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STANDARDS FOR SPECIALTY HOSPITALS

Version 1

Issue date: 31-12-2025

Effective date: 30-06-2026

Health Policies and Standards Department

Health Regulation Sector (2025)

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Subject Matter Experts and would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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INTRODUCTION

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

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

The Standards for Specialty Hospitals aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

EXECUTIVE SUMMARY

Specialty Hospitals play an important role in advancing specialised healthcare delivery and supporting the overall health needs of the community. The purpose of this document is to ensure consistent, safe, and high-quality care within Specialty Hospitals as defined in the definitions section.

The Specialty Hospital Standard aligns with the Dubai Health Sector Strategy 2026. This document is designed to ensure the highest standards of quality and safety for Specialty Hospitals services, contributing to the ongoing improvement of healthcare in Dubai. Developed in alignment with evolving healthcare needs and international best practices, the standards support Dubai's vision for a safe, innovative, and client-focused Specialty Hospital system.

This document shall be read alongside and in conjunction with the following list of documents and Standards, including, but not limited to:

- Ministerial Degree No 174 of 2024: Standards for the UAE for General Hospitals
- DHA Standards for Standalone Day Surgery Centres.
- DHA Standards for Urgent Care and Emergency Unit Services.
- DHA Standards for Sentinel Events Notification and Management in Health Facilities.
- DHA Standards for Telehealth Services
- DHA Standards for Medical Advertisement Content on Social Media.

DEFINITIONS

Centre of Excellence is a program with an exceptionally high concentration of expertise in an area of medicine that delivers associated care in a comprehensive, interdisciplinary manner to offer high-quality care. Typical features for centres of excellence include superior design, diagnostics, management of complex patients, high volume, multi-disciplinary team working led by consultants, continuity of care, provision of research and training, prevention and treatment therapies, superior patient outcomes, all of which are verified by DHA nominated independent entity that specialises in the speciality or subspecialty field.

Clinical Audit is a systematic examination to review and determine whether actual activities and results comply with standards of care.

Consultant/Specialist Led Service is a service where a consultant or specialist physician or dentist retains overall clinical responsibility for the service, care professional team or treatment. The consultant or specialist takes clinical responsibility for the overall patient care and is the lead for the surgical procedure.

Day Surgery Centre (standalone) or Standalone Day Care surgery or Standalone Day Surgical Centre (heron referred to as Day Surgical Centre) is a free standing ambulatory surgery centre mainly providing surgical procedures and services for patients who do not require hospitalization or overnight stay. An outpatient surgical centre may provide outpatient services for other medical specialties including diagnostics. It shall be classified according to the American Association for Accreditation of Ambulatory Surgery Center as Class A, Class B, Class CM or Class C Day Surgery Centres.

Diagnostic Imaging Services is the medical service that utilizes imaging examinations with or without ionizing radiation to affect diagnosis. Techniques include radiography, tomography, fluoroscopy, ultrasonography, mammography, interventional radiography (IR), computed tomography (CT), Positron emission tomography (PET) Scan and Nuclear Medicine.

General Hospital is a facility at which a range of outpatient and inpatient services are offered, mostly within the scope of general medical practitioners. In addition to the following basic specialties of surgery, medicine, orthopedics, pediatrics, obstetrics and gynecology and psychiatry.

Healthcare professional is a natural person who is authorized and licensed by the Dubai Health Authority (DHA) to practice any healthcare professions as per the unified Professional Qualification Requirements for the United Arab Emirates.

Hospital is a health facility in a standalone building with inpatient services for 24 hours use or longer by patients in the treatment of diseases, injuries, deformities, abnormal physical or mental status, maternity cases, nurseries and dispensaries. A hospital provides critical services such as emergency and intensive patient care. A hospital has higher level of health care management in different fields of medicine and surgery and has ancillary services such as clinical laboratory, radiology and pharmacy. A hospital should have medically equipped ambulance.

Informed Consent is an agreement or permission accompanied by full information on the nature, risks and alternatives of a surgical or interventional procedure before the physician begins the procedure/treatment. Accordingly, the patient either consents to or refuses treatment.

Medical Complaint is a set of expressions of dissatisfaction or concern about a healthcare service made by patients, or their relatives.

Operating Room or Operating Theatre: is defined as a room in the surgical suite that meets the requirements of a restricted area and is designated and equipped for performing surgical operations or other invasive procedures that require an aseptic field. A different form of anaesthesia may be administered in an OR as long as appropriate anaesthesia gas administration devices and exhaust systems are provided. A hybrid operating room is an operating room that has permanently installed equipment to enable diagnostic imaging before, during, and after surgical procedures (use of mobile imaging technology does not make an OR a hybrid operating room).

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

People of Determination are people under the UAE National Policy for Empowering People with Special Needs, or disabilities will be referred to as 'People Of Determination' to recognize their achievements in different fields.

Privileging Committee is a multidisciplinary body within a health facility responsible for evaluating, recommending, and overseeing the granting, renewal, modification, or revocation of clinical privileges for physicians and other licensed independent practitioners. The committee ensures that privilege decisions are based on verified credentials, demonstrated competencies, professional conduct, and compliance with regulatory and institutional standards. Its primary goal is to safeguard patient safety and uphold the quality of care by aligning practitioners' clinical

privileges with their training, experience, and current performance. Examples of such bodies may include the Medical Director, Executive Medical Committee, and/or Specialist/Consultant in the same specialty.

Procedure Room is a room for the performance of medical procedures that do not require an aseptic field but may require the use of sterile instruments or supplies. Procedure rooms are considered open areas. Local anaesthesia and minimal and moderate sedation may be administered in a procedure room, but anaesthetic agents used in procedure rooms do not require special ventilation or scavenging equipment.

Recovery Area is a room/area dedicated to providing medical services to patients recovering from Surgery or Sedation/Anaesthesia.

Recovery Plan is a set of procedures and actions that follows postoperative procedure. The plan will typically include procedures for documentation, highlighting functional and nutritional and psychological status of patient postoperative. It may also include steps for pain management and discharge.

Sentinel Event is a type of serious incident that is wholly preventable and has caused serious harm to, or death of a patient, and not primarily related to the natural course of the patient's illness or underlying condition. A patient safety event can be, but is not limited to, the result of a defective system or process design, a system breakdown, equipment failure, or human error.

Specialty Hospitals are standalone health facilities providing one or two focused clinical specialties or specialized services, with a minimum of ten (10) inpatient beds. Specialty Hospitals are typically oriented toward elective or focused services, such as cosmetic surgery.

ABBREVIATIONS

AAAASF	:	American Association for Accreditation of Ambulatory Surgery Facilities
AACI	:	American Accreditation Commission International
ACHSI	:	Australian Council of Healthcare Standards International
ACI	:	Accreditation Canada International
ACLS	:	Advanced Cardiac Life Support
All	:	Airborne Infection Isolation Room
AMA	:	Against Medical Advice
ATLS	:	Advanced Trauma Life Support
BLS	:	Basic Life Support
BMP	:	Basic Metabolic Panel
CSSD	:	Central Sterile Services Department
DCAS	:	Dubai Corporation for Ambulance Services
DHA	:	Dubai Health Authority
DM	:	Dubai Municipality
EIAC	:	Emirates International Accreditation Centre
FANR	:	Federal Authority for Nuclear Regulation
HFG	:	Health Facility Guidelines
HRS	:	Health Regulation Sector
ICU	:	Intensive Care Unit
IPU	:	Inpatient Unit

ISQua	:	International Society for Quality in Health Care
JCI	:	Joint Commission International
MOHAP	:	Ministry of Health and Prevention
NABIDH	:	Network & Analysis Backbone for Integrated Dubai Health
NSAIDs	:	Non-steroidal Anti-inflammatory Drugs
PALS	:	Paediatric Advanced Life Support
PPE	:	Personal Protective Equipment
POCT	:	Point of Care Blood Glucose Testing
RN	:	Registered Nurse
VTE	:	Venous thromboembolism

1. BACKGROUND

The Dubai Health Authority (DHA), has complete oversight of the regulation and governance of the healthcare sector within the emirate of Dubai, including the development of standards. Regulating Specialty hospitals involves implementing standards to set the minimum requirements for licensing a specialty hospital and to ensure safety, accessibility and quality of care.

Specialty Hospitals are defined by the Ministry of Health and Prevention (MOHAP) as healthcare facilities that provide one or two focused clinical specialties, supported by inpatient capability with a minimum of ten beds. These facilities typically evolve from Standalone Day Surgery Centres or operate within a defined specialty framework under the broader category of hospital-based services.

In recent years, several facilities in Dubai have expanded their scope from day-surgery to hospital-level services, particularly in fields such as cosmetic and aesthetic surgery. The emergence of these focused surgical hospitals necessitates a distinct regulatory and accreditation framework to ensure safe and standardized care delivery consistent with the facility's scope of services and clinical complexity.

For clarity, Specialty Hospitals are not equivalent to large general hospitals that offer a wide range of services, nor to tertiary hospitals that provide highly specialized, complex, and multidisciplinary care. Facilities offering advanced, sub-specialized services that achieve exceptional depth and clinical capability may be designated as Centres of Excellence, which

are governed by a separate and more advanced set of standards.

The Standards outlined herein apply specifically to Specialty Hospitals as defined. They set expectations appropriate to focused specialty practice, recognizing that these facilities are held to higher requirements than Standalone Day Surgery Centres, yet do not assume the comprehensive service scope or complexity of General Hospitals or Centres of Excellence. These Standards are designed to support quality, safety, and structured service progression within Dubai's healthcare ecosystem.

2. SCOPE

2.1. DHA licensed health facilities providing Specialty Hospital services.

3. PURPOSE

3.1. To assure provision of the highest levels of safety and quality Specialty Hospital services in Dubai Health Authority (DHA) licensed health facilities.

4. APPLICABILITY

4.1. DHA licensed healthcare professionals and health facilities providing Specialty Hospitals services.

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

5.1. All health facilities providing Specialty Hospital services shall adhere to the United Arab Emirates (UAE) Laws and Dubai regulations.

5.2. Health facilities aiming to provide Specialty Hospital services shall comply with the DHA licensure and administrative procedures available on the DHA website <https://www.dha.gov.ae>.

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- 5.3. Specialty Hospitals shall submit an application to Health Regulation Sector (HRS) to obtain DHA license.
- 5.4. Specialty Hospitals shall have a maximum of two core specialties.
- 5.4.1. The outpatient services provided by the Specialty Hospital should be related to the hospital's chosen specialties.
- 5.5. Specialty hospitals must provide at least one of the following services, based on their specialty and scope:
- 5.5.1. Urgent care services
- 5.5.2. Emergency services
- a. Note: Certain specialties, e.g., Obstetrics/Gynecology and Pediatrics, must include an emergency department and cannot provide only urgent care.
- 5.6. Speciality Hospitals providing Emergency Services shall ensure continuous access to ambulance services through one of the following arrangements:
- 5.6.1. Provision of in-house ambulance services; or
- 5.6.2. Maintenance a valid Memorandum of Understanding (MOU) with Dubai Corporation for Ambulance Services (DCAS).
- 5.7. Specialty hospitals shall have an MOU with a General Hospital for transfer of emergency cases.
- 5.7.1. For further information please refer to DHA Patient Referral and Inter-Facility Transfer Policy.
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5.8. Specialty Hospitals shall achieve and maintain accreditation within two (2) years of the date of licensure with International Society for Quality in Healthcare (ISQua) approved entities such as and not limited to:

5.8.1. Emirates International Accreditation Center (EIAC)

5.8.2. Accreditation Canada International (ACI).

5.8.3. Australian Council of Healthcare Standards International (ACHSI),

5.8.4. Joint Commission International (JCI).

5.8.5. American Accreditation Commission International (AACI).

5.9. Specialty Hospitals are encouraged to seek accreditation or certification related to green healthcare or equivalent environmental sustainability programs where applicable.

5.10. Speciality Hospital should develop the following policies and procedure; but not limited to:

5.10.1. Patient acceptance criteria.

5.10.2. Patient assessment and admission.

5.10.3. Patient education and Informed consent.

5.10.4. Patient health record.

5.10.5. Infection control measures and hazardous waste management.

5.10.6. Incident reporting.

5.10.7. Sentinel events notification & management.

5.10.8. Patient privacy.

5.10.9. Medication management.

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- 5.10.10. Emergency action plan.
 - 5.10.11. Patient discharge/transfer.
 - 5.10.12. Quality, Performance Management and Learning System.
 - 5.10.13. Violence against Staff/Zero Tolerance.
 - 5.10.14. Controlled and Narcotic Medication Handling.
 - 5.10.15. Procedural Sedation.
 - 5.10.16. Pre-op assessment and patient acuity classification.
 - 5.10.17. Informed Consent.
 - 5.10.18. Surgical Safety Checklist.
 - 5.10.19. Patient complaints.
- 5.11. Speciality Hospital should maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).
- 5.12. A Specialty Hospital shall offer inpatient pharmacy services. Additionally, if Specialty Hospitals operating outpatient services, then they should provide outpatient pharmacy services.
- 5.13. Specialty hospitals providing outpatient department and services should follow the requirements specified by the UAE Federal Law no. (4) of 2015 concerning Private Health Facilities and its amendments, and the DHA Standards for Outpatient services.
- 5.14. Any communication and advertisement should refer to the Standards for Medical Advertisement Content on social media and the UAE Cabinet Resolution No. (7) of 2007 Concerning the Health Advertisement Regulations.
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5.15. For further information about facility Licensing please refer to the DHA Manual For Licensing Health Facility.

6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

6.1. The health facility shall meet the health facility requirement as per the DHA Health Facility Guidelines (HFG).

6.1.1. Health facility layout/floor plan should be designed and approved by prequalified health facility design consultants, as per DHA-HFG.

6.1.2. Agreement on DHA Terms and Conditions applicant is required.

6.1.3. Facility licensing team will review the application, and the feedback will be available in the application.

6.2. Specialty Hospitals shall be opened twenty-four (24) hours, seven (7) days a week.

6.3. Specialty Hospitals shall ensure that inpatient services are delivered in clearly designated separate areas.

6.4. Specialty Hospitals shall have a minimum of ten (10) beds counted as inpatient single room beds, ICU beds and isolation room beds.

6.5. Specialty Hospitals may provide Outpatient Services, only related to their chosen specialties and their scope of service to support the core specialties.

6.6. Physical Environment

6.6.1. The building should be standalone in terms of access and technical, sanitary, mechanical, and electrical services.

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- 6.6.2. Access to the hospital premises should be easy and convenient for users of public transport and private vehicles.
- 6.6.3. The facility shall provide safe, accessible, and patient-centered physical environments that support patient privacy and dignity.
- 6.6.4. The design shall accommodate access for People of Determination in accordance with UAE federal and Dubai government requirements.
- 6.6.5. The facility shall ensure adequate parking, clear signage, waiting areas, and a secure environment for patients, families, and staff.
- 6.6.6. Adequate lighting, ventilation, sanitation, water supply, electricity, communications, and waste systems must be maintained at all times.
- 6.6.7. Specialty hospitals should ensure a continuous and reliable electrical power supply for all critical equipment.
- 6.6.8. A nurse call system shall be installed at each inpatient bed and in every patient toilet.
- 6.6.9. The facility should have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.

6.7. Engineering and Infection Control Requirements

- 6.7.1. Design, finishes, and utility systems shall support infection prevention and patient safety, including requirements for airborne and contact precautions.

6.7.2. HVAC systems shall meet accepted healthcare ventilation standards and applicable infection control specifications.

6.7.3. Facilities utilising radiation-generating equipment shall comply with the Federal Authority for Nuclear Regulation (FANR) requirements.

6.8. Operating Theatres and Recovery

6.8.1. A minimum of two (2) fully functional Operating Theatres shall be provided by Specialty Hospitals providing surgical services.

6.8.2. Operating Theatre size, setup, airflow and zoning shall comply with DHA HFG requirements.

6.8.3. The Operating Theatres shall be equipped with the following:

- a. At least one (1) multi-purpose operating table per room.
- b. One (1) anaesthesia machine equipped per room.
- c. One (1) portable ventilator for the ratio of 1-4 OTs (backup).
- d. One (1) mobile C-Arm, available within or accessible to the operating theatre complex, as required by the type of surgical services provided.
- e. One (1) fully equipped crash cart with defibrillator.
- f. One (1) ABG machine.

6.8.4. The recovery area should be equipped with at least one (1) bed per operating room.

6.9. Critical Care Services

6.9.1. A ratio of one (1) Intensive Care Unit (ICU) shall be available for each OT / procedure room and;

6.9.2. One (1) isolation room.

a. The isolation room may be one of the existing OT rooms.

6.9.3. ICU infrastructure, equipment, and environmental controls shall comply with applicable DHA and international standards.

6.10. Mortuary Services

6.10.1. A minimum of one Mortuary bed is required to be provided by a Specialty Hospital. For further information, refer to the DHA standards for Mortuary Services.

6.11. Sustainability and Environmental Responsibility:

6.11.1. Specialty Hospitals are encouraged to incorporate sustainable design and operational practices to minimize environmental impact and support Dubai's sustainability initiatives.

6.11.2. Comply with applicable Dubai Green Building Regulations, including the Al Sa'fat Green Building System issued by Dubai Municipality, or equivalent environmental sustainability standards where applicable.

6.11.3. Specialty Hospitals are recommended to implement strategies to improve environmental performance including, but not limited to:

a. Energy-efficient lighting systems (e.g.: LED lighting or equivalent).

b. Smart energy management systems for HVAC and equipment.

- c. Water conservation technologies such as low-flow fixtures.
- d. Environmentally responsible waste management and recycling programs.
- e. Use of environmentally sustainable construction materials where feasible.

6.11.4. Specialty Hospitals are advised to ensure the safe handling and environmentally responsible disposal of medical and hazardous waste in accordance with Dubai Municipality environmental regulations.

6.11.5. Specialty Hospitals are encouraged to monitor and improve environmental indicators such as energy consumption, water usage, and waste generation as part of its quality and sustainability programs.

7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS

- 7.1. All healthcare professionals in the Specialty Hospital facility shall hold an active DHA professional license and work within their scope of practice and granted privileges.
- 7.2. The Privileging Committee and/or Medical Director of the health facility shall privilege the physician aligned with his/her education, training, experience and competencies. The privilege should be reviewed and revised on regular intervals as per the DHA Policy for Clinical Privileging Policy.
- 7.3. Additional multidisciplinary staff must be in place as per specialization, continuity of care, service descriptions, scope and patient volume. The Specialty Hospitals' standards shall comply with the minimum requirements:
 - 7.3.1. There must be one full-time Medical Director.

7.3.2. For procedures requiring general anaesthesia, the hospital shall ensure appropriate staffing levels. Each operating theatre shall be staffed with at least one anaesthesiologist, one lead surgeon recommended to be with an assistant, and two registered nurses (one scrub nurse and one circulating nurse).

7.3.3. An anaesthetist must be present for each surgical procedure where deep sedation or general anaesthesia is administered.

7.4. Paediatric cases must be managed and treated only by healthcare professionals within the paediatric specialty.

7.5. If the Specialty Hospital manages paediatric cases, such Specialty Hospital must ensure all professionals managing paediatric cases (e.g.: Paediatricians, anaesthetists and nurses) are trained in managing paediatric cases and PALS certified.

7.6. Visiting surgeons shall remain available (either physically present or on call) for twenty-four (24) hours following the procedure.

7.6.1. In cases where they are not physically present, they must formally hand over the patient to a qualified and competent physician to ensure continuity of care.

8. STANDARD FOUR: RADIOLOGY SERVICES

8.1. Radiology services shall be available in Specialty Hospitals.

8.2. A DHA-licensed radiologist shall be available on call 24/7.

8.2.1. The on-site presence of a radiologist should be sufficient to accommodate the functional program of the hospital; however, they are not required to be present on-site 24/7.

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- 8.2.2. A radiologist should be full-time if the Specialty Hospital provides MRI or CT-scan services.
- 8.3. A DHA-licensed Medical Radiation Technologist / Radiographer shall be present during the day-time opening hours of the Specialty Hospital and should be on-call overnight.
- 8.4. Specialty Hospitals shall maintain on-site X-ray services
- 8.4.1. Other imaging services, including CT and MRI scans, may be outsourced unless they are integral to the hospital's specialty focus.
- 8.5. For further information, kindly refer to MOHAP FANR REG and the DHA Standards for Diagnostic Imaging Services.

9. STANDARD FIVE: PATIENT DISCHARGE OR TRANSFER PROCEDURES

- 9.1. Informed consent processes shall be tailored to the specialty of the hospital, provided in multiple languages where necessary, and documented in the patient's medical record.
- 9.2. Specialty Hospitals shall establish a system to measure and improve patient satisfaction. This should include a short survey administered at discharge, focused on service quality, staff interaction, and overall experience. A second follow-up survey, conducted within two to six weeks after discharge, should evaluate outcomes, complications, and long-term satisfaction.
- 9.3. Patient discharge or transfer processes should meet the patient's ongoing care needs.
- 9.4. The hospital should maintain written policies and procedures for patient discharge or transfer that reflect accepted standards of practice.

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- 9.5. A written discharge plan, including medication instructions and follow-up arrangements, shall be provided and explained to the patient or family. Outpatient services shall be arranged as needed to ensure continuity of care.
- 9.6. The patient's condition should be stable at the time of the transfer.
- 9.7. If the patient is transferred to another health facility to ensure continuity of care, that facility should be notified of the patient's condition and its agreement to the transfer should be documented in the patient's file.
- 9.8. The attending physician is responsible for coordinating the transfer of appropriate information, notifying the patient's discharge, and attaching a discharge medication to the current medication plan from the hospital to the other facility in a timely manner.
- 9.9. A written transfer summary shall be provided to the patient or authorized representative. Transfer to another healthcare facility shall only occur with the patient's informed consent, except where required by clinical necessity or applicable law.
- 9.10. The mode of transport shall be determined based on the patient's clinical condition. The treating physician shall determine the required level of clinical escort for the transfer, ensuring that the escort is competent to provide the necessary level of care during transport.
- 9.11. The attending physician should adhere to approved administrative regulations if the patient decides to leave against the advice of the care team, and the patient should respect the administrative regulations and treatment regulations approved within the health facility.
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10. STANDARD SIX: LABORATORY SERVICES

- 10.1. Specialty Hospitals shall provide access to laboratory services that support inpatient and outpatient clinical needs.
- 10.2. Laboratory services may be provided on-site or through formal agreements with licensed external laboratories, depending on the Specialty Hospital scope of services.
- 10.3. A DHA-licensed laboratory technician shall be available during outpatient operating hours, with on-call coverage after hours.
- 10.4. Access to advanced and specialized diagnostic testing shall be maintained through contractual agreements with accredited external providers.
- 10.5. The laboratory shall maintain equipment and systems suitable for the scope of services provided, including connectivity to the electronic medical record / laboratory information system, and each laboratory should be equipped with the following at a minimum the following:
 - 10.5.1. POCT meters
 - 10.5.2. Hematology analyzer
 - 10.5.3. Benchtop chemistry analyzer or a cartridge-based chemistry/Basic Metabolic Panel (BMP) device,
 - 10.5.4. Single-channel PT/INR coagulometer (or validated POCT INR if volumes are very low),
 - 10.5.5. Centrifuges,
 - 10.5.6. Light microscope,

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- 10.5.7. Class II BSC,
 - 10.5.8. refrigerator,
 - 10.5.9. freezer for reagents/QC,
 - 10.5.10. UPS for analysers,
 - 10.5.11. Barcode labeller,
 - 10.5.12. LIS/EMR connectivity
- 10.6. The facility shall ensure access to blood and blood components through either an in-house blood storage facility or a formal written supply agreement with a licensed blood bank. The agreement must guarantee timely availability to support transfusion needs and continuity of care.
- 10.7. Turnaround time expectations, reporting processes, and escalation protocols shall be clearly defined, monitored, and documented.
- 10.8. Facilities performing blood collection shall provide an appropriate specimen collection area with hand-washing facilities, refrigeration for specimens, and infection-control compliant workflows.
- 10.9. Facilities storing blood products shall maintain appropriate refrigeration and monitoring, or a documented blood-supply arrangement for urgent transfusion needs.
- 10.10. All laboratory services shall comply with applicable quality, safety, and biosafety standards, including staff training, competency assessment, and participation in external quality assurance programs.
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10.11. Outsourced laboratory providers shall be licensed and accredited as per DHA requirements.

10.12. The physical, engineering, and biosafety requirements for laboratory areas, including ventilation, infection-control standards, negative-pressure environments, and surface specifications, shall comply with the DHA Health Facility Guidelines (HFG) – Laboratory Unit (Functional Planning Unit) and relevant DHA clinical laboratory regulations

10.13. The laboratory shall maintain documented policies and procedures for specimen collection, handling, testing, reporting, storage, waste management, and emergency procedures in alignment with DHA regulations and international standards (ISO 15189 / CAP / CLSI).

11. STANDARD SEVEN: PHARMACY SERVICES

11.1. Specialty Hospitals shall ensure the availability of inpatient and outpatient pharmacy services consistent with their licensed scope of practice.

11.2. Specialty Hospitals providing outpatient clinical services shall also maintain corresponding outpatient pharmacy services.

11.3. Inpatient pharmacy services shall be accessible on a 24-hour basis.

11.4. The requirement for 24-hour pharmacy availability in Specialty Hospitals does not necessitate the continuous on-site presence of a pharmacist or the physical operation of the pharmacy overnight. The purpose is to ensure uninterrupted access to medications for inpatient and emergency care during off-hours. Compliance may be achieved through one or more of the following models:

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- 11.4.1. The provision of a licensed pharmacist available on an on-call basis at all times;
- 11.4.2. The implementation of secure medication storage and access systems for authorized clinical personnel, including but not limited to automated dispensing cabinets, emergency crash carts, locked cabinets and medication rooms.
- 11.4.3. The establishment of a formal contractual agreement with a licensed external hospital pharmacy to ensure the uninterrupted provision of emergency medications. Accordingly, the Specialty Hospital shall maintain continuous pharmaceutical service coverage, ensure patient safety, and comply with all applicable DHA regulatory requirements.
- 11.5. Pharmacy services shall ensure:
- 11.5.1. Safe, timely, and accurate dispensing of medications.
- 11.5.2. Secure storage of all medications, including narcotics and controlled substances.
- 11.5.3. Refrigerated and temperature-controlled storage for medications and vaccines.
- 11.5.4. Adequate stock levels with proactive expired-drug replacement processes.
- 11.5.5. Availability of emergency medications at all times.
- 11.5.6. Documented medication management policies and procedures.
- 11.6. Pharmacy design and environment shall:
- 11.6.1. Provide secure access restricted to authorized personnel.
- 11.6.2. Include patient counselling and medication education areas (outpatient pharmacy).
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11.6.3. Provide adequate workstations, preparation space, and hand hygiene facilities.

11.6.4. Include designated storage areas for controlled drugs, refrigerated items, and bulk stock

11.7. Medication preparation, dispensing, and administration processes shall comply with DHA Standards/Guidelines and UAE Federal regulations.

11.8. For further information, refer to:

11.8.1. DHA Pharmacy Guidelines.

11.8.2. Dubai Health Facility Guidelines (HFG) Part B – Health Facility Briefing & Design: “Pharmacy Unit” Functional Planning Unit (FPU) for hospital/health-facility pharmacies.

12. STANDARD EIGHT: ANESTHESIA AND PAIN MANAGEMENT

12.1. The level of anaesthesia used shall be appropriate to the patient's condition and the surgical procedure, under the care of an anaesthetist and with the equipment available in the hospital.

12.2. The hospital's anaesthesia department services shall be managed by a full-time consultant or anaesthetist, DHA licensed, who is responsible for the safety and quality of the anaesthesia services provided. In the case of specialised operations (such as paediatric, neurosurgery, thoracic surgery and cardiac surgery), the anaesthetist should be experienced in dealing with such operations.

12.3. All healthcare professionals who anaesthetise patients or supervise the patient during anaesthesia (physicians, anaesthetists and registered nursing staff in the operating

theatre) should have received the necessary training to provide advanced cardiac life support if they are dealing with adults, or paediatric advanced life support if they are dealing with children or newborns.

12.4. All patients scheduled to undergo procedures requiring sedation, regional anaesthesia, or general anaesthesia must have a documented pre-anaesthesia assessment prior to surgery. This assessment should include medical history, physical examination, evaluation of airway and anaesthesia risk (e.g., ASA classification), and relevant investigations such as CBC, blood glucose, and coagulation profile as clinically indicated.

12.5. A designated Anaesthesia Pre-Assessment Clinic must be available and overseen by a DHA-licensed Anaesthetist, with support from appropriately trained nursing staff

12.6. The anaesthetist shall be present during the procedure and remain until the patient is out of anaesthetic care. Physiological monitoring of the patient should be appropriate to the type of anaesthesia and the needs of each patient, including but not limited to the following:

12.6.1. Continuous monitoring or continuous assessment of respiration,

12.6.2. Oxygenation,

12.6.3. Cardiovascular status,

12.6.4. Body temperature,

12.6.5. Nerve and muscle function, and

12.6.6. Patient position.

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- 12.7. An anaesthesia form should be used in health records to document all information, including the type of anaesthesia used, and written consent for the type of anaesthesia, etc.
- 12.8. Anaesthesia monitoring equipment should be appropriate for the type of anaesthesia used. Necessary precautions should also be taken to provide an adequate source of oxygen, suction, resuscitation equipment and emergency medications. All anaesthesia equipment should be maintained, tested and inspected in accordance with the manufacturer's specifications. A preventive maintenance programme for this equipment should be documented.
- 12.9. An emergency trolley with a breakable plastic cover that can be easily removed during an emergency should be provided and it should ensure that all necessary pharmaceutical products and emergency equipment are available, including but not limited to cardiopulmonary resuscitation equipment. Records of periodic inspections and data on the contents of the emergency trolley should be kept in an easily accessible place.
- 12.10. The hospital shall maintain readily accessible equipment for the management of a difficult airway, including devices for airway assessment, alternative airway devices (e.g., laryngeal mask airways, video laryngoscope, bougies), and emergency surgical airway equipment. All staff involved in anaesthesia and airway management must be trained in its use.
- 12.11. A unified and standardized pain assessment and management protocol should be implemented across Specialty Hospitals. This should include the use of validated scales
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and a stepwise medication strategy, ranging from Non-steroidal Anti-inflammatory Drugs (NSAIDs) to opioids when clinically justified. Documentation of pain assessments and subsequent interventions should form part of routine audits to ensure accountability.

12.12. For further information related to pharmacy services, kindly refer to the Pharmacy Guidelines.

13. STANDARD NINE: CENTRAL STERILE SERVICES DEPARTMENT

13.1. The hospital shall provide and maintain an accessible manual of policies and procedures for the Central Sterile Services Department (CSSD).

13.2. Regular maintenance should be performed on all sterilization and washing equipment.

13.3. Staff should use appropriate protective clothing to prevent exposure to sprays and chemicals.

13.4. A suitable storage area shall be provided for sterilized materials, ensuring proper use and maintaining the required temperature.

13.5. Shelf life and expiration dates shall be checked regularly.

13.6. Quality assurance procedures for sterilization (chemical, mechanical, and biological) shall be followed routinely.

13.7. Staff in the CSSD shall receive ongoing guidance and training, and all training shall be documented.

14. STANDARD TEN: SUPPORT SERVICES

- 14.1. Nutrition Services: Strict hygienic conditions should be maintained in the hospital kitchen during preparing, storing and serving food. Such services may be provided on the hospital premises or by an external provider with written agreement. When outsourced, the service provider shall comply with the hospital's infection prevention and control requirements.
- 14.2. Laundry Services: The hospital shall provide laundry services either on the hospital premises or through an external provider under a written agreement. If laundry services are provided in-house, the laundry facility shall be equipped with appropriate machines for cleaning and washing linens, clothing, sheets, and covers.
- 14.3. Sanitary Services: The hospital shall provide a clean and safe water supply. Water tanks shall be properly maintained, clean, and securely covered. All toilets for staff and patients shall be kept clean, and water drainage and sanitation systems shall meet hygienic standards. Hand sanitizers shall be available in all toilets and patient rooms.

15. STANDARD ELEVEN: PATIENT RECORDS AND CONFIDENTIALITY

- 15.1. Specialty hospitals must be registered with NABIDH and maintain active integration with the platform.
- 15.2. Hospital shall ensure all electronic health systems are compatible with NABIDH for unified data exchange.
- 15.3. Hospital is responsible for ensuring patient data integrity and security at all times.

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- 15.4. Compliance with NABIDH requirements supports improved care coordination and regulatory adherence.
- 15.5. The Hospital shall provide documentation of the following activities within the patient health records:
- 15.5.1. Patient Admission.
 - 15.5.2. Patient Informed Consents.
 - 15.5.3. Patient Assessment.
 - 15.5.4. Diagnosis and Treatment plan.
 - 15.5.5. Record of medical care provided to the patient during visit and admission.
 - 15.5.6. Transfer of critical/complicated cases when required.
 - 15.5.7. Clinical laboratory services requests and results.
 - 15.5.8. Diagnostics and imaging services requests and results.
 - 15.5.9. Medication management, prescription and administration.
 - 15.5.10. Patient discharge and follow up plan.
- 15.6. The hospital shall maintain the following in the patient health records:
- 15.6.1. Patient's information should be accurate, accessible, up-to-date and secure.
 - 15.6.2. Patient's information records should be stored in a manner that protects patient's privacy and meets applicable regulations.
 - 15.6.3. Patient's record contains all relevant information pertaining to the patient while under active care of the service.
 - 15.6.4. Post discharge follow-up should be contained within the patient record.
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15.6.5. Patient's information should meet applicable legislation for protecting the privacy and confidentiality of patient information.

15.6.6. The authorised staff only have timely access to patient information.

15.6.7. Comply with all Articles detailed within the Federal Decree Law No. (34) of 2021 on Combatting Rumours and Cybercrime, and the Federal Law No. (2) of 2019 concerning the Use of the Information and Communication Technology in the Area of Health ("ICT Health Law") and the Ministerial Decision no. (51) of 2021 concerning the health data and information which may be stored or transferred outside the country.

15.6.8. The patients' (and their families'/caregivers') privacy and right to confidentiality should be respected and upheld by the facility.

16. STANDARD TWELVE: KEY PERFORMANCE INDICATORS (KPIs)

16.1. All DHA licensed Specialty Hospitals are required to report the indicators specific to the scope of the services.

16.2. Each Specialty Hospital shall assign a quality representative who will be responsible for reviewing the data from departments and reporting the Key Performance Indicators (KPIs) to DHA annually.

16.3. The quality representative must consider the following in data collection:

16.3.1. Assure staff awareness of the KPIs and data collection lead(s) are adequately skilled and resourced.

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- 16.3.2. Create a data collection plan based on strong methodology and available resources.
- 16.3.3. Assure adequate data collection systems and tools are in place.
- 16.3.4. Back up the data and assure protection of data integrity.
- 16.3.5. Assure continuous review of service performance and implementation of improvement plans.
- 16.3.6. Reporting shall be on an annual basis to (MonitoringKPIs@dha.gov.ae).
- 16.4. Quality representative shall report to DHA the following measures and as outlined in Appendix 1 KPI Cards:
- 16.4.1. KPI 1: Percentage of Procedures Performed under General Anaesthesia
- 16.4.2. KPI 2: Unplanned Transfer to Higher-Level Hospital
- 16.4.3. KPI 3: Percentage of Sentinel Events
- 16.4.4. KPI 4: Unplanned ICU Admission Rate.
- 16.4.5. KPI 5: Percentage of Complications.
- 16.4.6. KPI 6: Percentage of Unplanned Readmission within 30 days.
- 16.4.7. KPI 7: Patient Satisfaction Score.
- 16.5. To effectively monitor and enhance the performance of services, all DHA licensed facilities shall have additional internal quality monitoring and improvement measures that cover quality, clinical outcomes, operational efficiency, and patient satisfaction serving as measurable benchmarks for success and progress. Examples of the recommended internal measures include but are not limited to:
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16.5.1. Percentage of Procedures Performed under Deep Sedation.

16.5.2. Surgical Site Infection Rate.

16.5.3. VTE Prophylaxis Compliance.

16.5.4. Surgical Antibiotic Timing Compliance.

16.5.5. Number of Fall Incidents.

16.5.6. Staff Satisfaction Score

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APPENDICES

APPENDIX 1: KPI Card

KPI 1: Percentage of Procedures Performed under General Anaesthesia	
Main Domain:	Clinical Quality
Subdomain:	Sedation & Anaesthesia Safety
Indicator Definition:	Percentage of diagnostic and surgical procedures performed under general anaesthesia
Calculation:	<u>Numerator:</u> Number of procedures performed under general anaesthesia <u>Denominator:</u> Total number of performed procedures
Target:	NA
Methodology:	Numerator/ denominator x100
Measuring Unit:	Percentage (%)
Collection Frequency:	Annual
Desired Direction:	Maintain within approved capability and ensure safe anaesthesia allocation
Rationale:	Monitors anaesthesia utilization and ensures proper case triage and safety.
KPI Source:	DHA KPI Framework; aligned with MOHAP, DOH& CMS benchmarks

KPI 2: Unplanned Transfer to Higher-Level Hospital	
Main Domain:	Patient Safety
Subdomain:	Clinical Escalation & Emergency Preparedness
Indicator Definition:	Percentage of unplanned patient transfers to a higher-level acute facility (General hospital) due to postoperative deterioration or complication.
Calculation:	<u>Numerator:</u> Number of procedures with an unplanned transfer to higher-level facility <u>Denominator:</u> Total number of performed procedures
Target:	NA
Methodology:	Numerator/ denominator x100
Measuring Unit:	Percentage %
Collection Frequency:	Annual
Desired Direction:	Lower is better
Rationale:	Ensures ability to safely stabilize patients and reflects peri-operative safety.
KPI Source:	DHA KPI Framework; aligned with MOHAP, DOH & CMS benchmarks

KPI 3: Percentage of Sentinel Events	
Main Domain:	Quality
Subdomain:	Patient Safety
Indicator Definition:	Percentage of sentinel events that occur within the specialty hospital during the reporting period. Sentinel events are unexpected occurrences involving death or serious physical or psychological harm, or the risk thereof, requiring immediate investigation and response
Calculation:	<u>Numerator:</u> number of procedures where sentinel events occurred <u>Denominator:</u> Total number of performed procedures
Target:	NA
Methodology:	Numerator/Denominator x 100.
Measuring Unit:	Percentage
Collection Frequency:	Annual
Desired Direction:	Lower is better
Rationale:	Sentinel events represent the highest level of patient safety risk and require immediate investigation. Monitoring and timely reporting supports a strong safety culture, promotes transparency, and ensures rapid system improvement
KPI Source:	DHA KPI Framework; aligned with MOHAP, DOH & CMS benchmarks



KPI 4: Unplanned ICU Admission Rate	
Main Domain:	Patient Safety
Subdomain:	Clinical Deterioration & Escalation
Indicator Definition:	Percentage of patients requiring unexpected ICU admission following surgery.
Calculation:	<u>Numerator:</u> Number of Unplanned ICU admissions following surgery <u>Denominator:</u> Total number of surgeries performed
Target:	NA
Methodology:	Numerator/ denominator x100
Measuring Unit:	Percentage
Collection Frequency:	Annual
Desired Direction:	Lower is better
Rationale:	Measures the effectiveness of pre-operative assessment, intra-operative management, and post-operative monitoring.
KPI Source:	DHA KPI Framework; aligned with MOHAP, DOH & CMS benchmarks

KPI 5: Percentage of Complications:	
Main Domain:	Quality
Subdomain:	Patient Safety
Indicator Definition:	Proportion of procedures resulting in any complications (major or minor) developed during or after the procedure including but not limited to: reaction to anaesthesia, haemorrhage, edema, seroma, hematoma, hyperpigmentation, deep vein thrombosis (DVT), surgical site infection (SSI), temporary or permanent nerve irritation in the treated area, contour deformity, or require repeated procedure within 30 days
Calculation:	<u>Numerator:</u> Number of procedure where complication related to procedure developed during or after procedure. <u>Denominator:</u> Total Number of procedures performed.
Target:	<3%
Methodology:	Numerator/Denominator x 100
Measuring Unit:	Percentage
Collection Frequency:	Annual
Desired Direction:	Lower is better
Rationale:	Reduce the risks of morbidity and mortality from procedure
KPI Source:	DHA, OECD

KPI 6: Rate of Unplanned Readmissions within 30 days	
Main Domain:	Quality
Subdomain:	Effectiveness
Indicator Definition:	Proportion of unplanned readmission within 30 days. Readmission can be for reasons including but not limited to: Deep Vein Thrombosis (DVT), persistent skin sensation change, irregular contour or symmetries, rippling or loose skin, worsening of cellulite and others
Calculation:	<p><u>Numerator:</u> number of unplanned readmissions within 30 days of the procedure</p> <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Scheduled referral/ follow-up visit • Unrelated diagnosis <p><u>Denominator:</u> Total number of performed procedures</p>
Target:	<20%
Methodology:	Numerator/ denominator x100
Measuring Unit:	Percentage
Collection Frequency:	Annual
Desired Direction:	Lower is better
Rationale:	Reduce unplanned readmission events through care coordination and effective clinical care
KPI Source:	DHA, Royal College of Surgeons

KPI 7: Patient Satisfaction Score	
Main Domain:	Patient Experience
Subdomain:	Service Quality
Indicator Definition:	Percentage of patients reporting overall satisfaction with services received.
Calculation:	<u>Numerator:</u> Satisfied patient survey responses <u>Denominator:</u> Total surveys collected
Target:	≥90%
Methodology:	Numerator/ denominator x100
Measuring Unit:	Percentage
Collection Frequency:	Annual
Desired Direction:	Higher is better
Rationale:	Reflects quality of communication, care experience, and patient trust.
KPI Source:	DHA KPI Framework; aligned with MOHAP, DOH & CMS benchmarks