PERFORMANCE INDICATORS

6.1. ACCESS

6.1.1. Percentage of Patient Waiting Time (days)

Percentage of Patient Waiting Time (days)	
Main Domain:	Access.
Subdomain:	Patient Waiting Time.
Indicator Definition:	Average Wait Time, is the average time a patient spends waiting for a teleconsultation with a physician.
Calculation:	<p><u>Numerator:</u> Number of patients receiving an appointment within 2 days of requesting a teleconsultation.</p> <p><u>Denominator:</u> Total number of completed teleconsultation calls.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Lost calls by the customer.
Target:	>80% at 2 days.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of patients seeing a physician within 2 days or less of calling for an appointment through telehealth services.
Collection Frequency:	Quarterly.
Desired Direction:	Higher % is better.
Rationale:	Metric of access and efficiency.
Source:	DHA.

6.1.2. Percentage of Physician or Specialist or Consultant In-Person Referrals

Percentage of Physician or Specialist or Consultant in-person Referrals	
Main Domain:	Access.
Subdomain:	Telehealth Referrals.
Indicator Definition:	The percentage of referrals made to see a Physician or Specialist or Consultant for face-to-face in-person consultation of all completed teleconsultation calls.
Calculation:	<p><u>Numerator:</u> Number of referrals made through teleconsultation to see a physician, specialist, or consultant for an in-person consultation.</p> <p><u>Denominator:</u> Total number of completed teleconsultation calls.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Laboratory referrals; and • Diagnostic referrals.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of referrals for in-person consultation of all calls.
Collection Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of access and effectiveness.
Source:	DHA and WHO.

6.1.3. Percentage of Telehealth Emergency Referrals

Percentage of Telehealth Emergency Referrals	
Main Domain:	Access.
Subdomain:	Telehealth Referrals.
Indicator Definition:	The percentage of emergency referrals made during teleconsultation of all completed teleconsultation calls.
Calculation:	<p><u>Numerator:</u> Number of emergency referrals made during teleconsultation.</p> <p><u>Denominator:</u> Total number of completed teleconsultation calls.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Non-emergency referrals; • Laboratory referrals; and • Diagnostic referrals.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of teleconsultation emergency referrals of all calls.
Collection Frequency:	Quarterly.
Desired Direction:	NA.
Rationale:	Metric of access and effectiveness.
Source:	DHA and AHRQ.

6.1.4. Percentage of Telehealth Calls from Outside Dubai

Percentage of Telehealth Calls from Outside Dubai	
Main Domain:	Access.
Subdomain:	Telehealth.
Indicator Definition:	The percentage of telehealth calls received by DHA licensed telehealth providers from patients residing outside Dubai of all completed telehealth calls.
Calculation:	<u>Numerator:</u> Number of telehealth calls from patients outside Dubai. <u>Denominator:</u> Total number of completed telehealth calls.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of patients outside Dubai.
Collection Frequency:	Quarterly.
Desired Direction:	NA.
Rationale:	Metric of access.
Source:	DHA.

6.1.5. Population Coverage (Consultation) by Location

Population Coverage (Consultation) by Location	
Main Domain:	Access.
Subdomain:	Telehealth.
Indicator Definition:	The percentage of the population within each zone that are receiving teleconsultation services.
Calculation:	<u>Numerator:</u> Number of patients served by teleconsultation within each zone. <u>Denominator:</u> Total number of completed teleconsultation calls.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of population consulted by area.
Collection Frequency:	Quarterly.
Desired Direction:	NA.
Rationale:	Metric of access and quality.
Source:	DHA.

*Zone breakdown can be found in **Appendix 1**

6.1.6. Population Coverage (Tele-Prescribing) by Location

Population Coverage (Tele-prescribing) by Location	
Main Domain:	Access.
Subdomain:	Telehealth.
Indicator Definition:	The percentage of the population within each zone that are receiving tele-prescription services.
Calculation:	<u>Numerator:</u> Number of patients served by tele-prescribing within each zone. <u>Denominator:</u> Total number of tele-prescriptions.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of tele-prescriptions by area.
Collection Frequency:	Quarterly.
Desired Direction:	NA.
Rationale:	Metric of access and quality.
Source:	DHA.

*Zone breakdown can be found in **Appendix 1**

6.1.7. Population Coverage (Tele-Monitoring) By Location

Population Coverage (Tele-monitoring) by Location	
Main Domain:	Access.
Subdomain:	Telehealth.
Indicator Definition:	The percentage of the population within each zone that are receiving tele-monitoring services.
Calculation:	<u>Numerator:</u> Number of patients served by tele-monitoring within each zone. <u>Denominator:</u> Total number of completed telehealth calls.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of population monitored by area.
Collection Frequency:	Quarterly.
Desired Direction:	NA.
Rationale:	Metric of access and quality.
Source:	DHA.

*Zone breakdown can be found in **Appendix 1**

6.2. QUALITY

6.2.1. Percentage of Patient Follow Up (High Risk Groups)

Patient Follow Up (high risk groups)	
Main Domain:	Quality.
Subdomain:	Patient Follow up.
Indicator Definition:	Average number of patients from high-risk groups who have accessed telehealth services (audio and/or video) and received a follow up call/ email within 48-hours.
Calculation:	<p><u>Numerator:</u> Number of patients from high-risk groups that receive a follow up call or email on their condition within 48hours of a teleconsultation. High-risk group include patients that are: with symptomatic chronic disease, children below 5 years old, elderly above 65years old, patients with chest pain, and breathing problems.</p> <p><u>Denominator:</u> Total number of completed teleconsultation calls that require follow up within 48 hours as per documentation.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Calls that were not medically related; • Calls that do not require a follow up; and • Calls for patients that require telehealth diagnosis or further investigation.
Target:	>90% at 48 hours.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of follow up calls of all completed calls (high-risk).
Collection Frequency:	Quarterly.
Desired Direction:	Higher % is better.
Rationale:	Metric of access and efficiency.

6.2.2. Percentage of Medication Prescription through Teleconsultation

Percentage of Medication Prescription through Teleconsultation	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	Percentage of patients that were prescribed medication for their condition.
Calculation:	<p><u>Numerator:</u> Number of tele-prescriptions made during teleconsultations.</p> <p><u>Denominator:</u> Total number of completed teleconsultation calls.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Prescription of medical devices; and • Sick leave.
Target:	TBA.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of tele-prescriptions made through all completed calls.
Collection Frequency:	Quarterly.
Desired Direction:	NA.
Rationale:	Metric of effectiveness and safety.
Source:	DHA.

6.2.3. Percentage of Antibiotic Prescription through Teleconsultation

Percentage of Antibiotic Prescription through Teleconsultation	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	Percentage of patients that were prescribed antibiotics for their condition through teleconsultation.
Calculation:	<p><u>Numerator:</u> Number of patients that were prescribed antibiotics for their condition through teleconsultation.</p> <p><u>Denominator:</u> Total number of tele-prescriptions.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Prescription of medical devices; and • Topical Antibiotics.
Target:	<15%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of antibiotic prescriptions made through all completed calls.
Collection Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of effectiveness and safety.
Source:	DHA.

6.2.4. Percentage of Sick Leave Prescription through Teleconsultation

Percentage of Sick Leave Prescription through Teleconsultation	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	Percentage of telehealth patients that were prescribed sick leaves (one or multiple) of all tele-prescriptions.
Calculation:	<u>Numerator:</u> Number of teleconsultation patients that were prescribed sick leave through teleconsultation. <u>Denominator:</u> Total number of tele-prescriptions.
Target:	<20%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of sick leaves made through all completed calls.
Collection Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of Safety.
Source:	DHA.

6.2.5. Percentage of Medication Errors related to Teleconsultation

Percentage of Medication Errors related to Teleconsultation	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	Medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing and distribution.
Calculation:	<p><u>Numerator:</u> Number of medication errors from tele-prescription.</p> <p><u>Denominator:</u> Total number of tele-prescriptions.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> Incidents not related to tele-prescriptions.
Target:	<1%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of medication errors of all prescriptions.
Collection Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of Safety.
Source:	WHO.

6.2.6. Percentage of Telehealth Patient Satisfaction

Percentage of Telehealth Patient Satisfaction	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	Patient satisfaction rate following the use of telehealth services.
Calculation:	<p><u>Numerator:</u> Overall score for patients who assessed the services received by telehealth.</p> <p><u>Denominator:</u> Total number of patients who responded to the satisfaction survey.</p>
Target:	90%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of patients satisfied with the services.
Collection Frequency:	Quarterly.
Desired Direction:	Higher % is better.
Rationale:	Metric of satisfaction.
Source:	DHA and WHO.

6.2.7. Percentage of Telehealth Staff Satisfaction

Percentage of Telehealth Staff Satisfaction	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	Staff satisfaction rate following the provision of telehealth services.
Calculation:	<p><u>Numerator:</u> Overall score for telehealth providers who assessed their satisfaction with the services.</p> <p><u>Denominator:</u> Total number of staff providing telehealth services.</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Non-telehealth staff.
Target:	90%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of staff satisfied with providing services.
Collection Frequency:	Quarterly.
Desired Direction:	Higher % is better.
Rationale:	Metric of satisfaction.
Source:	DHA and WHO.

6.2.8. Percentage of Complaints Against Telehealth Services

Percentage of Complaints Against Telehealth Services	
Main Domain:	Quality.
Subdomain:	Telehealth.
Indicator Definition:	The number of complaints received from patients related to the telehealth service of all completed telehealth calls.
Calculation:	<p><u>Numerator:</u> Number of complaints received from patients on the service experience with the provider or platform of telehealth services.</p> <p><u>Denominator:</u> Total number of completed telehealth calls.</p> <p><u>Denominator Exclusions:</u></p> <ul style="list-style-type: none"> Complaints from non-telehealth patients.
Target:	<5%.
Methodology:	Numerator/ denominator x100.
Measuring Unit:	Percentage of complaints received on telehealth services.
Collection Frequency:	Quarterly.
Desired Direction:	Lower % is better.
Rationale:	Metric of safety and quality.
Source:	DHA and AHRQ.

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APPENDICES

APPENDIX 1: DUBAI ZONES AND LOCALITIES

Zone	Areas		
Zone 1	<ul style="list-style-type: none"> Nakhlat Deira Al Corniche Al Ras Al Dhagaya Al Buteen Al Sabkha Ayal Nasir Al Murar 	<ul style="list-style-type: none"> Naif Al Rega Corniche Deira Al Baraha Al Muteena Al Murqabat Rega Al Buteen Abu Hail 	<ul style="list-style-type: none"> Hor Al Anz Al Khbeesi Port Saeed Al Hamriya Port Al Waheda Hor Al Anz East Al Mamzer
Zone 2	<ul style="list-style-type: none"> Nad Shamma Al Garhoud Um Ramool Al Rashidiya Dubai Airport Al Tawar 1-3 	<ul style="list-style-type: none"> Al Qusais 1-3 Al Qusais Ind. 1-5 Muhaisanah 1-5 Mirdif Mushrif Al Mezhar 1&2 	<ul style="list-style-type: none"> Oud Al Muteena 1-3 Wadi Alamradi Al Khawaneej 1&2 Al Ayas Al Ttay Al Nahda 1 &2
Zone 3	<ul style="list-style-type: none"> Jumeira Bay World Islands Jumeira Island 2 Al Shandaga Al Suq Al Kabeer Al Hamriya Um Hurair 1 &2 Al Raffa Al Mankhool Al Karama Oud Metha 	<ul style="list-style-type: none"> Al Hudaiba Al Jafliya Al Kifaf Zaabeel 1&2 Al Jadaf Jumeirah 1-3 Al Bada Al Satwa Trade Center 1&2 Al Wasl Burj Khalifa Business Bay Al Merkadh 	<ul style="list-style-type: none"> Al Safa 1&2 Al Goze(Qouz) 1-4 Um Suqaim 1-3 Al Manara Al Goze (Qouz) Ind. 1- 4 Um Al Sheif Al Safouh 1&2 Al Barshaa 1-3 Nakhlat Jumeira Al Thanyah 1-4 (Emirates Hills 1-4)

	<ul style="list-style-type: none"> • Madinat Dubai Al Melaheyah (Al Mina) 	<ul style="list-style-type: none"> • Meadows 	<ul style="list-style-type: none"> • Marsa Dubai (Al Mina Al Seyahi)
Zone 4	<ul style="list-style-type: none"> • Al Kheeran • Ras Al Khor 	<ul style="list-style-type: none"> • Al Khairan First • Nad Al Hamar 	<ul style="list-style-type: none"> • Al Warqaa 1-5 • Wadi Alshabak
Zone 5	<ul style="list-style-type: none"> • Nakhlal Jabal Ali • Al Wajehah Al Bhariyah • Hessyan 1&2 	<ul style="list-style-type: none"> • Saih Shuaib 1-4 • Madinat Al Mataar • Jabal Ali Industrial 1-3 • Jabal Ali 1-3 	<ul style="list-style-type: none"> • Mena Jabal Ali • Dubai Investment Park 1&2 • Jabal Ali Village • Discovery Gardens
Zone 6	<ul style="list-style-type: none"> • Bu Kadra • Ras Al Khor Ind. 1-3 • Nad Al Shibba 1-4 • Warsan 1-4 • Al Hebiah 1-6 • Me'aisem 1&2 	<ul style="list-style-type: none"> • Nadd Hessa • Hadaeq Sheikh Mohammed Bin Rashid • Wadi Al Safa 2-7 • Al Barsha South 1-5 	<ul style="list-style-type: none"> • Arabian Ranches • Dubai Silicon Oasis • International City • Jumairah Village Circle (JVC) • Dubai Studio City • Dubai Sports City
Zone 7	<ul style="list-style-type: none"> • Al Aweer 1&2 • Enkhali 	<ul style="list-style-type: none"> • Al Wohoosh • Lehbab First 	<ul style="list-style-type: none"> • Al Meryal • Nazwah
Zone 8	<ul style="list-style-type: none"> • Warsan Third • Al Rowaiyah 1-3 • Mereiyeel • Umm Al Daman • Umm Al Mo'meneen 	<ul style="list-style-type: none"> • Margham • Al Maha • El Hemaira • Lehbab Second • Umm Eselay 	<ul style="list-style-type: none"> • Remah • Margab • Yaraah • Hatta
Zone 9	<ul style="list-style-type: none"> • Umm Nahad 1-4 • Al Yufrah 1-4 • Al Marmoom • Al Yalayis 1-5 • Al Lesaily 	<ul style="list-style-type: none"> • Grayteesah • Al Fagaa' • Saih Al Salam • Al Hathmah • Al Selal • Ghadeer Barashy 	<ul style="list-style-type: none"> • Saih Al Dahal • Al O'shoosh • Saih Shua'alah • Mugatrah • Al Layan 1&2 • Hefair