



# GAHAR HANDBOOK FOR **PHYSICAL THERAPY** **ACCREDITATION STANDARDS**



GAHAR HANDBOOK FOR

# **PHYSICAL THERAPY**

## **ACCREDITATION STANDARDS**

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## Foreword

Quality healthcare has become a global priority, particularly in the context of the Sustainable Development Goals (SDGs), which emphasize the need for universal health coverage, financial protection, and access to safe and effective healthcare services. The World Health Organization (WHO) highlighted these critical needs in its 2018 reports, reinforcing the importance of strong healthcare systems worldwide.

We are deeply committed to driving excellence in healthcare reform by fostering a strong culture of safety and quality. We are proud to introduce the 2025 edition of the GAHAR Handbook for Physical Therapy Accreditation Standards, an updated version that reflects the latest advancements in patient safety practices and quality improvement concepts. This edition is designed to help both accredited and non-accredited Physical Therapy Centers identify key safety risks and continuously enhance their services.

This handbook integrates the latest best practices in quality improvement and patient safety, ensuring Physical Therapy Centers are equipped to meet emerging challenges in healthcare. Our mission remains clear: to uphold the highest standards of safety, quality, and patient-centered care while supporting physiotherapists in delivering safer, more effective services.

We hope this revised edition serves as both a practical guide and a source of inspiration for Physical Therapy Centers across Egypt, Middle East, and Africa, helping them advance their quality journey and improve patient outcomes. Together, we can build a healthier future.

## Introduction

Welcome to the Second Edition of GAHAR Handbook for Physical Therapy Accreditation Standards, 2025.

Physical therapy centers are a vital component of the healthcare ecosystem, delivering essential services that promote patient recovery, functional independence, and improved quality of life. These centers serve a broad spectrum of patient needs, from injury rehabilitation and chronic condition management to preventive care and mobility support. To ensure the highest standards of care, safety, and operational excellence, physical therapy centers must implement structured processes that prioritize both patient outcomes and workforce well-being.

This 2025 edition of GAHAR Handbook for Physical Therapy Centers Accreditation Standards reflects our unwavering commitment to advancing quality in Physical Therapy services. It presents clear, practical, and evidence-based standards designed to help physical therapy centers achieve accreditation through a patient-centered, safe, and sustainable model of care.

Building on the insights and impact of the 2021 edition, this update incorporates valuable feedback from a wide range of stakeholders, including physical therapy professionals, healthcare administrators, academic leaders, regulatory authorities, and representatives from both public and private sectors. Their collaboration has shaped an enhanced framework that addresses current challenges, anticipates future trends, and supports continuous improvement.

This edition introduces significant refinements that align with national healthcare priorities and global best practices, while remaining sensitive to Egypt's evolving healthcare landscape. The standards promote not only technical excellence and patient satisfaction but also a positive, structured, and supportive environment for staff, recognizing healthcare workers as key contributors to safety and quality.

The handbook is organized into four main sections:

1. Accreditation Prerequisites and Conditions
2. Patient-Centered Standards
3. Organization-Centered Standards
4. Physical Therapy Homecare

Together, these sections comprise a comprehensive framework spanning the full scope of physical therapy center operations -from patient intake and care planning to documentation, safety practices, and staff development.

The 2025 edition also strongly aligns with the Institute of Medicine's STEEEP principles, emphasizing: Safety, Timeliness, Effectiveness, Efficiency, Equity, and Patient-Centeredness.

At its core are the 8 GAHAR Safety Requirements (GSRs), which remain foundational for creating a culture of safety and ensuring alignment with accreditation expectations.

With streamlined content, improved clarity, and a more intuitive structure, this handbook is designed to be both practical and adaptable-empowering physical therapy centers to implement quality improvement strategies and uphold excellence in patient care.



## Scope of this Handbook

These standards apply to physical therapy centers seeking to be accredited by the General Authority for Healthcare Accreditation and Regulation (GAHAR).

### **Inclusions:**

These standards are applicable to standalone physical therapy centers.

### **Exclusions:**

These standards are not applicable to:

- Physical therapy services' long term care centers.
- Physical therapy services' rehabilitation centers.

## Purpose

GAHAR Handbook for Physical Therapy Accreditation Standards – 2025 Edition is designed to establish a comprehensive framework for delivering safe, effective, and patient-centered services. These updated standards define the essential competencies, organizational practices, and safety measures required across all aspects of physical therapy care\ ensuring consistency, accountability, and high-quality outcomes.

The primary aim of this edition is to enhance patient safety and functional recovery by guiding physical therapy centers in applying best practices in clinical care, workforce performance, service accessibility, and risk management. By adhering to these standards, physical therapy centers can improve patient experiences, optimize care processes, and ensure alignment with both national priorities and international benchmarks.

This edition places strong emphasis on governance, staff development, and interdisciplinary coordination, ensuring that physical therapists and support personnel are equipped with the knowledge, tools, and ethical standards needed to deliver exceptional care. It provides guidance on organizational structure, documentation systems, patient engagement strategies, and the integration of innovative technologies settings.

Compliance with GAHAR accreditation standards fosters a culture of continuous improvement, promoting excellence in service delivery and enabling centers to evaluate and enhance their performance. The handbook serves as a critical resource for healthcare leaders, physical therapy professionals, and quality improvement teams, offering a roadmap to strengthen operational efficiency while maintaining a safe and empowering environment for patients and staff alike.

By implementing the 2025 accreditation standards, physical therapy centers will be better prepared to meet the rising demand to support universal health coverage goals, and contribute to a more responsive, sustainable, and people-centered healthcare system.

Ultimately, this handbook aims to raise the national benchmark for physical therapy services, ensure consistent patient-centered care, and reinforce professional accountability within Egypt's physical therapy sector.

## Reading and Interpretation of the book

- The General Authority for Healthcare Accreditation and Regulation evaluates the organization's structure, process, and/or outcome by setting standards that address these concepts.
- This book is divided into four sections, in addition to the Foreword, Introduction, Scope of this handbook, Purpose, Use, Accreditation overview, Acknowledgments, Acronyms, Survey activities and readiness, Glossary, and References.
- Each section is divided into chapters when applicable.
- Each chapter has:
  - An introduction that contains an overall intent.
  - purpose that details follow the introduction, and each one has a standard or more.
- Summary of changes to the chapter.
- A standard is a level of quality or achievement, especially a level that is thought to be acceptable; it is composed of a standard statement, keywords, intent, survey process guide, evidence of compliance, and relevant standards.

### Standard Components

- Standard Statement:
  - In this handbook, each standard is written as a standard statement preceded with a code.
  - Each standard is followed by a non-black-scripted statement that describes the essential quality dimension(s) addressed by the standard.
- Keywords:
  - To help organizations understand the most important element of standard statements, as these are words or concepts of great significance. It answers the question of WHAT the standard is intended to measure.
- Intent:
  - Standard intent is meant to help organizations understand the full meaning of the standard.
  - The intent is usually divided into two parts:
    - Normative: that describes the purpose and rationale of the standard, providing an explanation of how the standard fits into the overall program. It answers the question of WHY the standard is required to be met.

- Informative: is meant to help organizations identify the strategy to interpret and execute the standard. It answers the question of HOW the standard is going to be met.
- Some standards require the implementation of minimum components of processes to be documented, implemented, recorded, and/or monitored. These components are usually preceded by the phrase “at least the following”, followed by a numbered/lettered list of requirements. Hence, these elements are considered essential, indivisible parts of compliance with the minimum acceptable standard.
- Evidence of compliance (EOCs):
  - Evidence of compliance of a standard indicates what is reviewed and assigned a score during the on-site survey process.
  - The EOCs for each standard identify the requirements for full compliance with the standard, as scoring is done in relation to “Met EOCs”.
- Survey process guide:
  - Facilitates and assists the surveyors in the standard’s rating for the required EOCs.
- Related standards:
  - As healthcare is a complex service, each standard measures a small part of it. To understand what each standard means in the overall context of healthcare standards, other standards need to be considered as well.
- Standards are categorized and grouped into three sets of groups:
  - Chapters, where standards are grouped according to a uniform objective.
  - Quality dimensions, where each standard addresses a particular quality dimension, and strategic categorization of standards to analyze their quality characteristics.
  - Documentation requirements, where some standards require certain types of documents.

## Used Language and Themes

This handbook uses certain themes and vocabulary to ensure uniformity and clarity. These are the most important ones that will help physical therapy centers to interpret the standards: Process, Policy, Procedure, Program, Plan, Guideline, Protocol

Whenever 'Process' is used in a standard, it indicates a requirement that is necessary to follow.

- Process:
  - A series of actions or steps taken in order to achieve a particular end.
- Documented Process:
  - A document that describes the process and can be in the form of policy, procedure, program, plan, guideline, or protocol.
- Policy:
  - A principle of action adopted by an organization.
  - It usually answers the question of what the process is.
  - It is stricter than guidelines or protocols.
  - It does not include objectives that need to be met in a certain timeframe.
- Procedure:
  - An established or official way of doing something.
  - It usually answers the question of how the process happens.
  - It is stricter than guidelines or protocols.
  - It does not include objectives that need to be met in a certain timeframe.
- Plan:
  - A detailed proposal for doing or achieving something.
  - It usually answers the question of what the goal is, why, how it is going to be achieved, and when.
  - It includes objectives that need to be met in a certain timeframe.
- Guideline:
  - A general rule, principle, or piece of advice.
  - It usually answers the question of what the process is and how it should happen.
  - Usually, it is more narrative than protocol.

- Protocol:
  - A best practice protocol for managing a particular condition, which includes a treatment plan founded on evidence-based strategies and consensus statements.
  - Usually, it has graphs, flow charts, mind maps, and thinking trees.

1) Document versus Record:

- Document:  
Created by planning what needs to be done.
- Record:  
Created when something is done.

2) Physician Versus Medical staff member:

- Physician:  
A professional who practices medicine
- Medical Staff member:  
A professional who practices medicine, dentistry, and other independent practitioners.

## Accreditation Overview

This chapter aims to set the rules and requirements to obtain GAHAR accreditation for the Physical Therapy Centers, which include, but are not limited to, the following:

1. Compliance with licensure requirements for licensing the Physical Therapy Centers as mandated by laws and regulations, and regulatory ministerial decrees, and other licenses, such as high-power laser devices, etc.
2. Compliance with the GAHAR Safety Requirements for Physical Therapy Centers, to ensure the safety of the patients, patients' families, visitors, and staff.
3. Compliance with the requirements of the standards according to Accreditation Decision Rules in this handbook.

### A) General rules:

- Determining which set of accreditation manuals is applied to the applicant's facility is done by matching the facility's scope of services provided. The Authority must be informed of any change in the field of services provided (adding a new service, cancelling an existing service, or increasing the volume of an existing service by more than 20%) in writing to the e-mail [reg@gahar.gov.eg](mailto:reg@gahar.gov.eg). at least one month prior to the actual implementation of this change.
- Facilities that desire to obtain GAHAR's accreditation have to apply starting from the date of entering the governorate under the scope of universal health insurance law implementation, within a maximum period of three years. For facilities in the governorates that have not fallen yet under the scope of the law application, they have to apply for re-accreditation within three years from the date of the previous accreditation.
- The facility shall ensure the validity of the documents and data provided at all stages of the accreditation process. If there is evidence that the submitted documents are proven to be inaccurate, the facility is at risk for rejection of accreditation.
- The accreditation may be withdrawn or at risk of rejection if there is evidence that the facility has falsified, withheld, or intentionally submitted misleading information to GAHAR.
- The facility is not permitted to use GAHAR's certificate or logo in a misleading manner.
- GAHAR shall inform the facility about the accreditation decision within a period not exceeding 30 working days starting from the date of completion of the survey visit.
- GAHAR has the right to publish the results of the survey visit, accreditation suspension, or rejection, according to the requirements of Law No. 2 of 2018.

- The facility has to complete at least 60% of its staffing plan, and to register at least 30% of each category of health professional members before the survey visit, provided that the remaining registration process has to be completed within three months starting from the date of accreditation.
- The facility has to communicate all sentinel events to GAHAR within 48 hours of the event or becoming aware of the event via email notification using the following link; Sentinel.Event@gahar.gov.eg The root cause analysis shall be submitted no later than 45 days starting from the date of the occurrence or its notification with the appropriate corrective plan to prevent/reduce its recurrence according to the nature of the event. (Refer to standard no. QPI.07 for more information).

**B) Compliance with current relevant laws, regulations, licensure requirements, and their updates.**

**C) Accreditation may be suspended (for a period not exceeding 6 months) if:**

- The physical therapy center fails to pass unannounced survey.
- The physical therapy center data in the application form does not match its status upon the evaluation visit.
- Sentinel events related to the safety of patients, healthcare providers, or visitors that have been reported to GAHAR while root cause analysis with the appropriate corrective plan not submitted within 45 days starting from the date of the occurrence or its notification.
- GAHAR has not been notified of any changes in the scope of services provided (e.g., adding a new service, canceling an existing service, or increasing the volume of an existing service by more than 20%) within at least one month before the actual implementation of this change.

**D) Accreditation may be withdrawn or at risk of rejection if:**

- The physical therapy center fails to pass follow-up surveys in case of conditioned accreditation.
- GAHAR team discovers any falsification, withholding, or intentionally misleading the information submitted during or after the survey visit, or it is proven that the attached and submitted documents are inaccurate.
- The physical therapy center prevents GAHAR regulatory team/inspectors from doing their duties, such as refusal or preventing them from reviewing documents and data related to the scope of their duties.
- The physical therapy center refuses to meet the auditors' team or GAHAR surveyors in the announced / unannounced evaluation visits.



- A legal document issued by an administrative agency or Supreme Court rules against the facility either by permanent or temporary closure.
- Moving the physical therapy center from its actual place mentioned in the application form or when the facility is demolished, reconstructed, or rebuilt without any pre-notification to GAHAR.
- Exceeding the period prescribed for suspension of accreditation without correcting the reasons for this suspension.

## How to apply for a GAHAR survey?

### A Physical therapy center seeking GAHAR accreditation begins by:

- Log in to the online platform (Portal) of the General Authority for Health Accreditation and Regulation to register the data of the physical therapy center, via the following link <https://eportal.gahar.gov.eg>.
- Create a new account.
- Choose the type of service, type of facility, and user's data.
- Complete the basic data of the application (the electronic registration application).
- Complete the contact information, the applicant's data, and the Physical therapy center data, and upload the required documents.
- Print the application request, fill in the declaration, and get it sealed with the Physical therapy center seal, re-upload, and click on "Issue application".
- You can browse the system anytime to follow up the status of the request and implement the required requests of GAHAR.
- GAHAR will determine the survey financial fees, and bank account details will be shared.
- The Center will make the payment to the Central Bank of Egypt into the bank account, and it will send the receipt back via email.
- An appointment for the survey visit will be determined for the Center.
- GAHAR's Surveyors team will evaluate your Lab, according to the GAHAR handbook for Physical therapy accreditation standards.
- The survey report is submitted to the accreditation committee to review and decide based on the decision rules.
- The Center is notified of the decision of the accreditation committee. The Center has 15 days to submit an appeal. If no appeal is submitted, the chairman of GAHAR approves the decision, and a final certificate is issued.

## Look-back period

- Surveyors are required to review standards requirements and evaluate organization compliance with them over a lookback period.
- Look-back period: It is the period before the survey visit during which any center is obliged to comply with the GAHAR accreditation standards. Failure to comply with this rule affects the accreditation decision.
- The look-back period varies from one center to another, depending on the center's accreditation status.
- A physical center seeking accreditation will:
  - Comply with the GAHAR Handbook for Physical Therapy Accreditation Standards as applicable for at least four months before the actual accreditation survey visit.
- A physical center, seeking re-accreditation:
  - For GAHAR-accredited centers, compliance with the GAHAR Handbook for Physical Therapy Accreditation Standards from the time of receiving the approval of the previous accreditation till the next accreditation survey visit.

## Scoring Guide

During the survey visit, each standard is scored for evidence of compliance (EOC).

These are mathematical rules that depend on the summation and percentage calculation of scores of each applicable EOC as follows:

- **Met** when the center shows 80% or more compliance with requirements during the required lookback period, with a total score of 2.
- **Partially met** when the center shows less than 80% but more than or equal to 50% compliance with requirements during the required look-back period, with a total score of 1.
- **Not met** when the center shows less than 50% compliance with requirements during the required look-back period, with a total score of 0.
- **Not applicable** when the surveyor determines that the standard requirements are out of the organization's scope (the score is deleted from the numerator and denominator).
- While most EOCs are independent, stand-alone units of measurement that represent the structure, process, and/or outcome, few EOCs are dependent on each other. Dependence means that compliance with one EOC cannot be achieved (or scored) without ensuring compliance with other EOCs.

### Scoring of each standard

- **Met:** when the average score of the applicable EOCs of this standard is 80% or more.
- **Partially met** when the average score of the applicable EOCs of this standard is less than 80% or not less than 50%.
- **Not met** when the average score of the applicable EOCs of this standard is less than 50%.

### Scoring of each chapter

Each chapter is scored after calculating the average score of all applicable standards in this chapter.

## Accreditation Decision Rules

A physical therapy center can achieve accreditation by demonstrating compliance with certain accreditation decision rules. These rules mandate achieving certain scores on a standard level, chapter level, and overall level as the accreditation decision is composed of four decisions.

### **1<sup>st</sup> Decision: Status of Accreditation for a physical therapy center (3 years).**

- Overall compliance of 80% or more, and
- Each chapter should score not less than 70%, and
- Only one whole standard is scored as not met, and
- No single not met GSR standard.

### **2<sup>nd</sup> Decision: Status of Conditioned Accreditation for a physical therapy center (2 years).**

- Overall compliance of 70% to less than 80%, or
- Each chapter should score not less than 60%, or
- Up to one standard not met per chapter, and
- No single not met GSR standard.

### **3<sup>rd</sup> Decision: Status of Conditioned Accreditation for a physical therapy center (1 year).**

- Overall compliance of 60% to less than 70%, or
- Each chapter should score not less than 50%, or
- Up to two standards not met per chapter, and
- No single not met GSR standard.

### **4<sup>th</sup> Decision: Rejection of Accreditation**

- Overall compliance of less than 60%, or
- One chapter scored less than 50%, or
- More than two standards not met per chapter, or
- Not met GSR standard.

Physical therapy Centers having the status of accreditation or conditioned accreditation with elements of noncompliance are requested to:

- Submit a corrective action plan for unmet or partially met EOCs and standards within 90 days for 1<sup>st</sup> decision, 60 days for 2<sup>nd</sup> decision, and 30 days for 3<sup>rd</sup> decision to the email [reg@gahar.gov.eg](mailto:reg@gahar.gov.eg).

- Apply and pass the accreditation survey in 2 years for the 2<sup>nd</sup> Decision and 1 year for the 3<sup>rd</sup> Decision.

Accreditation is valid for 3 years. Accreditation may be suspended or withdrawn if:

- The Physical Therapy Center fails to pass follow-up surveys in the case of conditioned accreditation.
- The Physical Therapy Center fails to submit corrective action plans in case of the presence of not met EOCs.
- The Physical Therapy Center fails to pass the unannounced survey.
- The Physical Therapy Center fails to comply with GAHAR circulars when applicable.

## Acknowledgments

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## Acronyms

Acronym	Definition
ACT	Access, Continuity and Transition of Care
AED	Automatic External Defibrillator
APIC	Association for Professionals in Infection Control and Epidemiology
APC	Accreditation Prerequisites and Conditions
APTA	American Physical Therapy Association
CCTV	Closed-Circuit Television
CDC	Centers for Disease Control and Prevention
COPD	Chronic Obstructive Pulmonary Disease
CPGs	Clinical Practice Guidelines
CPR	Cardiopulmonary Resuscitation
DASH	Disabilities of the Arm, Shoulder and Hand
EFS	Environmental and Facility Safety
EOCs	Evidence of Compliance
FIM	Functional Independence Measure
FMEA	Failure Mode Effect Analysis
GSRs	GAHAR Safety Requirements
HAIs	Healthcare-Associated Infections
HCWs	Healthcare Workers
HPLT	High-Power Laser Therapy
ICD	Integrated Care Delivery
ICRA	Infection Control Risk Assessment
IFIC	International Federation of Infection Control
ILO	International Labour Organization

Acronym	Definition
IMT	Information Management and Technology
IOM	Institute of Medicine
IPC	Infection Prevention and Control
LLLT	Low-Level Laser Therapy
OGM	Organization Governance and Management
OSHA	Occupational Safety and Health Administration
PCC	Patient Centered Care
PCRA	Pre-Construction Risk Assessment
PDCA	Plan-Do-Check-Act
PHI	Protected Health Information
PPE	Personal Protective Equipment
PT	Physical Therapist
PTC	Physical Therapy Center
PTH	Physical Therapy Home Care
QPI	Quality and Performance Improvement
RCA	Root Cause Analysis
SDGs	Sustainable Development Goals
SDS	Safety Data Sheet
SMART	Specific, Measurable, Achievable, Relevant, Time-bounded
STEEEP	Safety, Timeliness, Effectiveness, Efficiency, Equity, and Patient-Centeredness
Tele-PT	Tele-rehabilitation
UPS	Uninterrupted Power Supply
WHO	World Health Organization
WFM	Workforce Management



## ***SECTION 1***

# **ACCREDITATION PREREQUISITES & CONDITIONS**





## **Section 1: Accreditation Prerequisites and Conditions**

### **Section Intent**

This section aims at providing a clear and ethical framework that A physical therapy center must follow in order to comply with the GAHAR survey process.

Scores of these standards must be met in order to continue the survey process. One partially met or not met evidence of compliance is to be dealt with on GAHAR accreditation committee level and may result in denial or suspension of accreditation.

### **Section purpose:**

This section contains only one chapter, which addresses two main objectives:

1. To ensure a transparent and ethical relationship during the accreditation process.
2. To sustain compliance with accreditation standards.

## APC Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>APC.01</b> <b>KW:</b> Accurate and complete information	<b>APC.02</b> <b>KW:</b> Accurate and complete information	<ul style="list-style-type: none"> <li>- <b>Rephrasing</b> of EOC: (<b>EOC.01:</b> The physical therapy center reports accurate and complete information to GAHAR during the accreditation process).</li> <li>- <b>Add new EOC:</b> (<b>EOC.02:</b> The physical therapy center reports accurate and complete information to GAHAR in between accreditation visits).</li> <li>- <b>Modified EOC:</b> (<b>EOC.03:</b> The physical therapy center reports within 30 days any structural changes in the physical therapy center scope of work of addition or deletion of services by more than 20% of its scope, building expansions, or demolitions).</li> </ul>
<b>APC.02</b> <b>KW:</b> Professional standards during surveys	<b>APC.04</b> <b>KW:</b> Professional standards during surveys	<ul style="list-style-type: none"> <li>- <b>Modified EOC:</b> (<b>EOC.01:</b> The physical therapy center reports any conflict of interest to GAHAR with evidence before or during surveys).</li> <li>- <b>Added new EOC:</b> (<b>EOC.05:</b> The accredited physical therapy centers use GAHAR accreditation seal according to GAHAR rules).</li> </ul>
<b>APC.03</b> <b>KW:</b> Sustaining compliance with accreditation standards		New Standard.

## Transparent and ethical relationships

### **APC.01 The physical therapy center provides GAHAR with accurate and complete information through all steps of the accreditation process.**

*Effectiveness*

#### **Keywords:**

Accurate and complete information.

#### **Intent:**

During the accreditation processes, there are many points at which GAHAR requires data and information. When A physical therapy center is accredited, it lies under GAHAR's scope to be informed of any changes in the physical therapy center and any reports from external authorities. The physical therapy center provides information to GAHAR verbally, through direct observation, an interview, application, or any other type of communication with a GAHAR employee. Relevant accreditation policies and procedures inform the physical therapy center of what data and/or information are required and the period for submission. The physical therapy center is expected to provide timely, accurate, and complete information to GAHAR regarding its structure, A physical therapy scope of work, building, governance, licenses, and evaluation reports by external evaluators. GAHAR requires each physical therapy center to be engaged in the accreditation process with honesty, integrity, and transparency.

Any major physical therapy center changes, including leadership, shall be submitted to GAHAR within 30 days of the changes.

#### **Survey process guide:**

- GAHAR surveyor may review reports of accreditation, licensure, inspection, audits, legal affairs, reportable sentinel events, and reportable measures.

#### **Evidence of compliance:**

1. The physical therapy center reports accurate and complete information to GAHAR during the accreditation process.
2. The physical therapy center reports accurate and complete information to GAHAR in between accreditation visits.
3. The physical therapy center reports within 30 days any structural changes in the physical therapy center, scope of work by addition or deletion of services by more than 20% of its scope, building expansions, or demolitions.
4. The physical therapy center provides GAHAR access to evaluation results and reports of any evaluating organization.



**Related standards:**

IMT.01 Documentation control system, OGM.01 Governing body structure and responsibilities, OGM.02 Physical therapy center Director, QPI.07 Sentinel events

**APC.02 The physical therapy center maintains professional standards during the surveys.**

*Equity*

**Keywords:**

Professional standards during surveys

**Intent:**

Surveyors' aim is to perform their duties and responsibilities and to attain the highest levels of performance by meeting the ethical requirements generally to meet the public interest and maintain the reputation of GAHAR. To achieve these objectives, the survey process has to establish credibility, professionalism, quality of service, and confidence. The physical therapy center is expected to maintain professional standards in dealing with surveyors. The physical therapy center is expected to report to GAHAR if there is a conflict of interest between a surveyor and the physical therapy center that could affect any of the following:

- a) Integrity
- b) Objectivity
- c) Professional competence
- d) Confidentiality
- e) Respect

The physical therapy center ensures that there are no immediate risks for surveyors' safety and security. The physical therapy center respects the confidentiality and sensitivity of the survey process. The physical therapy center shall display GAHAR Gold Seal prominently (e.g., at facility entrance, website, external official documents, and advertisements).

**Survey process guide:**

- GAHAR surveyor may observe that all aspects of safety, security, confidentiality, privacy, respect, integrity, objectivity, professional competence values, and proper ethical management implementation.

**Evidence of compliance:**

1. The physical therapy center reports any conflict of interest to GAHAR with evidence before or during surveys.
2. During surveys, the physical therapy center maintains professional standards when dealing with surveyors.

3. During surveys, the physical therapy center ensures that the environment does not pose any safety or security risks to surveyors.
4. During surveys, the physical therapy center avoids media or social media releases without GAHAR's approval.
5. The accredited physical therapy centers use GAHAR accreditation seal according to GAHAR rules.

**Related standards:**

OGM.04 Physical therapy center head of departments, OGM.07 Ethical Management.  
Sustaining compliance with accreditation standards

**APC.03 The GAHAR-accredited physical therapy center ensures continuous compliance with the standards.**

*Effectiveness*

**Keywords:**

Sustaining compliance with accreditation standards

**Intent:**

Accreditation requirements are considered the optimum quality, safety, and compliance level for any physical therapy center aiming to enroll in the Universal Health Insurance system. When the physical therapy center is accredited, it is expected that the physical therapy center sustains or improves the same level of quality scored during all subsequent accreditation visits. This standard is not applicable during the first accreditation visit.

**Survey process guide:**

- GAHAR surveyors may review the physical therapy center's process of periodic assessment of compliance with the safety and regulatory requirements and may review the related corrective action plans.
- GAHAR surveyor may review and observe evidence of the physical therapy center's corrective actions taken in response to GAHAR feedback reports during the accreditation period.

**Evidence of compliance:**

1. The physical therapy center establishes a process for periodic assessment of compliance with accreditation standards.
2. The physical therapy center acts on all feedback and reports received from GAHAR during the accreditation period.
3. The physical therapy center reacts to all GAHAR requirements and reports in a timely manner.

4. The physical therapy center demonstrates (using monitoring tools) compliance with GAHAR Safety Requirements and acts on identified gaps.

**Related standards:**

QPI.01 Quality improvement plan, QPI.02 Performance Measures, QPI.08 Sustained improvement activities

## ***SECTION 2***

# **PATIENT-CENTERED STANDARDS**





## Section 2: Patient-Centered Standards

Patient-centered care represents a paradigm shift in how patients, healthcare professionals, and other participants think about the processes of treatment and healing. It is defined by the Institute of Medicine (IOM) as the act of providing care that is respectful of, and responsive to, individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. The rise of patient-centered care makes way for a healthcare system designed to optimize the agency and comfort of the most important and vulnerable people in the equation: patients, families, and communities.

Over the past two decades, patient-centered care has become internationally recognized as a dimension of the broader concept of high-quality healthcare. In 2001, the IOM's *Crossing the Quality Chasm: A New Health System for the 21st century* defined good-quality care as safe, effective, patient-centered, timely, efficient, and equitable. The report set out several rules to redesign and improve patient-centered care, including ensuring that care is based in continuous, healing relationships; customizing care based on patients' needs and values; ensuring the patient is the source of control; sharing knowledge and information freely; and maintaining transparency.

The IOM report defined four levels that further define quality care and the role of patient-centered care in each level:

1. The experience level refers to an individual patient's experience of their care. Care should be provided in a way that is respectful, informative, and supportive of the participation of patients and families.
2. The clinical micro-system level refers to the service or program level of care. Patients and families should participate in the overall design of the service or program.
3. The physical therapy center level refers to the organization as a whole. Patients and families should be engaged as full members of advisory groups or committees within the center, influencing overall direction and quality initiatives.
4. The environment level refers to the regulatory level of the health system. Patients and families can inform local authorities.

In practice, many physical therapy centers in Egypt have undergone reform initiatives. However, many still face challenges in transforming the delivery of care to be more patient-centered and struggle to effectively involve patients and learn from their experiences.

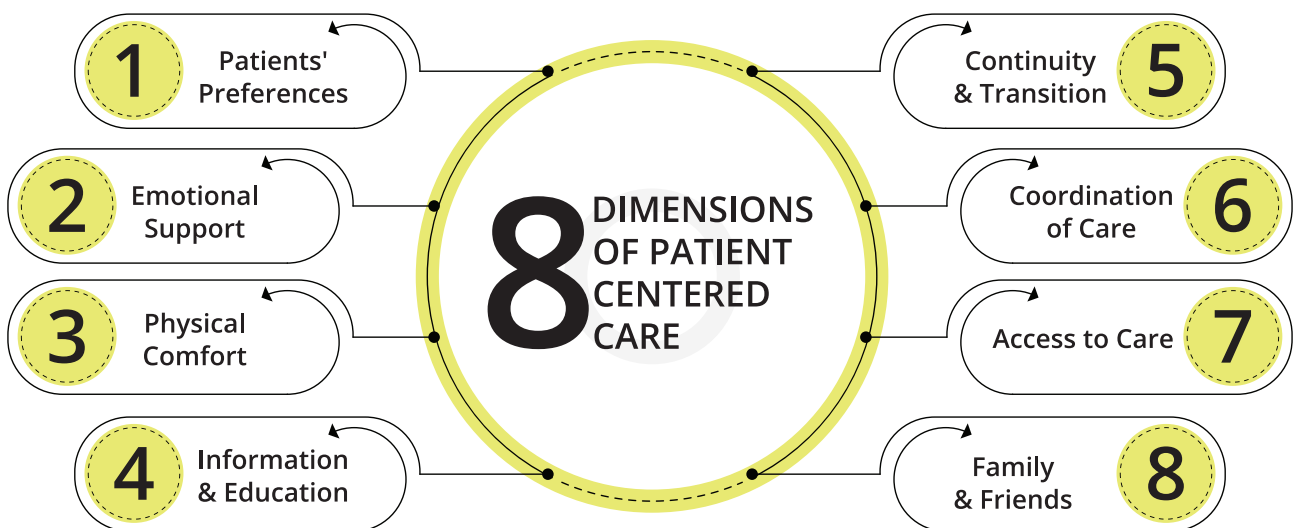
Key strategies from leading patient-centered care organizations around the world include:

- Demonstrating strong and committed senior leadership
- Regularly collecting, monitoring, and reporting patient feedback

- Actively engaging patients and families as partners in care
- Investing in improvements to care delivery and the physical environment
- Building staff capacity and creating a supportive workplace culture
- Establishing clear performance accountability
- Fostering a culture of continuous learning and improvement

Globally, healthcare organizations adopt various approaches to promote patient-centered care in physical therapy settings. These include staff education and development, leadership engagement, systematic patient feedback collection, co-designing services with patients, implementing patient rights charters, and involving patients and families in efforts to enhance care quality.

There are eight principles of patient-centered care as defined by Picker's Institute:



## 1. Patients' preferences

At every step, patients should be given the needed information to make thoughtful decisions about their care. Those preferences should always be considered when determining the best course of action for that patient. The expertise and authority of healthcare professionals should complement and enhance the patient perspective. Assessment and care should be in a way that maintains patients' dignity and demonstrates sensitivity to their cultural values. Healthcare professionals need to focus on the person's quality of life, which may be affected by their illness and treatment.

Everyone involved is always on the same team, working toward the same goal.

## **2. Emotional support**

Challenges of treating and healing the body can also take their toll on the mind and the heart. Practicing patient-centered care means recognizing the patient as a whole person, having a multi-dimensional human experience, eager for knowledge and human connection, who may need extra, specialized help in keeping up the spirit of optimism. It helps to alleviate fear and anxiety the person may be experiencing with respect to their health status (physical status, treatment, and prognosis), the impact of their illness on themselves and others (family, caregivers, etc.), and the financial impacts of their illness.

## **3. Physical comfort**

Patients shall summon the courage to face circumstances that are scary, painful, lonely, and difficult. Strong pain relief and a soft pillow can go a long way. Healthcare professionals should work to ensure that the details of patients' environments are working for them, rather than against them. Patients should remain as safe and comfortable as possible through difficult straits, surrounded by people equipped to care for them.

## **4. Information and education**

Providing complete information to patients regarding their clinical status, progress, and prognosis; the process of care; and information to help ensure their autonomy and their ability to self-manage and to promote their health. When patients are fully informed, given the trust and respect that comes with sharing all relevant facts, they will feel more empowered to take responsibility for the elements of their care that are within their control.

## **5. Continuity and transition**

A transition from one phase of care to the next should be as seamless as possible. Patients should be informed about what to expect. Treatment regimens, especially medication regimens, should be clearly defined and understood. And everyone involved should be able to plan and understand what warning signs (and positive indicators) to look out for.

## **6. Coordination of care**

Every aspect of care depends on every other aspect working as efficiently and effectively as possible. Treatment and patient experience shall be considered as an integrated whole, with different moving parts working in concert to reduce feelings of fear and vulnerability. Healthcare professionals shall cooperate in the interest of the patient's overall well-being.



## **7. Access to care**

To the extent that it is possible, patients should have access to all the care they need, when they need it, in a manner that's convenient and doesn't inflict too much added stress. It should be simple to schedule appointments, stick to medication regimens, and practice self-care.

## **8. Involvement of family and friends**

Patient-centered care encourages keeping patients involved and integrated with their families, their communities, and their everyday lives by:

- Accommodating the individuals who provide the person with support during care.
- Respecting the role of the person's advocate in decision making.
- Supporting family members and friends as caregivers, and recognizing their needs.

## GAHAR Safety Requirements

### Chapter intent:

Patient safety, the reduction and mitigation of unsafe acts within the healthcare system, stands as an unwavering pillar of quality healthcare delivery. The intricate interaction between human factors, systems, and technology within healthcare settings creates a landscape prone to errors, some of which can have severe consequences. Although safeguards such as alarms, standardized procedures, and skilled professionals are in place, the inherent weaknesses in these layers of protection demand a continuous commitment to improvement. The focus on patient safety began to gain significant traction in the late 1990s, sparking a transformation in how healthcare organizations approach patient care. A culture of safety has since emerged, highlighting the importance of open communication, error reporting, and learning from mistakes. This change in mindset has fostered a more proactive and systematic approach to harm prevention. By setting clear expectations and conducting regular evaluations, accreditation bodies promote a culture of safety and accountability. Developing robust safety requirements for accreditation is essential in ensuring that patient safety remains a top priority across healthcare settings. To create effective safety requirements, a comprehensive understanding of the most critical areas of risk is necessary. Medication safety, infection prevention, communication, and patient identification are among the high-priority domains. These requirements should be grounded in evidence-based practices to ensure their effectiveness. As part of GAHAR accreditation process, PTCs have to show commitment to patient safety. This requires compliance with each of GAHAR Safety Requirements (GSRs). During surveys, surveyors evaluate that the safe and efficient implementation of each of GSRs is maintained in all relevant practices. The application of the standards should be according to the applicable laws and regulations.

### Chapter purpose:

1. Provide a comprehensive overview of GAHAR Safety Requirements.
2. Outline the essential components of an effective patient safety program.
3. Support organizational efforts to create a culture of safety.
4. Enhance patient outcomes by minimizing risks and adverse events.

***No standards are scored under this chapter; all GAHAR Safety Requirements will be scored in their corresponding chapters.***

## Summary of GSR Changes

NSR (National Safety Requirements) – **Renamed to be** – GSR (GAHAR Safety Requirements)

### GAHAR Safety Requirements Keywords

Code		Code in this book
<b>GENERAL PATIENT SAFETY</b>		
<b>GSR.01</b>	Patient identification	<b>ACT.03</b>
<b>GSR.02</b>	Fall screening and prevention	<b>ICD.02</b>
<b>ENVIRONMENTAL AND FACILITY SAFETY</b>		
<b>GSR.03</b>	Fire and smoke safety plan, fire drills	<b>EFS.03</b>
<b>GSR.04</b>	Hazardous materials safety and waste management	<b>EFS.05</b>
<b>GSR.05</b>	Safety and security management plan	<b>EFS.06</b>
<b>GSR.06</b>	Medical Equipment Plan	<b>EFS.07</b>
<b>GSR.07</b>	Utilities Management Plan	<b>EFS.08</b>
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>GSR.08</b>	Hand Hygiene	<b>IPC.02</b>

## Patient-Centered Culture Standards

Patient-centered care is a transformative healthcare approach that prioritizes the patient in all medical decisions and practices. Unlike traditional models that focus on the disease or the healthcare provider's expertise, patient-centered care emphasizes the patient's needs, preferences, and values, recognizing them as active participants in their care rather than passive recipients.

Patient experience is emerging as one of the most critical aspects of healthcare delivery, so the role of everyone becomes increasingly relevant. This necessitates critically examining the role played by those not directly and indirectly involved in the patient care process. Physical therapy centers have a crucial role to play in patient care. This results in better efficiency and patient experience. The American Physical Therapy Association (APTA) highlights the importance of physical therapy center services in ensuring optimal patient outcomes and patient-centered care. By providing the evidence needed for proper decision making.

Globally, the Universal Declaration of Human Rights, Article 25, emphasized the human right to a standard of living adequate for the health and well-being of himself and of his family, which includes medical care and the right to security in the event of sickness or disability.

Locally, Egyptian legal and ethical frameworks supported patient-centered care as well. According to the Egyptian constitution, comprehensive quality-standardized healthcare is a right for Egyptians. Practically, Organizations shall not stop their patient-centered care processes at just printing patient rights and responsibilities brochures and handing them to patients. Policies and procedures need to identify mechanisms to establish and sustain a patient-centered care culture. Education and techniques to encourage patient-centeredness behaviors are needed.

During GAHAR Survey, Surveyors shall be able to measure how organizations define their patient-centeredness culture and work to sustain it through reviewing documents pertinent to this chapter, reviewing the implementation of direct patient management, during patient tracers, and interviewing staff. The leadership interview session may touch on this topic, as well.

### Chapter purpose:

1. To provide strategies for healthcare leaders and staff to develop, implement, and sustain a patient-centered culture.
2. To outline the fundamental rights and responsibilities of patients.

3. To emphasize the role of a patient-centered culture in increasing patient satisfaction and engagement.
4. To illustrate how fostering a patient-centered culture leads to improved care quality and patient outcomes.

## PCC Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>PCC.01</b> <b>KW:</b> Multidisciplinary Patient centeredness		New Standard.
<b>PCC.02</b> <b>KW:</b> Patients and Family rights.	<b>PCC.01</b> <b>KW:</b> Patient and family rights	<b>Modified EOC: (EOC.02:</b> Staff members are aware of patient and family rights and their roles in protecting these rights.) <b>Added new EOC: (EOC.06:</b> Violations against patients' rights are reported, analyzed, and corrective action is taken).
<b>PCC.03</b> <b>KW:</b> Patient and family responsibilities.	<b>PCC.02</b> <b>KW:</b> Patient and family responsibilities.	<b>Rephrasing OF EOC: (EOC.04:</b> Information about patient responsibilities is provided in a written format or through an alternative method that the patient understands). <b>Added new EOC: (EOC.05:</b> Violations against clients' responsibilities are reported and analyzed, and corrective action is taken).
<b>PCC.04</b> <b>KW:</b> Disabled patients.	<b>PCC.03</b> <b>KW:</b> Disabled patients..	<b>Added new EOC: (EOC.05:</b> Violations against disabled patients are reported and analyzed, and corrective action is taken).
<b>PCC.05</b> <b>KW:</b> Patients and family education.	<b>PCC.04</b> <b>KW:</b> Patients and family education.	<b>Modified EOC: (EOC.01:</b> The physical therapy center has an approved policy defining patient and family education process that include elements mentioned in the intent from a) through d).

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>PCC.06</b> KW: Health education materials.</p>	<p><b>PCC.05</b> KW: Patients and family education materials.</p>	<p><b>Modified Standard statement:</b> (Health education materials are available).</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.03: Health education materials are readily available in the places and locations identified by the physical therapy center).</li> <li>• (EOC.04: Health education materials contain relevant and evidence-based information).</li> </ul> <p><b>Add new EOC:</b> (EOC.05: Health education materials are appropriate for readers of varying literacy levels and translated in different languages for foreigner patient groups).</p>
<p><b>PCC.07</b> KW: Informed consent\refusal.</p>	<p><b>PCC.06</b> KW: Informed consent\refusal.</p>	<p><b>Modified Standard statement:</b> (The physical therapy center has a defined process to obtain informed consent for certain processes).</p> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02: Informed consent is obtained in a manner and language that the patients understand and does not contain abbreviations).</li> <li>• (EOC.05: Informed consent given by someone other than the patient complies with laws and regulations).</li> </ul> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.03: Valid informed consent is recorded and kept in the patient's medical record).</li> <li>• (EOC.04: The responsible physical therapist obtains the informed consent/ refusal and signs the form with the patient)..</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
PCC.08 KW: Waiting spaces.	PCC.07 KW: Waiting spaces.	No change.
PCC.09 KW: Dignity, preferences, privacy, and confidentiality.	PCC.08 KW: Dignity, privacy, and confidentiality.	<p><b>Modified Standard statement:</b> (The patient's dignity, preferences, privacy, and confidentiality are protected during all care processes, such as assessments and care).</p> <p><b>Add new EOCs:</b> (EOC.03: Physiotherapists identify patients' emotional, religious, and spiritual needs and document them in patient medical records).</p>
PCC.10 KW: Patient and family feedback, complaints, and suggestions.	PCC.09 KW: Patient and family feedback, complaints and suggestions.	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy guiding the process of patient and family feedback, complaints and suggestions that include elements mentioned in the intent from a) through b).</li> <li>• (EOC.04: The interpreted feedback has been communicated to concerned staff members and used as improvement opportunities or a plan for a new service).</li> </ul> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.05: The physical therapy center allows the complaint process to be publicly available).</li> <li>• (EOC.06: Patients and families receive feedback about their complaints or suggestions within approved timeframes).</li> </ul>



## Establishing a patient-centered culture

### **PCC.01 Patient-centered culture is developed by multidisciplinary collaboration.**

*Patient-centeredness*

#### **Keywords:**

Multidisciplinary patient-centeredness.

#### **Intent:**

Patient-centered culture development and maintenance require careful planning, agile implementation, close monitoring. It is essential to enhance the community's understanding of available physical therapy center services by providing clear and accessible information about the types of services offered, physical therapy center professionals, cost of services, and working hours.

Patient-centeredness culture sustainability requires informing and engaging staff on how to be patient-centered. An assigned personnel shall oversee and support the implementation and maintenance of a patient-centered culture. Participation of patients and their family members should be encouraged to ensure their perspectives are represented, integrated and addressed all aspects of patient-centered care, including patient experiences, satisfaction, complaints, suggestions, and the related procedures and practices.

Developing a patient-centered culture requires collaborative teamwork from multiple disciplines. The physical therapy center leadership can develop patient-centered initiatives, but it requires staff adoption and implementation. The team may also go for quick wins till the culture change matures up and becomes an integrated part of daily processes. The physical therapy center shall have a plan to guide patient-centered activities and practices. The plan addresses at least the following:

- a) Create a vision of establishing a patient-centered culture with the required approaches to achieve it.
- b) Communicate this vision to multiple stakeholders and staff members.
- c) Education and training of the staff to ensure that they understand and can implement patient-centered care practices including empowerment of patients to make an informed choice/decision.
- d) Involving the patients in the planning of patient-centered activities and initiatives.
- e) Identify potential obstacles and resistance.
- f) Work to remove these obstacles and ease down resistance.

#### **Survey process guide:**

- GAHAR surveyor may review the plan describing patient-centered activities and practices.

- GAHAR surveyor may interview the physical therapy center head of departments to inquire about the strategies and measures in place to plan, assist, and maintain patient-centered practices.
- GAHAR surveyor may interview the physical therapy center staff to check their awareness of patient-centered activities.

#### **Evidence of Compliance:**

1. The physical therapy center has an approved plan fulfilling the detailed practices for patient-centered activities includes elements mentioned in intent from a) to f).
2. The physical therapy center leadership assigns one or more individuals with defined responsibilities and authorities to oversee the patient-centered plan.
3. Physical therapy center staff are oriented toward patient-centered activities.
4. Patients and family members are involved in patient-centeredness activities.
5. Physical therapy center leadership takes action to encourage staff participation in patient-centeredness initiatives.

#### **Related standards:**

PCC.02 Patients and family rights, PCC.03 Patient and family responsibilities, PCC.10 Patient and family feedback, complaints and suggestions, PCC.07 Informed consent\refusal, OGM.02 Physical therapy center director

### **PCC.02 Patient and family rights are protected and informed to patients and families.**

*Patient-centeredness*

#### **Keywords:**

Patients and Family rights.

#### **Intent:**

The physical therapy center shall provide orientation to staff regarding their role in protecting the rights of patients and families. Patients should be able to understand their rights and know how to apply them. If for any reason, a patient does not understand his/her rights, the physical therapy center is committed to helping him/her gain knowledge of his/her rights. The physical therapy center shall empower staff members, patients, and families to report violations of any patient's or family's rights.

The physical therapy center shall respect the patient's information as confidential and implement processes to protect such information from leakage, loss, or misuse and ensure patient privacy. Patients' cultural context emotional, religious, spiritual needs, and other preferences shall be addressed and recognized. where appropriate, provide separate places and physiotherapist for women and men according to their cultural needs.

The physical therapy center develops and implements policies and procedures to ensure that all staff members are aware of, respect, and respond to patient and family rights when they interact with and care for patients throughout the physical therapy center. The policy addresses at least the following:

- a) Patient and family rights as defined by laws and regulations, and the ethical code of general physical therapy syndicates.
- b) Patient and family right to know the name and the title of physical therapy center staff members.
- c) Patient and family right to respect the patient's personal values and beliefs.
- d) Patient and family right to respect patients' choices, preferences, and emotional, religious, cultural, and spiritual needs.
- e) Patient and family right to security, personal safety, privacy, confidentiality, and dignity.
- f) Patient and family right to receive education that helps them to give informed consent.
- g) Patient and family right to identify, choose, or refuse their options for provided care.
- h) Patient and family right to make a complaint or suggestion without fear of retribution.
- i) Patient and family right to know the price of services and procedures and understand any financial implications of care choices.
- j) A child or adolescent patient has the right to expect that services provided by the physical therapy center will be appropriate to his or her age, size, or need.
- k) Patients with special needs have the right to expect that the services provided by the physical therapy center will be appropriate to his or her needs.

**Survey process guide:**

- GAHAR surveyor may review the patient rights policy and procedure defining patient and family rights, and the corrective action taken when a violation against patients' rights is reported.
- GAHAR surveyor may interview staff members to check their awareness of patient' and families' rights and their roles in protecting their rights.
- GAHAR surveyor may observe patient rights statements posted in the physical therapy center, may also observe how patients receive information about their rights.
- GAHAR surveyor may observe conditions under which patient rights are protected.

**Evidence of compliance:**

1. The physical therapy center has an approved policy guiding the process of defining patients' and family rights, which includes elements mentioned in intent from a) through k).

2. Staff members are aware of patient and family rights and their roles in protecting these rights.
3. Patient rights are posted in all public areas in the physical therapy center in a way that makes it visible to staff, patients, and families.
4. Patient and family rights are protected in all areas and at all times.
5. Information about patient rights is provided in writing or in another manner, the patient's and their families understand.
6. Violations against patients' rights are reported, analyzed, and corrective action is taken.

**Related standards:**

PCC.01 Multidisciplinary patient-centeredness, PCC.03 Patient and family responsibilities, PCC.04 Disabled patients, PCC.07 Informed consent\refusal, PCC.09 Dignity, preferences, privacy, and confidentiality, PCC.10 Patient and family feedback, complaints and suggestions, OGM.06 Billing system, ACT.01 Patient access and registration, ICD.04 Individualized physical therapy plan of care, PTH.03 Physical therapy home program assessment and plan of care

**PCC.03 Patients and families are empowered to assume their responsibilities.**

*Equity*

**Keywords:**

Patient and family responsibilities

**Intent:**

Patients and their families should be able to assume responsibilities related to the care process. If, for any reason, a patient/family does not understand his/her responsibilities, the physical therapy center is committed to helping them gain relevant knowledge and awareness. The inability to assume these responsibilities might affect the physical therapy care processes of the patients themselves, of their families, or even of staff members. The physical therapy center is responsible for making the patients' responsibilities visible to patients and staff members at all times. The physical therapy center shall empower staff members, patients, and families to report violations of any patient's or family's responsibilities.

The physical therapy center develops and implements policies and procedures to ensure that patients are aware of their responsibilities. The policy addresses at least the following:

- a) Patients and their families have the responsibility to provide clear and accurate information on the disease/condition current and past medical history.
- b) Patients and their families have the responsibility to comply with the policies and procedures of the physical therapy center.

- c) Patients and their families have the responsibility to comply with financial obligations according to laws and regulations and the physical therapy center's policy.
- d) Patients and their families have the responsibility to show respect to other patients and the physical therapist.
- e) Patients and their families have the responsibility to follow the recommended care plan.

**Survey process guide:**

- GAHAR surveyor may review patient responsibilities policy, procedure, and corrective action taken when violation against patients' responsibilities is reported.
- GAHAR surveyor may interview staff members to check their awareness of patient and family responsibilities.
- GAHAR surveyor may observe patient responsibility statements posted in the physical therapy center. The surveyor may also observe how patients receive information about their responsibilities.

**Evidence of compliance:**

1. The physical therapy center has an approved policy guiding the process of defining patient and family responsibilities as mentioned in the intent from a) through e).
2. All staff members are aware of patients' and families' responsibilities.
3. Patients' responsibilities are posted in all public areas in the physical therapy center and visible to patients, families, and staff.
4. Information about patient responsibilities is provided in a written format or through an alternative method that the patient understands.
5. Violations against patients' responsibilities are reported, analyzed, and corrective action is taken.

**Related standards:**

PCC.02 Patients and family rights, PCC.10 Patient and family feedback, complaints and suggestions, ICD.04 Individualized physical therapy plan of care, PTH.03 Physical therapy home program assessment and plan of care, OGM.06 Billing system, PCC.07 Informed consent\refusal

## **PCC.04 Disabled patients are protected against physical, verbal, sexual, emotional, mental, and psychological abuse.**

*Patient-Centeredness*

### **Keywords:**

Disabled patients.

### **Intent:**

Disabled patients shall be protected all the time in a manner that preserves their dignity and protects them against all kinds of violations, according to local laws and regulations.

The physical therapy center shall ensure that families of disabled patients are involved in the patient's plan of care, especially for pediatric patients. Proper education shall be provided for disabled patients and their families to make them fully aware of all possible measures that should be taken to prevent all types of abuse that may occur or are suspected to occur during the provision of physical therapy care. The physical therapy center shall explore how to provide each patient the care needed to meet the desired goals that are highly important and affect the individual's daily life by offering the best available knowledge and skills. The physical therapy center that deals with disabled patients shall develop and implement a policy and procedures that address at least the following:

- a) Define disabilities, modalities, types, and disabled patients.
- b) How to involve disabled patients in all decisions regarding their physical therapy plan of care.
- c) Measures to protect disabled patients from physical, verbal, sexual, emotional, mental, and psychological abuse, especially for pediatric patients.
- d) Methodology of reporting and analyzing any possible violation against disabled patients, including the implementation of appropriate corrective actions.

### **Survey process guide:**

- GAHAR surveyor may review the policy and procedure of dealing with disabled patients, and corrective action taken when a violation against disabled patients is reported.
- GAHAR surveyor may interview staff members to check their awareness of the approved process.
- GAHAR surveyor may observe the process of family education on how to observe measures implemented to protect disabled patients.
- GAHAR surveyor may interview families of disabled patients to assess their involvement in the patient's plan of care.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that addresses protecting disabled patients against all kinds of abuse, including elements mentioned in the intent from a) through d).
2. Staff are aware of how to observe and report any violations that may occur against disabled patients.
3. Disabled patients' families are involved in the plan of care and any related decisions, especially for pediatric patients.
4. Disabled patient's families are aware of how to observe and report any possible violations especially for pediatric patients.
5. Violations against disabled patients are reported and analyzed, and corrective action is taken.

**Related standards:**

PCC.02 Patients and family rights, PCC.09 Dignity, preferences, privacy, and confidentiality, PCC.10 Patient and family feedback, complaints and suggestions, ICD.04 Individualized physical therapy plan of care, PTH.03 Physical therapy home program assessment and plan of care

**Ensuring patient and family empowerment**

**PCC.05 Patients' and families' education is provided.**

*Patient-centeredness*

**Keywords:**

Patients and family education.

**Intent:**

Education of the patient and their family enables them to understand the care process and empowers patients and families to make well-informed decisions. Patients and families shall contribute to this process during the course of care. The physical therapy center shall develop and implement a policy and procedures to define the process of patient and family education. The policy shall address at least the following:

- a) Identifying patient and family educational needs that may vary from one patient to another. However, at least the following needs are to be addressed for all patients:
  - i. Diagnosis and condition
  - ii. Plan of care/program.
- b) Method for education is provided according to patient and family values and level of learning, and in a language and format that they understand.



- c) Educational barriers are identified as psychological, cultural, and language barriers.
- d) The education process is recorded in the patient's medical record, including patient education needs, the responsibility of providing education, and the method used.

#### **Survey process guide:**

- GAHAR surveyor may review the physical therapy center policy guiding the patient and family education process.
- GAHAR surveyor may interview staff members to assess awareness of the patient and family education process and recording.
- GAHAR surveyor may review a sample of patients' medical records to check the completion of patient and family education records.

#### **Evidence of compliance:**

1. The physical therapy center has an approved policy defining patient and family education process that include elements mentioned in the intent from a) through d).
2. Staff members are aware of the patients' and families' education process and documentation.
3. Patients receive education relevant to their condition.
4. Patient education activities are recorded in the patient's medical record.

#### **Related standards:**

PCC.02 Patients and family rights, PCC.03 Patient and family responsibilities, PCC.06 Health education materials, PCC.07 Informed consent\refusal, ICD.04 Individualized physical therapy plan of care, PTH.03 Physical therapy home program assessment and plan of care, ICD.02 Fall screening and prevention, PTH.01 Physical therapy home program.

### **PCC.06 Health education materials are available.**

*Effectiveness*

#### **Keywords:**

Health education materials.

#### **Intent:**

The physical therapy center shall provide educational materials for patients and families on certain health topics based on the served community's needs and /or patient condition.

The educational materials may take the form of videos, social media posts, brochures, pamphlets, text messages, or other forms. It is important for the physical therapy center to make sure that these materials are available when needed, especially during health campaigns, and to ensure that these educational materials are understandable by the target patients, with different languages or pictorial illustrations if needed. Health



educational materials shall contain relevant and evidence-based information matching with the individualized patient plan of care.

Education materials should be appropriate for the physical therapy's scope of services and the patient's health needs, level of education, language, and culture to support, maintain, and improve their own health and well-being. Education materials may include smoking cessation programs, stress management advice, diet and exercise guidance and substance abuse management.

The physical therapy center shall develop a clear process, which includes at least the following:

- a) Educational materials need to cover each patient's and family's clinical and educational needs.
- b) Applying suitable education methods to match with patient and family values, education level, and language.
- c) Identify the places for distributing health education materials.

**Survey process guide:**

- GAHAR surveyor may review the process of describing health educational needs, and may interview staff members to ensure their full awareness.
- GAHAR surveyor may observe health education materials availability for patients in the places and locations identified by the center.

**Evidence of compliance:**

1. The physical therapy center identifies the places and locations for distributing health education materials.
2. Staff are aware of how to provide the educational material and how to enable the patient to use it.
3. Health education materials are readily available in the places and locations identified by the physical therapy center.
4. Health education materials contain relevant and evidence-based information.
5. Health education materials are appropriate for readers of varying literacy levels and translated in different languages for foreigner patient groups.

**Related standards:**

PCC.02 Patients and family rights, PCC.05 Patients and family education, OGM.10 Community Initiatives

## Patient and family Collaboration

### **PCC.07 The physical therapy center has a defined process to obtain informed consent for certain processes.**

*Patient-centeredness*

#### **Keywords:**

Informed consent\refusal.

#### **Intent:**

Informed consent is a process for getting permission before performing any healthcare intervention on a patient and for disclosing all related personal information.

To give consent, a patient should be informed of all factors related to the planned care that help the patient to make an informed decision. Informed consent should be valid during the time or procedure it is intended to cover. Specific informed refusal consent shall be used to document the refusal process. The physical therapy center shall develop and implement a policy and procedures to describe how and where informed consent is used. The policy shall include at least the following:

- a) The list of processes when informed consent is needed, this list shall include:
  - i. Situations where significant risks or adverse effects are expected, such as Dry needling, Acupuncture, traction therapy, spinal manipulation, High power laser therapy, etc.
  - ii. Photographic and promotional activities, for which the consent could be for a specific time or purpose.
  - iii. Refusing or discontinuing a step or steps in the physical therapy care process, the patient informed refusal consent may be used to document the refusal process, and the patient should be informed of the consequences of their decision.
- b) The likelihood of success and the risk of not doing the procedure or intervention, benefits, and alternatives to performing that particular process.
- c) Certain situations when consent can be given by someone other than the patient, and mechanisms for obtaining and recording it according to applicable laws and regulations and approved physical therapy center policies.
- d) Required staff training on obtaining informed consent.
- e) Consent forms are available in all relevant locations.
- f) Consent validity.
- g) The informed refusal consent is signed by the responsible physical therapist who is responsible of patient, recorded and kept in the patient's medical record.

### **Survey process guide:**

- GAHAR surveyor may review the policy guiding the process of obtaining informed patient consent / refusal.
- GAHAR surveyor may review the list of processes when informed consent is needed.
- GAHAR surveyor may review a sample of patients' medical records to check informed patient consent / refusal completion.
- GAHAR surveyor may observe the distribution and availability of informed consent forms by visiting areas where they are most needed.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy guiding the process of informed consent that includes elements mentioned in the intent from a) through g).
2. Informed consent is obtained in a manner and language that the patients understand and does not contain abbreviations.
3. Valid informed consent is recorded and kept in the patient's medical record.
4. The responsible physical therapist obtains the informed consent/ refusal and signs the form with the patient.
5. Informed consent given by someone other than the patient complies with laws and regulations.

### **Related standards:**

PCC.02 Patients and family rights, PCC.05 Patients and family education, WFM.07 Continuous education program.

## **Ensuring the patient's physical comfort**

### **PCC.08 Patient-centered waiting spaces are available for various services.**

*Patient-centeredness*

#### **Keywords:**

Waiting spaces.

#### **Intent:**

Waiting spaces and waiting times are the most critical points in the patient experience. Emotions such as anxiety, fear, confusion, frustration, and annoyance are high when a patient is waiting for a healthcare service for a long time. It is even more frustrating to be combined with uncomfortable seating, a lack of basic human needs, and overcrowding. Therefore, to avoid putting patients under any additional stress, the physical therapy center shall provide comfortable, safe, clean, and well-ventilated waiting spaces, equipped with toilets and potable water, and adequate for the expected number of patients waiting.

**Survey process guide:**

- GAHAR surveyor may observe waiting space cleanliness, ventilation, lighting, distancing, and safety.
- GAHAR surveyor may check toilets and potable water availability through the waiting areas.

**Evidence of compliance:**

1. Waiting spaces are lit, ventilated, clean, and safe.
2. Waiting spaces are adequate for the expected number of patients.
3. Waiting spaces are supported by basic human needs such as toilets and potable water.
4. Patients receive information on how long they may wait after their registration.

**Related standards:**

PCC.02 Patients and family rights, EFS.01 Physical therapy environment and facility safety.

**Responding to patient needs**

**PCC.09 The patient's dignity, preferences, privacy, and confidentiality are protected during all care processes, such as assessments and care.**

*Patient-centeredness*

**Keywords:**

Dignity, preferences, privacy, and confidentiality.

**Intent:**

One of the most important human needs is the desire for respect and dignity. The patient has the right to receive care that is respectful and considerate at all times, in all circumstances. Physical therapy centers must provide care that respects patients' emotional, religious, spiritual, and personal preferences. Physiotherapists should receive training in cultural competence with a focus on sensitivity to religious and spiritual beliefs to promote respectful and effective interactions with patients from diverse backgrounds. Patient privacy, particularly during assessments, care, and transport, is important. Patients may desire privacy from other staff, from other patients, or even from accompanying family members. The physical therapy center shall deal with the patient's information as confidential and shall implement processes to protect such information from leakage, loss, or misuse.

**Survey process guide:**

- GAHAR surveyor may observe locations for patient care to assess if privacy and confidentiality are maintained.

- GAHAR surveyor may interview patients to assess how they are satisfied and involved in the decision of allowing persons who can attend the patient assessment process.
- GAHAR surveyor may interview staff or patients to inquire about emotional, religious, and spiritual needs and how some routine functions may be adjusted based on these needs.

**Evidence of compliance:**

1. Places of providing care ensure that the care is respectful and considerable for the patient's dignity and self-worth.
2. Patient privacy is respected for all physical therapy assessments, care, and transport.
3. Physiotherapists identify patients' emotional, religious, and spiritual needs and document them in patient medical records.
4. Confidentiality of patient information is maintained according to laws and regulations.
5. Patients are allowed to decide who can attend their assessment or care processes.

**Related standards:**

PCC.02 Patients and family rights, PCC.04 Disabled patients, ICD.04 Individualized physical therapy plan of care, PTH.03 Physical therapy home program assessment and plan of care, IMT.02 Confidentiality and security

**PCC.10 The Physical therapy center improves provided services based on measured patients', families', and other customers' feedback, complaints, and suggestions.**

*Patient-Centeredness*

**Keywords:**

Patient and family feedback, complaints, and suggestions.

**Intent:**

Patient feedback could include concerns, compliments, suggestions, and formal complaints that may help the facility to better understand the patient's needs.

Patient feedback surveys may help a physical therapy center identify ways of improving performance. Ultimately, that translates into better physical therapy center services and satisfied patients. Physical therapy centers can solicit feedback from patients in a variety of ways: phone surveys, written surveys, focus groups, or personal interviews. Many physical therapy centers use written surveys, which tend to be the most cost-effective and reliable approach. The responsible staff shall be educated on how to manage the patient feedback, complaints, and suggestions process.

The physical therapy center shall develop and implement a policy and procedures to guide the:

## a) Process of managing patient feedback:

- i. Measuring feedback for scheduled or walk-in patients.
- ii. Measuring feedback from other customers, such as contracted or insurance companies.
- iii. Measuring feedback for home visit patients.
- iv. Tracking, collecting, and analyzing the data.
- v. Interpretation of information obtained from measured feedback and identify opportunities for improvement or plan for new services.

## b) Process to make oral or written complaints or suggestions:

- I. Mechanisms to inform patients and families of communication channels to voice their complaints and suggestions.
- II. Tracking processes for patients' and families' complaints and suggestions.
- III. Responsibility for responding to patients' complaints and suggestions.
- IV. Timeframe for giving feedback to patients and families about voiced complaints or suggestions.
- V. Monitor the reported data on patients' complaints and take actions to control or improve the process.

**Survey process guide:**

- GAHAR surveyor may review the policy of patient and family feedback, including suggestions and complaints.
- GAHAR surveyor may interview heads of departments to ensure the usage of patient and family feedback for performance improvement.
- GAHAR surveyor may assess the process of managing patient suggestions and complaints during tracer activities, leadership interview sessions, or during quality program review sessions.

**Evidence of compliance:**

1. The physical therapy center has an approved policy guiding the process of patient and family feedback, complaints and suggestions that include elements mentioned in the intent from a) through b).
2. Staff are aware of the patient and family feedback, complaints, and suggestions process.
3. There is evidence that the physical therapy center has received, analyzed, interpreted and resolved feedbacks, complaints and suggestions from patients and families within approved timeframes.
4. The interpreted feedback has been communicated to concerned staff members and

used as improvement opportunities or a plan for a new service.

5. The physical therapy center allows the complaint process to be publicly available.
6. Patients and families receive feedback about their complaints or suggestions within approved timeframes.

**Related standard:**

PCC.01 Multidisciplinary patient-centeredness, PCC.02 Patients and family rights, PCC.03 Patient and family responsibilities, QPI.02 Performance measures, QPI.08 Sustained improvement activities.

## **Access, Continuity, and Transition of Care**

### **Chapter Intent:**

Access is the process by which a patient can start receiving healthcare services. Facilitating access to healthcare is concerned with helping people to command appropriate healthcare resources in order to preserve or improve their health. access is a complex concept, and at least four aspects require evaluation: availability, affordability, acceptability, and physical accessibility.

Continuity of care becomes increasingly important for patients as the community ages, develops multiple morbidities and complex problems, or includes more patients who become socially or psychologically vulnerable.

Globally, the World Health Organization presented the global framework for access to care announcing that all people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable.

Locally, the Egyptian constitution focuses on the importance of granting access to healthcare services to all Egyptians. Egyptian laws for establishing physical therapy centers defined the minimum requirements for licensure and for access pathways. The code of ethics defines the framework of physiotherapists' responsibilities towards patients. In addition, the Egyptian government has announced a major initiative to transform the healthcare industry in Egypt, where payers and physiotherapists shall be separated, and an accreditation body shall measure the quality of provided services. All this shall be under the umbrella of the Universal Health Insurance, where eligibility criteria are set for patient access, and referral mechanisms are established.

Tele-rehabilitation refers to the remote delivery of physical therapy services using telecommunications technology. It allows physical therapists to assess, guide, monitor, and provide therapeutic interventions to patients without requiring them to be physically present at the facility. This service is especially useful for individuals with limited mobility, chronic conditions, and postoperative recovery needs.

During a GAHAR survey, the GAHAR surveyor is going to assess the smooth flow of patients to and from the physical therapy center, as well as assess the process and its implementation. In addition, they will be interviewing staff and reviewing documents related to the standards to ensure that equity, Effectiveness, and efficient processes are in place.



**Chapter Purpose:**

1. Provide and maintain equitable, effective access to patient care services in a safe and efficient way.
2. Facilitate Smooth Care Transitions.
3. Minimize Risks During Patient Transfers.
4. Enhance Information Sharing and Record-Keeping.

## ACT summary of changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ACT.01</b> <b>KW:</b> Patient access and registration	<b>ACT.01</b> <b>KW:</b> Patient access.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy to grant access to patients that addresses all elements mentioned in the intent from a) through e).</li> <li>• (EOC.05: Patient registration and flow processes are uniform for all patients).</li> </ul> <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.02: The responsible staff are aware of the patient access policy.</li> <li>• (EOC.04: The registration process and patient flow information are available and visible to patients and families at the point of first contact and in public areas.)</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ACT.02</b> KW: Uniformity, coordination, and continuity of care.	<b>ACT.02</b> KW: Coordination and continuity of care.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy for coordination and continuity of care that address all elements mentioned in the intent from a) through d).</li> <li>• (EOC.03: The physical therapy center receives and keeps in the patient's medical record all the patient's medical external reports and data to ensure the continuity of care.</li> </ul> <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.02: Responsible staff are aware of the coordination and continuity of care policy).</li> <li>• (EOC.04: When a patient's healthcare needs do not match the PTC's scope of service, the patient is referred and/or transferred to another healthcare organization or given assistance in locating the service).</li> <li>• (EOC.05: Physical therapy scope of services is published and accessible for patients and family).</li> </ul>
<b>ACT.03</b> KW: Patient identification	<b>ACT.03</b> KW: Patient identification	<b>Added a new EOC: (EOC.05: Physical Therapy center monitors the reported data on the patient's identification process and takes actions to control or improve the process as appropriate).</b>
<b>ACT.04</b> KW: Referral report.	<b>ACT.04</b> KW: Referral report.	No change.

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ACT.05</b> KW: Patient care responsibility and accountability.	<b>ACT.05</b> KW: Patient care responsibility and accountability	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy for safe and clear responsibility and accountability for patient care that addresses items from a) to d) in intent).</li> <li>• (EOC.03: The responsible physical therapy (consultant/specialist) is identified in the patient's medical record).</li> </ul> <p><b>Rephrasing of EOC :(EOC.04:</b> Each patient is made aware of the assigned physical therapist).</p> <p>Added a new EOC: (EOC.05: Assigned physical therapist documents and signs the progress records in the patient's medical records.)</p>
<b>ACT.06</b> KW: Physical access and comfort.	<b>ACT.06</b> KW: Physical access and comfort.	No change
<b>ACT.07</b> KW: Referral/ transfer process.	<b>ACT.07</b> KW: Referral/ transfer process.	No change
<b>ACT.08</b> KW: "End of care" process.	<b>ACT.08</b> KW: "End of care" process.	No change
<b>ACT.09</b> KW: Tele-rehabilitation, Tele-physical therapy.		New Standard

## Effective patient flow into the physical therapy center

### **ACT. 01 The physical therapy center grants patients access to its services in accordance with applicable laws and regulations.**

*Safety*

#### **Keywords:**

Patient access and registration.

#### **Intent:**

Access is the process by which a patient can start receiving healthcare services. In order to ensure safe and comfortable access to the physical therapy center services, patients and families should be well-informed about the available services in a manner and language that patients understand. Some information may be publicly available via the physical therapy center website (if applicable).

The availability of services, and barriers to access, have to be considered in the context of the differing perspectives, health needs, and material and cultural settings of diverse groups in society, such as not hindering women by offering female healthcare professionals when and where it is relevant. The process of patient registration usually includes a review of the patient's eligibility to receive certain services. These eligibility criteria are usually pre-set by healthcare provider and guided by laws, regulations, and physical therapy center policies.

Therefore, the physical therapy center shall develop a policy and procedures that address at least the following:

- a) How to provide complete information on the care provided and services access the PTC offers, and provide clear, updated and accurate advertisement of services in compliance with laws, regulations.
- b) Access through the physical therapy center is safe and appropriate for patients' conditions include a clearly defined scheduling and queuing process for patients that include appropriate identification, clear sufficient information exchange, safety and comfort.
- c) Minimum information needed for the registration process and flow of patients is visible to patients and families at the point of the first contact in public areas and in a manner that the patient understands.
- d) A process to identify barriers to access, have to be considered.
- e) A process to ensure safe, comfortable and standardized registration.

#### **Survey process guide:**

- GAHAR surveyor may review the PTC policy and related documents guiding the process of granting access and registration.

- GAHAR surveyor may observe the availability of information related to the registration process and patient flow in registration areas, either in the form of brochures, posters, digital or verbal messages, or any other means.
- GAHAR surveyor may interview patients to assess their awareness of the information given concerning available services, operating hours, the cost of each service, and the access path.
- GAHAR surveyor may also trace different patients to ensure that their registration processes are uniform.

#### **Evidence of compliance:**

1. The physical therapy center has an approved policy to grant access to patients that addresses all elements mentioned in the intent from a) through e).
2. The responsible staff are aware of the patient access policy.
3. Patients are made aware of available services, including operating hours, types of services, cost of each service, and access path.
4. The registration process and patient flow information are available and visible to patients and families at the point of first contact and in public areas in a manner that the patient understands.
5. Patient registration and flow processes are uniform for all patients.

#### **Related standards**

PCC.02 Patients and family rights., ACT.01 Patient access and registration., ACT.06 Physical access and comfort, ACT.07 Referral/transfer process, ACT.08 “End of care” process, EFS.01 Physical therapy environment and facility safety, IIMT.05 Medical record management.

### **ACT.02 The physical therapy center designs and carries out processes to ensure continuity of patient care services.**

*Patient-centeredness*

#### **Keywords:**

Uniformity, coordination, and continuity of care.

#### **Intent:**

Throughout all phases of access to care and continuity of care, patient needs are matched with the required resources within and when necessary, outside the center. Continuity is enhanced when all physical therapists have the information needed from the patient's current and past medical experiences to help in decision making. For patient care to appear seamless, the center needs to design and to implement processes for continuity and coordination of care, prioritize of patient clinical needs, setting criteria for patient end of care or transfer/ referral process.

The responsible staff work together to design and to implement the processes of care coordination and continuity. These processes may be supported with the use of tools such as guidelines, clinical pathways, care plans, referral forms, and checklists.

Physical therapy centers shall offer care/program to patients whose needs can be met within the capabilities of the centers' staff and scope of services. Appropriateness of care shall be based upon patient physical therapy assessments, re-assessments, and desired outcomes. Provided care shall be uniformed for all ages regardless of national or ethnic origin, economic status, lifestyle, or beliefs.

The PTC shall develop and implement a policy and procedures to guide the process of coordination and continuity of care that addresses at least the following:

- a) Processes for continuity and coordination of care include prioritization of clinical needs and the staff responsibilities.
- b) The process of screening patients to determine that the PTC scope of services can meet their healthcare needs.
- c) Criteria for patient end of care or transfer/ referral process.
- d) Actions to be taken when PTC's scope of service does not match patients' healthcare needs.

**Survey process guide:**

- GAHAR surveyor may review coordination and continuity of care policy that describe the components of continuity of care, including patients' referral when their needs don't match the center's scope of services.
- GAHAR surveyor may observe the availability of center's scope of services in the first point of patient and family contact.
- GAHAR surveyor may interview staff to check their awareness of the approved policy.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for coordination and continuity of care that address all elements mentioned in the intent from a) through d).
2. Responsible staff are aware of the coordination and continuity of care policy.
3. The physical therapy center receives and keeps in the patient's medical record all the patient's medical external reports and data to ensure the continuity of care.
4. When a patient's healthcare needs do not match the PTC's scope of service, the patient is referred and/or transferred to another healthcare organization or given assistance in locating the service.
5. Physical therapy scope of services is published and accessible for patients and family.

**Related standards:**

ACT.01 Patient access and registration, ICD.01 Physical therapy initial assessment and reassessment., ACT.04 Referral report, ACT.05 Patient care responsibility and accountability, ACT.07 Referral/transfer process, ACT.08 “End of care” process, IMT.01 Documentation control system

**ACT.03 (GSR.01) The physical therapy center develops a clear process to ensure safe patient identification.**

*Safety*

**Keywords:**

Patient identification.

**Intent:**

Providing care or performing procedures on the wrong patient is a significant error, which may have grave consequences. Using two identifiers for each patient is the key driver in minimizing such preventable errors. The center shall address the methodology of proper patient identification, which can minimize adverse events and ensure full staff awareness. The physical therapy center shall develop and implement a policy and procedures to guide the process of patient identification. The policy shall address at least the following:

- a) Two unique identifiers (personal).
- b) Occasions when verification of patient identification is required.

**Survey process guide:**

- GAHAR surveyor may review the patient identification policy guiding patient identification.
- GAHAR surveyor may interview staff assigned to provide patient care, to assess their awareness of patient identification policy and ensure their usage of at least two unique patient identifiers before procedures.
- GAHAR surveyor may review a sample of medical records to check the presence of the two identifiers mentioned in the policy in each sheet.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for patient identification that addresses a) through b) in the intent.
2. All Staff are aware of the patient identification policy.
3. The patient's identifiers are recorded in the patient's medical record.
4. Patient identification occurs according to the policy.
5. Physical Therapy center monitors the reported data on the patient's identification process and takes actions to control or improve the process as appropriate



**Related standards:**

PCC.02 Patients and family rights, ACT.02 Uniformity, coordination and continuity of care, ACT.07 Referral/transfer process, ACT.08 “End of care” process, IIMT.05 Medical record management

**ACT.04 The physical therapy center requires a patient’s referral report from the treating physician of any specialty.**

*Safety*

**Keywords:**

Referral report.

**Intent:**

To optimize patient outcomes within a comprehensive care framework, physical therapy interventions must be predicated on a collaborative approach. To ensure the efficacy of therapeutic services, a physical therapy center shall mandate the submission of a written referral from a licensed physician of any specialty prior to patient visits. Consequently, the physical therapy center develops a policy that includes at least the following:

- a) Acceptance criteria for the referred patient with a written report from the treating physician with any specialty, determine at least the following:
  - i. Patient’s medical diagnosis.
  - ii. Previous surgical and/or medical care(s).
  - iii. Physician’s contact information for further discussions.
- b) A clear process to be followed in case of an incomplete referral report.
- c) Report validity

Sharing this information with the physical therapist is crucial for him/her to reach a proper physical therapy diagnosis and to build accordingly upon it the individualized physical therapy plan of care.

**Survey process guide**

- GAHAR surveyor may review the referral policy that addresses the process of receiving patients in the physical therapy center and referred patient’s acceptance criteria.
- GAHAR surveyor may review an appropriate number of medical records and check referral report availability.
- GAHAR surveyor may interview the responsible staff to assess their awareness about the referred patient’s acceptance criteria.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that determines the referred patient's acceptance criteria, which includes at least items from a) to c) in intent.
2. The patient's referral report is up to date to ensure documentation of the latest information.
3. There is a defined, clear process taken in case of an incomplete referral report.
4. The responsible staff are aware of the receiving patient process and the referred patient's acceptance criteria.

**Related standards:**

ACT.01 Patient access and registration, ACT.02 Uniformity, coordination and continuity of care, ACT.05 Patient care responsibility and accountability, ACT.07 Referral/transfer process, IMT.05 Medical record management

**Effective and safe patient flow within the physical therapy center****ACT.05 The physical therapy center ensures clear, defined responsibilities and accountabilities in providing patient care.***Effectiveness***Keywords:**

Patient care responsibility and accountability.

**Intent:**

The physical therapy center shall develop a policy that describes clear responsibility and accountability in providing patient care. Assigning a specific physical therapist to each patient who is most relevant to patient assessment and clinical status is the key to achieving effective, appropriate patient care and better outcomes. The physical therapy center shall develop a policy that properly defines the responsibility and accountability of each physical therapist working in the center toward his/her patient. The policy shall address at least the following:

- a) Assigning one primarily responsible physical therapist (consultants/specialists) to the patient, who is the most relevant to their assessment and clinical status, and a clear handover process in case of transfer/referral of care responsibility.
- b) Physical therapy (consultants/specialists) assign the patients to the physical therapy practitioner.
- c) Substituting the assigned physical therapist in case of unavailability with disclosure and pre-agreement from the patient.
- d) Relevant documentation, including progress records for every patient visit, documented in the patient's medical record.

### **Survey process guide:**

- GAHAR surveyor may review the policy of clear responsibility and accountability, which includes the criteria of a responsible physical therapist.
- GAHAR surveyor may review an appropriate number of medical records and check the signature of the responsible physical therapist.
- GAHAR surveyor may interview the responsible staff to assess their awareness of the approved process.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy for safe and clear responsibility and accountability for patient care that addresses items from a) to d) in intent.
2. Staff members are aware of the policy.
3. The responsible physical therapy (consultant/specialist) is identified in the patient's medical record.
4. Each patient is made aware of the assigned physical therapist.
5. Assigned physical therapist documents and signs the progress records in the patient's medical records.
6. There is a clear handover process performed in cases of transfer/referral of care responsibility.

### **Related standards:**

ACT.02 Uniformity, coordination and continuity of care, ICD.01 Physical therapy initial assessment and reassessment, ACT.04 Referral report, ACT.08 "End of care" process, WFM.04 Job Description.

## **ACT.06 The physical therapy center works in collaboration with other community stakeholders to provide physical comfort and easy physical access.**

*Effectiveness*

### **Keywords:**

Physical access and comfort.

### **Intent:**

In order to have a comfortable physical access process, necessary and appropriate healthcare services should be available and obtainable in a defined timeframe. There are many factors to consider in terms of healthcare access. Physical therapy centers aiming at achieving accreditation shall work with authorities or community members to ensure appropriate, available public transportation and ensure the availability of comfortable

physical access, such as ramps and paths for wheelchairs and trollies, and adequate access pathways. Physical therapy centers shall identify the potential blockages of access, such as the presence of a physical barrier like a canal or even the absence of clear signs to direct the patient's journey in the physical therapy center.

**Survey process guide:**

- GAHAR surveyor may observe the PTC access on the way to the PTC, identifying potential blockages of access such as the absence of nearby public transportation, the presence of a physical barrier like a canal, or even the absence of clear signs to direct patient's journey in the PTC.
- GAHAR surveyor may observe the availability of ramps, wheelchairs, and trollies to ensure accessibility for patients with disabilities.

**Evidence of compliance:**

1. The physical therapy center has current needs assessment and analysis identifying patient needs for easy physical access and comfort.
2. Measures as ramps, wheelchairs, and trollies are available for served patients.
3. The physical therapy center is easily accessible to patients with disabilities.
4. When services are not easily accessible for patients with various types of disabilities, actions are taken to ensure the availability of these services when required.

**Related standards:**

ACT.01 Patient access and registration, ICD.01 Physical therapy initial assessment and reassessment, EFS.01 Physical therapy environment and facility safety

**Safe and effective patient flow out of the physical therapy center**

**ACT.07 The physical therapy center ensures an effective, accurate patient referral \ transfer process.**

*Effectiveness*

**Keywords:**

Referral/transfer process.

**Intent:**

For a physical therapy center, an effective patient referral/transfer system is an integral way of ensuring that patients receive optimal care at the right time and at the appropriate level. The physical therapy center shall develop and implement a policy and procedures to guarantee the appropriate patient referral/transfer within an approved timeframe, which is based on identified patients' needs and guided by clinical guidelines/protocols. Recording and responding to referral feedback ensures continuity of care and completes the cycle of

referral. The referral/transfer policy shall address at least the following:

- a) Planning for referral/transfer begins once the initial physical assessment is settled and, when appropriate, includes the patient and family.
- b) Responsible physical therapist for ordering and executing the referral of patients.
- c) Defined criteria determine the appropriateness of referrals/transfers outside the physical therapy center based on the approved scope of service and the patient's needs for continuing care.
- d) Coordination with referral/transfer agencies, when possible, other levels of care, and other organizations.
- e) The referral/transfer report shall include at least the following:
  - i. Patient identification.
  - ii. Reason for referral.
  - iii. Collected information through assessments and care.
  - iv. Provided care/program.
  - v. Transportation means and required monitoring, when applicable.
  - vi. Condition on referral.
  - vii. Destination on referral.
  - viii. Name of the responsible physical therapist who decided the patient referral.

**Survey process guide:**

- GAHAR surveyor may review the referral/transfer policy that describe the approved physical therapy center processes for referrals/ transfers.
- GAHAR surveyor may perform a closed medical record review for patients who were transferred/referred.
- GAHAR surveyor may also interview staff to assess their awareness of the process.

**Evidence of compliance:**

1. The physical therapy center has an approved referral/transfer policy that addresses all elements mentioned in the intent from a) through e).
2. All staff members involved in referral/transfer of patients are aware of the physical therapy center referral policy.
3. The referral/transfer order is complete, recorded clearly, and in a timely manner in a specific form in the patient's medical record.
4. The referral/transfer feedback is reviewed, signed, and recorded in the patient's medical record.

**Related standards:**

ACT.01 Patient access and registration, ACT.02 Uniformity, coordination and continuity of care, ACT.04 Referral report, ACT.05 Patient care responsibility and accountability, IMT.05 Medical record management.

**ACT.08 The physical therapy center has a clear, defined process to terminate patients' physical therapy care/program in accordance with relevant local laws and regulations.**

*Effectiveness*

**Keywords:**

"End of care" process.

**Intent:**

For physical therapy centers, an effective termination of patient care process is an integral way of ensuring that patients receive optimal care at the right time and at the appropriate level.

The physical therapy center shall develop and implement a policy to guarantee appropriate and timely patient end-of-care/program in accordance with relevant local laws and regulations. The policy shall address at least the following:

- i. Responsible staff for ordering the termination of the patient's physical therapy care/program.
- ii. Defined criteria for "end of care" based on the plan of care and the patient's needs.
- iii. Planning for termination of physical therapy care/program, when appropriate, includes the patient and family.

As an important part of the patient's physical therapy care/program, a copy of the "end of care" report shall be recorded and retained in the medical record of each patient upon termination of their care/program.

The "end of care" report shall include at least the following:

- a) The reason for referral to physical therapy.
- b) Provisional and/or final physical therapy diagnoses.
- c) Significant findings.
- d) Procedures performed.
- e) Patient's condition and disposition at the point of termination of physical therapy care/program.
- f) Follow-up instructions, including diet and exercise.
- g) Name of the responsible physical therapist who decides to terminate the patient's physical therapy care/program.

### **Survey process guide:**

- GAHAR surveyor may review the policy guiding the “End of care” process.
- GAHAR surveyor may interview the responsible staff to assess their awareness of the patient's “End of care” process.
- GAHAR surveyor may review an appropriate sample of medical records and check the completeness of the “end of care” report.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy for termination of patient care/program that addresses items from i) to iii) in intent.
2. Staff are aware of the termination of the patient care process.
3. “End of care” order is clearly recorded in a specific report in the patient’s medical record.
4. The reason for terminating physical therapy care/program is recorded in the patient’s medical record.
5. The “end of care” report includes all required components in the intent from a) to g).

### **Related standards:**

PCC.05 Patients and family education, PCC.06 Health education materials, ACT.07 Referral/transfer process

## **ACT.09 The PTC defines the access and scope of clinical tele-rehabilitation (tele-PT) services delivered and the associated technological modalities used for various types of patient encounters.**

*Effectiveness*

### **Keywords**

Tele-rehabilitation, Tele-physical therapy.

### **Intent**

Tele-rehabilitation refers to the remote delivery of physical therapy services using telecommunications technology. It allows physical therapists to assess, guide, monitor, and provide therapeutic interventions to patients without requiring them to be physically present at the facility. This service is especially useful for individuals with limited mobility, chronic conditions, and postoperative recovery needs.

Tele-rehabilitation can include: Remote physical therapy assessments (e.g., range of motion, posture analysis), exercise demonstrations and supervised sessions, follow-up consultations and patient education, home environment assessments, and communication with caregivers and family members for continuity of care.

To ensure safe, effective, and high-quality delivery of tele-rehabilitation services, the PTC

should develop and implement a structured program under the leadership of a qualified tele-PT director and an experienced licensed physical therapist. This program should address the following:

- a) Criteria for patient eligibility to receive the service.
- b) Define the scope of physical therapy services and the technological modalities used (e.g., video conferencing, motion tracking, mobile health applications).
- c) Identify appropriate tele-rehabilitation platforms, mobile/internet-based applications, and relevant peripheral devices (e.g., wearable sensors, motion capture tools), in accordance with industry standards and evidence-based practices.
- d) Determine the resources required to sustain the tele-rehabilitation services based on program goals, including staffing, software, and equipment.
- e) The training required for therapists, support staff, and technical personnel specific to tele-PT delivery.
- f) The process of overseeing outsourced tele-rehabilitation services or functions.
- g) The facility provides a clear method for the patient to initiate an encounter for tele-rehabilitation services.
- h) The process to verify and document patient/provider identities and physical locations during each tele-rehabilitation session.
- i) Adhere to recognized, evidence-based clinical guidelines for physical therapy delivered via tele-rehabilitation.
- j) The process for referring patients to direct patient care, if indicated, based on objective and physiologically based criteria.
- k) The process of ensuring the privacy and cybersecurity of protected health information (PHI) in accordance with applicable laws and regulations.
- l) Periodical evaluation of telemedicine services based on quality indicators, including access, effectiveness, and satisfaction .

### **Survey Process Guide**

- If applicable to the PTC's scope, the GAHAR surveyor may review the center's guiding program for tele-rehabilitation.
- Surveyors may review the qualifications of the tele-rehabilitation program director and clinical physical therapy leads.
- Surveyors may interview staff to confirm awareness and training in tele-rehabilitation protocols.
- Surveyors may observe available resources and tools necessary to conduct effective tele-PT sessions.



**Evidence of Compliance:**

1. The PTC has a program for tele-rehabilitation that addresses items from a) through l) in the intent.
2. The PTC has the resources required to sustain the planned tele-rehabilitation clinical services based on program goals.
3. The delivery of tele-rehabilitation services is overseen by a trained physical therapist.
4. All involved staff are aware of the program and have received the required training.
5. The tele-rehabilitation services are periodically evaluated.

**Related standards:**

IMT.01 Documentation control system, IMT.05 Medical record management, ACT.01 Patient access and registration, PCC.09 Dignity, preferences, privacy, and confidentiality, EFS.07 Medical Equipment Plan

## Integrated Care Delivery

### Chapter Intent:

Physical therapy is an essential component of the integrated care delivery concept in any healthcare system around the world. The growing challenges of the twenty-first century, like the increasing number of the ageing population with the accompanying risks of chronic diseases, disability, and morbidity, have made physical therapy services a key element for improving global population health. This explains the emerging role of physical therapy in preventing and minimizing the loss of function and preserving the independency of the most vulnerable categories of the community.

As the implementation of the universal health insurance system goes forward, the growing need for a unified and standardized provision of physical therapy services all over Egypt makes it essential to provide these services in a culture of patient-centeredness.

Physical therapy centers define the minimum contents of initial and subsequent assessments. This section will outline the standards for the safe and effective application of hydrotherapy. It will cover facility requirements, water quality monitoring, infection control protocols, patient screening for contraindications, and appropriate supervision during hydrotherapy sessions. Physical therapy centers need to comply with a number of laws and regulations that maintain and organize new healthcare initiatives. Also, this chapter ensures Safe and Competent Application of Cupping Therapy and outlines the standards for the safe and efficacious application of both low-level and high-power laser therapies.

### Chapter Purpose:

1. Standardize the Care Delivery.
2. Enhance Physical Care Services.
3. Define standards for specific modalities: Outline requirements for hydrotherapy, acupuncture, cupping, and laser therapies.

## ICD Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ICD.01</b> KW: Physical therapy initial assessment and reassessment.	<b>ICD.02</b> KW: Physical therapy initial assessment and reassessment.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved assessment and re- assessment policy and defines its timeframe and minimum content as per the elements from a) through m) in the intent).</li> <li>• (EOC.03: The initial assessment is performed and recorded in the patient's medical record within a defined timeframe).</li> <li>• (EOC.04: Reassessment is performed, as per the policy, and recorded in the patient's medical record).</li> </ul>
<b>ICD.02</b> KW: Fall screening and prevention.	<b>ICD.05</b> KW: Fall screening and prevention.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy for fall screening/ assessment and prevention that addresses items a) and F) of the intent).</li> <li>• (EOC.02: The responsible staff are aware of the fall screening and prevention policy).</li> <li>• (EOC.04: All fall risk screening/assessments forms are completed and recorded in the patient's medical record).</li> <li>• (EOC.05: General measures and a tailored care plan are implemented and recorded in the patient's medical record).</li> </ul> <b>Added new EOC:</b> (EOC.03: Patients who have a higher level of fall risk and their families are aware of and involved in fall prevention measures.

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ICD.03</b> KW: Pain screening, assessment, and management.	<b>ICD.06</b> KW: Pain screening, assessment and management.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy for screening, assessment, reassessment, and management of pain that addresses items a) to d) in intent).</li> <li>• (EOC.02: The responsible staff are aware of the policy).</li> <li>• (EOC.03: All patients are screened for pain).</li> <li>• (EOC.04: A comprehensive pain assessment is performed when pain is identified from the screening).</li> </ul>
<b>ICD.04</b> KW: Individualized physical therapy plan of care.	<b>ICD.03</b> KW: Individualized physical therapy plan.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy plan of care is documented in the patient's medical record and addresses all the elements mentioned in the intent from a) through f).</li> <li>• (EOC.03: A physical therapy consultant or specialist develop, update and sign the individualized physical therapy plan of care on a timely manner, as appropriate, based on a reassessment of the patient's changing condition.)</li> </ul> <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.04: The plan of care is developed with the participation of the patient and/or family in decision-making.)</li> <li>• (EOC.05: Progress record is documented and maintained at every visit).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ICD.05</b> KW: Clinical practice guidelines and protocols.	<b>ICD.04</b> KW: Evidence based guidelines and protocols.  <b>ICD.07</b> KW: Clinical guidelines of pediatric patients.	<b>Updated Standard</b> by merging two Standards (ICD.04 & ICD.07) in Physical Therapy Standards HB 2021.
<b>ICD.06</b> KW: High-risk patients and service.	<b>ICD.08</b> KW: High-risk patients and service.	<b>Modified EOC (EOC:02:</b> Responsible staff members are aware of the policy).  <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> High-risk patient population needs are assessed and managed.</li> <li>• <b>(EOC.04:</b> High-risk patient populations' needs assessment and management are recorded in the patient's medical record.</li> </ul>
<b>ICD.07</b> KW: Safe use of hydrotherapy.	<b>IPC.06</b> KW: Safe use of hydrotherapy.	<b>Modified EOC (EOC:02:</b> Staff involved in hydrotherapy are qualified and trained on the center's policy and how to apply.  <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b>The hydrotherapy services are provided according to the center's policy and professional practice guidelines.)</li> <li>• <b>(EOC.04:</b> The hydrotherapy services are documented in the patient's medical record.</li> </ul>
<b>ICD.08</b> KW: Acupuncture, dry needling, and cupping		New Standard.

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>ICD.09</b> KW: Low-level and high-power laser therapy		New Standard.
<b>ICD.10</b> KW: Cardiopulmonary resuscitation		New Standard.

## Effective patient assessment and management

### ICD.01 Patients' physical therapy initial assessment and reassessment are performed, documented, and maintained.

*Effectiveness*

#### Keywords:

Physical therapy initial assessment and reassessment.

#### Intent:

Initial assessment is the gathering of information about a patient's physiological, psychological, sociological, and functional status by a licensed physical therapy specialist. Initial assessment is the first step in the physical therapy process. The physical therapy center shall develop a policy to define the process of initial assessment and re-assessment. The contents of the physical therapy assessment/reassessment forms should be comprehensive, standardized, document the course and results of each care, and comply with the requirements of laws and regulations. Usually, initial visits discuss initial complaints, while others are for care and reassessments. The initial physical therapy assessment form shall include at least the following:

- a) Date and reason for referral.
- b) Previous physical therapy or hospital admissions, surgery, and invasive procedures.
- c) Recent physical condition such as flexibility, range of motion, balance, and coordination.
- d) Any additional measurements such as height and weight.
- e) Pain assessment.
- f) Current functional assessment.
- g) previous investigation results related to the specialty.
- h) Disability symptoms and signs.
- i) Special tests (orthopedic, neuro...) are needed, such as the drop arm test and instability.
- j) Standardized outcome measures for routine daily life affection (DASH, FIM...).
- k) Elements of history and examination related to the specialty.
- l) Assistive device used, if any.
- m) The name and signature of the physical therapist.

Reassessments may vary according to the patient's condition or diagnosis, which is decided by his treating physician. The physical therapy center shall define the minimum acceptable contents and frequency of reassessments at least every 12 sessions or 30 days after recommunication and arrangement with the patient's treating physician. Reassessment is performed to re-evaluate patient health status, identify changes since the initial or most recent assessment, or determine new or ongoing needs. The responsible physical

therapist shall constantly update the significant findings and should sign the assessment/reassessment forms in a timely manner as per the center's policy.

#### **Survey process guide:**

- GAHAR surveyor may review the PTC policy guiding the initial assessment and reassessment.
- GAHAR surveyor may review a sample of medical records to evaluate the compliance with physical therapy assessment/reassessment items.
- GAHAR surveyor may interview responsible staff to assess their awareness of the assessment/reassessment policy.

#### **Evidence of compliance:**

1. The physical therapy center has an approved assessment and re- assessment policy and defines its timeframe and minimum content as per the elements from a) through m) in the intent.
2. Staff are aware and trained in the components of the initial assessment and reassessment.
3. The initial assessment is performed and recorded in the patient's medical record within a defined timeframe.
4. Reassessment is performed, as per the policy, and recorded in the patient's medical record.

#### **Related standards:**

ICD.05 Clinical practice guidelines and protocols, ICD.04 Individualized physical therapy plan, ICD.02 Fall screening and prevention, ICD.03 Pain screening, assessment and management, IMT.05 Medical record management.

### **ICD.02 (GSR.02) Patient's risk of falling is screened, assessed, and managed.**

*Safety*

#### **Keywords:**

Fall screening and prevention.

#### **Intent:**

All patients are liable to fall; however, some are more prone to. Identifying the more prone is usually done through a risk assessment process in order to offer them tailored preventative measures against falling. Effective preventive measures to minimize falling are those that are tailored to each patient and directed towards the identified risks from risk assessment.

The fall screening and prevention policy addresses at least the following:



- a) Patient fall risk screening.
- b) Risks include medication review and other risk factors.
- c) Timeframe to complete and document the fall screening/assessment.
- d) Frequency of reassessment of risk of fall, either aligned with reassessment time frame or change in patient condition.
- e) General measures are used to reduce risk of falling such as lighting, corridor bars, bathroom bars, wheelchairs or trolleys with locks.
- f) Tailored care plan based on individual patient risk assessment.

**Survey process guide:**

- GAHAR surveyor may review the policy guiding the fall screening and prevention.
- GAHAR surveyor may review a sample of patients' medical records, to check fall risk screening/assessment and patient general measures recording based on individual patient fall risk assessment.
- GAHAR surveyor may interview the responsible staff to check their awareness of the PTC policy.
- GAHAR surveyor may observe PTC patient fall prevention general measures.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for fall screening/assessment and prevention that addresses items a) to f) of the intent.
2. The responsible staff are aware of the fall screening and prevention policy.
3. Patients who have a higher level of fall risk and their families are aware of and involved in fall prevention measures.
4. All fall risk screening/assessments are completed and recorded in the patient's medical record.
5. General measures and a tailored care plan are implemented and recorded in the patient's medical record.

**Related standards:**

ICD.01 Physical therapy assessment and reassessment, ICD.04 Individualized physical therapy plan, ICD.05 Clinical practice guidelines and protocols, PCC.05 Patients and family education, IMT.05 Medical record management, EFS.01 Physical therapy environment and facility safety.

**ICD.03 Patients are screened for pain, assessed, and managed accordingly.***Patient-centeredness***Keywords:**

Pain screening, assessment, and management.

**Intent:**

Each patient has the right to live a pain-free life. Pain, when managed properly, leads to patient comfort, proper role function, and satisfaction. The physical therapy center shall develop and implement a policy and procedures for screening, assessment, reassessment, and management of pain processes. The policy shall address at least the following:

- a) Pain screening tool(s).
- b) Complete pain assessment elements that include nature, site, and severity.
- c) Frequency of pain reassessments.
- d) Appropriate physical therapy modalities and/or techniques used to manage pain.

The responsible physical therapist shall focus on decreasing pain with either passive or active therapy. Passive physical therapy such as heat/ice packs, electrical stimulation. Active physical therapy, such as movement-based activities, including stretching and range of motion exercises, or pain relief exercises. The physical therapy shall ensure that any medications needed to manage patients with severe pain should be administered via direct order from the patient's treating physician.

**Survey process guide:**

- GAHAR surveyor may review the PTC policy guiding pain screening and assessment management processes.
- GAHAR surveyor may interview the responsible staff to check their awareness of the PTC policy.
- GAHAR surveyor may review a sample of patients' medical records to check the pain assessment, management plan, and reassessment documentation.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for screening, assessment, reassessment, and management of pain that addresses items a) to d) in intent.
2. The responsible staff are aware of the policy.
3. All patients are screened for pain.
4. A comprehensive pain assessment is performed when pain is identified from the screening.
5. Patients with pain are managed using proper physical therapy pain relief modalities and techniques when needed, according to the policy.

6. Pain assessment, reassessment, and management plan are documented in the patient's medical record.

**Related standards:**

ICD.01 Physical therapy assessment and reassessment, ICD.04 Individualized physical therapy plan, ICD.05 Clinical practice guidelines and protocols, IMT.05 Medical record management.

**ICD.04 An individualized physical therapy plan of care with desired outcomes and goals is developed.**

*Effectiveness*

**Keywords:**

Individualized physical therapy plan of care.

**Intent:**

Plan of care is developed for every patient by the responsible physical therapy consultant and/or specialist based on a referral report, history, physical therapy assessment, patient and/or family participation, and should be updated as appropriate based on findings of patient reassessment.

The plan based on patients' treating physician recommendations and final diagnosis. The plan of care specifies the goals of the plan, predicted level of care to be done, proposed duration and frequency that are required to reach the desired goals and outcomes. A physical therapy consultant or specialist develops and signs the individualized physical therapy plan of care.

The plan of care is:

- a) Based on referral, assessments, and results of investigations.
- b) Developed with the involvement of the patient and/or family through shared decision-making with discussion of benefits and risks, and may involve decision aids.
- c) Developed and updated according to guidelines and patient needs and preferences.
- d) Includes identified needs, short-term/long-term goals, interventions, and desired outcomes with timeframes.
- e) Updated as appropriate based on the patient's reassessment.
- f) The care plan is followed, and the progress of the patient/service user in achieving the goals or desired results of treatment, care, or service is documented every session and monitored.

**Survey process guide:**

- GAHAR surveyor may review a sample of patient medical records to check plan of care

documentation in compliance with plan of care requirements and check progress records.

- GAHAR surveyor may interview the related staff to check their awareness of care plan components.
- GAHAR surveyor may interview patients and their families to ensure their participation in the decision-making of their plan of care development.

#### **Evidence of compliance:**

1. The physical therapy plan of care is documented in the patient's medical record and addresses all the elements mentioned in the intent from a) through f)
2. Staff are aware of the components of the individualized physical therapy plan.
3. A physical therapy consultant or specialist develop, update and sign the individualized physical therapy plan of care on a timely manner, as appropriate, based on a reassessment of the patient's changing condition.
4. The plan of care is developed with the participation of the patient and/or family in decision-making.
5. Progress record is documented and maintained at every visit.

#### **Related standards:**

ICD.01 Physical therapy initial assessment and reassessment, ICD.02 Fall screening and prevention, ICD.03 Pain screening, assessment, and management, ICD.05 Clinical practice guidelines and protocols, PCC.05 Patients and family education, IMT.05 Medical record management.

### **ICD.05 Clinical practice guidelines and evidence-based tools are developed with a clear methodology.**

*Effectiveness*

#### **Keywords:**

Clinical practice guidelines and protocols.

#### **Intent:**

Clinical practice guidelines serve as a framework for clinical decisions and supporting best practices. Clinical practice guidelines are also statements that include recommendations intended to optimize patient care. The physical therapy center shall develop a policy and procedure for clinical guidelines adaptation and adoption for the most common/high-risk diagnoses and procedures. Also (if applicable), PTC should adapt and adopt pediatric clinical practice guidelines that include at least the following:

- i. Cognitive abilities assessment and care.

- ii. Congenital diseases screening and care.
- iii. Growth charts (Milestone).

Clinical practice guidelines adapted/adopted by the physical therapy center are evaluated at least annually or when needed. The policy shall address at least the following:

- a) How clinical practice guidelines/protocols are adapted, adopted, and reviewed.
- b) Selection methodology of the most common/high-risk diagnoses and procedures
- c) Regular evaluation and monitoring of physical therapy centers' compliance.
- d) The adopted/adapted CPGs should be reviewed and updated at least every 2 years and as appropriate.

**Survey process guide:**

- GAHAR surveyor may review the PTC policy guiding clinical practice guidelines adoption and adaptation.
- GAHAR surveyor may interview the responsible staff to check their awareness of the PTC policy.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for clinical practice guidelines adaptation and adoption that includes all the components mentioned in the intent from a) to d).
2. The responsible staff are aware of the policy.
3. Clinical practice guidelines are adopted based on the policy requirements.
4. Clinical practice guidelines are reviewed at least every 2 years.
5. Clinical practice guidelines are implemented uniformly for all patients with the same clinical condition.

**Related standards:**

ACT.02 Uniformity, coordination, and continuity of care, ICD.01 Physical therapy initial assessment and reassessment, ICD.06 High-risk patients and service, PTH.04 Physical therapy home program clinical guidelines, IMT.01 Documentation control system.

## **ICD.06 The physical therapy center identifies the high-risk patients and services.**

*Safety*

### **Keywords:**

High-risk patients and service.

### **Intent:**

The physical therapy center needs to make sure that evidence-based clinical guidelines are available and used to define the early assessment and recognition of high-risk patients. When providing care for any of the high-risk patients identified below, the physical therapy centers shall establish and implement guidelines and procedures for the services provided and the patients served. The physical therapy center shall develop a policy to identify high-risk patients and services, and set proper measures to reduce and/or prevent additional risks.

The high-risk patients and services policy includes at least the following:

- a) Care of patients with a communicable disease.
- b) Care of immunosuppressed patients.
- c) Care of patients receiving chemotherapy.
- d) Care of vulnerable patient populations, including frail elderly, dependent children, and patients at risk for abuse and/or neglect.
- e) Care of psychiatric patients.

### **Survey process guide:**

- GAHAR surveyor may review a policy to identify high-risk patients and services.
- GAHAR surveyor may interview the responsible staff to check their awareness of the PTC policy.
- GAHAR surveyor may review a sample patient's medical records to check high-risk patient populations' needs assessment and management documentation.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy for high-risk patient's early identification and recognition which includes at least items a) to e) in the intent.
2. Responsible staff members are aware of the policy.
3. High-risk patient population needs are assessed and managed.
4. High-risk patient populations' needs assessment and management are recorded in the patient's medical record.
5. Measures to reduce and/or prevent additional risks are implemented.

**Related standards:**

PCC.04 Disabled patients, ICD.01 Physical therapy initial assessment and reassessment, QPI.05 Risk management program, IMT.05 Medical record management.

**ICD.07 The physical therapy center ensures safe use of hydrotherapy,**

*Safety*

**Keywords:**

Safe use of hydrotherapy.

**Intent:**

Hydrotherapy is a form of physical therapy that utilizes the therapeutic properties of water to facilitate healing and rehabilitation. It involves performing exercises and techniques in a pool or other aquatic environment, utilizing buoyancy, hydrostatic pressure, and other water characteristics to promote movement and recovery.

The use of hydrotherapy, whirlpools, and aquatic therapy pools offers significant benefits in physical therapy centers. These therapies aid in relieving pain, improving mobility, and contributing to patient relaxation and recreational well-being.

The physical therapy center shall develop and implement a policy and procedures for the safe use of hydrotherapy. The center's policy shall include:

- a) Criteria for patient eligibility
- b) Patient screening and assessments to identify the contraindications and potential risks for each patient, including open wounds, skin infections, cardiovascular issues, and respiratory conditions.
- c) Physical therapy plan of care, based on the assessment, to address the patient's specific needs and goals.
- d) Medical records documentation requirements.
- e) Regularly maintenance of hydrotherapy equipment including immersion tanks, whirlpools, and water filtration systems according to regulations/ best practice.
- f) Water quality management including chemical testing for pH, chlorine levels, and bacteriological analysis to prevent the spread of waterborne pathogens.
- g) Cleaning and disinfection of all surfaces and equipment used in hydrotherapy sessions.
- h) Response to Contamination Events.
- i) Staff Training and Protocols.
- j) Patient Education.

Logs should be maintained of the results of water testing and remediation.

**Survey process guide:**

- GAHAR surveyor may review the center's policy guiding the safe use of hydrotherapy.
- GAHAR surveyor may interview involved staff members to check their awareness of the center's policy.
- GAHAR surveyor may review the logbook for chemical and bacteriological water analysis.
- GAHAR surveyor may review a sample of the patients' medical records to check documentation of assessment, plan of care, and monitoring of progress.

**Evidence of compliance:**

1. The physical therapy center has an approved policy to ensure safe hydrotherapy, whirlpools, and aquatic therapy pools as mentioned in the intent from a) to j).
2. Staff involved in hydrotherapy are qualified and trained on the center's policy and how to apply.
3. The hydrotherapy services are provided according to the center's policy and professional practice guidelines.
4. The hydrotherapy services are documented in the patient's medical record.
5. Regular chemical and bacteriological analysis is performed.

**Related standards:**

ICD.01 Physical therapy initial assessment and reassessment, ICD.04 Individualized physical therapy plan of care, ICD.05 Clinical practice guidelines and protocols, EFS.08 Utilities Management plan, IPC.01 IPC program, risk assessment, guidelines, IPC.04 Environmental cleaning, evidence-based guidelines, IMT.05 Medical record management.

**ICD.08 The physical therapy center ensures that acupuncture, dry needling, and cupping services are effective, safe, and appropriate to the patient's needs.**

*Safety*

**Keywords:**

Acupuncture, dry needling, and cupping

**Intent:**

According to the second global survey conducted by the World Health Organization (WHO), acupuncture and dry needling are the most popular form of traditional and complementary medicine globally. Acupuncture and dry needling are an important element of traditional Chinese medicine. Acupuncture/ dry needling points are believed to stimulate the central nervous system. This, in turn, releases chemicals into the muscles, spinal cord, and brain.



These biochemical changes may stimulate the body's natural healing abilities and promote physical and emotional well-being.

Cupping is an ancient therapy where glass cups are applied to the skin using some form of suction, usually created through heat or reverse mechanical pressure.

The physical therapy center shall ensure that acupuncture, dry needling, and cupping services are provided safely and effectively through the development of policy and procedures that include at least the following:

- a) Criteria for patient selection and contraindications.
- b) Required qualifications and roles of the involved staff.
- c) Infection prevention and control practices.
- d) Emergency response protocols.
- e) Documentation and follow-up.

The physical therapy center shall ensure that only certified physical therapists (Specialist or Consultant), who have received appropriate training and education in acupuncture, dry needling and cupping from accredited training centers, are authorized to provide these services. These therapists must demonstrate competency in the safe application, direct care, and ongoing oversight of acupuncture, dry needling and cupping protocols.

**Survey process guide:**

- GAHAR surveyors may review the PTC policy guiding acupuncture, dry needling, and cupping services.
- GAHAR surveyors may interview involved staff members to check their awareness of the policy.
- GAHAR surveyor may review a sample of the involved staff members' files to check their training and qualifications.
- GAHAR surveyor may review a sample of the patients' medical records to check documentation of assessment, plan of care, monitoring of progress, and evidence of education on the care plan.

**Evidence of compliance:**

1. The PTC has an approved policy for acupuncture, dry needling, and cupping services that addresses all the elements mentioned in the intent from a) through e).
2. Only a certified physical therapist can provide these services.
3. The care is provided according to PTC policy.
4. Physical therapy assessment, plan of care, and monitoring of progress are documented in the patient's medical record.
5. The patient and/or family are educated on the care plan.

**Related standards:**

ICD.01 Physical therapy initial assessment and reassessment, ICD.04 Individualized physical therapy plan of care, ICD.05 Clinical practice guidelines and protocols, PCC.05 Patients and family education, IPC.01 IPC program, risk assessment, guidelines, WFM.8 Staff performance evaluation, IMT.05 Medical record management.

**ICD.09 Safe use of low-level and high-power laser Therapy.***Safety***Keywords:**

Low-level and high-power laser therapy.

**Intent:**

Laser therapy, including low-level laser therapy (LLLT) and high-power laser therapy (HPLT), may be used as part of a comprehensive rehabilitation plan to reduce pain, inflammation, and promote tissue repair. Due to the potential risks associated with laser exposure, particularly with high-power devices, safety protocols must be strictly enforced to protect patients, staff, and the environment.

The Physical Therapy Center shall ensure that laser and high-power laser therapies are used safely, effectively, and in alignment with clinical guidelines and regulatory requirements. These services must be administered by qualified physical therapists who have received appropriate certification in laser safety and clinical application from accredited institutions in case of HPLT and appropriate training in case of LLLT. The selection, operation, maintenance, and monitoring of all laser equipment. Staff must adhere to personal protective measures and maintain accurate documentation for all laser treatments.

The PTC should establish and implement written policies and procedures for laser therapy that include at least the following:

- a) Indications and contraindications.
- b) Dosage parameters and exposure time in compliance with manufacture's guidelines.
- c) Monitoring patient response throughout the session.
- d) Required qualifications and roles of involved staff.
- e) Infection control and cleaning procedures.
- f) Equipment safety checks and maintenance.
- g) Emergency protocols in case of laser-related incidents
- h) Accurate documentation and follow-up.
- i) Laser safety measures:
  - i. Laser safety PPEs

- ii. Non-refractive surface in the installed room
- iii. Laser warning signs

**Survey process guide:**

- GAHAR surveyors may review the PTC policy guiding laser therapy.
- GAHAR surveyors may interview involved staff members to check their awareness of the policy.
- GAHAR surveyor may review a sample of the involved staff members' files to check their training and qualifications.
- GAHAR surveyor may review a sample of the patients' medical records to check documentation and evidence of education.

**Evidence of compliance:**

1. The PTC has an approved policy guiding LLLT and HPLT services provided, which addresses at least the elements mentioned in the intent from a) through i).
2. Only a qualified physical therapist can provide these services.
3. The PTC provides these services according to policy and procedures and ensures the safety measures.
4. Each laser therapy session is accurately documented in the patient's medical record.
5. The patient and/or family are educated on the purpose, expected outcome, and safety precautions of laser therapy.

**Related standards:**

ICD.01 Physical therapy initial assessment and reassessment, ICD.04 Individualized physical therapy plan of care, ICD.05 Clinical practice guidelines and protocols, PCC.05 Patients and family education, EFS.07 Medical Equipment Plan, EFS.06 Safety and security management plan, IPC.01 IPC program, risk assessment, guidelines, WFM.8 Staff performance evaluation, IMT.05 Medical record management.

## Effective and safe management of medical emergency situations

### ICD.10 Response to cardio-pulmonary arrest in the PTC is managed for both adult and pediatric patients.

*Safety*

#### Keywords:

Cardiopulmonary resuscitation.

#### Intent:

Any patient receiving care within a PTC is liable to suffer from a medical emergency requiring a rapid and efficient response. Time and skills are essential elements for an emergency service to ensure satisfactory outcomes. Therefore, staff members trained on at least basic life support should be available during working hours and ready to respond to any emerging situation. The PTC shall develop and implement a policy and procedures to ensure the safe management of cardio-pulmonary arrests. The policy shall address at least the following:

- a) Defined criteria for recognition of cardio-pulmonary arrest, including adults and pediatrics.
- b) Training of staff members on the defined criteria.
- c) Identification of the involved staff members to respond.
- d) Mechanisms to call staff members to respond, including the code(s) that may be used for calling emergency.
- e) The time frame of response.
- f) The response is uniform at all working hours.
- g) Recording of response and management.
- h) Management of emergency equipment and supplies, including:
  - i. Identification of required emergency equipment and supplies list according to laws, regulations, and standards of practice that include at least automatic external defibrillator, sphygmomanometer, stethoscope, and bag valve masks in different sizes.
  - ii. Emergency equipment and supplies are age-appropriate.
  - iii. Emergency equipment and supplies are replaced immediately after use, or when they expire or are damaged.
  - iv. Emergency equipment and supplies are available throughout the PTC and checked daily for readiness.

**Survey process guide:**

- GAHAR surveyor may review the PTC policy guiding the safe management of cardio-pulmonary arrests.
- GAHAR surveyor may interview involved staff members to ensure their awareness of the PTC policy.
- GAHAR surveyor may review a sample of patients' medical records to check cardio-pulmonary arrest management records.
- GAHAR surveyor may review the files of involved staff members to check their qualifications and training records.
- GAHAR surveyors may assess the availability and functionality of age-appropriate emergency equipment and supplies throughout the PTC.

**Evidence of compliance:**

1. The PTC has an approved policy that addresses all the elements mentioned in the intent from a) through h).
2. Responsible staff members are aware of the PTC policy.
3. Trained individuals are responsible for the management of cardio-pulmonary arrests with evidence of training on basic life support.
4. Age-appropriate emergency equipment and supplies are available throughout the PTC.
5. Emergency equipment and supplies are checked daily and replaced after use.
6. Management of cardio-pulmonary arrests is recorded in the patient's medical record

**Related standards:**

EFS.07 Medical Equipment Plan, WFM.07 Continuous Education Program, WFM.8 Staff performance evaluation, IMT.05 Medical record management

## ***SECTION 3***

# **ORGANIZATION-CENTERED STANDARDS**





## Section 3: Organization-Centered Standards

While the previous section focused on patient-centered care and safety, it is important to recognize that patients are not the only stakeholders in physical therapy centers (PTCs). Physical therapists, assistants, and administrative staff also face significant occupational risks. Although there is ongoing debate about whether staff wellbeing should be included in patient safety initiatives, many leading organizations worldwide do view it as a fundamental component. Staff safety, occupational stress, and organizational structure are key factors influencing the well-being of those who deliver care in PTCs.

According to the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA), healthcare settings—including physical therapy centers—are among the most hazardous workplaces. Workers in these settings often experience higher rates of non-fatal injuries and illnesses than even the construction or manufacturing industries. In 2011, for instance, U.S. healthcare facilities reported 253,700 work-related injuries and illnesses—an incidence rate of 6.8 per 100 full-time workers. From 2002 to 2013, serious workplace violence incidents requiring leave were over four times more frequent in healthcare than in private industry as a whole. Physical therapists may face risks from overexertion, patient-handling injuries, or even verbal and physical aggression, particularly in high-demand or emotionally charged environments. While many incidents go unreported, workplace violence and injury come at a high cost, but are largely preventable through thoughtful safety practices and policies.

Exposure to prolonged stress can decrease professional efficiency and negatively impact health, personal relationships, and job satisfaction. Although not all stress is caused by the workplace, physical therapy professions are frequently ranked among the more stressful due to high patient loads, administrative burdens, and time constraints. Therapists working in home care or private practice might cite isolation or lack of administrative support. Identifying these stressors and addressing them through better workforce planning, mental health support, and work-life balance strategies is essential to maintaining staff wellbeing.

A clearly defined organizational structure helps physical therapy centers operate efficiently and grow sustainably. It lays out official reporting lines, clarifies roles and responsibilities, and allows for systematic integration of new staff and services. Effective management is grounded in an ethical framework that is responsive to both community and staff needs. As community healthcare providers, PTCs have an obligation not only to serve patients but also to involve their workforce in understanding and addressing local health needs. This engagement supports both social responsibility and organizational improvement.

Importantly, maintaining a safe and efficient work environment is a shared responsibility. While center management must provide appropriate safety tools—such as lifting aids or



ergonomic equipment—staff are responsible for using them correctly. Management must also create and communicate clear protocols, and staff must consistently follow them. Mutual accountability between leadership and frontline staff is fundamental to fostering a culture of safety and continuous improvement.

One framework used to guide organizational safety and improvement in healthcare is Health WISE—a participatory action tool developed by the International Labour Organization (ILO) and the World Health Organization (WHO). Though initially developed with broader healthcare settings in mind, Health WISE is highly applicable to physical therapy centers. It promotes practical, team-based approaches to improving work conditions, occupational safety, job performance, and service quality. By involving both management and staff in problem-solving and improvement initiatives, Health WISE fosters an environment where staff feel empowered to create safer, more effective workplaces that are appreciated by both patients and the wider community.

Effective governance in a PTC requires a defined leadership structure aligned with the center's mission and strategic goals. Leaders should work collaboratively to ensure the center is operating in a way that supports both patient outcomes and staff welfare. A strong organizational framework includes defining the scope and capacity of each role within the center, providing robust staff orientation and training, and engaging in regular performance evaluations. Data systems and information technologies must be used effectively to monitor performance, track incidents, and support decision-making. A quality management program is essential to collect, analyze, and act upon information for continuous organizational improvement.

## Environmental and Facility Safety

Ensuring environmental and facility safety in physical therapy centers is a fundamental aspect of delivering high-quality, patient-centered care. These centers provide care to individuals recovering from surgeries, injuries, chronic conditions, or neurological disorders. Because patients often have compromised mobility, weakened immune systems, or open wounds, the physical environment must be carefully maintained to minimize risks and support effective rehabilitation.

One of the primary reasons environmental safety is so essential in physical therapy centers is the prevention of accidents and injuries. Many patients in these settings have impaired balance, strength, or coordination. A cluttered or poorly maintained environment increases the risk of falls, slips, or collisions, which can lead to further injury and delay recovery. Ensuring that floors are clean and dry, equipment is properly stored, and walkways are clear is a basic yet vital part of patient care.

Environmental and facility safety standards are designed to ensure that facilities are physically safe, hygienic, and functional, supporting both patient recovery and staff performance. They cover various aspects, including equipment management, fire safety, hazardous materials handling, and emergency preparedness.

Facility design and physical infrastructure are also addressed. This includes requirements for adequate lighting, proper ventilation, non-slip flooring, accessible entrances and exits, and appropriate space allocation for treatment areas. These elements are vital for patient mobility and staff workflow, and they help reduce the risk of falls, injuries, and cross-contamination.

Another essential component is the safe use and maintenance of equipment. Physical therapy centers rely heavily on machines, weights, hydrotherapy pools, and other tools that must be regularly inspected and serviced. Accreditation standards require documentation of maintenance schedules, calibration checks, and staff training on proper equipment use.

Furthermore, waste management and hazardous material protocols are included to ensure the safe handling and disposal of biohazards, chemicals, and sharps. Staff must be trained in using personal protective equipment (PPE) and responding to environmental hazards, ensuring both their own safety and that of their patients.

Environmental and facility safety accreditation standards in physical therapy centers serve as a framework to maintain high standards of care, reduce risks, and ensure regulatory compliance. By adhering to these standards, facilities demonstrate their commitment to excellence, safety, and continuous improvement, ultimately enhancing patient outcomes and promoting a culture of trust and accountability within the healthcare environment.

## Chapter Purpose:

This chapter begins by focusing on the planning and effective management of PTC's environmental facility safety. It then outlines the need for the development, implementation, monitoring, improvement, evaluation, and annual updating of environmental safety plans. The primary objective is to ensure that the organization can identify safety issues and establish safe, effective plans to maintain and enhance environmental safety. The chapter covers the following key areas:

- **Fire Safety:** strategies for fire prevention, early detection, appropriate response, and safe evacuation in case of a fire.
- **Hazardous Materials:** measures for the safe handling, storage, transportation, use, and disposal of hazardous materials and waste.
- **Safety:** Ensuring a safe work environment for all occupants by maintaining PTC buildings, construction areas, and equipment so they do not pose hazards or risks to patients, staff, and visitors.
- **Security:** Protecting the property of all occupants from loss, theft, destruction, tampering, or unauthorized access or use.
- **Medical Equipment:** Processes for selecting, inspecting, testing, maintaining, and safely using medical equipment.
- **Utility Systems:** Ensuring the efficiency and effectiveness of all utilities through regular inspection, maintenance, testing, and repair to minimize the risk of operational failures.
- **Disaster Preparedness:** Preparing for and responding to disasters and emergencies that may occur within the PTC's geographical area, including evaluating the structural integrity of the patient care environment.
- **Environmental sustainability:** Implement sustainable practices within healthcare operations to reduce environmental impact and enhance resource efficiency, promoting healthcare staff engagement and accountability in sustainable initiatives.

## EFS Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>EFS.01</b> KW: Physical therapy environment and facility safety	<b>EFS.01</b> KW: Environment and facility safety structure	<p><b>Modified Standard Statement:</b> (The physical therapy center complies with laws, regulations, and civil defense requirements. ).</p> <p><b>Modified EOC:</b>(<b>EOC.01:</b> The physical therapy center maintains basic requirements for compliance with environmental safety laws and regulations.)</p> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (<b>EOC.02:</b> The physical therapy center works on the needed civil defense requirements).</li> <li>• (<b>EOC.03:</b> The physical therapy center areas have sufficient space according to laws, regulations, and IPC standards).</li> <li>• (<b>EOC.04:</b> The Physical therapy center has evidence of maintenance of shared utilities, systems, and different alternatives according to national laws and regulations.)</li> <li>• (<b>EOC.05:</b> The physical therapy center leadership ensures the availability of current and updated work permits when required.)</li> <li>• (<b>EOC.06:</b> The physical therapy center allocates budgets for maintaining and upgrading the environmental safety of the facility.)</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.02</b></p> <p>KW: Environment and facility safety monitoring</p>	<p><b>EFS.01</b></p> <p>KW: Environment and facility safety structure.</p>	<p><b>New Standard statement</b> (The physical therapy center environment and facility safety are overseen and monitored by a trained staff).</p> <p><b>Modified EOC:</b> (EOC.01 The physical therapy center ensures the availability of a trained staff to oversee the environmental and facility safety activities).</p> <p><b>Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.02</b> The responsibilities of the EFS staff include the items mentioned in the intent from a) to d) in the intent).</li> <li>• <b>(EOC.03</b> The EFS staff is aware and performs its responsibilities).</li> <li>• <b>(EOC.04</b> The EFS staff reports on inspection findings to the physical therapy center leadership at least quarterly).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>EFS.03</b> KW: Fire and smoke safety plan, fire drill	<b>EFS.02</b> KW: Fire and smoke safety plan.	<p><b>Modified EOC:</b> (EOC.01: The physical therapy center has an approved updated fire and smoke safety plan that includes the elements mentioned in the intent from a) to f), and it is evaluated and updated annually).</p> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02: All staff are trained on the fire safety plan and can demonstrate their roles during a fire).</li> <li>• (EOC.03: The physical therapy center's fire alarm systems are available, functioning, inspected, tested, and maintained on a regular basis.)</li> <li>• (EOC.04: The physical therapy center fire-fighting systems are available, functioning, inspected, tested, and maintained on a regular basis).</li> <li>• (EOC.05: The physical therapy center guarantees safe evacuation through unobstructed and clear signage for evacuation).</li> </ul>
<b>EFS.04</b> KW: Smoking-Free Environment		New standard

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.05</b> KW: Hazardous materials safety and waste management.</p>	<p><b>EFS.03</b> KW: Hazardous materials safety.</p>	<p><b>Add new EOC:</b> (EOC.04: The physical therapy center ensures that safe handling, storage, and labeling of waste occur according to laws and regulations.)</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved updated hazardous material and waste management plan as mentioned in the intent from a) through k) in the intent).</li> <li>• <b>(EOC.02:</b> Staff are trained on hazardous materials and waste management plan.)</li> <li>• <b>(EOC.03:</b> The physical therapy center ensures safe usage, handling, storage, availability of SDS, and labeling of hazardous materials.)</li> <li>• <b>(EOC.05:</b> The physical therapy center has a documented investigation of spills or other hazardous materials-related incidents.)</li> <li>• <b>(EOC.06:</b> The plan is evaluated and updated annually with aggregation and analysis of necessary data and corrective actions acted upon.)</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.06</b> KW: Safety and security management plan.</p>	<p><b>EFS.04</b> KW: Safety and security plan/s.</p>	<p><b>Modified Standard Statement:</b> (The physical therapy center ensures a safe and secure work environment.)</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved updated plan to ensure a safe work environment, including the items mentioned in the intent from a) to f) in the intent).</li> <li>• <b>(EOC.02:</b> The physical therapy center has an approved updated security plan including the elements mentioned in the intent from I) to VIII).</li> <li>• <b>(EOC.03:</b> Staff are trained on the safety and security plan/s).</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> Safety measures and PPEs are available and used whenever indicated).</li> <li>• <b>(EOC.05:</b> Security measures are implemented).</li> <li>• <b>(EOC.06:</b> The patient's belongings and lost and founds are protected and recorded).</li> </ul>



GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.07</b> KW: Medical Equipment Plan</p>	<p><b>EFS.05</b> KW: Medical equipment plan.</p>	<p><b>Modified Standard Statement:</b> (Medical equipment plan ensures selection, inspection, testing, maintenance, and safe use of medical equipment.)</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.05: Records are maintained for medical equipment periodic preventive maintenance, calibration, and malfunction history).</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The PTC has an approved updated medical equipment management plan that addresses all elements from a) through k) in the intent).</li> <li>• (EOC.02: The PTC has a qualified individual to oversee medical equipment management).</li> <li>• (EOC.04: Records are maintained for medical equipment inventory, user training, equipment identification cards, company emergency contact, and testing on installation.)</li> <li>• (EOC.06: Equipment adverse incidents are reported, and actions are taken.)</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.08</b> KW: Utilities management plan</p>	<p><b>EFS.07</b> KW: Utilities managemen.</p>	<p><b>Modified EOC:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved and updated utility management plan that includes the elements mentioned in the intent from a) to k).</li> <li>• <b>(EOC.04:</b> Critical utility systems are identified, and backup availability is ensured and evaluated on a regular basis).</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> The physical therapy center has trained staff members to oversee utility management.)</li> <li>• <b>(EOC.03:</b> Records are maintained for utility systems inventory, testing, periodic preventive maintenance, and malfunction history.)</li> <li>• <b>(EOC.05:</b> The plan is evaluated and updated annually with aggregation and analysis of necessary data).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.09</b> KW: Pre-construction risk assessment</p>	<p>IPC.05 Kw: Demolition, renovation, construction</p>	<p><b>Modified standard statement:</b> (09 The physical therapy center performs a pre-construction risk assessment when planning for construction or renovation).</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01 The physical therapy center performs a pre-construction risk assessment before any construction or renovation).</li> <li>• (EOC.03 The physical therapy center performs preventive and corrective actions whenever risks are identified).</li> <li>• (EOC.04 There is a mechanism, such as work permission, to empower risk assessment and recommendations).</li> </ul> <p><b>Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02 All affected departments are involved in the risk assessment).</li> <li>• (EOC.05 If a contractor is used, the contractor's compliance is monitored and evaluated by the physical therapy center).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>EFS.10</b> KW: Disaster Plan</p>	<p><b>EFS.06</b> KW: Emergency preparedness plan.</p>	<p><b>Modified Standard Statement:</b> (Emergency preparedness plan addresses responding to disasters that have the potential of occurring within the geographical area of the physical therapy center.)</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: There is an approved physical therapy center emergency preparedness plan includes the elements mentioned in the intent from a) to e).</li> <li>• (EOC.02: Staff members are trained on the emergency preparedness plan.)</li> <li>• (EOC.03: The physical therapy center performs at least one drill annually that includes the item (e) in its intent.</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.04: The physical therapy center demonstrates preparedness for identified emergencies based on risk assessment).</li> <li>• (EOC.05: The plan is evaluated at least annually with aggregation and analysis of necessary data.)</li> </ul>
<p><b>EFS.11</b> KW: Environmental Sustainability, Green Healthcare</p>		<p>New standard</p>

## **Effective leadership and planning of environmental and facility safety.**

### **EFS.01 The physical therapy center complies with laws, regulations, and civil defense requirements.**

*Safety*

#### **Keywords:**

Physical therapy environment and facility safety.

#### **Intent:**

The environmental and facility safety standard for physical therapy centers emphasizes the importance of designing spaces that meet the unique needs of patients with mobility challenges while complying with all relevant civil defense, fire, and building codes. Given that many patients are recovering from injuries or surgeries and are at increased risk of falls, safety-focused design is essential. Key features include non-slip, shock-absorbent flooring, clear and uncluttered walkways, proper lighting, and handrails for support. Facilities must also ensure proper spacing of equipment to allow safe movement and prevent accidents.

Universal accessibility is a core principle, requiring features such as ramps, wheelchair accessible entrances, clear signage, wide doorways, elevators with safety functions, and adjustable therapy equipment to accommodate all individuals. In addition to safety, the physical environment should support infection control and contribute to a calm, functional, and healing atmosphere. This is achieved through proper ventilation, zoning for privacy and efficiency, and interior design that incorporates natural lighting and a soothing aesthetic. Collectively, these elements create a safe, inclusive, and effective therapeutic setting for patients, staff, visitors, and vendors.

Physical therapy centers that are part of another building should ensure the availability of maintenance with related documents, utility safety and effectiveness, emergency exit availability, and alternative ways that keep the physical environment safe. If an external authority, such as civil defense, reported an observation during its inspection, the physical therapy center leadership is responsible for providing a corrective action plan for any non-compliance within the required timeframe.

#### **Survey process guide:**

- GAHAR surveyor may review documents demonstrating physical therapy center drawings, budget, work permits, and external authorities reports with action plans.
- GAHAR surveyor may observe compliance with local laws and regulations requirements, and match allocated spaces to departmental functions.

#### **Evidence of compliance:**

1. The physical therapy center maintains basic requirements for compliance with environmental safety laws and regulations.

2. The physical therapy center works on the needed civil defense requirements.
3. The physical therapy center areas have sufficient space according to laws, regulations, and IPC standards.
4. The Physical therapy center has evidence of maintenance of shared utilities, systems, and different alternatives according to national laws and regulations.
5. The physical therapy center leadership ensures the availability of current and updated work permits when required.
6. The physical therapy center allocates budgets for maintaining and upgrading the environmental safety of the facility.

**Related standard:**

EFS.02 Environment and facility safety monitoring, EFS.03 Fire and smoke safety plan, fire drill, EFS.04 Smoking-Free Environment, EFS.05 Hazardous materials safety and waste management, ACT.06 Physical access and comfort, OGM.01 Governing body Structure and responsibilities, WFM.06 Orientation program. WFM.07 Continuing Education Program.

**EFS.02 The physical therapy center environment and facility safety are overseen and monitored by a trained staff.**

*Safety*

**Keywords:**

Environment and facility safety monitoring.

**Intent:**

Maintaining a safe and active environment within a healthcare facility requires specialized skills to assess performance, identify gaps, and implement corrective actions.

The physical therapy center shall ensure the availability of trained staff (at least training on safety requirements and civil defense) according to the scope of the provided services, local laws, and regulations to oversee the environmental and facility safety activities.

One or more trained individuals is/are responsible for:

- a) inspecting physical therapy center areas to identify maintenance and safety issues, such as clogged drains, leaky ceilings, and faulty electrical switches, availability of warning signs, etc.
- b) review of aggregated essential data, incident reports, drill reports, safety plans, measures, and recommended actions,
- c) following up to ensure compliance with all safety requirements.
- d) Providing quarterly reports to the physical therapy center's leadership on inspection findings.

Different tools could be used, like inspection checklists that cover different components of environmental safety activities. Risk assessment is used to identify high-risk observations that require appropriate intervention.

**Survey process guide:**

- GAHAR surveyor may review the responsible staff members' files to check their qualifications.
- GAHAR surveyor may interview responsible staff members to ensure their awareness of environmental safety responsibilities.
- GAHAR surveyor may review the environment and facility safety reports.

**Evidence of compliance:**

1. The physical therapy center ensures the availability of a trained staff to oversee the environmental and facility safety activities.
2. The responsibilities of the EFS staff include the items mentioned in the intent from a) to d) in the intent.
3. The EFS staff is aware and performs its responsibilities.
4. The EFS staff reports on inspection findings to the physical therapy center leadership at least quarterly.

**Related standards:**

EFS.01 Physical therapy environment and facility safety, WFM.04 Job descriptions. WFM.05 Staff files, EFS.03 Fire and smoke safety plan, fire drill, EFS.04 Smoking-Free Environment, EFS.05 Hazardous materials safety and waste management, EFS.06 Safety and security management plan, EFS.07 Utilities Management plan, EFS.10: Disaster Plan, EFS.11 Environmental Sustainability, Green Healthcare, WFM.07 Continuous education program, OGM.04 physical therapy center head of departments.

**Safe fire planning**

**EFS.03 GSR.03 Fire and smoke safety plan addresses prevention, early detection, response, and safe evacuation in case of fire.**

*Safety*

**Keywords:**

Fire and smoke safety plan, fire drill.

**Intent:**

A key factor in designing a physical therapy center is fire prevention, especially regarding the combustibility of construction and furnishing materials, as well as controlling the spread of fire and smoke. In the case of accidental or intentional fires, early detection and

suppression equipment must be easily accessible.

Staff should be trained to use this equipment effectively, remain calm, and work cooperatively in line with prior training.

The physical therapy center shall perform risk assessment that include fire and smoke separation, areas under construction and other high-risk areas, (e.g., stores, electrical control panels, garbage room, etc.). Risk mitigation measures are taken based on the fire and other disasters risk assessment which shall be updated annually.

The physical therapy center shall develop and implement a fire and smoke safety plan that addresses at least the following:

- a) Fire and smoke risk assessment.
- b) Preventive measures, which include at least:
  - i. Assesses compliance with Civil Defense requirements, and related laws and regulations.
  - ii. Safe storage and handling of highly flammable materials.
  - iii. Comply with the no-smoking policy according to laws and regulations.
  - iv. Safe handling of electric panel, cords, and connections
- c) Early detection of fire and smoke system, including monitoring method of the alarm system like a central control panel connected to all areas in the physical therapy center according to its functionality, and ensure continuous monitoring 24/7.
- d) Regular inspection and testing of the early detection system & fire suppression systems.
- e) Safe evacuation through availability of safe, unobstructed fire exits, with clear signage to assembly areas and emergency light, in addition to other related signage like how to activate the fire alarm, using a fire extinguisher and hose reel.
- f) The plan is evaluated and updated annually.

A drill ensures staff preparedness for fire and other disasters by equipping them with a solid understanding of the fire safety plan through regular training and simulations.

The physical therapy center must train all staff practically to demonstrate RACE, PASS, and other safety procedures during disasters. the physical therapy center shall record fire drill details, including, but not limited to, the following:

- I. Dates and timings.
- II. Staff who participated in the drill.
- III. Involved areas.
- IV. Shifts.
- V. Drill evaluation and corrective action plan.



### **Survey process guide:**

- GAHAR surveyor may review the approved fire and smoke safety plan, physical therapy center fire safety inspections, and fire system maintenance.
- GAHAR surveyor may interview staff to check their awareness of the fire and smoke safety plan.
- GAHAR surveyor may observe that fire alarm, firefighting, and smoke containment systems are working effectively and complying with civil defense requirements.
- GAHAR surveyor may review the plan of testing (drills) and staff training documents.

### **Evidence of compliance:**

1. The physical therapy center has an approved updated fire and smoke safety plan that includes the elements mentioned in the intent from a) to f), and it is evaluated and updated annually.
2. All staff are trained on the fire safety plan and can demonstrate their roles during a fire.
3. The physical therapy center's fire alarm systems are available, functioning, inspected, tested, and maintained on a regular basis.
4. The physical therapy center fire-fighting systems are available, functioning, inspected, tested, and maintained on a regular basis.
5. The physical therapy center guarantees safe evacuation through unobstructed and clear signage for evacuation.
6. Fire drill is performed at least annually with the required documentation as mentioned in the intent from I) to V).

### **Related standard:**

EFS.01 Physical therapy environment and facility safety, EFS.04: Smoking-Free Environment, EFS.02 Environment and facility safety monitoring, EFS.10 Disaster Plan, WFM.06 Orientation program, WFM.07 Continuous education program.

## **EFS.04 The physical therapy center clinical and non-clinical areas are smoking-free.**

*Safety*

### **Keywords:**

Smoking-Free Environment.

### **Intent:**

According to the Centers for Disease Control (CDC), smoking causes about 90% (or 9 out of 10) of all lung cancer deaths. More women die from lung cancer each year than from breast cancer. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive

pulmonary disease (COPD). Cigarette smoking increases the risk of death from all causes in men and women. Literature shows that although PTC restricts smoking inside, many people continue to smoke outside, creating problems with second-hand smoke, litter, fire hazards, and negative role modelling. Smoke-free policies are an important component of an ecological and social-cognitive approach to reducing tobacco use and tobacco-related disease.

Regulations prohibit smoking inside healthcare facilities according to law and regulations. Smoking-free policies were reported to have numerous positive effects on employee performance and retention, in addition to the prevention of fires inside different healthcare facilities.

The PTC ensures a smoking-free environment for patients and environmental safety through the availability of smoking-free environment policy and procedure, and proper signage.

The policy should include any exceptions, penalties, and the designated smoking area outside the building.

All staff should be oriented to the smoking-free environment policy.

#### **Survey process guide:**

- GAHAR surveyor may review the smoking-free policy followed by interviewing staff and/or patients to check their awareness of PTC policy, smoking areas' location and consequences of not complying to the policy.
- During the GAHAR survey, surveyors may be observed evidence of not complying to the policy such as cigarette remnants and cigarette packs specially in remote areas.

#### **Evidence of compliance:**

1. The PTC has an approved policy for a smoking-free environment.
2. Staff, patients, and visitors are aware of the PTC policy.
3. Occupants, according to laws and regulations, do not smoke in all areas inside the buildings.
4. The PTC monitors compliance with the smoking-free policy.

#### **Related standards:**

EFS.03 Fire and smoke safety plan, fire drill, EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, WFM.06 Orientation program, WFM.07 Continuous education program.

## Safe hazardous materials and waste management plan

### **EFS.05 GSR.04 The physical therapy center ensures safe handling, storage, usage, and transportation of hazardous materials and waste management.**

*Safety*

#### **Keywords:**

Hazardous materials safety and waste management.

#### **Intent:**

Effective hazardous material and waste management is a critical aspect of maintaining safety in physical therapy centers. While these facilities may not generate the same volume of hazardous waste as hospitals, they still handle a range of materials that can pose health and environmental risks if not properly managed.

Hazardous materials in physical therapy centers may include disinfectants, cleaning agents, batteries, aerosol sprays, and therapeutic substances like paraffin wax or certain topical creams that contain chemicals. Improper storage or disposal of these items can lead to chemical exposure, respiratory issues, skin irritation, or environmental contamination.

Additionally, physical therapy centers may generate biohazardous waste such as used bandages, wound dressings, gloves, and sharps (e.g., needles used for dry needling or electrotherapy procedures). These materials must be handled with strict infection control practices to prevent the spread of infections and protect both staff and patients.

The physical therapy center environment, staff, patients, relatives, and vendors should be safe from hazardous material exposure and waste at all times. The physical therapy center should have a hazardous materials and waste management plan that includes at least the following:

- a) A current and updated inventory of hazardous materials used in the physical therapy center, the inventory should include the material name, hazard type, location, usage, consumption rate, and responsibility.
- b) Safety data sheet (SDS) should be available and include information such as physical data, hazardous material type (flammable, corrosive, carcinogenic, etc.), safe storage, handling, spill management and exposures, first aid, and disposal.
- c) Appropriate labelling of hazardous materials.
- d) Procedure for safe usage, handling, and storage of hazardous materials.
- e) Appropriate waste segregation, labelling, and storage,
- f) Safe handling, transportation, and disposal of all categories of hazardous waste.
- g) Availability of required protective equipment and spill kits, safe showers, and eye washes.

- h) Investigation and documentation of different incidents, such as spills and exposures.
- i) Compliance with local laws and regulations, availability of required licenses, and/or permits
- j) Staff training and orientation.
- k) The plan is evaluated and updated annually and/or when required.

**Survey process guide:**

- GAHAR surveyor may review the hazardous material and waste management plan to make sure that it covers all safety requirements of hazardous materials, safe storage, handling, spills, required protective equipment and waste disposal according to local laws and regulations.
- GAHAR surveyor may review hazardous material and waste inventories, as well as Safety Data Sheet (SDS).
- GAHAR surveyor may observe hazardous material labelling and storage in addition to waste collection, segregation, storage, and final disposal.

**Evidence of compliance:**

1. The physical therapy center has an approved updated hazardous material and waste management plan as mentioned in the intent from a) through k) in the intent.
2. Staff are trained on hazardous materials and waste management plan.
3. The physical therapy center ensures safe usage, handling, storage, availability of SDS, and labeling of hazardous materials
4. The physical therapy center ensures that safe handling, storage, and labeling of waste occur according to laws and regulations.
5. The physical therapy center has a documented investigation of spills or other hazardous materials-related incidents.
6. The plan is evaluated and updated annually with aggregation and analysis of necessary data and corrective actions acted upon.

**Related standard:**

IPC.02 Hand Hygiene, IPC.03 PPE, guidelines, Physical Barriers, WFM.06 Orientation program. WFM.07 Continuing Education Program, IPC.01 IPC program, risk assessment, guidelines, OGM.09 Staff health program.

## Safety and security planning

### **EFS.06 GSR.05 The physical therapy center ensures a safe and secure work environment.**

*Safety*

#### **keywords:**

Safety and security management plan.

#### **Intent:**

Health services are committed to providing a safe and secure environment for patients, staff, and visitors. Physical therapy center safety arrangements keep patients, staff, and visitors safe from inappropriate risks. The physical therapy center must have a safety plan with safety mitigation measures based on the risk assessment that covers the building, property, and systems to ensure a safe physical environment for all occupants. The safety plan shall include at least the following:

- a) Regular inspection with documentation of results, performing corrective actions, and appropriate follow-up.
- b) Safety measures based on risk assessment, for example:
  - i. Electric Hazards Management.
  - ii. Wearing proper PPE.
- c) Processes for pest, insect, and rodent control.
- d) Responsibilities according to laws and regulations.
- e) Safety training on the general safety plan.
- f) The plan is evaluated and updated annually.

To address security challenges like violence, theft, and harassment, these facilities adopt a range of security measures, including the use of closed-circuit television CCTV cameras and electronic access control systems for doorways. By employing and training security staff, they can protect individuals from various threats, ensuring that occupants have a secure environment, free from safety concerns.

The physical therapy center shall develop and implement a security plan based on a security risk assessment that includes at least the following:

- I) Ensuring the identification of staff in the physical therapy center.
- II) Ensuring the identification of visitors and vendors/contractors with restrictions on their movement within the physical therapy center.
- III) Identification of restricted areas.
- IV) Vulnerable patients such as the elderly, those with mental disorders, and the handicapped should be protected from abuse.

- V) Workplace aggression and violence management.
- VI) A process to manage patients' property, ensuring that belongings are properly recorded and protected throughout the patient's stay. The PTC defines a clear retention period for stored property and outlines the procedures for returning items to patients and a process to manage lost and found situations.
- VII) Staff training and orientation.
- VIII) The plan is evaluated and updated annually.

**Survey process guide:**

- GAHAR surveyor may review the physical therapy center's safety plan/s, security plan/s.
- GAHAR surveyor may interview staff to check their awareness of the facility's safety and security plan/s.
- GAHAR surveyor may observe the availability and staff compliance with wearing suitable personal protective equipment (PPE) in different areas.
- GAHAR surveyor may observe the implemented security measures, e.g., cameras, monitors, staff ID, and access-controlled areas.
- GAHAR surveyor may review security records, other records, and cabinets where patient belongings are kept and recorded.

**Evidence of compliance:**

1. The physical therapy center has an approved updated plan to ensure a safe work environment, including the items mentioned in the intent from a) to f) in the intent.
2. The physical therapy center has an approved updated security plan including the elements mentioned in the intent from I) to VIII).
3. Staff are trained on the safety and security plan/s.
4. Safety measures and PPEs are available and used whenever indicated.
5. Security measures are implemented.
6. The patient's belongings and lost and founds are protected and recorded.

**Related standard:**

EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, IPC.03 PPE, guidelines, Physical Barriers, WFM.06 Orientation program. WFM.07 Continuing Education Program, IPC.01 IPC program, risk assessment, guidelines.

## Effective equipment management plan

### **EFS.07 GSR.06 Medical equipment plan ensures selection, inspection, testing, maintenance, and safe use of medical equipment.**

*Safety*

#### Keywords:

Medical Equipment Plan.

#### Intent:

Medical equipment plays a vital role in physical therapy centers, supporting accurate assessment, effective treatment, and patient rehabilitation. Tools such as therapeutic machines, exercise devices, and mobility aids help therapists deliver targeted care tailored to individual needs. Proper equipment enhances treatment outcomes, improves patient safety, and allows for a wider range of therapeutic interventions, ultimately contributing to faster and more efficient recovery.

The physical therapy center head of departments are responsible for providing all the equipment essential for all physical therapy activities, including stretching and flexibility, strengthening, balance and coordination, postural training, aerobic, manual therapy techniques, heat and cold therapy, neuromuscular re-education, aquatic Therapy (Hydrotherapy), gait training, modalities (Physical Agents) and functional training.

In most PTCs, a trained biomedical staff manage the entire medical inventory and is responsible for dealing with medical equipment hazards. Not only does improper monitoring and management lead to inefficiency, but it can also seriously harm patient outcomes. As an example, poor maintenance increases the chances of downtime, and inadequate servicing and sterilization can be harmful to both physiotherapists and patients. This is why it is crucial to establish some basic equipment safety and service procedures according to the manual or contracted agent of the equipment.

The PTC develops a plan for medical equipment management that addresses at least the following:

- a) Developing criteria for selecting new medical equipment.
- b) Inspection and testing of new medical equipment upon procurement and on a predefined interval basis.
- c) Training of staff on safe usage of medical equipment upon hiring, upon installation of new equipment, and on a predefined regular basis by a qualified person.
- d) Inventory of medical equipment, including availability and functionality.
- e) Identification of critical medical equipment that should be readily available for the operator even such as life-support equipment, AED.
- f) Periodic preventive maintenance according to the manufacturer's recommendations



which usually recommends using tagging systems by tagging dates and due dates of periodic preventive maintenance or labelling malfunctioned equipment.

- g) Calibration of medical equipment according to the manufacturer's recommendations and/or its usage.
- h) Malfunction and repair of medical equipment.
- i) Dealing with equipment adverse incidents, including actions taken, backup system, and reporting.
- j) Updating, retiring and/or replacing medical equipment in a planned and systematic way.
- k) The plan is evaluated and updated annually and/or when required.

#### **Survey process guide:**

- GAHAR surveyor may review the PTC medical equipment management plan and related documents, e.g., inventory of medical equipment, preventive maintenance schedule, calibration schedule, and staff training records.
- GAHAR surveyor may check the medical equipment functionality and trace some medical equipment records.

#### **Evidence of compliance:**

1. The PTC has an approved updated medical equipment management plan that addresses all elements from a) through k) in the intent.
2. The PTC has a qualified individual to oversee medical equipment management.
3. The PTC ensures that only trained and competent staff handle the specialized equipment.
4. Records are maintained for medical equipment inventory, user training, equipment identification cards, company emergency contact, and testing on installation.
5. Records are maintained for medical equipment periodic preventive maintenance, calibration, and malfunction history.
6. Equipment adverse incidents are reported, and actions are taken.

#### **Related standards:**

EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, WFM.07 Continuing Education Program, QPI.06 Incident reporting system .



## Safe utility plan

### **EFS.08 GSR.07 Essential utilities plan addresses regular inspection, maintenance, testing, and repair.**

Safety

#### **Keywords:**

Utilities management plan.

#### **Intent:**

As physical therapy centers' utility systems form the operational infrastructure that enables the provision of physical therapy services effectively, it is crucial for physical therapy centers to plan and implement effective response and recovery activities in the event of a failure in their utility systems.

Some of the essential utilities include mechanical systems (e.g., heating, ventilation, and cooling), electrical systems (e.g., normal power and emergency power); domestic hot and cold water, deionized water, or purified water systems; waste management systems; technology systems, including physical therapy center communication and data transfer systems; fuel systems; access control, fire alarms.

The physical therapy center shall have a utility management plan to ensure the efficiency and effectiveness of all utilities. The plan shall include at least the following:

- a) Inventory of all essential utility systems, for example, electricity, purified water, heating, ventilation and air conditioning, communication systems, waste disposal systems, fire alarms, and backup power systems.
- b) Layout of the utility systems.
- c) Staff training on the utility plan.
- d) Regular inspection, testing, and corrective maintenance of utilities.
- e) Regular testing of alarms (when applicable).
- f) Testing of the electric generator with and without a load on a regular basis.
- g) Providing fuel required to operate the generator in case of an emergency.
- h) Preventive maintenance plan, according to the manufacturer's recommendations, for all physical therapy center's utilities.
- i) Identification of critical utility systems and ensuring backup availability for essential processes, such as uninterrupted power supply (UPS) for sensitive physical therapy center equipment / Devices.
- j) The physical therapy center performs regular, accurate data aggregation and analysis (for example, frequency of failure, preventive maintenance, compliance with proper monitoring, updating, and improvement of the different systems).

k) The plan is updated annually based on evaluation.

This ensures physical therapy centers maintain operational continuity and safety for staff, equipment, and processes.

**Survey process guide:**

- GAHAR surveyor may review the physical therapy center's utility management plan to ensure coverage of all required measures, e.g., regular inspection, maintenance, and backup for all essential utility systems management.
- GAHAR surveyor may interview the responsible staff to assess their training and inquire about critical utility.
- GAHAR surveyor may review inspection records, preventive maintenance schedule, contracts, as well as testing results of generators, tanks, and/or other essential utility systems to make sure of facility coverage 24/7.

**Evidence of compliance:**

1. The physical therapy center has an approved and updated utility management plan that includes the elements mentioned in the intent from a) to k).
2. The physical therapy center has trained staff members to oversee utility management.
3. Records are maintained for utility systems inventory, testing, periodic preventive maintenance, and malfunction history.
4. Critical utility systems are identified, and backup availability is ensured and evaluated on a regular basis.
5. The plan is evaluated and updated annually with aggregation and analysis of necessary data.

**Related standards:**

EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, WFM.07 Continuing Education Program, EFS.03 Fire and smoke safety plan, fire drill, QPI.06 Incident reporting system.

## **EFS.09 The physical therapy center performs a pre-construction risk assessment when planning for construction or renovation.**

*Safety*

### **Keywords:**

Pre-construction risk assessment.

### **Intent:**

The new construction or renovation of a physical therapy center has detrimental effects on all occupants, including changes in air quality due to dust or odours, increased noise and vibration, and potential hazards from debris.

Upon new construction or renovation in the physical therapy center, a pre-construction risk assessment (PCRA) should be performed and evaluated to develop a plan that will minimize associated risks. Involvement of all departments affected by construction or renovation, which may include project management, infection control, safety, security, housekeeping, information technology, engineering, physical therapy center departments, and external constructors, should be ensured.

The pre-construction risk assessment includes, but is not limited to, the following:

- a) Noise level
- b) Vibration
- c) Infection control risk assessment (ICRA)
- d) Air quality
- e) Fire risk
- f) Hazardous materials
- g) Waste and wreckage
- h) Any other hazards related to construction and renovation.

The physical therapy center shall ensure monitoring and documentation of all activities and all risks related to construction and renovation.

### **Survey process guide:**

- GAHAR surveyor may review the physical therapy center's pre-construction risk assessment documents.
- GAHAR surveyor may observe the implemented risk assessment recommendations.
- GAHAR surveyor may interview staff, patients, or contractors in the construction area to check their awareness of required precautions.

### **Evidence of compliance:**

1. The physical therapy center performs a pre-construction risk assessment before any

construction or renovation.

2. All affected departments are involved in the risk assessment.
3. The physical therapy center performs preventive and corrective actions whenever risks are identified.
4. There is a mechanism, such as work permission, to empower risk assessment and recommendations.
5. If a contractor is used, the contractor's compliance is monitored and evaluated by the physical therapy center.

**Related standards:**

EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, IPC.01 IPC Program, Risk Assessment Guidelines, QPI.05 Risk management program, EFS.05 Hazardous materials safety and waste management.

**Safe emergency preparedness plan**

**EFS.10 Emergency preparedness plan addresses responding to disasters that have the potential of occurring within the geographical area of the physical therapy center.**

*Safety*

**Keywords:**

Disaster Plan.

**Intent:**

With the onset of climate change, escalating pollution levels, and technological advancements, the Earth is increasingly susceptible to natural disasters. While these events may not be entirely preventable, their impact can be mitigated through effective planning.

The physical therapy center must conduct a risk assessment for possible emergencies and disasters, both internal and external in nature.

These may include heavy rains, earthquakes, floods, extreme heat, acts of war, bomb threats, terrorist attacks, traffic accidents, power outages, fires, gas leaks, and the potential for epidemics or pandemics.

The physical therapy center (PTC) needs a risk assessment tool to prioritize potential emergencies by considering both their likelihood and impact. Preparedness levels will then be evaluated based on the identified risks, with various tools.

The physical therapy center shall develop and implement an emergency preparedness plan, and the frequency of reviewing and updating the plan shall be done in accordance with the results of the current risk assessment and analysis, and at least annually.

The physical therapy center's emergency preparedness plan shall include at least the following:

- a) Communication strategies: Internal communication may be in the form of Clear call tree that includes staff titles and contact numbers, and external communication channels may include civil defense, ambulance centers, and police.
- b) Clear duties and responsibilities for the facility, head of departments, and staff.
- c) Identification of required resources such as utilities, medical equipment, medical, and nonmedical supplies, including alternative resources.
- d) Business Continuity:
  - i. The staff's main task is to be maintained in case of emergencies.
  - ii. Alternative care sites and back-up utilities.
- e) Drill schedule: The physical therapy center must have a drill schedule for emergencies at least annually and ensure the attendance of staff; proper evaluation and recording of the drill includes, but is not limited to:
  - I. Scenario of the drill.
  - II. Observations on code announcement, timing, staff attendance, response, communication, triaging, and clinical management.
  - III. Clear corrective actions if needed.
  - IV. Debriefing.

**Survey process guide:**

- GAHAR surveyor may review the emergency preparedness plan and its records to confirm that it covers all the identified risks.
- GAHAR surveyor may review preparations in terms of equipment, supplies, action cards, and others.
- GAHAR surveyor may interview staff to check their awareness of the emergency preparedness plan.

**Evidence of compliance:**

1. There is an approved physical therapy center emergency preparedness plan includes the elements mentioned in the intent from a) to e).
2. Staff members are trained on the emergency preparedness plan.
3. The physical therapy center performs at least one drill annually that includes the item (e) in its intent.
4. The physical therapy center demonstrates preparedness for identified emergencies based on risk assessment.

5. The plan is evaluated at least annually with aggregation and analysis of necessary data.

**Related standards:**

EFS.03 Fire and smoke safety plan, fire drill, QPI.05 Risk management program, EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, WFM.06 Orientation program, WFM.07 Continuing Education Program.

**EFS.11 Physical therapy center leadership supports green and sustainable activities.**

*Efficiency*

**Keywords:**

Environmental Sustainability, Green Healthcare.

**Intent:**

As energy deficiencies and environmental concerns escalate, adopting green practices in physical therapy centers is no longer optional; it's essential. Sustainable solutions offer a win-win-win; triple win for health, the earth planet, and budgets.

Physical therapy centers strive to minimize their environmental impact while delivering quality care. PTC leaders ensure to integrate environmental strategies into operations and governance, employee engagement and resource reduction.

For example, energy consumption saving activities (lighting, heating/cooling), water usage (clinical and non-clinical), and so on.

PTC shall develop policy and procedures guiding environmental Sustainability activities. Policy includes at least the following:

- a) Leadership Commitment: Leaders demonstrate commitment to environmental sustainability by including it in PTC policies, and PTC leadership ensures resource allocation.
- b) Employee Engagement: Including activities to raise awareness, train staff on climate change and environmental practices, and encourage participation in eco-friendly initiatives.
- c) Proper resource allocation: Develop and implement a plan to monitor and reduce the use of materials and environmental resources like energy and water and reduce unnecessary supplies use.
- d) Waste Management: Establish a comprehensive waste management hierarchy that prioritizes waste reduction and proper segregation.
- e) Green Infrastructure: Considers opportunities for green infrastructure solutions through prioritizing natural lighting, avoiding unnecessary outside lighting, using efficient LED

bulbs, and using lighting with motion sensors. Optimizes energy use through efficient use of the air conditioning system on (24°C) and after working hours' equipment shutdowns, if applicable. Water-saving fixtures further enhance sustainability.

- f) Monitoring through Regular rounds to check the commitment to environmental Sustainability activities and evaluating the effectiveness of implemented strategies and activities.

**Survey Process Guide:**

- GAHAR surveyor may review the PTC policies to ensure they align with the above elements.
- GAHAR surveyor assesses the organization's commitment to environmental sustainability through interviews with leadership and staff.
- GAHAR surveyor may observe resource usage practices and waste management procedures.

**Evidence of Compliance:**

1. The PTC has an approved policy that addresses all elements from a) through f) in the intent.
2. Leadership participates in environmental sustainability activities.
3. Staff are aware of environmental sustainability practices and participate in relevant activities.
4. The PTC demonstrates participation in community awareness about environmental sustainability activities.

**Related standards:**

EFS.01 Physical therapy environment and facility safety, EFS.02 Environment and facility safety monitoring, WFM.07 Continuing Education Program, EFS.05 Hazardous materials safety and waste management.

## Infection Prevention and Control

### Chapter Intent:

Healthcare-associated infections (HAIs) are a significant concern in all healthcare settings, including physical therapy centers, where patients may be particularly vulnerable.

Many physical therapy patients have compromised immune systems due to conditions such as surgery recovery, chronic illnesses, or cancer treatments, making them more susceptible to infections. Additionally, the presence of open wounds or surgical incisions in patients further increases the risk of infection.

The hands-on nature of physical therapy, which involves manual techniques and close physical contact, also contributes to the potential for transmission of infections.

Furthermore, shared equipment in physical therapy settings can harbour pathogens if not properly disinfected.

The prolonged and frequent exposure to healthcare environments in physical therapy centers increases the likelihood of encountering infectious agents.

The infection prevention and control (IPC) program is essential in physical therapy centers to protect both patients and physiotherapists from the spread of infections.

An effective IPC program ensures proper hand hygiene practices, routine cleaning, and disinfection of equipment, and cough etiquette compliance for reducing the risk of cross-contamination. It also promotes the safe handling of patients and the use of personal protective equipment (PPE) when necessary.

By implementing these precautions, physical therapy centers can create a safer environment, improve patient outcomes, and maintain a high standard of care.

### Chapter purpose:

1. To ensure the efficient structure of the infection prevention and control program.
2. To ensure safe standard precautions.



## IPC Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>IPC.01</b></p> <p>KW: IPC program, risk assessment, guidelines</p>	<p><b>IPC.01</b></p> <p>KW: IPC program, risk assessment, guidelines.</p>	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an infection control program that addresses all the elements mentioned in the intent from a) to g).</li> <li>• (EOC.05: The physical therapy center monitors the reported data on the infection prevention and control program and takes actions to control or improve the processes as appropriate.</li> </ul> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02: The physical therapy center staff involved in infection prevention and control are aware of the contents of the program.)</li> <li>• (EOC.04: The program is implemented in all physical therapy center sections and covers patients, visitors, staff, and environment.)</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>IPC.02</b> KW: Hand Hygiene	<b>IPC.02</b> KW: Evidence-based hand hygiene guidelines	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has approved hand hygiene policies and procedures based on current evidence-based guidelines that address all the elements mentioned in the intent from a) to f).</li> <li>• (EOC.02: Physical therapy professionals are trained on the center's policies and procedures.).</li> <li>• (EOC.05: Hand hygiene facilities are present in the required numbers and places.</li> </ul> <b>Add new EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.03: Hand hygiene is implemented according to the center's policy.)</li> <li>• (EOC.04: Hand hygiene posters are displayed in required areas.)</li> <li>• (EOC.06: The physical therapy center monitors the reported data on the hand hygiene process and takes actions to control or improve the process as appropriate.</li> </ul>
<b>IPC.03</b> KW: PPE, guidelines, Physical Barriers	<b>IPC.03</b> Kw: standard precaution measures	<b>New Standard statement:</b> (Personal protective equipment is available and used when indicated). <b>Added new EOCs :</b> (EOC.01, EOC.02, EOC.03, EOC.04, EOC.05)
<b>IPC.04</b> KW: Environmental cleaning, evidence-based guidelines	<b>IPC.03</b> Kw: standard precaution measures	<b>New Standard statement:</b> (Environmental cleaning and disinfection activities are aligned with current national/international guidelines). <b>Modified EOC:</b> (EOC.03) <b>Added new Eocs :</b> (EOC.01, EOC.02, EOC.04)

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>IPC.05</b> KW: Respiratory Hygiene Protocol, cough etiquette microbiology and cultures media		New Standard.

## Efficient structure of the infection prevention and control program

### IPC.01 A comprehensive infection prevention and control program is developed, implemented, and monitored.

*Safety*

#### Keywords:

IPC program, risk assessment, guidelines.

#### Intent:

Healthcare-associated infections are a common risk encountered in physical therapy centers. Therefore, formulating a comprehensive infection prevention and control (IPC) program is of utmost importance in order to effectively reduce these risks.

The program development requires a multidisciplinary approach that is carried on by qualified staff member(s) and based on the annual physical therapy center risk assessment plan, national and international guidelines (CDC, WHO, APIC, IFIC, etc.), standard physical therapy techniques, accepted practices, and applicable laws and regulations.

The IPC program should include all physical therapy center sections and cover patients, staff, visitors, and the environment.

The physical therapy center shall develop and implement an infection prevention and control program that addresses at least the following:

- a) Scope and objectives.
- b) Infection control policies and procedures include at least the following:
  - i. Hand hygiene policy.
  - ii. PPE policy.
  - iii. Environmental cleaning and disinfection policy.
  - iv. Cough etiquette/respiratory hygiene policy.
  - v. Surveillance policy.
  - vi. Waste management.
  - vii. Occupational health program.
- c) Point-of-care risk assessment to identify physical therapy services with increased potential risk of infection and a risk mitigation plan.
- d) A monitoring system to monitor and track infection rates and incidents within the physical therapy center.
- e) Staff education and training on infection control principles and practices.
- f) Staff immunization.
- g) Continuously assess and improve infection prevention and control practices within the physical therapy center.

### **Survey process guide:**

- GAHAR surveyor may review an infection prevention and control program to ensure that it is based on point of care risk assessment, covers all physical therapy center departments / services and includes all relevant individuals, review the training plan or an annual evaluation report and update of the IPC program.
- GAHAR surveyor may review the documentation of monitoring of data on infection prevention and control program, performance measures, data analysis reports, recommendations for improvement and observe their implementation.

### **Evidence of compliance:**

1. The physical therapy center has an infection control program that addresses all the elements mentioned in the intent from a) to g).
2. The physical therapy center staff involved in infection prevention and control are aware of the contents of the program.
3. The program is based on an updated risk assessment, current scientific knowledge, accepted practice guidelines, and applicable laws and regulations.
4. The program is implemented in all physical therapy center sections and covers patients, visitors, staff, and environment.
5. The physical therapy center monitors the reported data on the infection prevention and control program and takes actions to control or improve the processes as appropriate.

### **Related standard**

IPC.02 Hand Hygiene, IPC.03 PPE, guidelines, Physical Barriers, IPC.04 Environmental cleaning, evidence-based guidelines, IPC.05 Respiratory Hygiene Protocol, cough etiquette, QPI.05 Risk Management plan/program, QPI.06 Incident Reporting System, WFM.06 Orientation program. WFM.07 Continuing Education Program, EFS.05 Hazardous materials safety and waste management, ICD.07 Safe use of Hydrotherapy, EFS.09 Pre-Construction risk assessment, OGM.09 Staff health program.

## **IPC.02 GSR.08 Evidence-based hand hygiene guidelines are adopted and implemented throughout the physical therapy center.**

*Safety*

### **Keywords:**

Hand Hygiene.

### **Intent:**

Hand hygiene is the cornerstone of reducing infection transmission in all healthcare facilities. It is considered the most effective and efficient strategy for infection prevention and control.

Hand hygiene in physical therapy centers, not only protect patients, that are many of whom may have weakened immune systems or open wounds, but also safeguards healthcare workers from contracting and spreading infections.

In a physical therapy center, where therapists frequently come into close physical contact with patients and handle shared equipment, maintaining proper hand hygiene is essential for ensuring patient and staff safety.

Physical therapy often involves hands-on treatment such as massages, stretches, joint mobilization, and manual therapy techniques. This direct contact increases the risk of transmitting germs if hand hygiene is not properly maintained. Additionally, therapists and patients often touch equipment like resistance bands, exercise balls, walkers, and treatment tables, which can become contaminated and spread pathogens from one person to another.

Proper hand hygiene includes regular handwashing with soap and water, especially when hands are visibly soiled, and using alcohol-based hand rub when soap and water are not available. It is important for physical therapy staff to clean their hands before and after hand-on treating each patient, after touching any shared surfaces or equipment, and after removing gloves.

Selection of the type of hand hygiene should be based on the type of procedure and point of care risk assessment.

Functional hand hygiene stations (sinks, clean single-use towels, hand hygiene posters, general waste baskets and appropriate detergent) must be present in appropriate numbers and places, according to national building codes.

The physical therapy center shall develop and implement a hand hygiene policy that includes at least the following:

- a) Hand hygiene techniques.
- b) Indications for hand hygiene.

- c) Accessibility of hand hygiene facilities.
- d) Nail Care and Jewellery.
- e) Hand hygiene education and training.
- f) Monitoring the compliance.

**Survey process guide:**

- GAHAR surveyor may review the policy of hand hygiene and hand hygiene guidelines.
- GAHAR surveyor may interview physical therapy staff to ask about hand hygiene techniques, and WHO's five moments of hand hygiene.
- GAHAR surveyor may review the physical therapy staff's training records.
- GAHAR surveyor may observe hand washing facilities in each physical therapy center section and check the availability of supplies (soap, tissue paper, alcohol hand rub, etc.) and hand hygiene posters.
- GAHAR surveyor may observe PTC professionals' compliance with hand hygiene technique and WHO five moments of hand hygiene with WHO observation audit tool.

**Evidence of compliance:**

1. The physical therapy center has approved hand hygiene policies and procedures based on current evidence-based guidelines that address all the elements mentioned in the intent from a) to f).
2. Physical therapy professionals are trained on the center's policies and procedures.
3. Hand hygiene is implemented according to the center's policy.
4. Hand hygiene posters are displayed in required areas.
5. Hand hygiene facilities are present in the required numbers and places.
6. The physical therapy center monitors the reported data on the hand hygiene process and takes actions to control or improve the process as appropriate.

**Related standard**

IPC.01: IPC Program, Risk Assessment Guidelines, IPC.03 PPE, guidelines, Physical Barriers, WFM.08: Staff performance evaluation, EFS.01: Physical therapy environment and facility safety, EFS.08: Utilities Management plan, OGM.05: Supply chain management, WFM.06 Orientation program. WFM.07 Continuing Education Program, OGM.09 Staff health program.

**IPC.03 Personal protective equipment is available and used when indicated.***Safety***Keywords:**

PPE, guidelines, Physical Barriers.

**Intent:**

Wearing personal protective equipment (PPE) is an important tool in the protection of both patients and staff in the Physical therapy centers.

PPE term refers to the availability and appropriate use of barriers that a susceptible host may wear to provide a physical barrier between them and an infectious agent/infected source.

PPE includes gloves, gowns, masks, eye protection, facial protection (including face shields or masks with visor attachments), and respirators.

Proper selection of PPE depends on each procedure's risk assessment; physical therapy staff education and training are of the utmost importance.

The physical therapy center shall develop and implement a personal protective equipment (PPE) policy that includes at least the following:

- a) Different types of personal protective equipment (PPE).
- b) Standardized product specifications of personal protective equipment (PPE).
- c) Selection of personal protective equipment (PPE) to be used, based on the risk assessment.
- d) Staff education and training on the proper way and sequence of donning and doffing of various PPE.
- e) Monitoring the compliance.

**Survey process guide:**

- GAHAR surveyor may observe to ensure the availability and accessibility of PPE.
- GAHAR surveyor may interview physical therapy center staff members to ask about the constant availability, accessibility, and proper use of PPE.
- GAHAR surveyor may assess staff compliance with proper selection and use of PPE according to the patient's suspected infection and/or procedure.
- GAHAR surveyor may review PPE standardized product specifications and disbursement permits.

**Evidence of compliance:**

1. The physical therapy center has approved a personal protective equipment (PPE) policy that addresses all the elements mentioned in the intent from a) to e).



2. The choice of PPE to be purchased is based on standardized product specifications.
3. The physical therapy center provides PPE that is easily accessible and appropriate to the task.
4. All staff are trained on the proper way and sequence of donning and doffing various PPE.
5. Proper selection and use of PPE according to the patient's suspected infection and/or procedure.

**Related standard:**

IPC.01 IPC Program, Risk Assessment Guidelines, IPC.02 Hand Hygiene, EFS.06 Safety and security management plan, EFS.05 Hazardous materials safety and waste management. WFM.08 Staff performance evaluation, OGM.05 Supply chain management, WFM.07 Continuing Education Program, OGM.09 Staff health program.

**IPC.04 Environmental cleaning and disinfection activities are aligned with current national/international guidelines.**

*Safety*

**Keywords:**

Environmental cleaning, evidence-based guidelines.

**Intent:**

In healthcare facilities, the environment is considered a reservoir for pathogens and may be a significant source of healthcare-associated infections (HAI), so cleaning and disinfection of environmental surfaces is an important tool to prevent the development of these infections.

In physical therapy centers, environmental cleaning and disinfection are essential components of the infection prevention and control program. Frequent physical contact, the use of shared equipment, and a high volume of patient traffic can all contribute to the spread of infectious agents in such healthcare facilities.

Physical therapy environments include treatment rooms, exercise areas, waiting rooms, and equipment storage spaces. These areas must be cleaned and disinfected regularly to reduce the risk of healthcare-associated infections (HAIs).

High-touch surfaces such as treatment tables, exercise machines, door handles, handrails, and chairs are particularly prone to contamination and require frequent disinfection.

Shared equipment, like resistance bands, therapy balls, walkers, and ultrasound devices, must be disinfected between each patient use. Failure to clean and disinfect such items can lead to cross-contamination and increase the spread of infections from one patient to another.

The determination of environmental cleaning and disinfection procedures for physical therapy areas, including frequency, method, and process, should be based on the risk of pathogen transmission. This risk is a function of the probability of contamination, vulnerability of the patients and staff to infection, and potential for exposure (i.e., high-touch vs low-touch surfaces).

To provide quality care, the physical therapy center must have a clear method and schedule for environmental cleaning and disinfection, including all the facility rooms and areas (walls, floors, ceilings, and furniture).

High-touch surfaces are particularly prone to contamination and require frequent disinfection.

Shared equipment must be disinfected between each patient use.

Medical equipment should be cleaned on a regular schedule with an approved disinfectant based on the manufacturer's recommendations for use.

Cleaning activities and times are listed for each area. The schedule must address environmental cleaning activities for each area as follows:

- a) Activities to be done every day.
- b) Activities to be done every shift.
- c) Deep cleaning activities.

The physical therapy center shall develop and implement an environmental cleaning and disinfection policy and procedures based on national/international guidelines for the process of environmental / all surfaces and equipment/device cleaning /disinfection that addresses at least the following:

- I. Identification of risk areas.
- II. High-touch environmental surfaces.
- III. Frequency of environmental cleaning and disinfection.
- IV. Environmental detergents and disinfectants to be used.
- V. Method of cleaning and disinfection.

#### **Survey process guide:**

- GAHAR surveyor may review the physical therapy center policy guiding environmental cleaning and disinfection.
- GAHAR surveyor may review the physical therapy center's list of all environmental services that require cleaning and cleaning schedules.
- GAHAR surveyor may observe to check availability, accessibility, and use of detergents, antiseptics, and disinfectants in the relevant areas.

- GAHAR surveyor may interview physical therapy staff members and environmental cleaning staff members to ask about the availability, accessibility, and use of disinfectants.

**Evidence of compliance:**

1. The physical therapy center has approved environmental cleaning and disinfection policy and procedures that address all elements mentioned in the intent from I) to V).
2. The facility staff members involved in environmental cleaning activities are trained on the policy.
3. The physical therapy center identifies high-risk areas with different schedules for each area and includes all elements mentioned in the intent from a) through c).
4. The cleaning technique and disinfectant of choice match the requirements of each cleaned area according to the approved policy.

**Related standard**

IPC.01 IPC Program, Risk Assessment Guidelines, IPC.03 PPE, guidelines, Physical Barriers, IPC.02 Hand Hygiene, EFS.05 Hazardous materials safety and waste management. OGM.05 Supply chain management, ICD.07 Safe use of hydrotherapy, WFM.06 Orientation program, WFM.07 Continuing Education Program.

**IPC.05 Respiratory hygiene is implemented.**

*Safety*

**Keywords:**

Respiratory Hygiene Protocol, cough etiquette.

**Intent:**

Respiratory hygiene and cough etiquette interventions are intended to limit the spread of infectious organisms from physical therapy patients with potentially undiagnosed respiratory infections. For respiratory hygiene interventions to be effective, early implementation of infection prevention and control measures needs to exist at the first point of entry to the PTC and be maintained throughout the duration of the stay.

The effort of respiratory hygiene interventions shall be targeted at patients and accompanying significant others with respiratory symptoms and applies to any person entering the physical therapy center with signs of respiratory illness, including cough, congestion, rhinorrhoea, or increased production of respiratory secretions.

Respiratory hygiene and cough etiquette interventions (alcohol rub, tissues, surgical masks, and posters) should be present in all entries of the physical therapy center and all waiting areas.

**Survey process guide:**

- GAHAR surveyor may observe the availability of respiratory hygiene/cough etiquette posters in appropriate places.
- GAHAR surveyor may assess accessibility and use of detergents, antiseptics, and disinfectants in the relevant areas and the availability and accessibility of the relevant resources in proper places.
- GAHAR surveyor may assess compliance with respiratory hygiene/cough etiquette within the physical therapy center.

**Evidence of compliance:**

1. Respiratory hygiene/cough etiquette supplies are displayed at appropriate places.
2. Resources such as tissues and surgical masks are available in numbers matching patients' and physical therapy staff members' needs.
3. Respiratory hygiene/cough etiquette is implemented in physical therapy centers.

**Related standard**

IPC.01 IPC Program, Risk Assessment Guidelines, IPC.02 Hand Hygiene, OGM.05 Supply chain management, WFM.06 Orientation program, WFM.07 Continuing Education Program.



## Organization Governance and Management

### Chapter Intent:

This chapter is concerned with structures for governing bodies and accountability that may differ according to the physical therapy center and its size, mandate, and whether it is publicly or privately owned. Possible structures include an individual or group owner, or a Board of Directors. Having a defined governing body structure provides clarity for everyone in the physical therapy center, including managers, senior leaders, and staff, regarding who is accountable for making final decisions and overseeing the physical therapy center's overall direction.

Effective planning is initiated by identifying the stakeholders' needs and designing the service accordingly, the chapter guides the physical therapy center to assign duties to the different levels of management and to ensure effective communication to achieve planned goals and objectives.

Recently, the landscape of healthcare is shifting closer to a fully quality-driven future and a pay-for-performance model. The chapter has focused on the administrative side of healthcare, a focus that affects both patients and providers. With value-based care and higher levels of efficiency on the rise, the keys to medical practice success are evolving rapidly. The chapter handles various physical therapy center-wide topics, such as ethical management and staff engagement, which may reflect the efficient and effective collaborative management efforts.

The GAHAR surveyors, through leadership/ staff interviews, observations, and process evaluation, shall assess the efficiency and effectiveness of the governing body. The ability of leaders to motivate and drive the staff is instrumental for the success of physical therapy center and can be assessed throughout the survey.

### Chapter Purpose:

1. To ensure the effectiveness of the governing body.
2. To ensure the effectiveness of direction.
3. To ensure efficient resource utilization.
4. To ensure the effectiveness of financial stewardship.
5. To ensure the ethical management.

## OGM Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>OGM.01</b> KW: Governing body structure and responsibilities.</p>	<p><b>OGM.01</b> KW: Governing body.</p>	<p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The governing body structure is represented in the physical therapy center organization chart).</li> <li>• <b>(EOC.02:</b> The governing body meets at predefined intervals, and minutes of meetings are recorded).</li> <li>• <b>(EOC.03:</b> The physical therapy center has vision and mission statements approved by the governing body and are visible in public areas to staff, patients, and visitors).</li> </ul> <p><b>Modified EOC :</b>(EOC.04: The governing body defines its responsibilities and accountabilities as mentioned in the intent from a) to e) and has a process for resource allocation that includes clear criteria for selection and prioritization.)</p> <p><b>Rephrasing of EOC:</b> (EOC.05:The strategic plan, operational plans, budget, quality improvement, and risk management programs are approved, monitored, and updated by the governing body).</p> <p><b>Updated EOC (EOC.06)</b> by merging two EOCs(EOC.04 &amp;EOC.05) in Physical Therapy Edition2021.</p>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>OGM.02</b> KW: Physical therapy center director</p>	<p><b>OGM.03</b> KW: Qualified director.</p>	<p><b>Modified Standard statement:</b> (A full-time qualified director is appointed by the governing body to manage the physical therapy center according to applicable laws and regulations.).</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: There is a job description for the physical therapy center director covering the requirements as mentioned in the intent from a) to i).</li> <li>• (EOC.02: The physical therapy center director has appropriate training and/or experience as defined in the job description).</li> </ul> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.03: The physical therapy center identifies the proper communication channels between staff and the center's head of department).</li> <li>• (EOC.04: The governing body receives a periodic report from the center head of department about quality, patient safety, and performance measures at least annually).</li> <li>• (EOC.05: There is evidence of delegation of authority when needed.)</li> </ul>



GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>OGM.03</b> KW: Strategic and operational plans.	<b>OGM.02</b> KW: Strategic and operational Plans.	<b>Rephrasing of EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has a strategic plan with goals and objectives).</li> </ul> <b>Add new EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.02: Participation of staff, physical therapy center head of departments, community, and other identified stakeholders in the strategic plan is documented.)</li> <li>• (EOC.03: The strategic plan is regularly reviewed.)</li> </ul>
<b>OGM.04</b> KW: Physical therapy center head of departments.		New Standard.
<b>OGM.05</b> KW: Supply chain management	<b>OGM.04</b> KW: Supply chain management	<b>Modified Standard statement:</b> (Physical therapy center defines supply chain management processes). <b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy that addresses all elements mentioned in intent from a) through e).</li> <li>• (EOC.03: The supply chain process is recorded, monitored, and evaluated.</li> </ul> <b>Add new EOCs:</b> <ul style="list-style-type: none"> <li>• (EOC.02: The staff responsible are aware of the supply chain management procedure).</li> <li>• (EOC.04: Suppliers are monitored and evaluated at least annually).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>OGM.06</b> KW: Billing system.	<b>OGM.07</b> KW: Billing system.	<p><b>Modified Standard statement:</b> (The physical therapy center manages a Patient billing system.)</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved policy guiding the billing process that addresses items from a) to e) in intent.</li> </ul>
<b>OGM.07</b> KW: Ethical Management.	<b>OGM.05</b> KW: Ethical Management.	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved policy for ethical management that addresses at least a) to i) in intent).</li> <li>• <b>(EOC.03:</b> Physical therapy center staff are aware of the code of ethical management policy and the approved code of ethics).</li> <li>• <b>(EOC.04:</b> Addressed ethical issues are used for education and staff professional development).</li> </ul>
<b>OGM.08</b> KW: Positive workplace culture.	<b>OGM.06</b> KW: Positive Workplace Culture	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved policy for positive workplace culture that addresses at least a) to i) in intent.)</li> <li>• <b>(EOC.03:</b> Management of workplace violence, discrimination, and harassment measures are implemented.)</li> </ul> <p><b>Add new EOC:</b> <b>(EOC.04:</b> There are communication channels between staff and physical therapy center leaders.)</p>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>OGM.09</b> KW: Staff health program.	<b>WFM.07</b> KW: Staff health program.	<b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> There is a staff health program according to laws and regulations that cover items a) to k) in the intent).</li> <li>• <b>(EOC.03:</b> Staff members are educated about the risks within the physical therapy center environment, their specific job-related hazards, positive health promotion strategies, and periodic medical examination (as indicated).</li> </ul>
<b>OGM.10</b> KW: Community Initiatives.	<b>OGM.08</b> KW: Community Initiatives.	<b>Modified Standard Statement:</b> (Physical therapy center services are designed in line with international, national, regional, or local community initiatives.)  <b>Modified EOCs:</b> (EOC.02: All staff are aware of the center community initiatives).  <b>Add new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> The physical therapy center aligns the provided services with the assessed community health needs).</li> <li>• <b>(EOC.04:</b> The community involvement plan is updated periodically to meet the needs of the community).</li> </ul>

## Effective governing body

### **OGM.01 The physical therapy center has a defined governing body structure, responsibilities, and accountabilities.**

*Effectiveness*

#### **Keywords:**

Governing body structure and responsibilities.

#### **Intent:**

The governing body is responsible for defining the physical therapy center's direction and ensuring the alignment of its activities with its purpose. It is also responsible for monitoring its performance and future development .

In order to ensure the proper governance and efficient management of any organization, its structure has to be well-defined, and members of the governing body are identified by title and name. The governing entity is represented or displayed in an organizational chart that clearly defines lines of authority and accountability. A governing body should be diverse, reflect the community's interests and desired competencies, and evaluate its performance annually. The governing body meets at set intervals, with meeting minutes recorded.

It should consider that in a centralized system, one governing body governs several subsidiary organizations. On the other hand, a governing body can be a board of directors or a single owner in the case of the private sector. A clear two-way communication process between governance and management, usually between the head of the governing body and the physical therapy center director, enhances the physical therapy center's well-being.

The governing body's responsibilities shall be defined and directed towards the physical therapy center's principal stakeholders and shall include:

- a) Defining the physical therapy center's mission, vision, and values.
- b) Support, promotion, and monitoring of performance improvement, patient safety, risk management efforts, and safety culture.
- c) Setting priorities for activities to be executed by the physical therapy center; The process of prioritization among selected activities follows this process of selection.
- d) Prioritization criteria should be known to all to ensure a fair and transparent resource allocation process.
- e) Approval of:
  - i. The physical therapy center strategic plan.
  - ii. The operational plan and budget, capital investments.
  - iii. The quality improvement, patient safety, and risk management programs.
  - iv. Community assessment and involvement program.

By fulfilling these responsibilities, the governing body ensures the physical therapy center operates efficiently, provides high-quality care, and meets its commitments to patients, staff, and the community.

To ensure effective governance, the governing body should evaluate its performance annually and provide ongoing education and development opportunities for board members to stay informed about healthcare trends and governance practices.

**Survey process guide:**

- GAHAR surveyor may observe the governing body's role and responsibilities through the whole process of the survey, with special attention given to reviewing the required documents and checking their details and approvals, in addition to reviewing the monitoring reports of the approved plans.
- GAHAR surveyor may observe the mission statement posters, brochures, or documents focusing on their last update, approval, alignment, and visibility.
- GAHAR surveyor may observe evidence of open defined communication channels, frequency of communication, and evidence of feedback to submitted reports on both sides.

**Evidence of compliance:**

1. The governing body structure is represented in the physical therapy center organization chart.
2. The governing body meets at predefined intervals, and minutes of meetings are recorded.
3. The physical therapy center has vision and mission statements approved by the governing body and are visible in public areas to staff, patients, and visitors.
4. The governing body defines its responsibilities and accountabilities as mentioned in the intent from a) to e) and has a process for resource allocation that includes clear criteria for selection and prioritization.
5. The strategic plan, operational plans, budget, quality improvement, and risk management programs are approved, monitored, and updated by the governing body.
6. The governing body members and physical therapy center head of departments are aware of the process of communication and approve the communication channels.

**Related standards:**

APC.03 Sustaining compliance with accreditation standards, OGM.03 Strategic and operational plans, OGM.04 Physical therapy center head of departments, QPI.01 Quality management program

## Effective organizational direction

**OGM.02 A full-time qualified director is appointed by the governing body to manage the physical therapy center according to applicable laws and regulations.**

*Effectiveness*

### Keywords:

Physical therapy center director.

### Intent:

Any physical therapy center needs an executive who is responsible and accountable for implementing the governing board's strategies/ decisions and to act as a link between the governing board and the physical therapy center staff. Such a position requires a dedicated qualified director guided by relevant laws and regulations and/or as further defined by the governing board.

The physical therapy center director has appropriate training and/or experience in physical therapy center management, as defined in the job description.

The physical therapy center director's responsibilities include at least the following:

- a) Providing oversight of day-to-day operations.
- b) Ensuring clear and accurate posting of the center's services and hours of operation to the community.
- c) Ensuring that policies and procedures are developed and implemented by physical therapy staff and approved by the governing body.
- d) Monitoring of human, financial (including monetary), and physical resources.
- e) Evaluating the physical therapy center's performance annually.
- f) Ensuring appropriate response to reports from any inspecting or regulatory agencies, including accreditation.
- g) Ensuring that there is a functional, organization-wide program for performance improvement, patient safety, and risk management with appropriate resources.
- h) Setting a framework to support coordination within and/or between departments or units, as well as a clear process of coordination with relevant external services.
- i) Regular reports to the governing body on how legal requirements are being met.

Achieving the mission of the physical therapy center depends on collaboration and active participation. This involves sharing knowledge and engaging staff in decision-making. Communication channels serve as a means to combine the diverse knowledge and skills from various parts of the center, enabling effective decision-making. Physical therapy centers need to define the types of communication channels between the governing body,

the head of the department team, and the physical therapy center staff.

**Survey process guide:**

- GAHAR surveyor may review the PTC director's job description.
- GAHAR surveyor may review the PTC staff files to check compliance with all required documents of training, job description, role, and responsibilities.
- GAHAR surveyor may review an authority matrix or delegation letters for tasks that the PTC director delegated to any other staff member or committees.
- GAHAR surveyor may interview the PTC director to check their awareness of their responsibilities.

**Evidence of compliance:**

1. There is a job description for the physical therapy center director covering the requirements as mentioned in the intent from a) to i).
2. The physical therapy center director has appropriate training and/or experience as defined in the job description.
3. The physical therapy center identifies the proper communication channels between staff and the center's head of department.
4. The governing body receives a periodic report from the center head of department about quality, patient safety, and performance measures at least annually.
5. There is evidence of delegation of authority when needed.

**Related standards:**

APC.03 Sustaining compliance with accreditation standards, OGM.01 Governing body Structure and responsibilities, OGM.03 Strategic and operational Plans, WFM.04 Job Description, OGM.04 Physical therapy center head of departments, QPI.01 Quality improvement plan, QPI.02 Performance measures.

**OGM.03 Strategic and operational plans are developed under the oversight and guidance of the governing body.**

*Efficiency*

**Keywords:**

Strategic and operational plans.

**Intent:**

Strategic planning is a process of establishing a long-term plan to achieve an organization's specified vision and mission through the attainment of high-level strategic goals.

A strategic plan looks out over an extended time horizon from three to five years or more.

A strategic plan should be established on a higher level (governing body) with the involvement of physical therapy center head of departments.

The governing body shall approve the strategic plan and resource allocation for implementation within the physical therapy center.

The strategic plan should be reviewed regularly to discuss the progress of goals and objectives and make the necessary adjustments for the upcoming years.

Operational plans are the means through which organization fulfil its mission. They are detailed, contain specific information regarding targets, related activities and needed resources within a timed framework.

The head of departments shall establish operational plans that include at least the following:

- a) Clear goals and objectives (SMART objectives).
- b) Specific activities and tasks for implementation.
- c) Timetable for implementation.
- d) Assigned responsibilities.
- e) Sources of the required budget.
- f) Means of achievement measuring.

The operational plans should be approved by the governing body and shall link to the other plans within the physical therapy center.

Head of departments regularly evaluate the operational plans annually for services provided to identify facility and equipment needs for the upcoming operational cycle. Operational plan progress reports are reviewed and utilized in the next planning cycle. Every planning cycle ends with analysis phase where planners review what worked well and what didn't. These insights, often called "lessons learned," help refine future plans, leading to continuous improvements in physical therapy center performance.

#### **Survey process guide:**

- GAHAR surveyor may review the PTC's strategic and operational plan.
- GAHAR surveyor may review the PTC's strategic plan monitoring reports.
- GAHAR surveyor may interview the PTC leaders to check their involvement and participation in the development and monitoring of the strategic plan.
- GAHAR surveyor may review the evidence of monitoring operational plan progress/ progress reports, and actions taken to improve performance.

#### **Evidence of compliance:**

1. The physical therapy center has a strategic plan with goals and objectives.



2. Participation of staff, physical therapy center head of departments, community, and other identified stakeholders in the strategic plan is documented.
3. The strategic plan is regularly reviewed.
4. The physical therapy center has an approved operational plan that includes a) to f) in the intent.
5. Operational plans are reviewed at least annually.

**Related standards:**

APC.03 Sustaining compliance with accreditation standards, OGM.01 Governing body Structure and responsibilities, OGM.02 Physical therapy center Director, OGM.04 Physical therapy center head of departments.

**Effective departmental leadership**

**OGM.04 The responsibilities and accountabilities of the head of departments are identified.**

*Effectiveness*

**Keywords:**

Physical therapy center head of departments.

**Intent:**

An effective and efficient department/service heads ensures that department services are known and are aligned with other departments services and that there are adequate resources to offer them.

Each department or service (e.g., orthopedic, neuro, pediatric...) shall have a qualified staff member responsible for delivering the required services as defined by the organization's mission and related plans to ensure alignment between departments / services and with the physical therapy center as a whole.

The responsibilities of the designated head of each department and service are defined in writing and include at least the following:

- a) Sustaining a firm physical therapy center structure
  - i. Planning for upgrading or replacing systems, buildings, or components needed for continued, safe, and effective operation.
  - ii. Collaboratively developing a plan for staffing the physical therapy center that identifies the numbers, types, and desired qualifications of staff according to workload and approved scope of service.
  - iii. Defining a written description of the services provided by the department (scope of service).

- iv. Defining education, skills, and competencies needed by each category of staff.
  - v. Ensuring that there is a department-specific orientation and continuing education program for the department's staff.
  - vi. Ensuring all required policies, procedures, and plans have been developed and implemented.
  - vii. Providing adequate space, equipment, and other resources based on strategic and operational plans and needed services.
  - viii. Selecting equipment and supplies based on defined criteria that include quality and cost-effectiveness.
- b) Running smooth, directed operations
- i. Creating a "Just Culture" for reporting errors, near misses, and complaints, and using the information to improve the safety of processes and systems.
  - ii. Designing and implementing processes that support continuity, coordination of care, and risk reduction.
  - iii. Ensuring that services are developed and delivered safely according to applicable laws and regulations and approved organization strategic plan with input from the users/staff.
  - iv. Ensuring coordination and integration of these services with other departments when relevant.
- c) Continuous monitoring and evaluation
- i. Ensuring that all quality control is implemented, monitored, and action is taken when necessary.
  - ii. Ensuring that the department's/service's performance is monitored and reported annually to head of department.
  - iii. Ensuring the physical therapy center meets the conditions of facility inspection reports or citations.
  - iv. Annually assessing the operational plans of the services provided to determine the required facility and equipment needs for the next operational cycle.
  - v. Annually reporting to the physical therapy center governing body or authority on system or process failures and near misses, and actions are taken to improve safety, both proactively and in response to actual occurrences. The physical therapy center data are reviewed, analyzed, and used by management for decision-making.
- d) Continuous Improvement
- i. Ensuring that the department is involved in the performance improvement, patient safety, and risk management program(s).

### **Survey process guide:**

- GAHAR surveyor may interview physical therapy center head of departments to check their awareness of their roles and their responsibilities.
- GAHAR surveyor may review the physical therapy center head of departments' job descriptions and periodic reports.

### **Evidence of compliance:**

1. The physical therapy center has a valid job description for each center head of department to identify the required qualification and responsibilities.
2. There is a head for each department of the physical therapy center who is qualified as required by the job description.
3. The responsibilities of the departments/ services heads include at least a) to d) in intent.
4. Department and service heads are aware of and perform their responsibilities.
5. Department and service heads submit periodic reports on their activities.

### **Related standard**

OGM.02 Physical therapy center Director, WFM.04 Job Description, QPI.01 Quality improvement plan, QPI.02 Performance measures, QPI.06 Incident Reporting System.

## **Efficient financial stewardship**

### **OGM.05 Physical therapy center defines supply chain management processes.**

*Efficiency*

#### **Keywords:**

Supply chain management.

#### **Intent:**

The supply chain generally refers to the resources required to deliver goods or services to a consumer. An effective supply chain allows the physical therapy center to deal with emergency situation and find solution in short time.

In physical therapy centers, the supply chain involves multiple stakeholders, including suppliers and service providers (e.g., suppliers for equipment, supplies, and services), manufacturers, procurement teams, and regulatory bodies.

Both physical materials, such as equipment, and critical information regarding product specifications, compliance, and inventory management should flow seamlessly across these entities to ensure uninterrupted physical therapy center operations.

Selecting the best supplier is a cornerstone step for the physical therapy center to ensure

the quality of supplies and other services. It is also essential for maintaining commitment and ensuring an uninterrupted supply chain process.

The physical therapy center shall develop a procedure for Supply Chain Management that addresses at least the following:

- a) Supplier's identification and selection process.
- b) Suppliers are monitored and evaluated to ensure that the purchased supplies are provided from reliable sources that refrain from dealing with counterfeit, smuggled, or damaged supplies.
- c) Suppliers are also evaluated based on their response upon request, quality of received materials, and a check for matching predefined acceptance criteria.
- d) Physical therapy center supplies are monitored and evaluated to ensure no recalled supplies, equipment, or devices are used.
- e) Transportation of supplies is monitored to ensure that it occurs according to applicable laws and regulations, approved organization procedures, and the manufacturer's recommendations.

**Survey process guide:**

- GAHAR surveyor may review the supply chain management policy.
- GAHAR surveyor may interview the responsible staff to check their awareness of the policy.
- GAHAR surveyor may review a sample of the supply chain records to check, assess, and evaluate the process.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that addresses all elements mentioned in intent from a) through e).
2. The responsible staff are aware of the supply chain management procedure.
3. The supply chain process is recorded, monitored, and evaluated.
4. Suppliers are monitored and evaluated at least annually.

**Related standards:**

OGM.02 Physical therapy center Director, OGM.04 Physical therapy center head of departments, EFS.07 Medical Equipment Plan.

## **OGM.06 The physical therapy center manages a Patient billing system.**

*Efficiency*

### **Keywords:**

Billing system.

### **Intent:**

The billing process is a crucial component of any healthcare physical therapy center's management. Due to the complexity of the billing processes, billing errors may result in costly financial losses.

The billing process includes recording all the services and items provided to the patient in the patient's account, and then all information and charges are processed for billing. For third-party payer systems, the process for billing is based on the requirements of insurance companies/agencies, which generally have reimbursement rules.

The physical therapy center shall develop a policy and procedures for the billing process that address at least the following:

- a) Availability of an approved price list.
- b) A process to ensure accurate billing.
- c) Patients/families are informed of any potential costs related to requested physical therapy center services.
- d) Patients/families are assisted in understanding and managing the administrative processes of billing.
- e) Identifying patients whose conditions might require higher costs than expected and providing information to them periodically.

### **Survey process guide:**

- GAHAR surveyor may review approved policy and price lists.
- GAHAR surveyor may observe the presence of the price list for all services provided in its related areas.
- GAHAR surveyor may interview some billing staff and some patients to check their awareness of the policy and the different payment methods.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy guiding the billing process that addresses items from a) to e) in intent.
2. There is an approved price list available.
3. Patients are informed of the initial potential cost related to the planned care or services provided.

4. In the case of a third-party payer (such as health insurance), the timeliness of the planned care or services provided is monitored.
5. Billing staff are oriented to various health insurance requirements.

**Related standards:**

PCC.02 Patients and family rights, OGM.02 Physical therapy center Director, IMT.01 Documentation control system, OGM.04 Physical therapy center head of departments.

**Safe, ethical, and positive organizational culture**

**OGM.07 The physical therapy center has ethical management.**

*Safety*

**Keywords:**

Ethical Management.

**Intent:**

Physical therapy center's ethics involves examining a specific problem, usually a test report, and using values, facts, and logic to decide what the best course of action should be.

Physical therapy center's staff may deal with a variety of ethical problems, for example, conflict of interest and inequity of patient care.

The policy of the physical therapy center's ethical management addresses at least the following:

- a) Identify the ethical management team.
- b) Developing and implementing the code of ethics.
- c) Developing and implementing the center values.
- d) Handling errors that affect the patient and the medico-legal case.
- e) Developing patient confidentiality rules.
- f) Identifying and disclosing conflicts of interest.
- g) Management of discrimination and harassment.
- h) Management of ethical dilemmas that may arise, including reporting methods, resolving timeframe, and communicating the results to impacted stakeholders.
- i) Ensuring impartiality and gender equality.

**Survey process guide:**

- GAHAR surveyor may review the PTC policy on ethical management.
- GAHAR surveyor may interview staff to inquire about the code of ethics.

- GAHAR surveyor may interview PTC heads and the ethical management team to inquire about all elements, including mechanisms that have been put in place to ensure gender equality as per Egyptian law requirements.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for ethical management that addresses at least a) to i) in intent.
2. Ethical issues are discussed and managed according to the approved code of ethics.
3. Physical therapy center staff are aware of the code of ethical management policy and the approved code of ethics.
4. Addressed ethical issues are used for education and staff professional development.

**Related standards:**

APC.02 Professional standards during surveys, PCC.02 Patients and family rights, PCC.06 Health education materials, OGM.01 Governing body Structure and responsibilities, OGM.04 Physical therapy center head of departments,.

**OGM.08 The physical therapy center ensures a positive workplace culture.**

*Effectiveness*

**Keywords:**

Positive workplace culture.

**Intent:**

Studies highlighted the importance of attention to physiotherapists' needs for staff well-being and a safe, comfortable work environment. Well-being of physical therapy professionals becomes even more crucial when considering that employees represent physical therapy's most significant expense.

The physical therapy center has an approved policy and procedure for a positive workplace culture.

The policy addresses at least the following:

- a) Workplace cleanliness, safety, and security measures.
- b) Management of workplace violence, discrimination, and harassment.
- c) Communication channels between staff and physical therapy center leaders.
- d) Staff feedback measurement, including suggestions for improving provided services or planning new services.
- e) Planning for staff development.
- f) Turnover preventive measures, e.g., fair salaries, health benefits, and incentives.

- g) Measures to avoid staff burnout like fair distribution of tasks, workload monitoring, and provide adequate staffing.
- h) Ensure proper shift scheduling, planned rest times, and compliance with legal working hours to minimize excessive overtime.
- i) Maternity protection and arrangements for breastfeeding.

**Survey process guide:**

- GAHAR surveyor may review the approved policy for a positive workplace culture.
- GAHAR surveyor may observe workplaces and shall interview staff to inquire about workplace incidents related to this standard.

**Evidence of compliance:**

1. The physical therapy center has an approved policy for positive workplace culture that addresses at least a) to i) in intent.
2. The workplace is clean, safe, and security measures are implemented.
3. Management of workplace violence, discrimination, and harassment measures are implemented.
4. There are communication channels between staff and physical therapy center leaders.
5. Staff feedback and staff satisfaction are measured on a regular basis.

**Related standards:**

EFS.01 Physical therapy environment and facility safety, EFS.06 Safety and security management plan, OGM.04 Physical therapy center head of departments, WFM.8 Staff performance evaluation, OGM.09 Staff health program, QPI.02 Performance measures.

**Ensuring staff well-being and health**

**OGM.09 The physical therapy center has a staff health program that is monitored and evaluated annually according to laws and regulations.**

*Safety*

**Keywords:**

Staff health program.

**Intent:**

The physical therapy center shall implement a staff health program to ensure the safety of the staff according to workplace exposures.

A cornerstone of the staff occupational health program is the hazard/risk assessment, which identifies the hazards and risks related to each occupation. This is done in order to take the necessary steps to control these hazards to minimize possible harm arising and,



if not possible, to lessen its negative sequelae.

This is achieved through a physical therapy center-wide risk assessment program that identifies high-risk areas and processes.

The program scope covers all staff and addresses at least the following:

- a) Pre-employment medical evaluation of new staff.
- b) Periodic medical evaluation of staff members (as indicated).
- c) Screening for exposure and/or immunity to infectious diseases.
- d) Exposure control and management to work-related hazards, such as:
  - i. Ergonomic hazards that arise from the lifting and transfer/referral of heavy objects or equipment, strain, repetitive movements, and poor posture.
  - ii. Physical hazards such as lighting, noise, ventilation, electrical, and others.
  - iii. Biological hazards from blood-borne and airborne pathogens and others.
- e) Staff education on the risks within the physical therapy center environment, as well as on their specific job-related hazards.
- f) Positive health promotion strategies, such as smoking cessation or encouraging physical activity (if applicable).
- g) Scheduling of regular staff vaccination (as indicated).
- h) Recording and management of staff incidents (e.g., injuries or illnesses, taking corrective actions, and setting measures in place to prevent recurrences).
- i) When indicated, specific medical evaluation (tests and examinations) is required for staff members to evaluate their appropriateness for safe performance. The situational examination is recorded in staff health records, and action is taken when there are positive results, including employee awareness of these results and provision of counseling and interventions as might be needed.
- j) Infection control staff shall be involved in the development and implementation of the staff health program, as the transmission of infection is a common and serious risk for both staff and patients in healthcare facilities.
- k) All staff occupational health program-related results (medical evaluation, immunization, work injuries) shall be recorded and kept according to laws and regulations.

**Survey process guide:**

- GAHAR surveyor may meet staff members who are involved in developing and executing the staff health program to check program structure, risks, education, and orientation records.
- GAHAR surveyor may review a sample of staff health records to ensure standard compliance.

**Evidence of compliance:**

1. There is a staff health program according to laws and regulations that cover items a) to k) in the intent.
2. There is an occupational health risk assessment that defines occupational risks within the physical therapy center.
3. Staff members are educated about the risks within the physical therapy center environment, their specific job-related hazards, positive health promotion strategies, and periodic medical examination (as indicated).
4. All staff members are subject to the immunization program and to work restrictions according to evidence-based guidelines, laws, and regulations; all test results and immunizations are recorded in the staff health record.
5. Post-exposure prophylaxis and interventions are implemented and recorded.
6. There is evidence of taking action and informing employees in case of positive results.

**Related standards:**

EFS.06 Safety and security management plan, IPC.01 IPC program, risk assessment, guidelines, IPC.03 PPE, guidelines, Physical Barriers, QPI.05 Risk Management program.

**Alignment with healthcare ecosystem changes****OGM.10 Physical therapy center services are designed in line with international, national, regional, or local community initiatives.***Effectiveness***Keywords:**

Community Initiatives.

**Intent:**

Community is a group of individuals, families, groups, facilities, or organizations that interact cooperate in common activities, address mutual concerns, typically within the geographic area served by the center. Physical therapy centers should align their services with community health needs while adhering to national, international, regional, and local healthcare initiatives.

The physical therapy center develops and implements a plan for community assessment and involvement initiatives such as: Implementation of international women's health, and the national initiatives of Universal Health Insurance, 100 Million Healthy Lives, or others.

Physical therapy center service planning shall be aligned with community health needs and may include evaluating prevalent health conditions, identifying gaps in diagnostic services, and adapting capabilities to support public health priorities.

The physical therapy center utilizes information gathered from primary and/or secondary sources to assess the health needs of targeted populations and decide which services to provide or update existing service packages accordingly. Primary data is data directly collected through surveys of citizens and providers, interviews, focus groups, etc. Secondary data is data obtained from other entities such as vital statistics, registries, censuses, etc.

**Survey process guide:**

- GAHAR surveyor may review the community involvement plan to check that it is aligned with other initiatives and with laws and regulations.
- GAHAR surveyor may inquire about the community involvement plan.
- GAHAR surveyor may interview staff to check their awareness of community initiatives.

**Evidence of compliance:**

1. The physical therapy center services reflect alignment with international, regional, and/or national community initiatives.
2. All staff are aware of the center community initiatives.
3. The physical therapy center aligns the provided services with the assessed community health needs.
4. The community involvement plan is updated periodically to meet the needs of the community.

**Related standards:**

PCC.01 Multidisciplinary patient-centeredness, PCC.02 Patients and family rights, PCC.10 Patient and family feedback, complaints and suggestions, OGM.01 Governing body Structure and responsibilities.

## **Workforce Management**

### **Chapter Intent:**

The physical therapy center needs an appropriate variety of skilled, qualified people to fulfill its mission and to meet customer needs. The center's workforce refers to the staff within the center. Recruiting and retaining qualified staff is essential according to the center's scope, to the overall quality. Planning the appropriate number and skill mix of workforce is essential. Developing clear job descriptions, strong orientation, and training programs helps staff in delivering proper healthcare services.

This chapter defines the leaders' roles and responsibilities in developing staff competencies and professional career paths, as well as their performance improvement. The center should provide leaders and staff with opportunities to learn and to advance personally and professionally. Success or failure depends on the knowledge and skills of the people in the center, and their commitment and motivation to do the job and perform tasks as described in the job description. Motivated employees are more likely to be committed to their work.

GAHAR surveyors shall review the implementation of laws and regulations, policies, procedures and plans reflecting processes of recruiting and retaining through interviews with leadership and staff and reviewing different staff personnel files.

### **Chapter Purpose:**

1. To ensure that the physical therapy center maintains effective Workforce Management
2. To develop effective workforce planning.
3. To develop an effective orientation, a continuous education and training program
4. To ensure periodic evaluation of the staff performance.

## WFM Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
WFM.01 KW: Workforce Laws and regulations.		New Standard.
WFM.02 KW: Staffing plan.	WFM.01 KW: Staffing plan.	No change.
WFM.03 KW: Recruitment process		New Standard.
WFM.04 KW: Job Description.	WFM.02 KW: Job Description.	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: There is a job description that includes all required items from a) through e) in the intent)</li> <li>• (EOC.02: Job descriptions address each position's responsibilities, required qualifications, and reporting structure.</li> <li>• (EOC.05: Required credentials for each position are kept in staff files, including independent practitioners' files).</li> <li>• (EOC.06: There is a uniform process for verifying credentials and evaluating qualifications in the physical therapy center).</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.03: On assignment, the job description is discussed with staff members, including independent practitioners).</li> <li>• (EOC.04: The job description is signed by the staff and kept in the staff's file).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
WFM.05 KW: Staff files.	WFM.03 KW: Staff files.	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has an approved policy that addresses at least the elements from a) through f) in the intent).</li> <li>• <b>(EOC.03:</b> Staff files include all the required records from i) through xii) as mentioned in the intent).</li> <li>• <b>(EOC.04:</b> Staff files are retained and disposed of as per the physical therapy center's policy, laws, and regulations.</li> </ul>
WFM.06 KW: Orientation Program.	WFM.04 KW: Orientation Program.	<p><b>Modified Standard Statement:</b> (Appointed, contracted, and outsourced staff undergo a formal orientation program).</p> <p><b>Modified EOC:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> A general orientation program is performed, and it includes at least the elements from a) through d) in the intent).</li> <li>• <b>(EOC.02:</b> A Service/unit orientation program is performed, and it includes at least the elements from e) through h) in the intent).</li> <li>• <b>(EOC.03:</b> A job-specific orientation program is performed, and it includes at least the elements from i) through k) in the intent).</li> <li>• <b>(EOC.04:</b> All new staff members, including contracted and outsourced staff, attend the orientation program).</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>WFM.07</b> KW: Continuous education program.</p>	<p><b>WFM.05</b> KW: Continuous education program.</p>	<p><b>Modified Standard Statement:</b> (Continuous education and training program is developed and implemented).</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The physical therapy center has a continuing education and training program for all staff categories that may include elements in the intent from a) through k).</li> <li>• <b>(EOC.03:</b> The needed resources are available to deliver the program.)</li> <li>• <b>(EOC.05:</b> The educational program is based on the training needs assessment of the staff.)</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> Staff members are aware of the training and continuing education program).</li> <li>• <b>(EOC.04:</b> The effectiveness of the training and continuing education program is monitored and evaluated).</li> </ul>
<p><b>WFM.08</b> KW: Staff performance evaluation</p>	<p><b>WFM.06</b> KW: Staff performance evaluation</p>	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> Performance and competency evaluation is performed at least annually for each staff member).</li> <li>• <b>(EOC.02:</b> Performance and competency evaluation is performed based on the current job description and kept in staff files).</li> <li>• <b>(EOC.03:</b> There is evidence of employee feedback on performance and competency evaluation.)</li> </ul>

## Efficient workforce planning

## **WFM.01 Workforce recruitment, education, training, and appraisal processes comply with laws and regulations.**

*Efficiency*

### **Keywords:**

Workforce laws and regulations.

### **Intent:**

Labor laws and regulations mediate the relationship between workers, syndicates, and the government. The physical therapy center should outline the essential aspects of workforce recruitment, education, training, and appraisal processes within the organization and ensure that these processes are aligned with relevant laws and regulations. Ensuring compliance not only safeguards the organization from legal risks but also promotes fairness, equity, and professionalism in our workforce practices.

The physical therapy center heads of departments develop workforce manual that includes policies and procedures that define staffing requirements to meet the PTC work needs, required education, skills, knowledge, training, staff appraisal and any other requirements for PTC staff, all these requirements comply with laws and regulations.

The physical therapy center shall identify all applicable laws, regulations, and norms, including syndicates' codes and requirements, and define the legal framework for its workforce management.

### **Survey process guide:**

- GAHAR surveyor may review the legal framework documents and staff files to check compliance with laws and regulations.
- GAHAR surveyor may review the workforce manual to check compliance with laws and regulations.
- GAHAR surveyor may interview responsible staff members to check their awareness of laws, regulations, and norms that guide workforce management.

### **Evidence of Compliance:**

1. The physical therapy center identifies all applicable laws, regulations, and norms that guide workforce management.
2. Responsible staff members are aware of laws, regulations, and norms that guide workforce management.
3. An approved updated workforce manual is available.
4. The workforce is managed and developed according to applicable laws, regulations, and norms that guide workforce management.



### **Related standard**

OGM.01 Governing body Structure and responsibilities, OGM.04 Physical therapy center head of departments, OGM.02 Physical therapy center Director, WFM.06 Orientation Program.

### **WFM.02 Staffing plan requirements match the center's mission and professional practice recommendations.**

*Efficiency*

#### **Keywords:**

Staffing plan.

#### **Intent:**

Staff planning is the process of making sure that a physical therapy center has the right people to carry out the work needed for business successfully through matching up detailed staff data including number of staff, skills, potential, aspirations and location with business plans.

The staffing plan sets the number of staff and defines the desired skill mix, education, knowledge, and other requirements of staff members.

The shortage of competent physiotherapists in multiple areas is an alarming sign. the physical therapy center shall comply with laws, regulations and recommendations of professional practices that define desired education levels, skills, or other requirements of individual staff members or that define staffing numbers or mix of staff for the center.

The plan is reviewed on a regular basis and updated as necessary. The physical therapy center should maintain a safe level of staff members' numbers and skill level. Leaders consider the following factors to project staffing needs:

- a) The physical therapy center's mission, strategic, and operational plans.
- b) Services provided by the physical therapy center.
- c) Technology and equipment used in patient care.
- d) Workload during working hours and different shifts.

The physical therapy center shall apply a uniform recruitment process with the participation of center's leaders to identify the need for a job, communicating available vacancies to potential candidates and announcing criteria of selection.

#### **Survey process guide:**

- GAHAR surveyor may review the staff planning documents, observe workforce allocation and skills, or review staff files to check compliance of the staffing plan with laws, regulations, and professional practices recommendations.

**Evidence of compliance:**

1. The staffing plan matches the mission, strategic, and operational plans.
2. The staffing plan complies with laws, regulations, and recommendations of professional practices.
3. The staffing plan identifies the estimated needed staff numbers, including independent practitioners, skills, and to meet the physical therapy center's needs.
4. The staffing plan is monitored and reviewed at least annually.

**Related standards:**

OGM.04 Physical therapy center head of departments, OGM.03 Strategic and operational plans, WFM.01 Workforce Laws and regulations, WFM.03 Recruitment process

### **WFM.03 The physical therapy center implements a uniform recruitment process according to laws and regulations.**

*Equity*

**Keywords:**

Recruitment process

**Intent:**

Recruitment and selection are the processes of advertising a vacant position and choosing the most appropriate person for the job.

The physical therapy center provides an efficient, coordinated, and centralized process for recruiting and hiring staff members, including independent practitioners, for available positions. If the process is not centralized, similar criteria and processes must result in a uniform process across the physical therapy center for similar types of staff. The recruitment process ensures the appropriate education, training, experience, and demonstrated skills needed for the tasks performed.

The physical therapy center shall develop a policy and procedure guiding the recruitment process that addresses at least the following:

- a) Collaboration with service/department heads to identify the needs for each department.
- b) Communicating available vacancies to potential candidates.
- c) Announcing the criteria of selection.
- d) Application process.
- e) Recruitment procedures.

**Survey process guide:**

- GAHAR surveyor may review the policy describing the recruitment process.

- GAHAR surveyor may review a sample of staff files, including independent practitioners' files, to assess compliance with the physical therapy center policy.
- GAHAR surveyor may interview staff members who are involved in the recruitment process to assess their awareness.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that describes the recruitment process as mentioned in intent from a) to e).
2. The responsible staff are aware of the physical therapy center policy.
3. Records of the recruitment process include evaluation of the qualifications of newly hired staff.
4. The recruitment process is uniform across the physical therapy center for similar types of jobs.

**Related standards**

WFM.01 Workforce Laws and regulations, WFM.02 Staffing plan, WFM.05 Staff Files, OGM.02 Physical therapy center Director, OGM.04 Physical therapy center head of departments.

**WFM.04 Job descriptions address each position's requirements and responsibilities.**

*Effectiveness*

**Keywords:**

Job descriptions.

**Intent:**

The job description is a broad, general, and written statement of a specific job, based on the findings of a job analysis, and complies with laws and regulations.

It generally includes duties, purpose, responsibilities, scope, and working conditions of a job. It allows heads of departments / leaders to make informed staff assignment, recruitment, and evaluation. It also enables staff members to understand their responsibilities and accountabilities.

Job descriptions include at least the following:

- a) The required license and certification.
- b) The education, skills, knowledge, and experience.
- c) The responsibilities and authorities of each position.
- d) Job specification.
- e) Reporting line.

The physical therapy center should ensure that the results of the staff planning process, such as skill mix, are aligned with job requirements mentioned in the job description

Job descriptions are required for all clinical, non-clinical, full-time, and part-time, temporary staff, and those who are under training. When staff members are hired by the center, there is a process of matching credentials and evaluating the qualifications in relation to the requirements of the position.

However, the duties and responsibilities for the clinical performance of a physical therapist may be available in the physical therapist's clinical privileges.

Credentials are documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements, such as a diploma from a physical therapy school, specialty training (residency) completion letter or certificate, completion of the requirements of the related syndicates, authorities and/or others, a license to practice. These documents, some of which are required by law and regulation, need to be verified from the original source that issued the document.

When staff members, including independent practitioners, are hired by the physical therapy center, the process of verifying credentials and evaluating the qualifications that match the requirements of the position with the qualifications of the prospective staff member must be done.

#### **Survey process guide:**

- GAHAR surveyor may check a sample of staff files to assess compliance with standard requirements.
- GAHAR surveyor may interview staff to check their awareness of their job description.

#### **Evidence of compliance:**

1. There is a job description that includes all required items from a) through e) in the intent.
2. Job descriptions address each position's responsibilities, required qualifications, and reporting structure.
3. On assignment, the job description is discussed with staff members, including independent practitioners.
4. The job description is signed by the staff and kept in the staff's file.
5. Required credentials for each position are kept in staff files, including independent practitioners' files.
6. There is a uniform process for verifying credentials and evaluating qualifications in the physical therapy center.

**Related standards:**

OGM.02 Physical therapy center Director, OGM.04 Physical therapy center head of departments, WFM.01 Workforce Laws and regulations, WFM.06 Orientation Program, WFM.05 Staff Files, QPI.03 Data collection, review, aggregation, and analysis, QPI.01 Quality improvement plan

**Efficient staff filing process**

**WFM.05 Staff file is established for each workforce member**

*Efficiency*

**Keywords:**

Staff files.

**Intent:**

It is important for the physical therapy center to maintain a staff file for each staff member, including independent practitioners.

An accurate staff file provides a recording of the relevant educational and professional qualifications, training, experience, and competency assessment. The records shall be standardized and kept updated.

The physical therapy center shall develop and implement a policy and procedures that guide management of staff files including independent practitioners.

The policy shall address at least the following:

- a) Staff file initiation.
- b) File contents, include at least the following:
  - i. Qualifications, including education, training, certification\ credentials or license
  - ii. Previous work experience.
  - iii. Signed Job descriptions.
  - iv. Staff privileges.
  - v. Recorded evidence of newly hired general, departmental, and job-specific orientation.
  - vi. Training in current job tasks.
  - vii. Competency assessments.
  - viii. Records of continuing education and achievements.
  - ix. Reviews of staff performance.
  - x. Reports of accidents and exposure to occupational hazards.
  - xi. Staff health records, including immunization status, when relevant to assigned duties.

- xii. Confidentiality agreement.
- c) Update of file contents.
- d) Storage.
- e) Retention time.
- f) Disposal.

**Survey process guide:**

- GAHAR surveyor may review the PTC policy guiding staff file management.
- GAHAR surveyor may interview the staff involved in creating, using, and storing staff files to assess their awareness.
- GAHAR surveyor may review a sample of staff files to assess the standardized contents.
- GAHAR surveyor may observe the area where staff files are kept and assess storage conditions, retention, confidentiality, and disposal mechanisms.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that addresses at least the elements from a) through f) in the intent.
2. Staff members who are involved in creation, storage and use of staff files, are aware of policy requirements.
3. Staff files include all the required records from i) through xii) as mentioned in the intent.
4. Staff files are retained and disposed of as per the physical therapy center's policy, laws, and regulations.

**Related standards:**

OGM.04 Physical therapy center head of departments, WFM.01 Workforce Laws and regulations, WFM.04 Job Description, WFM.8 Staff performance evaluation, WFM.06 Orientation Program, WFM.07 Continuous Education Program, OGM.09 Staff health program.

## Effective orientation program

### **WFM.06 Appointed, contracted, and outsourced staff undergo a formal orientation program**

*Effectiveness*

#### **Keywords:**

Orientation program.

#### **Intent:**

A new staff member needs to understand the entire physical therapy center structure and how their specific clinical or nonclinical responsibilities contribute to the physical therapy center's mission.

This is accomplished through a general orientation to the physical therapy center and its role, and a specific orientation to the job responsibilities.

Staff orientation for new staff on the physical therapy center policies ensures alignment between the center's mission and staff activities.

The general orientation program shall address at least the following:

- a) Physical therapy center mission, vision, values, and center structure.
- b) Ethical framework and code of conduct.
- c) Physical therapy center policies for the environment and facility, safety, infection control, performance improvement, patient safety, and risk management.
- d) First aid training.

Service/Unit orientation program addresses at least the following:

- e) The quality management system.
- f) Review of relevant policies and procedures.
- g) Operational processes.
- h) Key personnel and lines of authority.

Job-specific orientation addresses at least the following:

- i) Job-specific duties and responsibilities as per the job description.
- j) Technology and equipment use.
- k) Staff safety and health.

#### **Survey process guide:**

- GAHAR surveyor may check a sample of staff files to check evidence of attendance of general and job specific orientation.
- GAHAR surveyor may interview staff members and inquire about the process of orientation.

**Evidence of compliance:**

1. A general orientation program is performed, and it includes at least the elements from a) through d) in the intent.
2. A Service/unit orientation program is performed, and it includes at least the elements from e) through h) in the intent.
3. A job-specific orientation program is performed, and it includes at least the elements from i) through k) in the intent.
4. All new staff members, including contracted and outsourced staff, attend the orientation program.
5. Orientation completion is recorded in the staff file.

**Related standards:**

OGM.01 Governing body Structure and responsibilities, OGM.03 Strategic and operational plans, OGM.08 Positive Workplace Culture, WFM.05 Staff Files.

**Effective training and education**

**WFM.07 Continuous education and training program is developed and implemented.**

*Effectiveness*

**Keywords:**

Continuous education program.

**Intent:**

For any physical therapy center to fulfill its mission, it has to ensure that its human resources have the capability to deliver its services over time.

Continuing education and training programs guarantee greater productivity, satisfy staff needs, and improve the physical therapy-employee relationship.

The program is designed in a flexible manner that satisfies all staff categories based on services provided, needs assessment, new information, and tailored training plans and delivery.

The physical therapy center ensures that education and training are provided and recorded according to the staff member's relevant job responsibilities and based on training needs assessment, which may include the following:

- a) Assigned work processes, procedures, and updated guidelines.
- b) Physical therapy center safety program, including the infection prevention program.
- c) Environmental safety plans.



- d) Physical therapy center equipment and utility systems operations and maintenance.
- e) The available information system.
- f) Dealing with the adverse incidents.
- g) Quality concept, performance improvement, patient safety, and risk management.
- h) Patient rights, patient satisfaction, and the complaint/ suggestion process.
- i) Ethical framework and code of conduct.
- j) Provision of integrated care, shared decision-making, informed consent, interpersonal communication between patients and staff, and cultural beliefs, needs, and activities of different groups served.
- k) Confidentiality of patient information.

**Survey process guide:**

- GAHAR surveyor may interview some staff members and inquire about the process of continuous education and training.
- GAHAR surveyor may check a sample of staff files to check evidence of attendance at the education and training program.

**Evidence of compliance:**

1. The physical therapy center has a continuing education and training program for all staff categories that may include elements in the intent from a) through k).
2. Staff members are aware of the training and continuing education program.
3. The needed resources are available to deliver the program.
4. The effectiveness of the training and continuing education program is monitored and evaluated.
5. The educational program is based on the training needs assessment of the staff.

**Related standards:**

PCC.02 Patients and family rights, OGM.02 Physical therapy center Director, OGM.07 Ethical Management, QPI.01 Quality improvement plan, QPI.08 Sustained improvement activities, IPC.02 Hand Hygiene, EFS.03 Fire and smoke safety plan, fire drill, IMT.01 Documentation control system.

## Equitable staff performance evaluation

### WFM.08 Staff performance and competency are regularly evaluated.

*Efficiency*

#### Keywords:

Staff performance evaluation.

#### Intent:

Staff performance evaluation is an ongoing process that is also called performance appraisal or performance review which is a formal assessment for managers to evaluate an employee's work performance, identify strengths and weaknesses, offer feedback and set goals for future performance.

Competency is the process of determining the ability of staff to fulfil the primary responsibilities of their position.

Observing and measuring competency for every position in the physical therapy center is one of the most important duties of the department leaders and to ensure that each staff member understands the expectations, responsibilities, activities, and competencies required for his or her position.

Competency shall be done after the probationary period (initial competency assessment), then on an ongoing basis at least annually.

Performance evaluation effectively contributes to individual, team, physical therapy center improvement when based on a defined transparent process with clear declared criteria relevant to the job functions.

Performance evaluation also promotes communication between employees and leaders, enabling them to make informed decisions about staff planning, selection, incentives, training, education, and planning.

Performance appraisal provide an opportunity to give feedback to on their strengths and areas for improvement in a confidential respectful manner, promoting a culture of learning within the physical therapy center.

The physical therapy center shall use a performance evaluation tool to ensure that staff have the required criteria for doing their jobs and achieving objectives

Recorded the process of staff performance evaluation, including performance review methods, tools, evaluation dimensions, criteria, time interval, appeal process, and the person responsible for each staff category.

Performance evaluation of physiotherapist members addresses certain criteria that include those related to the patient's medical record documentation, such as:

- a) Reviewing the patient's medical record for completeness and timeliness.

- b) Utilization practice.
- c) Compliance with approved clinical guidelines.
- d) Complications, outcomes of care.
- e) Professional development.
- f) Ethical issues.

**Survey process guide:**

- GAHAR surveyor may interview physical therapy center leaders and inquire about the tools used for staff performance evaluation.
- GAHAR surveyor may check a sample of staff files to assess completion of performance and competency evaluations.

**Evidence of compliance:**

1. Performance and competency evaluation is performed at least annually for each staff member.
2. Performance and competency evaluation is performed based on the current job description and kept in staff files.
3. There is evidence of employee feedback on performance and competency evaluation.
4. Clear procedures for the effective management of underperformance.
5. Performance evaluation is recorded in staff files.

**Related standards:**

WFM.03 Recruitment process, WFM.05 Staff Files, OGM.04 Physical therapy center head of departments, OGM.08 Positive Workplace Culture, WFM.04 Job Description, QPI.01 Quality improvement plan.

## Information Management and Technology

### Chapter Intent:

An effective information management system is a vital component of the physical therapy service. Information management and technology in physical therapy centers include clinical, managerial information, and information required by external authorities and agencies. There are major risks associated with information management and technology in physical therapy care. One of these risks is the potential breach of patient confidentiality. Patient confidentiality means that personal and medical information given to a health care provider shall not be disclosed to others unless the patient has given specific permission for such release. Maintaining patient confidentiality is an ethical and legal concern, especially with the emerging technology of the implementation of electronic information systems.

Globally, Information management and technology is emerging in healthcare. Artificial intelligence is on the surge, where symptom checkers and clinical decision support systems are becoming widely used. More healthcare settings are moving to be paperless, and special certifications are dedicated to encouraging that movement.

Locally, Egyptian laws and regulations have taken big steps recently to support electronic transactions. The Electronic Signature Law was released. Electronic payment is approved. A new law on data privacy is expected.

Practically, physical therapy centers need to provide resources for the implementation of an information management system that ensures patient safety, continuity of care, security, and confidentiality of information.

During GAHAR Survey, surveyors shall be able to measure how physical therapy centers implement information management systems and technologies through reviewing documents pertinent to this chapter

### Chapter purpose:

1. To address Effective Information Management Processes.
2. To maintain Information Confidentiality and Security.
3. To ensure the availability of patients' medical records.
4. To describe effective Information Technology in healthcare.

***Standards included in this chapter apply to paper and electronic data and information.***

### IMT Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>IMT.01</b> KW: Documentation control system.	<b>IMT.01</b> KW: Documentation management system.	<p><b>Modified Standard statement:</b> (The physical therapy center establishes a document control system for its key functions).</p> <p><b>Modified EOC: (EOC.02</b> Responsible staff are aware of the policy).</p> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> Staff can access those documents relevant to their responsibilities).</li> <li>• <b>(EOC.04:</b> All documents are developed in a standardized format and can be tracked according to the policy.)</li> <li>• <b>(EOC.05:</b> Only the last updated versions of documents are accessible and distributed among staff).</li> <li>• <b>(EOC.06:</b> Policies are revised at least every three years).</li> </ul>
<b>IMT.02</b> KW: Confidentiality and security of data and information	<b>IMT.02</b> KW: Confidentiality, security and integrity of data and information.	<p><b>Modified EOC: (EOC.01:</b> The physical therapy center has an approved policy that defines the confidentiality and security of medical records and information, which addresses at least a) to d) in intent.)</p>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>IMT.03</b> KW: Integrity of data and informatio	IMT.03 Kw: Medical record and information are protected	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02 Medical records storage areas implement measures to ensure medical information integrity).</li> </ul> <p><b>Added new EOC:</b> (EOC.03 When an integrity issue is identified, actions are taken to maintain integrity).</p>
<b>IMT.04</b> KW: Retention of data and information	<b>IMT.04</b> KW: Retention of data and information.	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The physical therapy center has an approved policy that includes all the items in the intent from a) through e).</li> <li>• (EOC.02: The responsible staff are aware of the policy).</li> </ul>
<b>IMT.05</b> KW: Medical record management	<b>IMT.01</b> KW: Documentation management system.	<p><b>Modified standard statement:</b> (The patient's medical record is managed to ensure effective patient care).</p> <p><b>Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01 The physical therapy center has an approved policy that includes all the points in the intent from a) through e).</li> <li>• (EOC.02 All staff who use patients' medical records are aware of the policy requirements).</li> <li>• (EOC.04 The patient's medical record contents, format, and location of entries are standardized).</li> <li>• (EOC.06 There is a medical record tracking system that facilitates the identification of the current location of medical records).</li> </ul> <p><b>Updated EOC.03</b> by merging two EOCs (EOC.04 and EOC.05 in 2021)</p>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>IMT.06</b> KW: Medical record review process.	<b>IMT.05</b> KW: Medical record review process.	<p><b>Modified Standard statement:</b> (The physical therapy center establishes the patient's medical record review process.)</p> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The PTC has an approved policy that includes all the points in the intent from a) through f).</li> <li>• <b>(EOC.02:</b> All staff who use patients' medical records are aware of the policy requirements).</li> <li>• <b>(EOC.03:</b> The physical therapy center leaders/heads of departments are reported on the medical record review's findings).</li> <li>• <b>(EOC.04:</b> Corrective actions are taken when needed).</li> </ul>
<b>IMT.07</b> KW: Health information technology, downtime of data systems, and data backup.	<b>IMT.06</b> KW: Health information technology.	<p><b>Modified Standard statement:</b> (The physical therapy center establishes processes for assessment of health information systems, response to downtime of data systems, and data backup)</p> <p><b>Modified EOC:</b> <b>(EOC.02:</b> There is a program for response to planned and unplanned downtime and the program includes a downtime recovery process).</p>

## Effective document management and recording

### IMT.01 The physical therapy center establishes a document control system for its key functions.

*Effectiveness*

#### Keywords:

Documentation control system.

#### Intent:

Establishment of a uniform and consistent method for developing, approving, tracking, and revising documents (such as policies, plans, programs, procedures, and others) prevents duplication, discrepancies, omissions, misunderstandings, and misinterpretations. The tracking system for issuing and changes allows staff to easily identify relevant policies and procedures, and ensures that staff are informed about changed policies. The physical therapy center shall develop a policy and implement procedures for the document control system. The policy shall address at least the following:

- a) Standardized formatting.
- b) Document control system for tracking issues and changes.
- c) The system allows each document to be identified by title, date of issue, edition and/or current revision date, the number of pages, the person authorized to issue and/or review the document, and identification of changes.
- d) Obsolete controlled documents are dated and marked as obsolete.
- e) Required policies are available and disseminated to relevant staff.
- f) Retirement of documents.
- g) Policies revisions time interval.

#### Survey process guide:

- GAHAR surveyor may review the policy, the related documents, which include the PTC policies and procedures, to ensure that they have a standardized format, tracking system, identified approver, issuing, and revision date.
- GAHAR surveyor may interview involved staff to check their awareness of the development process, as well as approving, tracking, and revising of documents.
- GAHAR surveyor may interview staff to check their awareness about access to relevant documents, tracking changes in the documents, and the process for management of the retirement of documents.

#### Evidence of compliance:

1. The physical therapy center has an approved policy that clearly describes the process



documentation management, including elements in the intent from a) to g).

2. Responsible staff are aware of the policy.
3. Staff can access those documents relevant to their responsibilities.
4. All documents are developed in a standardized format and can be tracked according to the policy.
5. Only the last updated versions of documents are accessible and distributed among staff.
6. Policies are revised at least every three years

### **Related standard**

IMT.04 Retention of Data and Information, IMT.07 Health information technology, downtime of data systems, and data backup

## **Ensuring confidentiality, integrity and security of information**

### **IMT.02 The physical therapy center ensures data and information confidentiality and security.**

*Patient-centeredness*

#### **Keywords:**

Confidentiality and security of data and information.

#### **Intent:**

Patient confidentiality means that personal and medical information given to a physical therapist shall not be disclosed to others unless the patient has given specific permission for such release, and information shall be protected from being accessed by unauthorized individuals. The job description is the basis on which the physical therapy center defines who may have access to medical records and information. All staff should commit to information confidentiality and security by signing an agreement that they understand the details of the confidentiality policy and procedures and know their roles well.

Maintaining data integrity is an important aspect of information management. The information contained in a database must be accurate in order to ensure that the interpretation of results from data analysis is meaningful. In addition, data integrity is maintained during planned and unplanned downtime of data systems. This is accomplished through implementation of downtime recovery tactics and ongoing data backup processes.

The information confidentiality and security policy addresses at least the following:

- a) Determination of who can access what type of data and information for decision making.
- b) The circumstances under which access is granted.

- c) Confidentiality agreements with all those who have access to patient data.
- d) Procedures to follow if confidentiality or security of information has been breached.

When there is an electronic communication, such as e-mail, or any software application, used for maintaining patient information, the physical therapy center shall adopt guidelines to ensure quality of patient care and to ensure that security and confidentiality of information are maintained.

Egyptian laws and regulations address the reporting of specific information to inspecting and regulatory agencies. the physical therapy center must make the needed efforts and take steps to comply with relevant laws and regulations in the field of information management.

#### **Survey process guide:**

- GAHAR surveyor may review the confidentiality and security of data and information policy, list of the authorized individuals to have access to the patient medical record and signed confidentiality agreement in each staff member personal file.
- GAHAR surveyor may observe implementation of confidentiality measures including storage of patient's medical records in limited access place, each staff use of passwords and staff has no access to the information not related to their job.
- GAHAR surveyor may interview staff to assess staff awareness of confidentiality measures.

#### **Evidence of compliance:**

1. The physical therapy center has an approved policy that defines the confidentiality and security of medical records and information, which addresses at least a) to d) in intent.
2. Only authorized individuals have access to patient medical records.
3. Staff are aware of the confidentiality, security, and integrity of information policy.
4. Procedures are followed if confidentiality, security of information has been violated.

#### **Related standards:**

PCC.02 Patients and family rights, IMT.01 Documentation control system, WFM.05 Staff Files, IMT.06 Medical record review process, IMT.05 Medical record management, IMT.04 Retention of data and information.

**IMT.03 The physical therapy center ensures that the patient's medical records and information are protected from loss, destruction, tampering, and unauthorized access or use.**

*Safety*

**Keywords:**

Integrity of data and information.

**Intent:**

Data integrity is a critical aspect of the design, implementation, and usage of any information system that stores, processes, or retrieves data, as it reflects the maintenance and assurance of the accuracy and consistency of data over its entire life cycle. Medical records and information must be secured and protected at all times and in all places, including protecting it from water, fire, or other damage, and unauthorized access. Keep security policies updated and decrease the likelihood and impact of electronic health information being accessed, used, disclosed, disrupted, modified, or destroyed in an unauthorized manner. The medical records storage area shall implement measures to ensure medical records protection, e.g., controlled access and suitable fire extinguishers.

**Survey process guide:**

- GAHAR surveyor may interview staff to assess the process of information protection from loss, destruction, tampering, and unauthorized access or use.
- GAHAR surveyor may observe medical records' protection measures that include suitable types of fire extinguishers in the archiving, storage area, and in computer areas.

**Evidence of compliance:**

1. Medical records and information are secured and protected at all times and in all places, including patient care areas.
2. Medical records storage areas implement measures to ensure medical information integrity.
3. When an integrity issue is identified, actions are taken to maintain integrity.

**Related standards:**

IMT.01 Documentation control system, IMT.02 Confidentiality, security of data and information, EFS.03 Fire and smoke safety plan, fire drill, EFS.06 Safety and security management plan.

## **IMT.04 Retention time of records, data, and information is performed according to applicable national laws and regulations.**

*Timeliness*

### **Keywords:**

Retention of data and information.

### **Intent:**

As the medical records, data, and information have an important role in patient care, legal documentation, and continuity of care, the physical therapy center has to retain them for a sufficient period of time. The retention time is a requirement of law and regulation. The physical therapy center shall identify retention time for each type of document.

The physical therapy center shall develop and implement a policy and procedures on data and information retention. The policy shall address at least the following:

- a) Retention time for each type of document.
- b) Information confidentiality shall be maintained during the retention time.
- c) Mechanism to identify records that shall be archived.
- d) Retention conditions, archival rules, data formats, and permissible means of storage, access, and encryption.
- e) Data destruction procedures.

### **Survey process guide:**

- GAHAR surveyor may review the retention time policy.
- GAHAR surveyor may review the list of retention times for different types of information.
- GAHAR surveyor may interview staff asking to demonstrate the process of records retention and destruction and/or removal of records, data, and information.
- GAHAR surveyor may observe the record/logbook of document destruction and/or removal.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy that includes all the items in the intent from a) through e).
2. The responsible staff are aware of the policy.
3. Data are archived within the approved timeframe.
4. Destruction and/or removal of records, data, and information are done as per laws, regulations, policy, and procedure.

**Related standards:**

IMT.01 Documentation control system, IMT.02 Confidentiality, security of data and information, IMT.06 Medical record review process.

**Availability of patient-specific information**

**IMT.05 The patient's medical record is managed to ensure effective patient care.**

*Effectiveness*

**Keywords:**

Medical record management.

**Intent:**

Patient medical records are available to assist the physical therapist in having quick access to patient information and to promote continuity of care and patient satisfaction. Without a unified structure of the patient's medical record, each physiotherapist will have their own solution, and the result will be the incompatibility of systems and the inability to share information. The file is assigned a unique number to the patient, which is used to link the patient with his or her health record. The patient's medical record shall have uniform contents and order. The main goal of developing a uniform structure of the patient's medical record is to facilitate the accessibility of data and information to provide more effective and efficient patient care. The patient's medical record shall be available to assist the physical therapist professional in having quick access to patient information and also to promote continuity of care and patient satisfaction. The physical therapy center shall develop a policy and procedures for medical record management. The policy shall address at least the following:

- a) Medical record flow management: initiation of a patient's medical record, unique identifiers generation, tracking, storing, and availability when needed to physical therapist.
- b) Medical record contents and order uniformity.
- c) Medical record standardized use.
- d) Patient's medical record release.
- e) Management of voluminous patients' medical records.

**Survey process guide:**

- GAHAR surveyor may review the policy for medical record management.
- GAHAR surveyor may check that each patient's/family's medical record has a unique identifier for each patient, medical record contents, format, and location of entries, as well as the medical records movement logbook.

- GAHAR surveyor may observe patient's medical record availability when needed by physical therapist and contain up-to-date information within an appropriate timeframe.
- GAHAR surveyor may interview staff to assess awareness about managing patient's medical records in the Physical therapy center.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that includes all the points in the intent from a) through e).
2. All staff who use patients' medical records are aware of the policy requirements.
3. A patient's medical record is initiated with a unique identifier for every patient evaluated or treated.
4. The patient's medical record contents, format, and location of entries are standardized.
5. The patients' medical records are available when needed by a physical therapist and contain up-to-date information within an appropriate time frame.
6. There is a medical record tracking system that facilitates the identification of the current location of medical records.

**Related standards:**

IMT.01 Documentation control system, IMT.02 Confidentiality, security of data and information, IMT.04 Retention of data and information, IMT.06 Medical record review process.

**Effective patient's medical record management**

**IMT.06 The physical therapy center establishes the patient's medical record review process.**

*Effectiveness*

**Keywords:**

Medical record review process.

**Intent:**

Each physical therapy center shall determine the content and format of the patient medical record and have a process to assess medical record content and the completeness of records. That process is a part of the center's performance improvement activities and is carried out regularly.

The PTC shall develop and implement a policy and procedures that assess the content and the completeness of the patient's medical record that addresses at least the following:

- a) Random sampling and selecting approximately 5% of patients' medical records.

- b) Review of a representative sample of all services.
- c) Review of a representative sample of all staff.
- d) Involvement of representatives who make entries.
- e) Review of the completeness, accuracy, and legibility of entries.
- f) Review occurs at least quarterly.

**Survey process guide:**

- GAHAR surveyor may check a sample of patient medical records to ensure proper implementation of the medical record review process. The review focuses on the completeness and legibility of the medical record.
- GAHAR surveyor may observe the medical record review process.

**Evidence of compliance:**

1. The PTC has an approved policy that includes all the points in the intent from a) through f).
2. All staff who use patients' medical records are aware of the policy requirements.
3. The physical therapy center leaders/heads of departments are reported on the medical record review's findings.
4. Corrective actions are taken when needed.

**Related standards:**

IMT.01 Documentation control system, IMT.02 Confidentiality and security, IMT.05 Medical record management, QPI.02 Performance measures.

**Effective information technology in physical therapy care**

**IMT.07 The physical therapy center establishes processes for assessment of health information systems, response to downtime of data systems, and data backup.**

*Safety*

**Keywords:**

Health information technology, downtime of data systems, and data backup.

**Intent:**

Implementation of health information technology systems can facilitate workflow, improve the quality of patient care, and patient safety. The selection and implementation of health information technology systems require coordination between all involved stockholders to ensure proper integration with all interacting processes. Following implementation, evaluation of the usability and effectiveness of the system shall be done.

A downtime event is any event where a Health information technology system (computer system) is unavailable or fails to perform as designed. The downtime may be scheduled (planned) for purposes of maintenance or upgrading the system, or unplanned due to unexpected failure. These events may significantly threaten the safety of the care delivery and the interruption of the operations, in addition to the risk of data loss.

The physical therapy center shall develop and implement a program to ensure continuity of safe patient care processes during planned and unplanned downtime include the alternative paper forms and other resources required. The program includes the downtime recovery process to ensure data integrity. All staff shall receive training about the transition into a downtime environment in order to respond to immediate patient care needs.

Data backup is a copy of data that is stored in a separate location from the original, which may be used to restore the original after a data loss event. Having a backup is essential for data protection. Backups shall occur regularly in order to prevent data loss. The backup data may be inside or outside the physical therapy center. In both cases, the physical therapy center shall ensure the backup information is secure and accessible only by those authorized to use it to restore lost data.

#### **Survey process guide:**

- GAHAR surveyor may interview staff to check their awareness of the process of selection, implementation, and evaluation of information technology.
- GAHAR surveyor may review related documents to assess implementation of the process, which include the result of system evaluation.
- GAHAR surveyor may review documents of the planned and unplanned downtime program, followed by checking the implementation of the process by review of the related documents, which include workflow and work instructions for planned and unplanned downtime, stock of needed forms to be used during downtime and result of annual program testing.
- GAHAR surveyor may interview staff to assess their awareness of the response to planned and unplanned downtime.

#### **Evidence of compliance:**

1. The physical therapy center's health information technology systems are assessed and tested prior to and following implementation for usability, effectiveness, and patient safety.
2. There is a program for response to planned and unplanned downtime and the program includes a downtime recovery process.
3. The staff is trained on the response to the downtime program.



4. Downtime events, if any, are documented, including the measures/alternatives that had been undertaken.
5. The data backup process is identified, including the type of data, frequency of backup, and location.

**Related standards:**

IMT.01 Documentation control system, IMT.02 Confidentiality, security of data and information, IMT.04 Retention of data and information

## Quality and Performance Improvement

### Chapter intent:

Organizations must have a robust framework to support continuous improvement and risk management activities. This framework requires strong leadership support, well-established processes, and active participation from all physical therapy departments' heads and staff.

Performance improvement and risk management are integral components of both strategic and departments operational plans.

Physical therapy centers must cultivate a culture of continuous improvement to enhance healthcare quality and safety.

Establishing a robust framework, such as a multidisciplinary performance improvement, patient safety, and risk management committee, is essential.

Quality improvement plans, effective risk management, incident reporting, and sentinel events management are critical components. These elements ensure that Physical Therapy Centers systematically identify and address areas for improvement, fostering a proactive approach to patient care and staff safety. By integrating these practices, facilities can continuously monitor performance, manage risks, and maintain high standards of care.

While GAHAR standards do not prescribe specific improvement tools or performance measures, they do require a minimum number of monitoring indicators.

Among the various improvement opportunities, GAHAR standards emphasize enhancing the patient journey and utilization management. It is crucial for everyone in the Physical therapy center to understand their role in improving healthcare quality and safety.

This involves focusing on leadership support, department input and participation, data collection, and sustaining improvements. The implementation of these standards must comply with applicable laws and regulations.

### Chapter purpose:

The main objective is to ensure the physical therapy center provides an effective performance improvement program. The chapter discusses the following objectives:

1. Effective leadership support
2. Effective departmental participation
3. Effective performance measurement and data management
4. Effective sustainability of improvement

## QPI Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>QPI.01</b> KW: Quality improvement plan</p>	<p><b>QPI.06</b> KW: Performance improvement plan.</p>	<p><b>Modified Standard statement:</b> (The physical therapy center leaders plan, document, implement, and monitor an organization-wide quality improvement and patient safety plan).</p> <p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The PTC has an approved quality improvement plan addressing the items from a) through h) in intent).</li> <li>• <b>(EOC.02:</b> The plan is implemented according to the approved time frame).</li> </ul> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> A qualified individual(s) is assigned to oversee the quality improvement activities).</li> <li>• <b>(EOC.04:</b> The plan is communicated to all relevant stakeholders).</li> <li>• <b>(EOC.05:</b> There is a multidisciplinary performance improvement, patient safety, and risk management committee(s) with terms of reference, including items from (i) through (vii) in the intent).</li> <li>• <b>(EOC.06:</b> The committee(s) meet at predefined intervals and document the minutes of the meeting.</li> </ul>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>QPI.02</b> KW: Performance measures	<b>QPI.02</b> KW: Performance measures	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: PTC selects appropriate performance measures according to its scope of services).</li> <li>• (EOC.03: The identified performance measures are tracked, collected, analysed, and reported to PTC leaders regularly, at least quarterly).</li> <li>• (EOC.04: PTC leaders make appropriate decisions based on reported performance measures.</li> </ul> <p><b>Add new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02: There is an approved documented identity sheet for each selected performance measure, a standardized template is preferred that includes all elements mentioned in the intent from i) through v).</li> <li>• (EOC. 05: Performance measures are reported to the governing body and external authorities as required).</li> </ul>
<b>QPI.03</b> KW: Data collection, review, aggregation, and analysis		New Standard.
<b>QPI.04</b> KW: Data validation		New Standard.

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>QPI.05</b> KW: Risk Management program.</p>	<p><b>QPI.03</b> KW: Risk Management plan.</p>	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The PTC has a risk management plan/program that includes the elements from a) to i) in the intent.</li> <li>• (EOC.02: Actions are taken according to the results of the risk assessment.)</li> </ul> <p><b>Added a new EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.03: Results of risk management activities are communicated to the governing body at least quarterly).</li> <li>• (EOC.04: The risk management plan and the risk register are evaluated and updated at least annually or when indicated)</li> </ul>
<p><b>QPI.06</b> KW: Incident Reporting System.</p>	<p><b>QPI.04</b> KW: Incident reporting system</p>	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.02: All staff are aware of the incident-reporting system, including contracted and outsourced services).</li> <li>• (EOC.03: Reported incidents are investigated, and corrective actions are taken within the defined timeframe).</li> <li>• (EOC.04: The PTC communicates with patients on any related adverse events they are affected by and provides both immediate and ongoing assistance.</li> </ul> <p><b>Added a new EOC:</b> (EOC.05: The PTC provides emotional, psychological, and professional support to staff affected by adverse events.)</p>

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>QPI.07</b> KW: Sentinel events	<b>QPI.05</b> KW: Sentinel events	<b>Modified EOC:</b> <ul style="list-style-type: none"> <li>• (EOC.01: The PTC has a sentinel events management policy covering the intent from a) through f), and leaders are aware of the policy requirements.</li> <li>• (EOC.03: All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event).</li> </ul>
<b>QPI.08</b> KW: Sustained improvement activities		New Standard.

## Effective leadership support

### **QPI.01 The physical therapy center leaders plan, document, implement, and monitor an organization-wide quality improvement and patient safety plan.**

*Effectiveness*

#### **Keywords:**

Quality improvement plan.

#### **Intent:**

It is essential for organizations to have a framework for their quality management system to support continuous improvement. This requires leadership support, well-established processes, as well as active participation from all physical therapy center departments' / services' heads and staff. Leaders shall develop a quality improvement, patient safety, and risk management plan(s) that should be comprehensive and adequate to the size, complexity, and scope of services provided. The plan(s) shall address at least the following:

- a) The goal(s) of the plan that fulfill the PTC's mission.
- b) Defined responsibilities of improvement activities.
- c) Data collection, data analysis tools, and validation process.
- d) Defined criteria for prioritization and selection of performance improvement projects.
- e) Quality improvement model(s) used.
- f) Information flow and reporting frequency.
- g) Training on quality improvement and risk management approaches.
- h) The plan(s) are updated annually based on evaluation.

The PTC leaders shall assign a qualified individual(s) to oversee, communicate the quality activities, and provide management, leaders, and responsible staff with all needed information, and should have the proper support from them. The PTC shall establish a multidisciplinary committee for performance improvement, patient safety, and risk management, with a membership of top leaders as committee chairpersons. The committee shall provide oversight and make recommendations to the governing body concerning the effectiveness, efficiency, and appropriateness of quality, safety, and risk management of health services provided across the facility. The committee shapes the quality culture of the facility through terms of reference that include at least the following:

- i. Ensuring that all designated care areas participate in quality improvement activities.
- ii. Ensuring that all required measurements are monitored, including the frequency of data collection.
- iii. Reviewing adverse events, near-misses, and root cause analyses to prevent recurrences.
- iv. Developing and implementing strategies to enhance patient safety and minimize risks.

- v. Monitoring compliance with regulatory and accreditation standards related to quality and safety.
- vi. Reviewing indicators and identifying opportunities for improvement.
- vii. Reporting information to PTC leaders, appropriate staff members, and the governing body about the performance data and quality improvement activities within a defined timeframe.

**Survey process guide:**

- GAHAR surveyor may review the quality improvement plan, related documents, and tools.
- GAHAR surveyor may interview PTC leaders and quality coordinators to check their awareness of the plan contents, staff training related to quality concepts, data management, and plan(s) implementation in different leadership PTC areas.

**Evidence of compliance:**

1. The PTC has an approved quality improvement plan addressing the items from a) through h) in intent.
2. The plan is implemented according to the approved time frame.
3. A qualified individual(s) is assigned to oversee the quality improvement activities.
4. The plan is communicated to all relevant stakeholders.
5. There is a multidisciplinary performance improvement, patient safety, and risk management committee(s) with terms of reference, including items from (i) through (vii) in the intent.
6. The committee(s) meet at predefined intervals and document the minutes of the meeting.

**Related standard:**

QPI.02 Performance measures, OGM.01 Governing body Structure and responsibilities. OGM.02 Physical therapy center director, OGM.04 Physical therapy center head of departments, WFM.07 Continuing Education Program.



## Effective unit/service level input and participation

### **QPI.02 Performance measures are identified, defined, and monitored for all significant processes.**

*Effectiveness*

#### **Keywords:**

Performance measures.

#### **Intent:**

Performance measures are values that demonstrate a physical therapy center's performance, strengths, and opportunities for improvement.

The physical therapy center shall develop a set of performance measures on promoting patient safety and health care quality.

Each performance indicator shall be Specific, Measurable, Achievable, Relevant, Time-bounded (SMART).

These indicators shall be monitored, evaluated, and reported to the governing body and those responsible for improvement at regular intervals.

To define an indicator properly, a description of at least the following is needed:

- i. Definition
- ii. Specified frequency
- iii. Sampling techniques
- iv. Formula
- v. Methodology of data collection and analysis

Performance measures in physical therapy centres are designed based on frequently seen problems and those associated with high costs. Indicators should focus on activities that pose potential risks to patients or staff, as well as those performed frequently.

Additionally, other performance measures are established to monitor and evaluate the overall quality and effectiveness of physical therapy services.

The PTC shall select a mixture of performance measures that includes at least one indicator for each of the following:

- a) Average waiting time in the relevant service areas.
- b) Patient's medical record completeness.
- c) Physical therapy services outcomes such as hydrotherapy, acupuncture, dry needling, HPLT, and LLLT.
- d) Average therapy effectiveness.

- e) Near misses and adverse outcomes.
- f) Patient complaints.
- g) Patient and family satisfaction rates.
- h) Staff complaints.
- i) Staff satisfaction.
- j) Staff Competency Evaluations.
- k) GAHAR safety requirements.

Once data has been collected for a meaningful amount of time, process improvements can begin to be evaluated. The amount of data that should be evaluated for a performance measure will obviously vary based on how often the data is reported and the frequency with which the subject of the measure occurs. The PTC uses different charts to track the improvement progress and decides the next step in the improvement plan. The PTC shall make its performance measures results publicly available at least annually.

#### **Survey process guide:**

- GAHAR surveyor may interview some staff members and ask them about performance measurement in their departments / services, and evaluate staff awareness about the relevant improvement.
- GAHAR surveyor may review the document for the selected measures, and assess the criteria of selection, prioritization, followed by an interactive session to assess the implementation of the measures.

#### **Evidence of compliance:**

1. PTC selects appropriate performance measures according to its scope of services.
2. There is an approved documented identity sheet for each selected performance measure, a standardized template is preferred that includes all elements mentioned in the intent from i) through v).
3. The identified performance measures are tracked, collected, analysed, and reported to PTC leaders regularly, at least quarterly.
4. PTC leaders make appropriate decisions based on reported performance measures.
5. Performance measures are reported to the governing body and external authorities as required.

#### **Related standards:**

QPI.01 Quality improvement plan, QPI.03 Data collection, review, aggregation, and analysis, QPI.04 Data validation.

**QPI.03 A staff member(s) with appropriate experience, knowledge, and skills is assigned for data aggregation and analysis within an approved time frame.**

*Effectiveness*

**Keywords:**

Data collection, review, aggregation, and analysis.

**Intent:**

Data management plays a vital role in the performance improvement efforts of a physical therapy center. Aggregate data provides valuable insights into the PTC's current performance, helping to identify areas where improvements can be made.

To ensure effective data management, the PTC shall assign staff members with the appropriate experience, knowledge, and skills to handle tasks such as:

- a) Data collection.
- b) Data aggregation.
- c) Data analysis and identify trends.

These individuals are responsible for accurately processing data within an approved time frame.

**Survey process guide:**

- GAHAR surveyor may review the quality management program to review data management skills that were used in the selected clinical and managerial measures or in the improvement projects.

**Evidence of compliance:**

1. There is a written process of data management that includes items from a) through c) in the intent.
2. Staff members assigned for data management are aware of their roles.
3. Data is aggregated and trended over time.

**Related standards:**

QPI.01 Quality improvement plan, QPI.02 Performance measures, QPI.08 Sustained improvement activities.

**QPI.04 Data validation is performed according to defined criteria.***Effectiveness***Keywords:**

Data validation.

**Intent:**

Data validation means checking the accuracy and quality of the data source before using the data. Data validation is vital to ensure the data is clean, correct, and useful. Validated data drives trust in data and allows it to be used to make informed decisions and decisive action. The PTC shall use these elements of data quality:

- a) Validity: data measures what it is supposed to measure.
- b) Reliability: everyone defines, measures, and collects data uniformly.
- c) Completeness: data includes all the values needed to calculate performance measures.
- d) Precision: data have sufficient detail.
- e) Timeliness: data are up to date, and information is available on time.
- f) Integrity: The data are true.

**Survey process guide:**

- GAHAR surveyor may review the PTC written process for data review and validation.
- GAHAR surveyor may interview the responsible staff for data analysis to ask about situations and mechanisms used for data validation performance through selected examples done in the PTC.

**Evidence of compliance:**

1. There is a written process for data review and validation.
2. Staff responsible for data review are aware of their roles.
3. Data review techniques are implemented to ensure all the elements from a) through f) in the intent are considered.
4. Data validation is done when data is going to be published, sent to external bodies, or when there is a change in the tool, person, or process used for measurement.

**Related standards:**

QPI.01 Quality improvement plan, QPI.02 Performance measures, QPI.03 Data collection, review, aggregation, and analysis

## Efficient risk management program

### **QPI.05 A risk management plan/program is developed.**

*Safety*

#### **Keywords:**

Risk management program.

#### **Intent:**

Risk management is designed to identify potential events that may affect the PTC and to protect and minimize risks to the PTC's property, services, and employees. Effective risk management shall ensure the continuity of PTC operations. An important step of risk management is risk analysis, in which you can assess the high-risk processes. The PTC needs to adopt a proactive approach to risk management that includes developing risk mitigation strategies. PTC should take reactive and proactive measures to address identified risks. The PTC shall develop and implement a risk management plan/program with essential components that include at least the following:

- a) Scope, objective, and criteria for assessing risks.
- b) Risk management responsibilities and functions.
- c) Policies and procedures support the PTC risk management framework.
- d) Staff training on risk management concepts and tools.
- e) Risk identification, including an updated risk register.
- f) Risk prioritization and categorization (i.e., strategic, operational, reputational, financial, other).
- g) Risk Reduction plans and tools with priority given to high risks.
- h) Risk reporting and communication with stakeholders and the governing body.
- i) The risk management program/plan is updated annually.

The PTC has a proactive risk reduction tool (e.g., Failure Mode Effect Analysis (FMEA)) that can be used in such a healthcare facility.

#### **Survey process guide:**

- GAHAR surveyor may review the PTC risk management program/plan, the risk register, and the risk assessment process.
- GAHAR surveyor may review the reported risk management activities and assess the risk mitigation processes.

#### **Evidence of compliance:**

1. The PTC has a risk management plan/program that includes the elements from a) to i) in the intent.

2. Actions are taken according to the results of the risk assessment.
3. Results of risk management activities are communicated to the governing body at least quarterly.
4. The risk management plan and the risk register are evaluated and updated at least annually or when indicated.
5. The PTC has a proactive risk reduction tool for at least one high-risk process annually.

**Related standards:**

QPI.01 Quality improvement plan, IPC.01: IPC Program, Risk Assessment Guidelines, EFS.10 Disaster Plan, EFS.09 Pre-Construction risk assessment, EFS.03 Fire and smoke safety plan, fire drill, EFS.06 Safety and security management plan.

**QPI.06 An incident-reporting system is developed.**

*Safety*

**Keywords:**

Incident reporting system.

**Intent:**

Strong risk management is supported by efficient incident reporting systems that, as defined by the system, can identify an incident that could be any event that affects patient or employee safety. Reporting incidents has an important influence on improving patient safety. They can provide valuable insights into how and why patients can be harmed at the PTC level. In most PTCs, injuries, patient complaints, patient falls during therapy sessions, equipment failures, adverse reactions to topical agents, or errors in patient care shall be included and reported.

Incident reporting system helps to detect, monitor, assess, mitigate, and prevent risks that include at least the following:

- a) List of reportable incidents, near misses, adverse events, and sentinel events.
- b) Incident management process includes how, when, and by whom incidents are reported and investigated.
- c) Incidents requiring immediate notification to the management.
- d) Incident classification, analysis, and results reporting.
- e) Indication for performing intensive analysis and its process.

Adverse events can have significant negative consequences for both patients and staff. The PTC should understand the emotional and psychological impact of such incidents and should be dedicated to offering comprehensive support to the affected patients and staff, including both immediate and ongoing assistance. Transparent communication and

thorough follow-up are ensured to address any concerns, fostering a culture of safety and trust.

In physical therapy centers, safety incidents, such as near misses and adverse events, should be recorded in the medical records.

**Survey process guide:**

- GAHAR surveyor may review the incident reporting system, incident reporting list, a sample of reported incidents, and assess the corrective actions taken.
- GAHAR surveyor may interview staff to check their awareness of the incident-reporting system including identification, analysis, and correction of gaps to prevent future re-occurrence.

**Evidence of compliance:**

1. The PTC has an approved incident-reporting system that includes items from a) through e) in the intent.
2. All staff are aware of the incident-reporting system, including contracted and outsourced services.
3. Reported incidents are investigated, and corrective actions are taken within the defined timeframe.
4. The PTC communicates with patients on any related adverse events they are affected by and provides both immediate and ongoing assistance.
5. The PTC provides emotional, psychological, and professional support to staff affected by adverse events.

**Related standards:**

QPI.01 Quality improvement plan, QPI.07 Sentinel events, QPI.02 Performance measures, QPI.03 Data collection, review, aggregation, and analysis, QPI.04 Data validation.

**QPI.07 The Physical Therapy Center defines, investigates, analyzes, and reports sentinel events and takes corrective actions to prevent harm and recurrence.**

*Safety*

**Keywords:**

Sentinel events.

**Intent:**

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury. Serious injury specifically includes loss of limb or function. A sentinel

event signals an immediate investigation and response. The PTC is required to develop a policy for sentinel event management that includes at least the following:

- a) Definition of sentinel events such as:
  - i. Unexpected mortality or major permanent loss of function not related to the natural course of the patient's illness or underlying condition.
  - ii. Wrong patient, wrong site, wrong procedure events.
  - iii. Severe patient injury due to equipment failure.
  - iv. Wrong site therapy leading to significant harm.
  - v. Permanent loss of function.
- b) Internal reporting of sentinel events.
- c) External reporting of sentinel events.
- d) Team member's involvement.
- e) Root cause analysis.
- f) Corrective action plan taken.

All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event. All events that meet the definition shall have a root cause analysis in order to have a clear understanding of the contributing factors behind the system gaps. The analysis and action shall be completed within 45 days of the event or becoming aware of the event.

#### **Survey process guide:**

- GAHAR surveyor may review the PTC policy for the management of sentinel events.
- GAHAR surveyor may review a sample of reported sentinel events and assess the investigation, root cause analysis, and corrective actions that were taken.
- GAHAR surveyor may interview PTC leaders to check their awareness.

#### **Evidence of compliance:**

1. The PTC has a sentinel events management policy covering the intent from a) through f), and leaders are aware of the policy requirements.
2. All sentinel events are analyzed and communicated by a root cause analysis in a time period specified by leadership that does not exceed 45 days from the date of the event or when made aware of the event.
3. All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event.
4. The root cause analysis identifies the main reason(s) behind the event and the leaders take corrective action plans to prevent recurrence in the future.



**Related standards:**

QPI.01 Quality improvement plan, QPI.03 Data collection, review, aggregation, and analysis, QPI.04 Data validation.

**Sustaining improvement**

**QPI.08 Sustained improvement activities are performed within an approved time frame.**

*Efficiency*

**Keywords:**

Sustained improvement activities.

**Intent:**

Sustaining improvement requires empowering the PTC staff members for improvement. Although employees play a vital part in the continuous improvement process, it is management's role to train, empower, and encourage them to participate with ideas. An effective continuous improvement program needs continuous measurement and feedback. Before starting, the PTC baseline performance needs to be measured. New ideas for improving performance can then follow. Plan-Do-Check-Act (PDCA) cycle, Focus PDCA, or other improvement tools allow for scientific testing and improvement progress. The cycle ensures continuous improvement by measuring the performance difference between the baseline and target conditions. This information gives immediate feedback on the effectiveness of the change that can help in measuring the impacts of a continuous improvement program, and that is the most effective way of sustaining it.

**Survey process guide:**

- GAHAR surveyor may review an improvement project to learn how the PTC utilizes data to identify potential improvements and to evaluate the impact of actions.
- GAHAR surveyor may review the PTC monitoring and control mechanisms to sustain the achieved improvements.

**Evidence of compliance:**

1. There is a written process or methodology for improvement.
2. Actions to correct problems are taken within the approved timeframe.
3. Improvement activities are tested, and the results are recorded and implemented.
4. Improvement projects are monitored and sustained.

**Related standards:**

QPI.01 Quality improvement plan, OGM.02 Physical therapy center director, OGM.04 Physical therapy center head of departments, APC.03 Sustaining compliance with accreditation standards.

## **SECTION 4**

# **PHYSICAL THERAPY HOME CARE**





## **Section 4: Physical Therapy Home Care**

### **Chapter Intent:**

Physical therapy provides care for different vulnerable categories of the community, including the elderly and people with disabilities. In this case, coverage may include physical therapy home program if specific eligibility criteria are met, such as if the patient is homebound or has a physical therapy care need based on a patient request.

Physical therapy home program aims to maximize the patient's independent functioning according to a plan of care developed by the responsible physical therapists. Patients remain safe in familiar surroundings while family members can be involved.

These standards developed for patients eligible for physical therapy home program to promote patient's optimal level of well-being; and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions.

### **Chapter Purpose:**

1. Ensure that the physical therapy center provides effective physical therapy home care services.
2. Define patients eligible for the physical therapy home program
3. Develop a documentation process related to physical therapy home care.
4. Reduce or eliminate barriers to patient/client access to physical therapist services.
5. Encourage members to routinely identify, apply, and integrate evidence-based practice principles in physical therapist practice at home.

### PTH Summary of Changes

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<b>PTH.01</b> KW: Physical therapy home program.	<b>PTC.01</b> KW: Physical therapy home program.	<b>Modified EOC: (EOC.01:</b> The physical therapy center has a clear process for proper identification and dealing with the physical therapy home program and addresses at least the items mentioned in the intent from a) to e).  <b>Add new EOC: (EOC.03:</b> Patient and family/ caregivers are educated according to their needs).
<b>PTH.02</b> KW: Physical therapy home program documentation.	<b>PTC.02</b> KW: Physical therapy home program documentation.	<b>Modified EOC: (EOC.03:</b> Home health care physical therapists are aware of the documentation process).
<b>PTH.03</b> KW: Physical therapy home program assessment and plan of care.	<b>PTC.03</b> KW: Physical therapy home program assessment and plan of care.	<b>Add new EOC: (EOC.04:</b> Physical therapy assessment/reassessment and plan of care are completed and documented in the patient's medical records).
<b>PTH.04</b> KW: Physical therapy home program clinical guidelines.	<b>PTC.04</b> KW: Physical therapy home program clinical guidelines.	No change.

GAHAR Physical Therapy 2025	GAHAR Physical Therapy 2021	Details of changes
<p><b>PTH.05</b> KW: Physical therapy home care program performance measures.</p>	<p><b>PTH.05</b> KW: Physical therapy home care program performance measures.</p>	<p><b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> There is an identified and approved list of performance measures that includes at least the mentioned measures from a) through c) in the intent.)</li> <li>• <b>(EOC.02:</b> There is an approved documented identity sheet for each selected performance measure; a standardized template is preferred that includes all elements mentioned in the intent from i) through v).</li> <li>• <b>(EOC.04:</b> Results of measures analysis are regularly monitored and reported to the governing body and those accountable for improvement and action taking.)</li> </ul> <p><b>Add new EOC:</b> <b>(EOC.03:</b> Those responsible for collecting, interpreting, and/or using performance measurement are aware of its definition and specified frequency, sampling techniques, used formulae, and data and analysis methodology).</p>

## **Effective physical therapy home program and services.**

### **PTH.01 Patient physical therapy home program is identified and developed in accordance with defined pre-set eligibility criteria.**

*Patient-centered*

#### **Keywords:**

Physical therapy home program.

#### **Intent:**

A physical therapy home program does not have to be bedridden to be considered a physical therapy home program. A patient will generally be subjected to a physical therapy home program. If leaving the home is medically contraindicated or upon patient request, the physical therapy center shall develop a clear process for proper identification and dealing with the physical therapy home program.

“Physical therapy home program” refers to the following:

- a) The patient who has extreme difficulty leaving home without considerable and taxing effort (i.e., requires an assistive device or the assistance of another person to leave home).
- b) Patient who cannot leave home due to a medical condition, chronic disease, injury, or suffering from a psychological illness.
- c) Patient advised by a treating provider not to leave home for various reasons (e.g., safety, need special transportation, ongoing medical treatment needs, etc.)
- d) A patient who chooses to receive the physical therapy services at home instead of receiving care in the physical therapy center for any other reason.
- e) Patient and family/caregivers receive proper education according to patient needs.

The physical therapy center that provides physical therapy home program shall ensure performing this process by a qualified, licensed physical therapist.

#### **Survey process guide:**

- GAHAR surveyor may review and observe the process for proper identification and dealing with the physical therapy home program patient.
- GAHAR surveyor may interview the physical therapy center staff and assess their awareness of process for identification and dealing with physical therapy home program.

#### **Evidence of compliance:**

1. The physical therapy center has a clear process for proper identification and dealing with the physical therapy home program and addresses at least the items mentioned in the intent from a) to e) .

2. The staff is aware of the process for proper identification and dealing with the physical therapy home program.
3. Patient and family/caregivers are educated according to their needs.
4. The physical therapy home program is performed by a qualified, licensed physical therapist.

**Related standards:**

PTH.02 Physical therapy home program documentation, PCC.05 Patients and family education, WFM.05 Staff files

**PTH.02 The physical therapy center evaluates and documents the care provision of a physical therapy home program.**

*Effectiveness*

**Keywords:**

Physical therapy home program documentation.

**Intent:**

The physical therapy center shall evaluate the care provision of the physical therapy home program. The responsible physical therapist shall plan the document for the physical therapy home program. The plan for home care patients shall include at least the following items:

- a) Types of health services/care needed
- b) Frequency of needed services
- c) The predicted outcomes of the physical therapy home program.

The responsible physical therapist must sign the plan of physical therapy home program at the start of patient care or soon after it starts.

Documentation of the physical therapy home program shall include at least the following:

- i. Frequency, duration, and the purpose of the physical therapy home program.
- ii. Patient eligibility criteria for the physical therapy home program.
- iii. Agreement form validity

**Survey process guide:**

- GAHAR surveyor may perform a review of an appropriate number of physical therapy home program patients' medical records and check the relevant documentation.
- GAHAR surveyors may check the home healthcare agreement form and the patient's plan of care.



**Evidence of compliance:**

1. The physical therapy center develops an individualized plan for home care patients that includes items from a) to c).
2. The physical therapy has standardized forms and files for the physical therapy home program.
3. Home health care physical therapists are aware of the documentation process.
4. The responsible physical therapist performs a medical record review that includes elements mentioned in the intent from i) to iii).

**Related standards:**

PTH.01 Physical therapy home program, PTH.03 Physical therapy home program assessment and plan of care

**PTH.03 Physical therapy home program, assessment, and plan of care are documented.**

*Patient-centeredness*

**Keywords:**

Physical therapy home program assessment and plan of care.

**Intent:**

The physical therapy center has a defined process for physical therapy assessment/evaluation and plan of care. The first visit shall evaluate the patient's list of problems and therapeutic needs. The physical therapist is responsible for performing the full physical therapy assessment /evaluation of the case and developing a physical therapy care plan. Care plan developed and updated according to guidelines, patient needs, and preferences. Involvement of the patient and/or family in the care plan through shared decision-making, with discussion of benefits and risks that may involve decision aids. The care plan shall be followed, and patients' needs are reassessed when indicated, every 12 sessions or when there is a change in patient status.

The patient's progress in achieving the predicted outcomes is monitored, and the responsible physical therapist shall update the physical therapy plan of care according to the patient's reassessment, progress, and every 12 sessions.

**Survey process guide:**

- GAHAR surveyor may review appropriate samples of the patient's medical records and check the physical therapy assessment/reassessment and plan of care forms for completeness.
- GAHAR surveyor may interview home health care providers to assess their awareness about the physical therapy assessment/reassessment and plan of home care process.

**Evidence of compliance:**

1. The physical therapy center has a defined process for physical therapy assessment/ reassessment and plan of home care.
2. Home health care providers are aware of the process.
3. The process of physical therapy assessment/reassessment and plan of care is performed by a qualified, licensed physical therapist.
4. Physical therapy assessment/reassessment and plan of care are completed and documented in the patient's medical records.

**Related standards:**

PTH.01 Physical therapy home program, PTH.02 Physical therapy home program documentation, WFM.05 Staff files

**Integration of evidence-based practice principles and guidelines in physical therapist practice at home.**

**PTH.04 Evidence-based clinical guidelines for home care patients' assessment and care management are developed.**

*Effectiveness*

**Keywords:**

Physical therapy home program clinical guidelines.

**Intent:**

One of the most important home health care goals is providing home care with optimal wellbeing and better outcomes. Standards for effective practices that conducted during home health care, is necessary to support excellent and evidence-based care.

Any physical therapy center that provides home care shall ensure that all patients need are met safely and shall make sure that evidence-based clinical guidelines are available and used to define the assessment and care management of those patients. These clinical guidelines shall be reviewed and updated at least once annually.

**Survey process guide:**

- GAHAR surveyor may review relevant documents describing the process of physical therapy home program assessments and care management, including approved physical therapy guidelines and protocols.
- GAHAR surveyor may interview responsible staff to assess their awareness about the process of physical therapy home program assessments and care management, and their awareness of approved guidelines and protocols.

**Evidence of compliance:**

1. The physical therapy center's evidence-based clinical guidelines for home care are available.
2. Staff is educated and trained on how to use evidence-based clinical guidelines in assessment and management of home care patients.
3. The clinical guidelines are reviewed and updated once annually.

**Related standards:**

WFM.07 Continuous education program, ICD.05 Clinical practice guidelines and protocols.

**PTH.05 The physical therapy center identifies and develops a set of performance measures to maintain the effectiveness of the provided home care program.**

*Effectiveness*

**Keywords:**

Physical therapy home care program performance measures.

**Intent:**

Home health care providers seek to provide high-quality, safe care in ways that honor patient preferences. There are many similar concerns about patient safety and care quality in home care, such as in physical therapy centers. For example, patient falls may occur both in homes and in centers, and some measures aimed at preventing falls are equally applicable to both settings. However, the significant differences between home health care and other types of health care often require a plan of care tailored to the home health care setting.

The physical therapy center shall develop a set of performance measures on promoting patient safety and health care quality. Each performance indicator shall be Specific, Measurable, Achievable, Relevant, Time-bounded (SMART). These indicators shall be monitored, evaluated, and reported to the governing body and those responsible for improvement at regular intervals. To define an indicator properly, a description of at least the following is needed:

- i. Definition
- ii. Specified frequency
- iii. Sampling techniques
- iv. Formula
- v. Methodology of data collection and analysis

These performance measures are developed in relation to problems frequently seen in

home health care. Others are developed to monitor and measure the Physical therapy home program. The home care performance measures shall include at least the following areas:

- a) Completeness of patient medical records
- b) Timeliness of patient reassessment
- c) Related adverse events

**Survey process guide:**

- GAHAR surveyor may review performance measures to evaluate the process of selection of the performance measures and the fulfilment of the data needed for defining each measure.
- GAHAR surveyors may interview the responsible staff to evaluate the process of data collection and monitoring in order to assess aspects of the structure, process, or outcome of physical therapy processes.

**Evidence of compliance:**

1. There is an identified and approved list of performance measures that includes at least the mentioned measures from a) through c) in the intent.
2. There is an approved documented identity sheet for each selected performance measure; a standardized template is preferred that includes all elements mentioned in the intent from i) through v).
3. Those responsible for collecting, interpreting, and/or using performance measurement are aware of its definition and specified frequency, sampling techniques, used formulae, and data and analysis methodology.
4. Results of measures analysis are regularly monitored and reported to the governing body and those accountable for improvement and action taking.

**Related standards:**

QPI.02 Performance measures, QPI.08 Sustained improvement activities



## Survey Activities and Readiness

### Introduction:

- GAHAR survey process involves performing building tours, observations of patient's medical records, staff member files, credential files, and interviews with staff and patients.
- The survey is an information-gathering activity to determine the organization's compliance with the GAHAR standards.

### Readiness Tips:

- To facilitate the completion of the survey within the allotted time, all information and documents should be readily available for the surveyors to review during the survey.
- If certain staff members are missing, the team will continue to perform the survey; the appropriate missing staff members may join when they are available.
- Files may be in paper or in electronic format; however, the information should, at all times, be safe and secure from unauthorized access, up-to-date, accessible, and readily retrievable by authorized staff members.

	Activity	Timeframe	Location in the survey agenda
1	Arrival and Coordination	30-40 minutes	upon arrival
2	Opening Conference	15 minutes	As early as possible
3	Survey Planning	30 minutes	As early as possible
4	Document Review Session	90-60 minutes	
5	Patient/individual Tracer	90-60 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals whom surveyors trace varies by organization.

	Activity	Timeframe	Location in the survey agenda
6	Break	30 minutes	At a time negotiated with the organization Team Meeting/Surveyor Planning
7	Staff members file review	60-30 minutes	After some individual tracer activity has occurred, at a time negotiated with the physical therapy center
8	Environment and facility safety plans review	90-45 minutes	After some individual tracer activity has occurred, at a time negotiated with the physical therapy center
9	Environment and facility safety tour	120-60 minutes	After document review
10	Leadership interview	90 minutes	During the early or middle of the survey
11	Infection Prevention and Control Review	60-120 minutes	In the middle of the survey
12	Patient-centered care activities review	60 minutes	Towards the end of the survey
13	Quality Program\ Plan Review	40 minutes	Towards the end of the survey
14	Report Preparation	60-120 minutes	At the end of the survey
15	Executive Report	15 minutes	At the end of the survey
16	Exit Conference	30 minutes	Final activity of the survey

## Arrival and coordination

### Why will it happen?

To start the survey process on time, GAHAR surveyors shall use the time to review the focus of the survey in light of the submitted application.

What will happen?

GAHAR surveyors shall arrive to the physical therapy center and present themselves to the Physical therapy center staff, survey coordinator shall be available to welcome GAHAR surveyors.

How to prepare?

Identify a location where surveyors can wait for organization staff to greet them and a location where surveyors can consider as their base throughout the survey.

The suggested duration of this step is approximately 30 to 60 minutes. Surveyors need a workspace they can use as their base for the duration of the survey. This area should have a desk or table, internet and phone coverage, and access to an electrical outlet, if possible. Provide the surveyors with the name and phone number of the survey coordinator.

Who should collaborate?

Suggested participants include the physical therapy center staff, the director, and the leaders.

**Opening conference**Why will it happen?

This is an opportunity to share a uniform understanding of the survey structure, answer questions about survey activities, and create common expectations.

What will happen?

GAHAR surveyors shall introduce themselves and describe each component of the survey agenda.

Questions about the survey visit, schedule of activities, availability of documents, or people, and any other related topics should be raised at this time.

How to prepare?

Designate a room or space that will hold all participants and allow for an interactive discussion.

Who should collaborate?

Suggested participants include members of the governing body and senior leadership. Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out their organization's mission and strategic objectives.



## **Survey planning**

### Why will it happen?

To ensure the efficiency of the survey time.

### What will happen?

Surveyors shall begin selecting patients for tracers based on the care and services the physical therapy center provides.

### How to prepare?

The survey coordinator needs to ensure that the Center's scope of services is available for surveyors.

### Who should collaborate?

GAHAR surveyors only.

## **Document review session.**

### Why will it happen?

To help GAHAR surveyors understand physical therapy center operations.

### What will happen?

GAHAR surveyors shall review required policies (or other quality management system documents) and policy components based on GAHAR standards.

### How to prepare?

Survey coordinator shall ensure that all valid current and approved quality management system documents are available for review, either in paper or electronic format (approval should be visible, clear, and authentic)

Use of bookmarks or notes is advisable to help surveyors find the elements being looked for:

1. Performance improvement data according to the applicable look-back period.
2. Documentation of performance improvement projects being performed, including the reasons for performing the projects and the measurable progress achieved (this can be documentation in governing body minutes or other minutes).
3. Analysis from a high-risk process.
4. Annual risk assessment and Annual Review of the Program.
5. Infection Control surveillance data according to the applicable look-back period.

### Who should collaborate?

Survey coordinator and policy stakeholders.

## Patient/individual tracer

### Why will it happen?

Patient/sample tracer is defined as an assessment, made by surveyors shadowing the sequential steps of the processes in an organization that guide the quality and safety of care delivered.

GAHAR surveyors shall follow the course of care and services provided to the patient to assess relationships among the important functions and evaluate the performance of processes relevant to the individual's care or services.

### What will happen?

- The tracer process takes surveyors across a wide variety of services.
- The tracer methodology's use of face-to-face discussions with staff members and patients, combined with review of patients' medical records and the observations of surveyors.
- This shall help guide surveyors as they trace a patient's provided care or services.
- The individual tracer begins in the location where the patient is registered for service. The surveyor starts the tracer by reviewing a file of care with the staff person responsible for the individual's care or services. The surveyor then begins the tracer by following the course of care, or services provided to the patient from registration through post discharge, assessing the interrelationships between disciplines, departments, programs, services (where applicable), and the important functions in the care or services provided which may lead to identifying issues related to care processes.
- Most of GAHAR standards can be triggered during a patient/individual tracer activity, which may also include interviewing staff, patients, or family members.

### How to prepare?

- Assure confidentiality and privacy of patients during tracers, including no video or audio recording and no crowdedness
- All efforts will be made to avoid having multiple tracers or tours in the same place at the same time.

### Who should collaborate?

Survey Coordinator and any staff member (when relevant)

## Break

### Why will it happen?

To allow time for the surveyor and for the physical therapy center staff to have a break and use the information learned.

What will happen?

GAHAR surveyor shall meet at their base alone.

How to prepare?

Use a separate place.

Who should collaborate?

GAHAR surveyors only.

**Staff members file review**

Why will it happen?

The surveyor shall verify process-related information that is recorded in the staff member's files. The surveyor shall identify specific staff whose files they would like to review.

What will happen?

GAHAR surveyor may ensure that a random sample of staff files is reviewed.

The minimum number of records selected for review is five staff members' files.

If findings are observed during the file review, the survey team may request additional file samples to substantiate the findings recorded from the initial sample.

Throughout the review process, if a big number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance

How to prepare?

The physical therapy center shall produce a complete list of all staff members, including outsourced, contracted, full-timers, fixed-timers, part-timers,

Who should collaborate?

Physical therapy center directors and the most senior leaders.

**Environment and facility safety plans review**

Why will it happen?

GAHAR surveyor may assess the physical therapy center's degree of compliance with relevant standards and identify vulnerabilities and strengths in the environment and facility safety plans.

What will happen?

The surveyor shall review the Environment of Care risk categories as indicated in the physical therapy center risk assessment, safety data analysis, and actions taken by the physical therapy center leaders.

### How to prepare?

Make sure that those responsible for the environment and facility safety plans are available for discussion.

Also, the following documents have to be available:

- Physical therapy center licenses, or equivalent
- A map of the organization, if available
- Environment and facility safety Plans and annual evaluations
- Emergency\disaster preparedness Plan and documented annual review and update, including communications plans
- Annual staff training

### Who should collaborate?

Environment and facility safety responsible staff members.

## **Environment and facility safety tour**

### Why will it happen?

GAHAR surveyor observes and evaluates the physical therapy center's actual performance in managing environmental and facility risks.

### What will happen?

- GAHAR surveyor may begin where the risk is encountered, first occurs, or take a top-down/bottom-up approach.
- GAHAR surveyor may interview staff to describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident
- GAHAR surveyor may assess any physical controls for minimizing the risk (i.e., equipment, alarms, building features), Assess the emergency plan for responding to utility system disruptions or failures(e.g., alternative source of utilities, notifying staff, how and utility systems fail preventive measures, and obtaining repair services), assess If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- GAHAR surveyor may also assess hazardous materials management, waste management, safety, or security measures.

### How to prepare?

Ensure that keys, communication tools, and contacts are available so that GAHAR surveyor can access all physical therapy center facilities smoothly.

### Who should collaborate?

Environment and facility safety responsible staff members.

### **Leadership interview**

#### Why will it happen?

The surveyor will learn about the physical therapy center's governance and management structure.

#### What will happen?

GAHAR surveyor addresses the following issues:

- Composition of the governing body
- The functioning, participation, and involvement of the governing body in the oversight and operation
- The governing body's perception and implementation of its role in the physical therapy center
- Governing body members' understanding of performance improvement approaches and methods
- Leadership commitment to improvement of quality and safety, creating a culture of safety, Robust process improvement, and Observations that may be indicative of system-level concerns

#### How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with the physical therapy center leaders

The following documents may be reviewed during this session:

- Physical therapy center strategic plan.
- Physical therapy centers ethical framework.
- Governing body minutes according to the applicable lookback period.
- Patient-centeredness initiatives.

### Who should collaborate?

Required participants include at least the following: physical therapy center director, governing body representative.

### **Patient-centered care activities review**

#### Why will it happen?

The surveyor will assess patient-centeredness initiatives and related activities.

### What will happen?

GAHAR surveyor addresses the following issues:

- The GAHAR surveyor may receive information about the patient-centered initiatives and culture support.
- GAHAR surveyor may review the related terms of reference and meeting minutes with the responsible staff members.
- GAHAR surveyor may ask questions to explore the mechanisms taken to plan, assist, and maintain patient-centered practices. GAHAR surveyor may interview staff to check their awareness about patient-centered initiatives.
- GAHAR surveyor may review patient assessment/reassessment forms.

### How to prepare?

Assure confidentiality of documents during the review, including no video or audio recording of any documents.

The following documents may be reviewed during this session:

- Patient family rights and responsibilities policy.
- Patient family rights and responsibilities posters, brochures, and flyers.
- Patient and family educational materials.
- Patient initial assessment and reassessment forms.
- Patients' suggestions, complaints, and feedback.

### Who should collaborate?

Required participants include at least the following: physical therapy center director, physical therapy center leaders, and quality coordinator\director (if applicable).

## **Infection prevention and control program review**

### Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of the infection prevention and control program, identify who is responsible for its day-to-day implementation, evaluate its outcome, and understand the processes used by the physical therapy center to reduce infection.

### What will happen?

GAHAR surveyor will evaluate the physical therapy center's IPC systems by performing system tracers.

Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points,

integration of key activities, and communication among staff/units involved in the process; How individuals with infections are identified, Staff orientation and training activities, Current and past surveillance activity.

- Strengths in the processes and possible actions to be taken in areas needing improvement; Analysis of infection control data, Reporting of infection control data, Prevention and control activities (for example, staff training, staff vaccinations and other health-related requirements, housekeeping procedures, organization-wide hand hygiene and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment), staff exposure, Physical facility changes that can impact infection control and Actions taken as a result of surveillance and outcomes of those actions.

#### How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with staff who oversee the infection prevention and control process. Then time is spent where the care is provided.

The following documents may be reviewed during this session:

- Infection prevention and control policies.
- Infection control education and training records.
- Infection control measures data.

#### Who should collaborate?

Suggested participants include the infection control coordinator; physician member of the infection control personnel, Safety management staff and staff involved in the direct provision of care or services.

### **Quality program\plan review**

#### Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of the quality management program, identify who is responsible for its day-to-day implementation, evaluate its outcome, and understand the processes used by the physical therapy center to reduce risks.

#### What will happen?

Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities, and communication among staff/units involved in the process.
- Strengths in the processes and possible actions to be taken in areas needing

improvement.

- Use of data.
- Issues requiring further exploration in other survey activities;
- A baseline assessment of standards compliance.

#### How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with staff who oversee the quality management program.

The following documents may be reviewed during this session:

- Quality management program
- Performance management measures
- Risk Management registers, records, and logs

#### Who should collaborate?

Suggested staff members include quality coordinator/director (if applicable), staff involved in data collection, aggregation, and interpretation.

### **Report preparation**

#### Why will it happen?

To provide an opportunity for clarification and consolidation of any findings.

#### What will happen?

Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting the physical therapy center compliance with the standards. Surveyors may also ask organization representatives for additional information during this session.

#### How to prepare?

GAHAR surveyors may need a room that includes a conference table, power outlets, telephone, and internet coverage.

#### Who should collaborate?

GAHAR surveyors only.

### **Executive report**

#### Why will it happen?

To give an opportunity to brief on the most relevant outcomes of the survey and help prioritize post-accreditation activities.



### What will happen?

GAHAR surveyors will review the survey findings with the center director and the most senior leader and discuss any concerns about the report

### How to prepare?

GAHAR surveyor may need a quiet private area for a brief interactive discussion with the center director and the most senior leaders

### Who should collaborate?

The most senior available leader and others at his/her discretion in the physical therapy center.

## **Exit conference**

### Why will it happen?

To thank the physical therapy center team for their participation and to share the important findings in the accreditation journey.

### What will happen?

Surveyors will verbally review the survey findings summary, if desired by the most senior leader, and review identified standards compliance issues.

### How to prepare?

Physical therapy center available most senior leader may invite staff to attend. An area that can accommodate the attending staff is required.

### Who should collaborate?

Suggested participants include the physical therapy center's available most senior leader (or designee), senior leaders, and staff as identified by the most senior leader or designee.

## GLOSSARY

**Acupuncture:** The insertion of very thin needles through the skin at strategic points on the body.

**Adverse event:** an unanticipated, undesirable, or potentially dangerous occurrence in a health care or physical therapy center.

**Antiseptics:** They are substances that reduce or stop the growth of potentially harmful microorganisms on the skin and mucous membranes. Or Antimicrobial substances that are applied to the skin to reduce the number of microbial flora.

**Appointment:** The process of reviewing an initial applicant's credentials to decide if the applicant is qualified to provide patient care services that the physical therapy center's patients need and that the physical therapy center can support with qualified staff and technical capabilities.

**Cardio-pulmonary Resuscitation:** An emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped. It involves giving strong, rapid pushes to the chest to keep blood moving through the body. Usually, it also involves blowing air into the person's mouth to help with breathing and send oxygen to the lungs. Also called CPR.

**Clinical practice guidelines:** Statements that help healthcare professionals and patients choose appropriate healthcare for specific clinical conditions. the physical therapist is guided through all steps of consultation (questions to ask, physical signs to look for, assessment of the situation, and care to prescribe).

**Hazardous materials and waste plan:** the physical therapy centre's written document that describes the process it would implement for managing the hazardous materials and waste from source to disposal. The plan describes activities selected and implemented by the physical therapy center to assess and control occupational and environmental hazards of materials and waste (anything that can cause harm, injury, ill-health, or damage) that require special handling. Hazardous materials include chemical materials. Hazardous wastes include biological waste that can transmit disease (for example, blood) and infectious waste.

**High Power Laser:** A laser system capable of emitting optical power levels in the range of hundreds of watts to several petawatts, depending on the application and technology. This system is distinguished by its ability to deliver concentrated energy for tasks such as cutting, welding, medical procedures, and advanced scientific research. High-power

lasers can be classified into " Gas Lasers, Semiconductor Lasers, Fibre Lasers, and Solid-State Lasers".

**Hydrotherapy:** A form of physical medicine using the therapeutic application of water in a variety of ways.

**Low-Level Laser:** A laser device that emits optical power below 500 milliwatts (mW). These lasers are primarily used for therapeutic purposes, such as promoting tissue healing, reducing inflammation, and alleviating pain, without generating significant heat or causing tissue damage.

**Near miss:** An unplanned event that did not result in injury, illness, or damage, but had the potential to do so.

**Performance measures:** A quantifiable measure used to evaluate the success of a physical therapy center, employee, etc.

**Personal protective equipment (PPE):** Equipment worn to minimize exposure to hazards that cause serious workplace injuries and/or illnesses.

**Plan:** A detailed method, formulated beforehand, that identifies needs, lists, and strategies to meet those needs, and sets goals and objectives. The format of the plan may include narratives, policies, procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

**Plan of care:** A plan that identifies the patient's care needs, lists the strategy to meet those needs, records care goals and objectives, develops defined criteria for ending interventions, and records the patient's progress in meeting specified goals and objectives. It is based on data gathered during patient assessment.

**Point-of-Care Risk Assessment:** A critical process performed by healthcare workers (HCWs) before every patient interaction. Its primary purpose is to evaluate the risk of exposure to infectious agents, thereby guiding the selection of appropriate infection prevention and control measures, including the use of personal protective equipment (PPE).

**Policy:** a guiding principle used to set direction in a physical therapy center.

**Privileging:** A Formal process by which a physical therapy center authorizes a physical therapist (PT) to perform specific clinical services / physical procedures within their scope of practice. This process ensures that the PT has the requisite education, training, experience, and demonstrated competence to safely and effectively carry out designated procedures or treatments in a particular facility.

**Procedure:** a series of steps to be followed as a uniform and repetitive approach to accomplish an end result. Procedures provide a platform for uniform implementation

to decrease process variation, which increases procedure control. Decreasing process variation is how we eliminate waste and increase performance.

**Process:** A series of actions or steps taken in order to achieve a particular end.

**Procurement:** The process of acquiring supplies, including those obtained by purchase, donation, and manufacture. It involves efforts to quantify requirements, select appropriate procurement methods, and prequalify suppliers and products. It also involves managing tenders, establishing contract terms, assuring medication quality, obtaining the best prices, and ensuring adherence to contract terms.

**Program:** An organized, official system that guides action toward a specific goal. The program identifies needs, lists strategies to meet those needs, includes staff involved, and sets goals and objectives. The format of the program may include narratives, policies and procedures, plans, protocols, practice guidelines, care maps, or a combination of these.

**Project:** A planned set of interrelated tasks to be executed over a fixed period and within certain cost and other limitations.

**Protocol:** Detailed scientific care plan for using a new care.

**Referral:** The sending of a patient from one physical therapist to another, from physical therapist to another specialist, or from one physical therapy center or service to another, or other resources.

**Risk assessment:** The process of evaluating risks arising from hazards, considering existing controls, prioritizing those risks, and deciding whether they are acceptable. This is a critical component of risk management in healthcare settings, especially during procedures.

**Respiratory hygiene:** This comprises infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes.

**Root cause analysis:** A systematic process used to identify the fundamental causes of problems or adverse events, aiming to prevent their recurrence. In the context of physical therapy, RCA is employed to analyze incidents such as patient falls, equipment failures, or deviations from care protocols, facilitating the development of corrective actions to enhance patient safety and care quality.

**Scope (care or services):** The range and type of services offered by the physical therapy center and any conditions or limits to the service coverage.

**Scope of practice:** The range of activities performed by a physical therapist in the center. The scope is determined by training, tradition, and law or regulation.

**Safety Data Sheets (SDSs):** The SDS includes information such as the properties of each

chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.

**Sentinel event:** A patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and results in any of the following: death, permanent harm, or severe temporary harm.

**Stakeholders:** An individual or group that is involved in and affected by a policy or course of action. In a physical therapy center, stakeholders may include patients and their families; physical therapists and other nonclinical staff members; members of leadership and governance; vendors and contracted employees; members of the community; and others.

**Stock:** A quantity of something accumulated, as for future use, regularly kept on hand, as for use or sale; staple; standard.

**Surveillance:** The ongoing systematic collection and analysis of data and the provision of information, which leads to action, being taken to prevent and control disease, usually one of an infectious nature.

**Timeliness:** The time between the occurrence of an event and the availability of data about the event. Timeliness is related to the use of the data.

**Utilization:** The use, patterns of use, or rates of use of a specified physical therapy service. Overuse occurs when physical therapy service is provided when their potential for harm exceeds the possible benefits. Underuse is the failure to use a necessary physical therapy service when it would have produced a favourable outcome for a patient. Misuse occurs when an appropriate service has been selected, but a preventable complication occurs. All three reflect a problem in the quality of health care.

**Physical Therapy Program:** A program that starts with an Initial assessment of the physical therapy patient and determination of the desired goals of provided care, with an appropriate plan of care and description of methods and procedures required to obtain those goals. The program shall include follow-up strategies.

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