



GAHAR Handbook for Primary Healthcare Standards

Edition 2021

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Foreword

As an essential step towards implementing the comprehensive healthcare recovery in Egypt, here is the first edition of the Egyptian Accreditation Standards for Primary Healthcare issued by the General Authority for Healthcare Accreditation and Regulation (GAHAR). This edition is a continuation of the efforts started in the last century for improving healthcare services in the country through standardization. The development of these standards is a valuable eventual product of collaborative efforts of representatives from the different health sectors in Egypt, including the Ministry of Health and Population, the private sector, university professors, and professional syndicates and others.

This book of standards handles healthcare delivery from two main perspectives, the patient-centered perspective and organization-centered perspective. Each of the two main sections of this book adopts one of these perspectives and discusses in detail the minimum requirement for accrediting organizations based on them. The first section discusses accreditation prerequisites and conditions. The second section discusses patient-centered standards and adopts Picker's model for patient-centered care to ensure responsiveness of organizations to patients' needs. The third section discusses organization-centered standards, highlighting many aspects required for workplace suitability to provide safe and efficient healthcare. The third section adopts the HealthWISE concepts.

While these standards were carefully tailored to steer the current situation of Egyptian healthcare in the direction of Egypt's 2030 Vision, they have been finely compared to international standards and found to meet their basic intent that apply to Egyptian laws, regulations, and culture. It is expected that the standards shall be a catalyst for applying change and improvement in both the culture and practice of healthcare in Egypt.

Introduction

Patient-centered care is the healthcare that respects and responds to the preferences, needs, and values of patients and consumers. The widely accepted dimensions of patient-centered care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, family involvement, and access to care. Surveys measuring patients' experience of health care are typically based on these domains. Research demonstrates that patient-centered care improves patient care experience and creates public value for services. When healthcare administrators, providers, patients, and families work in partnership, the quality and safety of health care improve, costs decrease, provider satisfaction increases, and patient care experience is successfully achieved.

Patient-centered care can also positively affect business metrics, such as finances, quality, safety, satisfaction, and market share. Patient-centered care is recognized as a dimension of high-quality healthcare and is identified in the Institute of Medicine report *Crossing the Quality Chasm* as one of the six quality aims for improving care. In recent years, strategies used worldwide to improve overall healthcare quality, such as public reporting and financial incentives, have emerged as policy-level drivers for improving patient-centered care.

Patients are not the only customers of healthcare systems. Healthcare workers face risks, as well. Although debate continues regarding whether worker wellbeing should be considered part of the patient safety initiatives, many organizations think about it that way, including major players in the healthcare industry worldwide. Three major aspects may affect the worker's wellbeing: safety, stress, and organizational structure.

This book defines the minimum requirements for healthcare organizations to comply with patient safety and centeredness while maintaining a safe, structured, and positive work environment.

Scope of the Handbook

These standards apply to Primary Healthcare organizations (PHCs) as whole organizations (whether centers or units) seeking to be enrolled in the Universal Health Insurance program.

Inclusions:

These standards are applicable to:

- Ministry of Health and Population PHCs
- PHCs of military forces, security forces, and other public sectors
- PHCs of syndicates, clubs, and other unions
- Private PHCs
- Charity PHCs providing services to special population groups

Exclusions:

These standards are not applicable to:

- Preventive health centers run by universities
- Ambulatory care organizations
- Nursing homes or rehabilitation centers

Purpose

GAHAR standards describe the competent level of care during its first step line. They reflect a desired and achievable level of performance against which a PHC's actual performance can be compared. The main purpose of these standards is to direct and maintain safe and effective healthcare practices through the accreditation standards.

The standards also promote and guide organization management. They assist staff and the management team to develop safe staffing practices, delegate tasks to staff members, ensure adequate documentation, and even create policies for new technologies.

GAHAR standards compliance guarantees PHC accountability for its decisions and actions. Many standards are patient-centered and safety focused to promote the best possible outcome and minimize exposure to harm. These standards encourage PHCs' staff to persistently enhance their knowledge base through experience, continuous education, and the latest guidelines.

These standards are used to identify areas for improvement in clinical practice and work areas, as well as to improve patient and workplace safety.

Use

Reading and Interpretation of the Book

- The General Authority for Healthcare Accreditation and Regulations evaluates organization structure, process, and/or outcome by setting standards that address these concepts.
- This book is divided into three sections, in addition to the foreword, introduction, Scope of this handbook, Purpose, Use, 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.
 - implementation guiding documents that need to be checked in order to achieve good compliance with the standards.
 - purpose that details follow the introduction, and each one has a standard or more.
- 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 related standards.
- Standard statement:
 - In this book, each standard is written as a standard statement preceded by a code.
 - Each standard is followed by a **non-black-scripted statement** that describes the essential quality dimension addressed by the standard.
- Keywords:

Keywords are meant to help organizations in understanding the most important element(s) of standard statement, as these words or concepts are 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 provides 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 implementation of minimum components of processes to be documented, implemented, recorded and/or monitored. These components are usually preceded with the phrase "At least the following", followed by a lettered list of requirements. Hence, these elements are considered essential, indivisible parts of compliance with the minimum acceptable standard.
- Evidence of compliance (EOC):
 - Evidence of compliance of a standard indicate 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 as per 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 used certain themes and vocabulary to ensure uniformity and clarity. These are the most important words that will help PHCs to interpreting 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 during 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 during a certain timeframe.
 - Plan:
 - A detailed proposal for doing or achieving something.
 - It usually answers the question of what is the goal, why, how it is going to be achieved, and when.
 - It includes objectives that need to be met during 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.

Application Roadmap

A PHC seeking GAHAR accreditation begins by:

- Applying to join the program via www.gahar.gov.eg or by sending an e-mail to reg@gahar.gov.eg
- GAHAR is going to respond by sending an application template attached to the email, and the PHC shall complete the application and upload required documents.
- The PHC's documents shall be reviewed.
- GAHAR shall determine survey financial fees and bank account details shall be shared.
- The PHC shall make the payment to the Central Bank of Egypt on the bank account and it shall send a copy of the receipt back via e-mail.
- An appointment for the survey visit shall be determined for the PHC.
- GAHAR's surveyor team shall evaluate your PHC according to the GAHAR Handbook for PHC standards.
- The survey report is submitted to accreditation committee to review and take decision based on the decision rules.
- The PHC is notified of the decision of the accreditation committee. The PHC has 15 days to submit appeal. If no appeal is submitted GAHAR chairman approves the decision and final certificate is issued.

Look Back Period Rules

Surveyors are required to review standards requirements and evaluate the PHC's compliance to them over a look back period of time.

Look back period: is the period before the survey visit during which any PHC 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 PHC to another, depending on registration and accreditation status.

- A registered PHC seeking accreditation will:
 - Comply with the National Safety Requirements during the whole period between receiving the approval of registration and the actual accreditation survey visit.
 - Comply with the rest of the GAHAR Handbook for Primary Healthcare standards for at least four months before the surveyor visit.
- A PHC seeking re-accreditation:

For GAHAR accredited PHCs, compliance with the GAHAR Handbook for Primary Healthcare standards from receiving the approval of the previous accreditation till the next accreditation survey visit is mandatory.

Scoring Guide

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

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

- Met when the PHC shows 80% or more compliance with requirements during the required lookback period with total score of 2.
- Partially met when the PHC shows less than 80% but more than or equal to 50% compliance with requirements during the required lookback period with total score of 1.
- Not met when the PHC shows less than 50% compliance with requirements during the required lookback period with total score of 0.
- Not applicable when the PHC shows that the surveyor determines that the standard requirements are out of the PHC scope (the score is deleted from the numerator and denominator).

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% but 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 PHC can achieve the status of 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.

1st Decision: Status of Accreditation

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

2nd Decision: Status of Conditioned Accreditation (follow-up survey(s) to check correction of noncompliance in 2 years)

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

3rd Decision: Status of Conditioned Accreditation (follow-up survey(s) to check correction of noncompliance in 1 years)

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

4th 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 NSR standard.

PHCs having status of accreditation or conditioned accreditation with elements of non-compliance are requested to:

- Submit a corrective action plan for unmet EOCs and standards within 90 days for 1st decision, 60 days for 2nd decision, and 30 days for 3rd decision to reg@gahar.gov.eg.
- Apply and pass the accreditation survey in 2 years for 2nd Decision and 1 year for 3rd Decision.

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

- The PHC fails to pass follow up surveys in case of conditioned accreditation,
- The PHC fails to submit corrective action plans in case of presence of one not met EOC or more,
- The PHC fails to pass an unannounced survey or,
- The PHC fails to comply with GAHAR circulars, when applicable.

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Acronyms

Code	Meaning
APC	Accreditation Prerequisites and Conditions
NSR	National Safety Requirements
PCC	Patient-Centeredness Culture
ACT	Access, Continuity, and Transition of Care
ICD	Integrated Care Delivery
DAS	Diagnostic and Ancillary Services
SIP	Surgery and Invasive Procedures
MMS	Medication Management and Safety
EFS	Environmental and Facility Safety
IPC	Infection Prevention and Control
OGM	Organization Governance and Management
CAI	Community Assessment and Involvement
WFM	Workforce Management
IMT	Information Management and Technology
QPI	Quality and Performance Improvement



Section 1

Accreditation Prerequisites and Conditions

Edition 2021

Section 1: Accreditation Prerequisites and Conditions

Section Intent

This section aims at providing a clear, ethical framework that a PHC must follow in order to comply with the GAHAR survey process. Scores of these standards are always 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.

Compliance with GAHAR accreditation prerequisites

APC.01 The PHC sustains, ensures and monitors compliance with registration requirements.

Safety

Keywords:

Sustaining registration requirements

Intent:

Registration requirements are considered the minimum level of quality, safety and compliance for any PHC aiming at being enrolled in the Universal Health Insurance system. When a PHC is registered, it is expected that the PHC shall sustain or improve upon the level of quality achieved during the registration visit.

Survey process guide:

During the GAHAR survey, the surveyor may assess compliance with the standards' requirements.

Evidence of compliance:

1. The PHC establishes a process of frequent assessment of compliance with registration requirements.
2. The PHC acts on all feedback and reports received from GAHAR during the registration period
3. The PHC reacts to all GAHAR requirements and reports in a timely manner.
4. The PHC demonstrates using approved monitoring tools to measure the compliance with National Safety Requirements.
5. When a gap is identified, the PHC takes all necessary measures to improve performance and sustain compliance.
6. The PHC reports to GAHAR any challenges that affect compliance to registration requirements.

Related standards:

EFS.01 PHC environment and facility safety structure; DAS.05 Laboratory services planning and management.

APC.02 The PHC ensures safe medical provision through compliance with GAHAR Healthcare Professionals Registration.

Safety

Keywords:

Registration of staff

Intent:

The Healthcare Professionals Registration process aims at ensuring competence of healthcare professionals by matching their qualifications and experience to registered or accredited PHC scope of medical services. In return, this process will improve quality of healthcare services provided to the community. The PHC is expected to register 100% of all members of the following healthcare professions:

- a) Physicians
- b) Dentists

- c) Pharmacists
- d) Physiotherapists
- e) Nurses
- f) Nursing technicians
- g) Health technicians
- h) Chemists
- i) Physicists

The PHC created a process to register all applicable newly hired staff members within 1-3 months.

Survey process guide:

During the GAHAR survey, the surveyor may assess compliance with the standard requirements.

Evidence of compliance:

1. The PHC has an approved process for registering all members of the required medical professionals.
2. The PHC assigns a taskforce to ensure complete registration and identify those who are not registered within a defined timeframe.
3. The process covers all full-time, part-time, visiting, or other types of contracts/agreements.
4. The PHC reports to GAHAR, health authorities, and professional syndicates any finding that can affect patient safety such as fake or misrepresented credentials.

Related standards:

WFM.01 Staffing plan; WFM.03 Recruitment.

Transparent and ethical relationships

APC.03 The PHC provides GAHAR with accurate and complete information throughout all phases of the registration and accreditation processes.

Effectiveness

Keywords:

Accurate and complete information

Intent:

During the registration and accreditation processes, there are many points at which GAHAR requires data and information. When a PHC is registered, GAHAR's scope includes being informed of any changes in the PHC and any reports from external evaluators. PHCs may provide 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 PHC of what data and/or information are required and the period for submission. The PHC is expected to provide timely, accurate and complete information to GAHAR regarding its structure, PHC scope of work, building, governance, licenses, and evaluation reports by external evaluators. GAHAR requires each PHC whether registered, accredited or just interested to engage in the accreditation process with honesty, integrity, and transparency.

Survey process guide:

Before and during a GAHAR survey, surveyors shall expect transparency of sharing information, reports or concerns related to registration, accreditation, licensure, inspection, audits, legal affairs, reportable sentinel events and reportable measures.

Evidence of compliance:

1. The PHC reports accurate and complete information to GAHAR during the registration process.
2. The PHC reports accurate and complete information to GAHAR in the period between the registration and accreditation processes.

3. The PHC reports within 30 days any structural changes in the PHC scope of work of addition or deletion of medical services by more than 15% of its scope, building expansions, or demolitions.
4. The PHC provides GAHAR access to evaluation results and reports of any evaluating organization.

Related standards:

IMT.01 Information management planning; IMT.02 Quality management system documents.

APC.04 The PHC uses the accreditation process to improve safety and effectiveness.

Safety

Keywords:

Accreditation process value

Intent:

GAHAR accreditation implies that a PHC is a place that maintains high safety standards. Public bodies, governmental bodies, PHC staff and third-party payers, among others, will assume credibility in accredited PHC processes. Thus, GAHAR has the right to obtain any information to confirm standards and accreditation policy compliance and evaluate patient safety and quality concerns at any time during all phases of accreditation. When external bodies other than GAHAR evaluate areas related to safety and quality such as, fire safety inspections, Police criminal investigations, court allegations checking, staff working conditions inspections, and evaluation of safety incidents or quality complaints. These evaluations complement accreditation reviews but may have a different focus or emphasis. Creating a safe culture is not an easy task; it requires everyone to be aware of safety issues and able to report them. The PHC improves PHC safety by sharing knowledge with GAHAR about any challenges identified through internal or external processes. The PHC's website, advertising and promotion, brochures, newspapers, and other information made available to the public accurately reflect the scope of programs and services that are accredited by GAHAR.

Survey process guide:

During the GAHAR survey, surveyors shall expect transparency of sharing information, reports or concerns related to safety issues. GAHAR surveyors shall expect to see announcements to inform staff and patients on mechanisms to report safety issues to GAHAR.

Evidence of compliance:

1. The PHC permits GAHAR to perform on-site evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions.
2. The PHC accurately represents its registration and accreditation status and scope.
3. The PHC informs staff and patients on mechanisms to report safety issues to GAHAR.

Related standards:

QPI.10 Sentinel events; OGM.03 PHC leaders.

APC.05 The PHC maintains professional standards during surveys.

Equity

Keywords:

Professional standards during surveys

Intent:

Surveyors' aim is to perform their duties and responsibilities and to attain the highest levels of the ethical performance to meet the public interest and maintain the reputation of GAHAR. To achieve these objectives, the survey process must establish creditability, professionalism, quality of service and confidence. The PHC is expected to maintain professional standards on dealing with

surveyors. The PHC is expected to report to GAHAR if there is a conflict of interest between a surveyor and the PHC that could affect any of the following:

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

The PHC ensures that there are no immediate risks to surveyors' safety and security. The PHC respects confidentiality and sensitivity of survey process.

Survey process guide:

During the GAHAR survey, surveyors shall expect that safety, security, confidentiality, privacy, respect, integrity, objectivity and professional competence values are going to be cherished at all times.

Evidence of compliance:

1. During surveys, the PHC reports any conflict of interest to GAHAR with evidences.
2. During surveys, the PHC maintains professional standards on dealing with surveyors.
3. During surveys, the PHC ensures that the environment does not pose any safety or security risks on surveyors.
4. During surveys, the PHC avoids media or social media releases without GAHAR's approval.

Related standards:

OGM.09 Ethical management.



Section 2

Patient-Centered Standards

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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 for the participation of patients and families.
2. The clinical micro-system level refers to the service, or program level of care. Patients and family should participate in the overall design of the service or program.
3. The PHC level refers to the PHC as a whole. Patients and families should participate as full members of key PHC committees.
4. The environment level refers to the regulatory level of the health system. Patients and families can inform local authorities.

Practically, many Egyptian PHCs have undergone health reform projects, but many find it hard to actively change the way care is delivered, and struggle to involve patients and learn from their experience. Key strategies from leading patient-centered care organizations worldwide include demonstrating committed senior leadership; regular monitoring and reporting of patient feedback data; engaging patients and families as partners; resourcing improvements in care delivery and environment; building staff capacity and a supportive work environment; establishing performance accountability; and supporting a learning organization culture.

Internationally, healthcare services use a range of strategies to promote patient-centered care, including staff development, leadership, collecting and reporting patient feedback, redesigning and co-designing service delivery, implementing patient rights bills, and engaging patients and families as partners in improving care.

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 statute (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 wellbeing.

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.

National Safety Requirements

Chapter intent

The WHO defines patient safety as the reduction and mitigation of unsafe acts within the healthcare system, as well as the use of best practices shown to lead to optimal patient outcomes. Healthcare is a complex environment where errors can injure or kill. Usually, the safeguards work. However, each layer of defenses such as alarms, standardized procedures, and trained health professionals has weak spots. Advances and commitment to patient safety worldwide have grown since the late 1990s, which leads to a remarkable transformation in the way patient safety is viewed.

When multiple system failures occur, mistakes that would usually be caught slip through, the price we pay when such situations occur is often high, on both a human and a health-system level. Measuring patient safety initiatives and adverse events is essential when monitoring the progress of these strategies, tracking success, and helping to flag issues or identify potential areas for improvement.

As part of the GAHAR registration process, PHCs must show commitment to patient safety. This requires compliance with each of the National Safety Requirements (NSRs). During surveys, surveyors evaluate that safe and efficient implementation of each of the NSRs is maintained in all relevant practices. The application of the standards should be according to the applicable National laws and regulations.

Chapter purpose

The main objective is to ensure that organizations provide and maintain a patient safety program effectively. To achieve this effectiveness, the chapter addresses all the National Safety Requirements. Some requirements were placed into other chapters for convenience. No standards are scored under this chapter. All National Safety Requirements will be scored in their corresponding chapters.

Implementation guiding documents:

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates, and annexes)

- 1) Egyptian Constitution
- 2) Egyptian code of medical ethics 238/2003
- 3) Egyptian code of nursing ethics
- 4) Jeddah Declaration on Patient Safety 2019
- 5) WHO Patient Safety Assessment Manual
- 6) WHO Patient Safety Friendly Initiatives

National Safety Requirements in this Handbook

Code	NSR Keyword	Code in this book
Care Delivery Related Safety		
NSR.01	Patient identification	ACT.03
NSR.02	Verbal and telephone orders	ICD.12
NSR.03	Hand hygiene	IPC.03
NSR.04	Critical results	ICD.25
NSR.05	Fall screening and prevention	ICD.10
Surgery and Invasive Procedure Safety		
NSR.06	Surgical site marking	SIP.03
NSR.07	Pre-operative checklist	SIP.04
NSR.08	Timeout	SIP.05
Medication Management and Safety		
NSR.09	Abbreviations	IMT.03
NSR.10	High risk medications and concentrated electrolytes	MMS.06
NSR.11	Look-alike and sound-alike medication	MMS.07
NSR.12	Best possible medication history	MMS.10
NSR.13	Medication labelling	MMS.04
Environment and Facility Safety		
NSR.14	Radiation safety program	DAS.04
NSR.15	Laboratory safety program	DAS.09
NSR.16	Fire safety and fire drill	EFS.02
NSR.17	Hazardous materials and waste management	EFS.04
NSR.18	Safety management plan	EFS.05
NSR.19	Security management plan	EFS.06
NSR.20	Medical equipment management plan	EFS.07
NSR.21	Utilities management plan	EFS.08

Patient-Centeredness Culture

Chapter intent

In patient-centered care, a patient's specific health needs and desired health outcomes are the driving force behind all healthcare decisions and quality measurements. As many patients are unable to evaluate a healthcare professional's level of technical skill or training, criteria for judging a service are non-technical, personal and include aspects like comfort, friendly service, healthcare professional's communication, soft skills, and on-time schedules. This requires that healthcare professionals develop good communication skills and address patient needs effectively and timely.

Patient-centered care also requires that the healthcare professional becomes a patient advocate and strives to provide care that is not only effective but also safe. The goal of patient-centered healthcare is to involve and empower patients and their families to become active participants in their care not only from a clinical perspective, but also from an emotional, mental, spiritual, social, and financial perspective.

Globally, the Universal Declaration of Human Rights article 25 emphasized the human right to a standard of living adequate for the health and wellbeing 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. Egyptian codes of medical, nursing, pharmaceutical, and other healthcare professionals' ethics emphasized multiple aspects of patient's rights and healthcare professional's obligations towards patients. The Consumer Protection Agency has identified multiple practices and instructions for patients to assume during their healthcare processes. In addition, Egyptian laws clearly describe the mechanism to obtain legal consents. During the past few years, the Egyptian parliament discussed some laws that are pertinent to the rights of some groups of Egyptian society, such as women, children, and handicapped and elderly.

Practically, PHCs need to ensure infrastructure for uniform patient-centered care policies and procedures. Policies and procedures need to identify mechanisms to establish and sustain patient-centered care culture. Education and techniques to encourage patient-centeredness behaviors are needed.

During the 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

This chapter is written and arranged in a logical order that first describes the infrastructure and culture needed to comply with the chapter requirements. It describes basic patient rights and responsibilities and touches on those techniques and cultural changes that organizations need to address while building a patient-centred culture.

Implementation guiding documents:

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Egyptian Constitution
- 2) Universal declaration on Human Rights year 1964
- 3) Cairo declaration on Human Rights in Islam, 1990
- 4) Law 126/2008 on Egyptian Child
- 5) Law 10/2018 on the rights of handicapped
- 6) Drafted Egyptian law for Elderly care
- 7) Law 181/2018 on Egyptian “Consumer Protection”
- 8) Law 206/2017 on advertisement for healthcare services
- 9) Egyptian code of medical ethics 238/2003
- 10) Egyptian code of nursing ethics (Nursing Syndicate Publications)
- 11) Code of ethics and behavior for civil service staff, 2019, if applicable
- 12) Egyptian Criminal code 58/1937
- 13) Egyptian consent laws
- 14) MOH Ministerial decree 186 / 2001 Management of emergency cases
- 15) MOH Ministerial decree number 216 / 1982 Healthcare facilities organization
- 16) MOH Ministerial 186/2001 Patient right to know expected cost of care

Establishing patient centered culture

PCC.01 PHC advertisements are clear and comply with applicable laws, regulations, and ethical codes of the healthcare professionals' syndicates.

Patient-Centeredness

Keywords:

PHC advertisement

Intent:

Good advertising helps the community have a better understanding of the available health services. PHCs might use banners, brochures, pamphlets, websites, social media pages, call centers or other media to advertise provided services. Medical syndicates, nursing syndicates, pharmacy syndicates, and other syndicates, addressed honesty and transparency as high values in their codes of ethics. The PHC can start complying to this standard by exploring the relevant laws, regulations and ethical codes and finding out how they apply to the PHC advertisement/communication plan. Information shall be accurate, updated and clearly communicated about types of services, healthcare professionals, cost of services, and working hours.

Survey process guide:

GAHAR surveyors may check PHC advertisements at any time from receiving the application and assigning of surveyors until sending the survey report. Advertisements may be matched with the application information and with survey visit observations.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of providing clear, updated and accurate advertisement of services.
2. Advertisements are done in compliance with laws, regulations and ethical codes of healthcare professionals' syndicates.
3. Patients and their families receive clear, updated and accurate information about the PHC's services, healthcare professionals, and working hours.
4. Patients and their families are informed of expected costs in a manner and a language they understand.

Related standards:

PCC.03 Patient and family rights; OGM.07 Billing system; ICD.14 Emergency services; OGM.09 Ethical management.

PCC.02 Patient-centered culture initiatives are developed and encouraged.

Patient-Centeredness

Keywords:

Interdisciplinary patient-centeredness

Intent:

Patient centered culture development and maintenance require careful planning, agile implementation, and close monitoring. Patient-centeredness culture sustainability requires informing and engaging staff on how to be patient-centered. Healthcare professional-Patient relationship, communication courses and discussion among medical staff members emphasize this culture. Education can be in the form of lectures, demonstrations, courses, workshops, role-plays, and other mechanisms. A journey of changing/improving PHC culture requires a collaborative teamwork from multiple disciplines. The PHC leadership can develop patient-centered initiatives, but it requires staff adoption and implementation. The PHC team shall create a vision of establishing a patient centred culture with clear steps to achieve it, identify potential obstacles and resistance, then work to remove these obstacle and ease down resistance. The team may also go for quick wins till the culture change matures up and becomes an integrated part of daily processes.

The PHC should be able to measure compliance with patient-centered initiatives and evaluate staff performance accordingly.

Survey process guide:

- The GAHAR surveyor may receive information about patient-centered culture support groups during the opening presentation. Terms of references and meeting notes may be reviewed during document review session or during leadership interview session. Questions may be posed to explore the mechanisms taken to plan, assist and maintain patient centered practices.

Evidence of compliance:

1. Staff are oriented, educated, and trained on patient-centered initiatives.
2. The PHC has mechanisms to evaluate the patient-centeredness performance of staff; these mechanisms may include patient education activities, patient engagement in making care decisions, and providing emotional support.
3. Patient-centered health delivery emphasizes aspects of care that are important to patients, such as the convenience and timeliness of services, and focuses on outcomes such as patient satisfaction, quality of life, and functional status.
4. PHC leadership takes actions to encourage staff participation in patient-centeredness initiatives.
5. Actions are taken to improve patient-centeredness practices based on any reported violations to patient-centered practices.

Related standards:

PCC.05 Patient and family education process; PCC.13 Patient's needs; PCC.07 Recorded informed consent; PCC.11 Patient and family feedback; ACT.04 Patient flow risks; OGM.03 PHC leaders.

PCC.03 Patient and family rights are protected and informed of these rights.

Patient-Centeredness

Keywords:

Patient and family rights

Intent:

Seeking and receiving care and treatment at a PHC can be overwhelming for patients, making it difficult for them to act on their rights and understand their responsibilities in the care process. Patients should be able to understand their rights and know how to use them. If for any reason, a patient does not understand their right, the PHC is committed to helping them to gain knowledge of their rights.

The PHC provides direction to staff regarding their role in protecting the rights of patients and families. The PHC shall develop and implement a policy and procedures to ensure that all staff members are aware of and respond to patient and family rights issues when they interact with and care for patients throughout the PHC. The policy addresses at least the following:

- a) Patient and family rights as defined by laws and regulations, and the ethical code of healthcare professionals' syndicates.
- b) Patient's and family's right to access care if provided by the universal health coverage.
- c) Patient's and family's right to know the name of the responsible staff member.
- d) Patient's and family's right to care that respects the patient's personal values and beliefs.
- e) Patient's and family's right to be informed and participate in making decisions related to their care.
- f) Patient's and family's right to refuse care and discontinue treatment.
- g) Patient's and family's right to security, personal privacy, confidentiality, and dignity.
- h) Patient's and family's right to have pain assessed and managed.
- i) Patient's and family's right to make a complaint or suggestion without fear of retribution.
- j) Patient's and family's right to know the price of services and procedures.

Survey process guide:

- The GAHAR surveyor may review patient rights policy and interview staff members to check their awareness.
- During the GAHAR survey, the surveyor may observe the patient rights statements posted in the PHC.
- The surveyor may also observe how patients receive information about their rights and may check conditions under which patient rights are protected.
- The GAHAR surveyor may observe posters or brochures describing PHC services and their prices.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of defining patient and family rights as mentioned in the intent from a) through j).
2. All staff members are aware of patients and families' rights and their roles to protect these rights.
3. An approved statement on patient rights is posted in all public areas in the PHC 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.

Related standards:

PCC.01 PHC advertisement; PCC.07 Recorded informed consent; PCC.09 Patient's dignity and privacy; PCC.10 Patient belongings; PCC.11 Patient and family feedback; PCC.12 Complaints and suggestions; ICD.01 Uniform care.

PCC.04 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 their responsibilities, the PHC is committed to helping them gain relevant knowledge. Inability to assume these responsibilities might affect the care or the management processes of the patients themselves, of their families, of other patients or of staff members. The PHC is responsible for making the patients' responsibilities visible to patients and staff members at all times. The PHC shall develop and implement a policy and procedures to ensure that patients are aware of their responsibilities. The policy shall address at least the following:

- a) Patients and their families have the responsibility to provide clear and accurate information on the current and past medical history.
- b) Patients and their families have the responsibility to comply with the policies and procedures of the PHC.
- c) Patients and their families have the responsibility to comply with financial obligation according to laws and regulations.
- d) Patients and their families have the responsibility to show respect to other patients and healthcare professionals.
- e) Patients and their families have the responsibility to follow the recommended treatment plan.

Survey process guide:

- The GAHAR surveyor may review the patient responsibilities policy and interview staff members to check their awareness.

- During the GAHAR survey, the surveyor may observe patient responsibility statements posted in the PHC.
- The surveyor may also observe how patients receive information about their responsibilities.

Evidence of compliance:

1. The PHC 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. An approved statement on patient and family responsibilities is posted in all public areas in the PHC in a way that makes it visible to staff members, patients, and families.
4. Information about patient responsibilities is provided in writing or in another manner that the patient understands.

Related standards:

PCC.07 Recorded informed consent; ICD.07 Plan of care; ICD.17 Immunization program; ICD.20 Child health program; ICD.21 Maternity health program; ICD.22 Reproductive health program; MMS.10 Best possible medication history.

Ensuring patient empowerment

PCC.05 Patient and family education is clearly provided to educate and support patients to maintain and improve their own health and wellbeing.

Patient-Centeredness

Keywords:

Patient and family education process

Intent:

Patient and family education helps to understand the care process and empower patients and families taking informed decisions. Multiple disciplines, such as physicians, nurses, pharmacists and medical technicians, not only the assigned health educators or social workers, contribute to the process of educating patients and families during care processes. This could include requirements relating to smoking cessation programs, stress management advice, diet and exercise guidance and substance abuse management

The PHC 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 needs
- b) Multidisciplinary responsibility to educate patient and families
- c) Method for education is provided according to patient and family values and level of learning, and in a language and format that they understand

The multidisciplinary team shall identify all the educational needs, which may vary from a patient to another; however, at least the following needs shall be addressed for all patients:

- d) Diagnosis and condition
- e) Plan of care
- f) Referral information

The education process is recorded.

Survey process guide:

- The GAHAR surveyor may review a policy describing patient and family education process.
- During open or closed file review, the GAHAR surveyor may check patient and family education records to assess their completion.

Evidence of compliance:

1. The PHC has a patient and family education policy guiding the process of patient and family education that include at least the points mentioned in the intent from a) through f).

2. All staff members are aware of patients' and families' education process and documenting.
3. Patient education needs, responsibility of providing education and method used is recorded in the patient's medical record.
4. Patients receive education relevant to their condition.
5. Patient education activities are documented in the patient's medical record.
6. Patient education materials are available according to evidence-based information.

Related standards:

PCC.02 Interdisciplinary patient-centeredness; PCC.03 Patient and family rights; ICD.07 Plan of care.

PCC.06 Violations against patients' and families' rights and responsibilities are managed.

Patient-centeredness

Keywords:

Reporting violations

Intent:

Sustaining a patient-centeredness culture requires continuous monitoring of compliance and identifying opportunities for improvement. Empowered staff members, patients, and families are able to report violations for any patient's or family's rights and responsibilities.

Survey process guide:

- The GAHAR surveyor may interview staff members to inquire about mechanisms to report violations.
- The GAHAR surveyor may also interview quality, leadership staff to inquire about the process of reporting violations, its results, and improvement actions are taken based on these results.

Evidence of compliance:

1. The PHC is responsible for collecting, analyzing, interpreting, and evaluating violations for any patient's or family's rights and responsibilities.
2. Information about reporting violations to patient and family rights and responsibilities is provided to staff members, patients, and families in writing or in another understandable manner.
3. Periodical report on violations to patient and family rights and responsibilities is created and sent to the PHC director.
4. Actions are taken to improve patient centeredness practices based on those reports
5. When ethical dilemmas as conflicting decisions regarding the provision or withdrawal of treatment arise there is evidence of clear discussion and resolution of the situation.

Related standards:

PCC.03 Patient and family rights; PCC.04 Patient and family responsibilities; PCC.12 Complaints and suggestions; OGM.09 Ethical management.

PCC.07 Recorded informed consent is obtained for certain medical processes as required by laws and regulations.

Patient-Centeredness

Keywords:

Recorded informed consent

Intent:

One of the main pillars to ensure patients' involvement in their care decisions is by obtaining informed consent. To give consent, a patient should be informed of many factors related to the planned care. These factors are required to make an informed decision. Informed consent is a process for getting permission before performing a healthcare intervention on a person, or for disclosing personal information. Informed consent should be valid during the time or procedure it

is intended to cover. The PHC 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 medical processes when informed consent is needed, this list shall include:
 - I. Simple invasive procedures.
 - II. Local anesthesia.
 - III. Family planning interventions.
 - IV. Photographic and promotional activities, for in which the consent could be for specific time or purpose
- b) The likelihood of success and the risk of not doing the procedure or intervention, benefits, and alternatives to performing that particular medical 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 PHC policies.
- d) Consent forms available in all relevant locations.
- e) Consent validity.

Survey process guide:

- The GAHAR surveyor may review a policy describing patient consent process.
- During open or closed file reviews, the GAHAR surveyor may check patient consents to assess completion.
- During the GAHAR survey, the surveyor may check the distribution and availability of consent forms in areas where they are needed the most, such as the dental clinic, family planning clinic and others.

Evidence of compliance:

1. The PHC has an approved informed consent policy guiding the process of informed consent that includes all elements mentioned in the intent from a) through e).
2. An informed consent form is available in all relevant areas and contains identification of intended medical process, its risks, benefits and alternatives.
3. Informed consent is obtained in a manner and language that the patient understands.
4. Informed consent is valid, recorded and kept in the patient's medical record; a new consent is obtained when the old consent expires or becomes invalid.
5. Healthcare professionals obtaining the informed consent signs the form with the patient as legally required.
6. Informed consent given by someone other than the patient complies with laws and regulations.

Related standards:

PCC.03 Patient and family rights; PCC.04 Patient and family responsibilities; PCC.02 interdisciplinary patient-centeredness.

Ensuring patient comfort

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

Patient-Centeredness

Keywords:

Waiting spaces

Intent:

Waiting spaces are a major pain point in the patient experience. Not only emotions such as anxiety, fear, confusion, frustration, annoyance are high when a patient is waiting for a medical service, but it is more frustrating to be combined that with uncomfortable seating, lacking basic human needs, and overcrowding. The PHC shall ensure that waiting spaces are comfortable and suitable for patient's and family's needs.

Survey process guide:

- During the GAHAR survey, the surveyor may visit waiting spaces meant to accommodate patients or their families.

Evidence of compliance:

1. Waiting spaces are lit, ventilated, clean, and safe.
2. Waiting spaces are planned to accommodate the expected number of patients and family.
3. Waiting spaces provide access to satisfy basic human needs such as toilets and potable water.
4. Patients receive information on how long they may wait.

Related standards:

ACT.06 Physical access and comfort.

Responding to patient's needs

PCC.09 The patient's dignity and privacy are protected during all medical care processes such as screening, assessments, and management.

Patient-Centeredness

Keywords:

Patient's dignity and privacy

Intent:

One of the most important human needs is the desire for respect and dignity. The patient has the right to care that is respectful and considerate at all times, in all circumstances, and recognizes the personal worth and self-dignity of the patient. Patient privacy, particularly during clinical interviews, examinations, procedures/treatments, and referral is important. Patients may desire privacy from other staff members, from other patients or even from accompanying family members. The PHC shall respect the patient's management processes privacy and shall implement processes to protect it.

Survey process guide:

- During the GAHAR survey, the surveyor may observe situations such as patient examination and assess if privacy and confidentiality are maintained.

Evidence of compliance:

1. Staff members provide care that is considerate of patient's dignity and self-worth
2. Patient privacy is respected for all clinical interviews, examinations, procedures/treatments, and referral.
3. Patients can decide who can attend their screening, assessment, or management processes.

Related standards:

PCC.03 Patient and family rights; PCC.13 Patient's needs; IMT.04 Confidentiality and security of data and information.

PCC.10 The PHC's responsibility towards patient belongings is defined.

Patient-Centeredness

Keywords:

Patient belongings

Intent:

Patient belongings may include eyeglasses, or valuables such as jewelry, electronic devices, cash, and credit/debit cards. The PHC shall develop and implement a policy and procedures to manage lost and found situations and patient's belongings security during emergency situations. PHC policies shall address at least the following:

- How will the PHC manage lost and found situation?

- Who is responsible for securing patient belongings?
- How shall belongings be protected? For how long? What will happen after that?
- How patients and families shall be informed about the PHC's responsibility for belongings?

Survey process guide:

- The GAHAR surveyor may review a document that guides PHC responsibilities for patient belongings.
- The GAHAR surveyor may interview staff members to assess their awareness of PHC policy.
- During the GAHAR survey, the surveyor may observe posters, brochures or other means of communication that reminds patients of securing their belongings.
- The GAHAR surveyor may review security records, other records, and cabinets where patient belongings are kept and recorded.

Evidence of compliance:

1. The PHC has an approved policy guiding PHC responsibilities for patient belongings.
2. Staff members are aware of the PHC's patient belongings policy.
3. Information about the PHC responsibility for belongings is given to the patient or family, as applicable.
4. Lost and found items are recorded, protected and returned when possible. The PHC defines a process to follow when items are not returned within a defined timeframe.

Related standards:

PCC.03 Patient and family rights; EFS.06 Security plan.

PCC.11 The PHC improves provided services based on measured patient and family feedback.

Patient-Centeredness

Keywords:

Patient and family feedback

Intent:

Patient feedback could include concerns, compliments and formal complaint or through surveys, that may help PHC to identify ways of improving clinical and non-clinical performance. Ultimately, that translates into better care and happier patients. PHCs can solicit feedback from patients in a variety of ways: phone surveys, written surveys, focus groups, or personal interviews. Many PHCs shall use written surveys, which tend to be the most cost-effective and reliable approach. The PHC shall develop and implement a policy and procedures to guide the process of managing patient feedback. PHC policy shall address at least the following:

- a) Measuring feedback for ambulatory patients.
- b) Measuring feedback for emergency patients.

The PHC shall define if the process addresses the measurement of patient experience or patient satisfaction. For patient experience, the PHC shall assess whether something that should happen in a healthcare setting (such as clear communication with a healthcare professional) actually happened or for how long it happened. While for patient satisfaction, the PHC shall measure whether a patient's expectations about a health encounter were met. Two people who receive the exact same care, but who have different expectations for how that care is supposed to be delivered, can give different satisfaction ratings because of their different expectations. Measuring alone is not enough. PHCs need to analyze and interpret information obtained from measured feedback and identify potential improvement projects.

Survey process guide:

- The GAHAR surveyor may review the policy of patient and family feedback.
- The GAHAR surveyor may assess the process of use of patient and family feedback for performance improvement during leadership interview session or during quality program review session.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of patient and family feedback measurement and use as mentioned in the intent from a) through b)..
2. There is evidence that the PHC has received, analyzed, and interpreted feedback from patients and families.
3. There is evidence that interpreted feedback have been shared with concerned staff members and planned for improvement.
4. There is evidence that patient and family feedback is used to improve the quality of service.

Related standards:

PCC.03 Patient and family rights; PCC.02 Interdisciplinary patient-centeredness; PCC.12 Complaints and suggestions.

PCC.12 Patients and families are able to make oral, written complaints or suggestions through a defined process.

Patient-Centeredness

Keywords:

Complaints and suggestions

Intent:

While PHCs shall be able to proactively measure and use patient's feedback, patients and families may also want to give oral or anonymous complaints or suggestions about their care and to have those complaints or suggestions reviewed and acted upon. The PHC shall develop and implement a policy and procedures to create a uniform system for dealing with different complaints and suggestions from patients and/or their families to make it easy to follow up, monitor, and learn from practices. PHC policy shall address at least the following:

- a) Mechanisms to inform patients and families of communication channels to voice their complaints and suggestions.
- b) Tracking processes for patient and family complaints and suggestions.
- c) Responsibility for responding to patient complaints and suggestions.
- d) Timeframe for giving feedback to patients and families about voiced complaints or suggestions and advising the patient of progress and outcome.

Survey process guide:

- The GAHAR surveyor may review the policy of managing patient complaints and suggestions.
- The GAHAR surveyor may assess the process of managing patient suggestions and complaints during tracer activities, leadership interview session or during quality program review session.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of managing patients' complaints and suggestions as mentioned in the intent from a) through d).
2. The PHC allows the complaining process to be publically available.
3. Patients and families are allowed to provide suggestions and complaints.
4. Complaints and suggestions are investigated & analyzed by the PHC.
5. Patients and families receive feedback about their complaints or suggestions within approved timeframes and according to the level of urgency of the complaint.

Related standards:

PCC.03 Patient and family rights, PCC.06 Reporting violations.

PCC.13 The PHC identifies, communicates, and honors patient emotional, religious, spiritual needs, and other preferences.

Patient-Centeredness

Keywords:

Patient's needs

Intent:

Research has indicated communication during medical interactions can influence patients' emotional experiences, and potentially have positive impacts on psychosocial health outcomes. More research needs to focus on the processes through which clinical staff members move through recognizing a patient's emotional needs to ultimately providing therapeutic resources as needed. Structures that give frontline staff members autonomy over the decision-making processes that affect their work are in place.

Survey process guide:

The 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. Clinical staff members assess and reassess patients' emotional, religious, and spiritual needs and this is documented in the file.
2. Plans of care are modified to honor emotional, religious, and spiritual needs.
3. Traditional schedules are modified to honor patient preferences.

Related standards:

PCC.03 Patient and family rights; PCC.02 Interdisciplinary patient-centeredness; PCC.09 Patient's dignity and privacy.

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 reach 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 and develops multiple morbidities and complex problems or includes more patients who become socially or psychologically vulnerable.

Globally, the WHO 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; and all careers are motivated, skilled and operate in a supportive environment.

Locally, the Egyptian constitution focuses on the importance of granting access to healthcare services to all Egyptians, with a special emphasis on providing emergency life-saving care. Egyptian laws for establishing PHCs defined the minimum requirements for licensure and for access pathways. The medical code of ethics defined the framework of doctors' responsibilities towards patients. In addition, the Egyptian government has announced a major initiative to transform the healthcare industry in Egypt, where payers and healthcare professionals shall be separated, and a body of accreditation 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.

Practically, PHCs need to consider all aspects of access to services. Establishing organization policies on patient flows and studying flow bottlenecks help organizations to better use available resources and safely handle patient journeys.

During the GAHAR survey, the surveyor is going to assess the smooth flow of patients from/to the PHC and assess the process and its implementation. In addition, the surveyor will be interviewing staff and reviewing documents related to the standards to assure that equity, effectiveness, and efficient process are in place.

Chapter purpose

The main objective is to ensure that organizations provide and maintains equitable, effective access to patient care services in a safe, efficient way. The patient may start accessing healthcare services through the emergency room, outpatient department or outreach programs.

Sometimes, care plans change, and another doctor needs to be called in for a consultation or even become completely responsible for patient care. These situations also need to be addressed by the PHCs, and clear processes need to be established.

Sometimes, patients need to be physically transported from one place to another; this process entails a risk of mishandling and missing some information, organizations need to develop a process to avoid these risks.

Finally, upon transfer or referral to a service outside the PHC, clear information needs to be recorded.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Egyptian constitution
- 2) Universal Health Insurance Law 2/2018
- 3) Prime Minister decree, 1063/2014 Management of Emergency cases
- 4) Ministerial decree 186 / 2001 Management of emergency cases
- 5) Transition of care, WHO, 2016
- 6) Law 10/2018 on the rights of handicapped
- 7) Egyptian code of building for handicapped
- 8) Nursing Syndicate Publications – Nursing Guidelines
- 9) MOH Ministerial decree number 216 / 1982 Healthcare facilities organization
- 10) MOH Ministerial decree 254/2001 Discharge summary requirements
- 11) Publications of Central Administration of Emergency and Critical Care, Egyptian ministry of health and population

Effective patient flow into the PHC

ACT.01 The PHC grants patients access to its services according to applicable laws and regulations and pre-set eligibility criteria.

Patient-Centeredness

Keywords:

Granting access (before patient registration)

Intent:

While WHO member countries embraced the concept of universal coverage as early as 2005, few have yet achieved the objective. This is mainly due to numerous barriers that hinder access to needed health services. If services are available and there is a continuous supply of services, then the opportunity to obtain healthcare exists, and a population may 'have access' to services. The extent to which a population 'gains access' also depends on social or cultural barriers that limit the utilization of services. Thus, access measured in terms of utilization is dependent on the affordability, physical accessibility, and acceptability of services and not merely adequacy of supply. Services available shall be relevant and effective if the population is to gain access to satisfactory health outcomes. 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 payers and guided by laws, regulations, and PHC policies. Pre-set criteria need to be available for those responsible for granting access to patients. In order to improve accessibility to the PHC services, patients and families should be informed about the available services.

The PHC shall develop and implement a policy and procedures to guide the process of granting access. The policy shall address at least the following:

- a) The process to screen patients to determine that the PHC scope of services can meet their healthcare needs.
- b) Access through emergency areas is safe and appropriate for patients' conditions.
- c) Access through ambulatory areas include a clearly defined scheduling and queuing process for patients that ensures appropriate identification, clear sufficient information exchange, safety and comfort.

Survey process guide:

- The GAHAR surveyor may review a document describing the approved PHC process then followed by a visit to the point of the first contact in the PHC such as registration desks, receptions, call centers, emergency rooms, and outpatient areas. Visit may be part of another survey activity such as a tour or a tracer.
- The GAHAR surveyor may observe these areas for information given to patients such as brochures, posters, digital, verbal messages or other types of information and may interview patients to assess their awareness.

Evidence of compliance:

1. The PHC has an approved policy granting access to patients that addresses all elements mentioned in the intent from a) through c).
2. Patients are made aware of available services, including operating hours, types of services, cost of each service (when relevant), and access path.
3. The PHC defines a system for informing patients and families about services that is suitable for different literacy levels and is available at points of contact and public areas.
4. Patients are referred and/or transferred to other healthcare organizations when the PHC's scope of service does not match their healthcare needs.

Related standards:

ACT.06 Physical access and comfort; PCC.03 Patients and family rights; ICD.14 Emergency services; ACT.09 Referral process.

ACT.02 The PHC ensures a safe and comfortable registration process.

Patient-Centeredness

Keywords:

Registration process

Intent:

Patient registration is a starting point for community members to benefit from the healthcare system services. Usually, it is a complex process that requires a considerable amount of preliminary patient data input, including a collection of patient demographic information such as personal and contact information, Patient referral or appointment scheduling, collection of family health history. If handled incorrectly, this series of initial touch-points can lead to a number of ongoing issues, including overwhelmed patients who may decide not to pursue their care at PHC that is disorganized.

The PHC offers its services to patients whose medical needs can be met within its capabilities. For each program or service, the PHC identifies types of patient conditions and concerns that cannot be appropriately treated at the PHC and arranges for appropriate referral and/or transfer for such patients.

The PHC shall develop and implement a policy and procedures to guide the registration process.

The policy shall include at least the following:

- a) Establishing of a PHC-wide scope of service that meets the universal health insurance package of services.
- b) A competent staff member performs an initial screening process.
- c) A screening process is used to determine the priority of the patient's care needs in emergency, ambulatory or referral.
- d) Registration procedures.

Survey process guide:

- The GAHAR surveyor may review documents describing the approved PHC process for registration then followed by a visit to the patient registration areas in the PHC. Visit may be part of another survey activity such as a tour or a tracer.
- The GAHAR surveyor may observe these areas for information given to patients such as brochures, posters, digital, verbal messages or other types of information.
- The GAHAR surveyor may also trace different patients to ensure that their patient registration processes are uniform.

Evidence of compliance:

1. The PHC has an approved policy for matching patient healthcare needs to PHC scope of service that addresses all elements mentioned in the intent from a) through d).
2. All staff members involved in patient registration and flow pathway are aware of the PHC policy.
3. The registration process and patient flow information are available and visible to patients and families at the point of the first contact and in public areas.
4. Patient registration and flow processes are uniform to all patients.
5. Patients are instructed to visit other healthcare organizations when healthcare needs are not matching the PHC's scope of services.
6. The PHC receives and keep in the patients' medical record all the patients' medical external reports and data (referral reports, discharge summaries, etc.) as to ensure the continuity of care.

Related standards:

ACT.04 Patient Flow Risks; ACT.06 Physical access and comfort; ACT.09 Referral process

ACT.03 NSR.01 At least two ways are used to identify a patient when giving medications or taking blood samples, other specimens for clinical testing, and/or providing any other treatments or procedures.

Safety

Keywords:

Patient identification

Intent:

- Providing care or performing interventions on the wrong patient are significant errors, which may have grave consequences.
- Using two identifiers for each patient is the key driver in minimizing such preventable errors, which is especially important with administration of high alert medications or performing high risk or invasive procedures.
- The PHC 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.
 - c) Special situations when patient identification may not follow the same process such as for emergency unidentified victims of accidents.

Survey process guide:

- The GAHAR surveyor may review the relevant patient identification policy to check the required two identifiers (personal) and the occasions when they should be used.
- The GAHAR surveyor may review an appropriate number of medical records and check each sheet for the presence of the two identifiers mentioned in the patient identification policy.
- The GAHAR surveyor may interview a number of healthcare professionals (can be 10) to ask them about the two identifiers and when should they be used.
- The GAHAR surveyor may observe patient identification method for the two identifiers and to observe patient identification process before procedures or care.

Evidence of compliance:

1. The PHC has an approved policy that addresses all elements mentioned in the intent from a) to c).
2. All healthcare professionals are aware of the PHC policy.
3. Patient's identification occurs according to the policy.
4. Patient's identifiers are recorded in the patient's medical record.
5. The PHC tracks, collects, analyzes and reports data on patient's identification process.
6. The PHC acts on improvement opportunities identified in its patient identification process.

Related standards:

APC.01 Sustaining registration requirements; ACT.09 Referral process; ICD.05 First visit health screening; ICD.11 Orders and requests; DAS.03 Medical imaging results; SIP.05 Timeout; MMS.04 Medication storage, Medication labelling; MMS.12 Medication preparation, labelling of medications, dispensing, and administration.

Safe patient flow within the PHC

ACT.04 The PHC has a risk assessment and management plan for patient flow.

Efficiency

Keywords:

Patient flow risks

Intent:

Patient flow is defined as the movement of patients, information, or equipment between clinics,

staff groups, or PHCs as part of a patient care pathway. Designing healthcare systems with the effective patient flow is critical to the delivery of safe, effective patient care. Poor flow can lead to increased costs, poor quality, and poor patient experience. The goal of seamless patient flow across care settings is often blocked by a lack of integration both within the PHC and between PHCs. Increasing demand and capacity issues in the healthcare systems have led to bottlenecks in PHCs for scheduled and unscheduled care. When this is combined with suboptimal coordination between various clinics and services, efficient patient flow is prevented.

Usually, risk assessment is a term used to describe the overall process or method where hazards are identified; the risk is analyzed, evaluated, and controlled. In this case, it also addresses the better use of resources. A proper risk assessment for patient flow addresses locations, timings, and conditions that lead to peak occupancies and peak flows.

PHCs shall perform a risk assessment to identify areas in the PHC where bottlenecks exist then to develop a strategic, whole system, standardized and shared approach to improving patient flow placing the needs and views of the patients at the center of care plans; supporting optimal use of resources, avoiding unnecessary delays in care and facilitating seamless coordination of care across multiple settings. Improvements in patient flow will be achieved through targeted work streams to redesign processes of care, support access to care in an approved timeframe, and optimize the use of healthcare resources. The risk management plan shall address multiple scenarios of patient flow, identified bottlenecks, and crowding areas, and improvement actions/projects to achieve more efficient patient flow.

Survey process guide:

- The GAHAR surveyor may perform an interactive quality management program review session to assess PHC performance improvement processes. During this session, the GAHAR surveyor may be evaluating opportunities of improvement in patient flow and actions taken by the PHC to address these opportunities.
- During the GAHAR survey, surveyors may notice the existence of some bottlenecks or crowding places during different PHC tours and tracers. These notices may be matched with the PHC risk assessment to evaluate its comprehensiveness.

Evidence of compliance:

1. There is a risk assessment for patient flow that addresses all PHC areas.
2. Relevant stakeholders participate in performing the risk assessment.
3. Bottlenecks and crowded places are identified.
4. Actions are taken to improve patient flow.

Related standards:

QPI.07 Risk management program; PCC.02 Interdisciplinary patient-centeredness; ACT.01 Granting access (before patient registration); ACT.02 Registration process; ACT.08 Patient transportation; ACT.09 Referral process.

ACT.05 Safe and clear responsibilities for patient care are defined.

Safety

Keywords:

Patient care responsibility

Intent:

Family health is the main corner stone in PHCs in order to provide the optimum level of care required. Each physician should be responsible for a predefined number of families in the catchment areas of the PHC in order to meet their needs in an appropriate, safe and a continuous manner. In order to achieve that, the PHC's policy shall address at least the following:

- a) A list of families assigned to the PHC unit as per laws and regulations.
- b) Each family is assigned to one family health physician.
- c) Rules to be followed in case of absence/inability to assign a family health physician to every family.

- d) Conditions to request and grant transfer of care responsibility.
- e) How information about assessment and care plan, including pending steps, shall be transferred from one physician to the next one.
- f) The process to ensure clear identification of responsibility between “transfer of responsibility” parties.

Survey process guide:

- The GAHAR surveyor may review a document describing the approved PHC process for assigning patient care responsibility followed by an open or closed patient’s medical record review to identify who is the physician is for checked patients. Identified gaps may be assessed by interviewing other healthcare professionals to check consistency.

Evidence of compliance:

1. There are a policy and procedures for assigning care responsibility that cover all components mentioned in the intent from a) through f).
2. There is a logbook specifying the numbers of families assigned to each physician.
3. Patient’s medical record shows who the physician responsible for care is.
4. Each patient and family is made aware of the assigned responsible physicians even when their regularly assigned physician is not available.
5. The clear handover process is performed in cases of transfer of care responsibility.

Related standards:

ICD.02 Collaborative Care; ICD.06 Patient medical assessments; ICD.11 Orders and requests; ICD.25 Critical results; IMT.09 Patient’s medical review process.

ACT.06 The PHC works in collaboration with other community stakeholders to provide physical comfort and easy physical access.

Patient-Centeredness

Keywords:

Physical access and comfort

Intent:

Community members often encounter barriers to healthcare that limit their ability to obtain the care they need. In order to have sufficient access, necessary and appropriate healthcare services should be available and obtainable in a defined timeframe manner. Even when an adequate supply of healthcare services exists in the community, there are other factors to consider in terms of healthcare access. For instance, to have good healthcare access, a patient should also have the means to reach and use services, such as transportation to services that may be located at a distance. PHCs aiming at achieving accreditation may work with authorities or community members to ensure availability of public transportation access, ramps and paths for wheelchairs and trollies, and adequate access pathways.

Survey process guide:

- During the GAHAR survey, the surveyor may observe the PHC access on the way to the PHC, identifying potential blockages of access such as absence of nearby public transportation, presence of a physical barrier like a canal or even absence of clear signs to direct patient’s journey in the PHC.
- These observations may be discussed with PHC leaders in the leadership interview session.

Evidence of compliance:

1. A needs assessment analysis is performed to identify patient needs for easy physical access and comfort.
2. The PHC ensures the availability of wheelchairs and trollies for needed patients.
3. PHC services are accessible for patients with various types of disabilities.

4. When services are not readily accessible for some patients with various types of disability, actions are taken to ensure availing these services when required.

Related standards:

ACT.01 Granting access (before patient registration); PCC.04 Patient Flow Risks; PCC.08 Waiting spaces; ACT.07 Wayfinding signage; ACT.02 Registration process.

ACT.07 Appropriate and clear wayfinding signage are used to help patients and families to reach their destination inside the PHC.

Effectiveness

Keywords:

Wayfinding signage

Intent:

Patients and families who visit healthcare facilities are often under stress. Wayfinding systems can help reduce their stress by providing easy-to-follow signage and legible directions to their destinations. A key issue for the design and creation of wayfinding signage is the need to create it such that helps every possible user type. Signage needs to be readable in different lighting conditions and in different weathers (if the signage is used outdoors). In some settings, reliance on text-based messaging is minimized, and systems rely heavily on non-text cues such as colors and symbols.

Survey process guide:

During the GAHAR survey, the surveyor may observe wayfinding signs readability, clarity and acceptability. Wayfinding signs may include all those signs encountered by patients during their journey in the PHC.

Evidence of compliance:

1. All PHC areas are identified with appropriate signs.
2. When color-coded signage is used, clear instructions on what each color means should be available.
3. Signs are visible and lit during all working times.

Related standards:

ACT.06 Physical access and comfort; DAS.01 Planning medical imaging services; DAS.05 Laboratory services planning and management.

ACT.08 Transportation of patients is coordinated, safe, and done in an approved timeframe.

Safety

Keywords:

Patient transportation

Intent:

PHCs are busy places where staff face pressure to accommodate and manage many patients on any given day. This pressure can lead to staff member's improperly lifting, transporting, maneuvering, and positioning patients which can, in turn, lead to injuries. Transportation in this standard refers to the act of lifting, maneuvering, positioning and moving patients from one point to another point under the custody of PHC staff members. The PHC should coordinate patient transportation to meet patient needs within an approved timeframe. Patient transportation should be facilitated and coordinated within the available services and resources. The PHC shall develop and implement a policy and procedures for managing patient transportation.

The policy shall address at least the following:

- a) Safe patient handling to and from examination bed, trolley, wheelchair, and other transportation means.
- b) Staff safety while lifting and handling patients.
- c) Competence of responsible staff members for transportation of patients.
- d) Defined criteria to determine the appropriateness of transportation needs.

Survey process guide:

- The GAHAR surveyor may review a document describing the approved process for patient transportation followed by an open or closed patient's review to assess the process implementation.
- The GAHAR surveyor may observe the mechanisms of lifting, handling and/or transporting patients during tracers and tours.
- The GAHAR surveyor may observe equipment used for lifting, handling and/or transporting patients during tracers and tours.
- The GAHAR surveyor may also interview healthcare professionals to check their awareness of the process.

Evidence of compliance:

1. The PHC has an approved patient transportation policy that addresses all elements mentioned in the intent from a) through d).
2. All staff members involved in transportation of patients are aware of the PHC policy.
3. Only competent staff members are allowed to lift, handle, and transport patients.
4. Transportation of patients occurs in a safe, appropriate manner, and within an approved timeframe.

Related standards:

ACT.04 Patient flow risks; ACT.09 Referral process; ICD.10 Fall screening and prevention.

Safe patient flow out of the PHC

ACT.09 The referral process is defined.

Safety

Keywords:

Referral process

Intent:

For PHCs, an effective patient referral system is an integral way of ensuring that patients receive optimal care at the right time and at the appropriate level, as well as cementing professional relationships throughout the healthcare community.

Recording and responding to referral feedback ensures continuity of care and completes the cycle of referral. The PHC shall develop and implement a policy and procedures to guarantee the appropriate patient referral within approved timeframe, which is based on identified patient's needs and guided by clinical guidelines/protocols.

The policy shall address at least the following:

- a) Planning for referral begins once diagnosis or assessment is settled and, when appropriate, includes the patient and family.
- b) Responsible staff member for ordering and executing the referral of patients.
- c) Defined criteria determine the appropriateness of referrals, transfers outside the PHC based on approved scope of service and patient's needs for continuing care.
- d) Coordination with referral agencies, when possible, other levels of health service and other organization.
- e) The referral sheet shall include at least the following:
 - i. Patient identification.
 - ii. Reason for referral.
 - iii. Collected information through assessments and care.

- iv. Medications and provided treatments.
- v. Transportation means and required monitoring, when applicable.
- vi. Condition on referral.
- vii. Destination on referral.
- viii. Name of the medical staff member who decided the patient referral.

Survey process guide:

- The GAHAR surveyor may review a document describing the approved PHC processes for referrals and transfers.
- The GAHAR surveyor may visit any clinic to assess staff knowledge of the process and may also perform a closed file review for patient's medical record of patient who were transferred or referred.
- The GAHAR surveyor may also interview healthcare professionals to check their awareness of the process.

Evidence of compliance:

1. The PHC has an approved referral process policy that addresses all elements mentioned in the intent from a) through e).
2. All staff members involved in referral of patients are aware of the PHC referral policy.
3. The referral order is clearly recorded in the patient's medical record.
4. The sheet for referral is recorded in the patient's medical record.
5. The referral feedback is reviewed, signed, and recorded in the patient's medical record.

Related standards:

ACT.03 Patient identification; ACT.04 Patient flow risks; ACT.08 Patient transportation; ICD.01 Uniform care.

Integrated Care Delivery

Chapter intent

Optimal health and personal care require following universally acknowledged methods to identify and address complex issues. There are multiple ways to categorize these methods. In this handbook, the methods are divided into screening, assessment, reassessment, referral, and consultation. Then care plans are developed that might be in the form of a surgery, an invasive procedure, a medication, or any other form of care.

Usually, patients are screened whenever full assessments are not required. Screening is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease in patients without signs or symptoms by performing a high-level evaluation of patients to determine whether a further deeper assessment is required. It is a crucial step to save resources and time.

Assessment is a structured, deeper process when a patient is checked holistically by listening to the patient's complaint, obtaining further information about illness history and performance of observation, inspection, palpation, percussion, and auscultation as techniques used to gather information. Clinical judgment should be used to decide on the extent of the assessment required. PHCs define the minimum contents of initial and subsequent assessments. This process starts with collecting enough relevant information to allow healthcare professionals to draw pertinent conclusions about the patient's strengths, deficits, risks, and problems. In addition to understanding the meaning of signs and symptoms, healthcare professionals distinguish real problems from normal variations, identifying the need for additional analysis and intervention, distinguishing, and linking physical, functional, and psychosocial causes and consequences of illness and dysfunction and identifying a patient's values, goals, wishes, and prognosis. Taken together, this information enables pertinent, individualized care plans and interventions.

The Egyptian government announced a major initiative to transform the healthcare industry in Egypt, where payers and providers shall be separated, and thus GAHAR came into being, to measure the quality of provided services. All this shall be under the umbrella of the Universal Health Insurance, where defined eligibility criteria are set for patient access and referral mechanisms are to be developed.

PHCs need to comply with a number of laws and regulations that maintain and organize new healthcare initiatives.

Chapter purpose

In this chapter, there is an emphasis on uniformity of care, a description of simple screening, assessment, and care provided to patients at the first point of contact of a patient with the PHC. Then, a description of the basic screening, assessment, and care processes follows. After that, some sections describe either special forms of assessments and care processes based on the patient's needs or special forms based on patient's risks. Finally, there is a description of special assessments and care processes based on specially provided services.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Egyptian Constitution
- 2) Drafted Egyptian law for Elderly care
- 3) Egyptian code of medical ethics 238/2003 (Medical Syndicate Publications)
- 4) Egyptian code of nursing ethics (Nursing Syndicate Publications)
- 5) Law 71/2009 on care of psychiatric patients
- 6) Law 126/2008 on Egyptian Child
- 7) Law 10/2018 on the rights of handicapped
- 8) Prime Minister decree, 1063/2014 Management of Emergency cases
- 9) Requirements of inspection per MOH law and regulation
- 10) National cancer treatment guidelines, High committee of cancer. Egyptian ministry of health and population
- 11) Law 51/1981 for healthcare organizations
- 12) Managing victims of social abuse guidelines – ministry of health, UNFPA

Sustaining uniform care

ICD.01 Care delivery is uniform when similar services are needed.

Equity

Keywords:

Uniform care

Intent:

PHCs treat similar patients in similar way regardless of their different backgrounds (such as religion, economic class, literacy level, race, language, etc.). PHCs are not expected to discriminate between patients and provide them a uniform medical care per their clinical requirement.

PHCs can demonstrate similar level of compliance across all services including home services. To ensure this, PHCs should have a policy that specifies what constitutes uniform care and what practices shall be followed to ensure that patients are not discriminated based on their background or category of their accommodation. The essential part of the policy is the provision of uniform medical care and does not apply to those services and facilities that are non-clinical in nature

Survey process guide:

- During the GAHAR survey, the surveyor may assess compliance with the standard requirements.

Evidence of compliance:

1. Clinical guidelines/protocols, life-saving measures, patient safety practices, emergency care, referral services, informed consents, rational use of assessment, diagnostic, ancillary and therapeutic services are provided according to patient needs and without discrimination.
2. Quality reviews and satisfaction questionnaires are performed randomly to measure compliance regardless of patient background.
3. Potential discrimination events are reported and investigated

Related standards:

PCC.03 Patient and family rights; ICD.3 Clinical practice guidelines adaptation and adoption; ICD.04 Clinical care standards usage; ACT.09 Referral process; PCC.07 Recorded informed consents; PCC.06 Reporting violations; SIP.01 Surgery and invasive procedure services.

ICD.02 The PHC has a screening process for patient needs and risks.

Effectiveness

Keywords:

Collaborative care

Intent:

Screening is a strategy used in a population to identify the possible presence of an as-yet undiagnosed disease in individuals without signs or symptoms. One aspect of maintaining the high quality of patient's care is to determine who is authorized to screen patients. Healthcare providers are authorized based on their capacity to perform the required screening and assessment and available regulations. The PHC shall ensure qualified healthcare providers are permitted to screen and assess patients in order to identify all their needs according to laws and regulations and based on the services provided.

Survey process guide:

- The GAHAR surveyor may review the PHC policy during the document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements

Evidence of compliance:

1. The PHC defines who is permitted to screen and assess the patient as allowed by licensure, laws, and regulations.
2. The scope of screening for each staff category is defined.
3. When a conflict occurs between healthcare professionals, actions are taken to ensure collaborative safe care in a defined timeframe
4. Collaborative care is demonstrated in the patient's medical record.
5. A mechanism to involving medical and allied healthcare professionals in concertation with the patient and the patient's family in the evaluation of treatment options and treatment planning.

Related standards:

PCC.02 Interdisciplinary patient-centeredness; ACT.05 Patient Care Responsibility; ICD.05 First visit health screening; ICD.07 Plan of care.

ICD.03 The clinical practice guidelines development process is defined.

Effectiveness

Keywords:

Clinical practice guidelines adaptation and adoption

Intent:

Clinical 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. Promoting uptake and use of clinical guidelines at the point of care delivery represents a final translation hurdle to move scientific findings into practice. Characteristics of the intended users and context of practice are as important as guideline attributes for promoting adaptation and adoption of clinical guidelines recommendations.

The PHC shall develop a policy and procedure for clinical guidelines adaptation and adoption. The policy shall address at least the following:

- a) How clinical practice guidelines/protocols are adapted, reviewed, evaluated, updated, and adopted based on evidence-based literature.
- b) The PHC should adapt and adopt guidelines or protocol for the most common/high risk three diagnoses managed in the PHC annually.
- c) Clinical practice guidelines adapted/adopted by the PHC are evaluated at least annually or when needed.

Survey process guide:

- The GAHAR surveyor may review the PHC policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may learn during PHC orientation session about the developed/adopted clinical guidelines.
- The GAHAR surveyor may review a staff member file to check training records.
- The GAHAR surveyor may review medical records to check implementation of clinical practice guidelines.

Evidence of compliance:

1. The PHC has an approved policy that guides all the elements mentioned in the intent from a) through c).
2. All medical and nursing leaders are aware of the PHC policy of clinical guidelines adaptation and adoption.
3. Training programs are implemented to communicate and train staff members on the approved clinical guidelines.
4. At least three clinical guidelines are developed/adopted in the PHC annually.
5. Clinical practice guidelines are implemented uniformly to all patients with the same condition.

Related standards:

ICD.01 Uniform care, ICD.14 Emergency services; SIP.01 Surgery and invasive procedure services; WFM.06 Continuous education program.

ICD.04 Clinical care standards are used when applicable to the patient's condition.

Patient-centeredness

Keywords:

Clinical care standards usage

Intent:

Clinical care standards serve as a framework for clinical decisions and supporting best practices. A systematic review of evidence and an assessment of the benefits and harms of alternative care options builds clinical care standards. Evidence-based clinical practice guidelines are a key aspect of clinical audits. The PHC shall ensure that clinical care standards are used when indicated. This will require continuous awareness, education, and monitoring of clinical care standards requirements and standards of practice.

Survey process guide:

- GAHAR surveyors may review the PHC's scope of service to identify the list of applicable clinical care standards.
- Sample of medical records of cases with diagnoses related to applicable clinical care standards may be reviewed.
- GAHAR surveyors may review indicators/measures done by PHC leaders to monitor clinical care standards implementation.
- GAHAR surveyors may review a staff member file to check training records and link between compliance to clinical care standards and other performance evaluation processes.

Evidence of compliance:

1. All clinical staff members are aware of clinical care standards pertinent to their jobs.
2. Staff members have access to approved clinical care standards when they need to.
3. Compliance to clinical care standards is used for performance evaluation and peer review processes.
4. The PHC implements GAHAR mandated clinical care standards related to emergency and non-emergency care under supervision and monitoring of PHC leaders.
5. PHC leaders measure compliance of GAHAR clinical care standards and report the results to GAHAR at least quarterly.

Related standards:

ICD.01 Uniform care; ICD.14 Emergency services; WFM.05 Orientation program, WFM.06 Continuous education program; WFM.07 Staff Performance Evaluation.

Effective patient assessment and management

ICD.05 First visit health screening is performed effectively.

Effectiveness

Keywords:

First visit health screening

Intent:

The first-visit assessment (initial assessment) is considered the basis of all medical care decisions, it aids determination of severity of a condition and it helps in prioritizing initial clinical interventions. Initial assessment should be standardized, comprehensive, detailed, and completed within a specific time span to achieve high-quality care that fulfills patient needs. The initial assessment shall include at least the following:

- a) Patient demographics

- b) Social screening
- c) Family data
- d) Family history
- e) Past history including hospitalization and surgical history
- f) Nutritional risk and needs
- g) Functional/rehabilitation risk and needs
- h) Psychological screening
- i) Physical examination (review of all system)
- j) The investigation required according to guidelines
- k) Conclusion or clinical impression

Survey process guide:

- The GAHAR surveyor may review the PHC policy during the document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a Patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved policy to guide initial assessment and to define its timeframe and minimum content as per the elements from a) through k) in the intent.
2. Healthcare professionals are aware of the components of the initial assessment.
3. All assessments, examinations, investigations and results done are recorded in the patient's medical record within defined timeframe.

Related standards:

ACT.03 Patient identification; ICD.06 Patient medical assessment; ICD.07 Plan of care; ICD.11 Orders and requests; ICD.13 Pain screening, assessment, and management; SIP.02 Assessment before surgery and invasive procedures; IMT.08 Patient's medical record usage process.

ICD.06 Family health clinic assessment and care are done according to laws and regulations.

Effectiveness

Keywords:

Patient medical assessments

Intent:

The content of the family health clinic visit sheet should be comprehensive and detailed to achieve the following: support diagnosis, justify treatments, promote continuity of care, document the course and results of each treatment, and comply with requirements of law and regulations. Usually, some clinic visits shall be to discuss initial complaints while others shall be for reassessments. Reassessment is performed to re-evaluate patient health status and change/update the plan of care; identify changes since initial or most recent assessment; determine new or ongoing needs. The visit assessment shall include at least the following:

- a) Chief complaint.
- b) Details of the present illness.
- c) Past history of medications; adverse drug reactions; allergies; social, emotional, behavioral, and family history; previous hospitalizations; surgery; and invasive procedures.
- d) Any diagnosis made.
- e) Investigations.
- f) Significant findings.
- g) Education and instructions for diet, medications and follow-up instructions.
- h) The name and signature of the physician.

The PHC shall develop and implement a policy and procedures to define the minimum acceptable contents and frequency of needed follow-up visits.

Survey process guide:

- The GAHAR surveyor may review the patient medical assessments policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has a patient medical assessments policy and procedures to define the contents of the family health clinic visit sheet.
2. The family health clinic visit assessment includes significant findings and investigations.
3. The family health clinic visit assessment includes procedures performed and medications and/or other treatments.
4. The family health clinic visit assessment includes education and instructions for diet, medications and follow-up instructions, and the name and signature of the physician.
5. Plan of care is changed/updated based on a reassessment of patient changing condition

Related standards:

ICD.05 First visit health screening; ICD.07 Plan of care; ICD.11 Orders and requests; MMS.10 Best possible medication history; IMT.08 Patient's medical record usage process.

ICD.07 An individualized plan of care is developed for every patient.

Patient-centeredness

Keywords:

Plan of Care

Intent:

A plan of care provides direction on the type of healthcare the patient/family/community may need. The focus of a plan is to facilitate standardized, evidence-based, and holistic care. Recording a plan of care shall ensure medical staff members, nurses, and other healthcare professionals integrate their findings and work together with a common understanding of the best approach towards the patient's condition. The plan of care is:

- a) Developed by all relevant disciplines providing care under the supervision of the family physician
- b) Based on assessments of the patient performed by the various healthcare disciplines and healthcare professionals.
- c) 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.
- d) Includes identified needs, interventions, and desired outcomes with timeframes.
- e) Updated as appropriate based on the reassessment of the patient.
- f) Goals or desired results of the treatment or care.
- g) The progress of patient/service user in achieving the goals or desired results of treatment, care or service is monitored.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. There is evidence that plan of care is developed by all relevant disciplines based on their assessments. That addresses all the elements mentioned in the intent from a) through g)
2. There is evidence that plan of care is developed with the participation of patient and/or family in decision making.

3. Plan of care is changed/updated based on a reassessment of patient changing condition.

Related standards:

ICD.03 Clinical practice guidelines adaptation and adoption; ICD.06 Patient medical assessments; ICD.09 Patient nursing assessments; ICD.10 Fall screening and prevention; ACT.09 Referral process; PCC.05 Patients and family education process.

ICD.08 Oral healthcare is performed according to patient's condition.

Safety

Keywords:

Oral healthcare

Intent:

Oral health is a key indicator of overall health, wellbeing and quality of life.

It encompasses a range of diseases and conditions that include dental caries, periodontal disease, tooth loss, oral manifestations of infections and diseases and oro-dental trauma.

The PHC shall develop and implement a policy to define the minimum acceptable contents of safe oral healthcare.

The policy shall address at least the following:

- a) Defining of patient groups who can receive oral health services.
- b) Initial assessment requirements for oral health.
- c) Identifying high risk patients who needs proper medical management before undergoing dental procedures such as diabetics, patients on anticoagulation therapy, patients with infections and other patients.
- d) Planning oral healthcare.
- e) Management of potential complications.

Survey process guide:

- The GAHAR surveyor may review the oral healthcare policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an oral healthcare policy to guide oral healthcare services and to define its timeframe and minimum content as per the elements from a) through e) in the intent.
2. Oral health staff are aware of the elements of the PHC policy.
3. Oral health services are performed safely.
4. Oral health services are recorded in the patient's medical record.

Related standards:

ICD.06 Patient medical assessments; ICD.7 Plan of care; ICD.13 Pain screening, assessment, and management; IMT.08 Patient's medical record usage process.

ICD.09 Nursing assessments are performed according to laws and regulations.

Effectiveness

Keywords:

Patient nursing assessment

Intent:

Nursing assessment is the gathering of information about a patient's physiological, psychological, sociological, and spiritual status by a licensed nurse. Nursing assessment is the first step in the nursing process. Nursing reassessments may vary according to the patient's condition, the

specialty of treatment, level of care, or diagnosis. The PHC shall develop and implement a process to define the minimum acceptable contents of nursing assessments. Initial nursing assessment record shall include at least the following:

- a) Vital signs.
- b) Pain.
- c) Additional measurements such as height, weight.
- d) Risk assessments.
- e) A detailed nursing assessment of a specific body system(s) relating to the presenting problem or other current concern(s) required.

Survey process guide:

- The GAHAR surveyor may review the policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved patient nursing assessment policy to guide nursing assessment and define its timeframe and minimum content as per the elements from a) through e) in the intent.
2. Nurses are qualified and aware of the elements of nursing assessment.
3. Nursing assessments are performed.
4. Nursing assessments are recorded in the patient's medical record

Related standards:

ACT.03 Patient identification; ICD.13 Pain screening, assessment, and management; ICD.7 Plan of care; SIP.02 Assessment before surgery and invasive procedures; IMT.08 Patient's medical record usage process.

ICD.10 NSR.05 Patient's risk of falling is screened, assessed, and managed safely.

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 tailored preventative measures against falling. Effective preventive measures to minimize falling are those that are tailored to each patient and directed towards the risks being identified from risk assessment. The PHC shall develop and implement a policy and procedures to guide the fall screening and prevention process. The policy shall address at least the following:

- a) Patient fall risk screening.
- b) Risks include medication review and other risk factors.
- c) Timeframe to complete fall screening.
- d) Frequency of reassessment of risk of fall when the patient stays in the PHC to receive further services.
- 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 plans based on individual patient fall risk assessment.

Survey process guide:

- The GAHAR surveyor may review the policy for fall prevention to check for patient risk assessment, status change; noticing that medication review is part of the assessment, presence

of general measures generated to reduce risk of falling and for tailored care plans based on individual patient fall risk assessment

- The GAHAR surveyor may review medical records for fall risk assessment including medication review, fall prevention care plan forms, patient and family education material.
- The GAHAR surveyor may interview healthcare professionals, patients and their families to check their understanding and implementation of fall risk assessment and prevention measures
- The GAHAR surveyor may check PHC- wide general preventive measures such as lighting, corridor bars, bathroom bars, wheelchairs and trolleys with locks.

Evidence of compliance:

1. The PHC has an approved fall screening and prevention policy to guide screening for patient's risk for fall and to define its content and timeframe based on guidelines. Policy includes all elements in the standard intent from a) through f).
2. Healthcare professionals qualified are aware of the elements of approved policy.
3. Patients who have higher level of fall risk and their families are aware and involved in fall prevention measures.
4. All fall risk screens are completed and recorded within an approved timeframe and responsibilities.
5. General measures and tailored care plans are recorded in the patient's medical record.

Related standards:

APC.01 Sustaining registration requirements; ICD.09 Patient nursing assessment; MMS.10 Best possible medication history; ACT.08 Patient transportation; IMT.08 Patient's medical record usage process.

ICD.11 Information is available to support medical staff members orders and requests.

Safety

Keywords:

Orders and requests

Intent:

Orders and requests represent communication from a medical staff member directing that service to be provided to the patient. It may take several forms such as in writing, by telephone, verbally, electronic patient's medical record entries, physician order entry (POE). The PHC should ensure that the required information is available for the patient and for those who are going to execute the order. Information includes at least the following:

- a) Name of the ordering medical staff members.
- b) Date and time of order.
- c) Patient identification, age, sex.
- d) Clinical reason for ordering and requesting a service.
- e) Preparation requirements.
- f) Precautions to be taken.
- g) Site and laterality for medical imaging studies.
- h) Prompt authentication by the ordering medical staff members.

Survey process guide:

- The GAHAR surveyor may review the PHC policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. All medical staff members are aware of the full order requirements.
2. Medical orders follow all the required elements.

3. There is a process to ensure completeness when medical orders lack one or more of the abovementioned elements from a) to f).

Related standards:

ACT.03 Patient Identification; ACT.05 Patient care responsibility; ICD.12 Verbal and telephone orders; IMT.08 Patient's medical record usage process.

ICD.12 NSR.02 Verbal or telephone orders are communicated safely.

Safety

Keywords:

Verbal and telephone orders

Intent:

Miscommunication is the commonest root cause for adverse events. Writing down and reading back the complete order, by the person receiving the information, minimizes miscommunication and reduces errors from unambiguous speech, unfamiliar terminologies or unclear pronunciation. This also provides an opportunity for verification. The PHC shall develop and implement a policy and procedures of receiving verbal and telephone communication. The policy shall address at least the following:

- a) Verbal orders.
- b) Telephone orders.
- c) Process of recording.
- d) Read-back by the recipient.

Survey process guide:

- The GAHAR surveyor may review the policy of receiving verbal or telephone orders to check whether it clearly describes the process of recording, read-back by the recipient.
- The GAHAR surveyor may review recording in used registers and/or patient's medical record.
- The GAHAR surveyor may interview healthcare professionals to assess their knowledge and compliance to PHC policy.

Evidence of compliance:

1. The PHC has a verbal and telephone orders policy to guide verbal communications and to define its content that addresses at least all elements mentioned in the intent from a) through d).
2. Healthcare professionals are aware of the elements of the policy.
3. All verbal orders and telephone orders are recorded in the patient's medical record within a predefined timeframe.
4. The PHC tracks, collects, analyzes, and reports data on verbal and telephone order process.
5. The PHC acts on improvement opportunities identified in verbal and telephone order process.

Related standards:

APC.01 Sustaining registration requirements; ICD.15 Cardiopulmonary resuscitation and medical emergencies; ICD.25 Critical results; MMS.09 Ordering, prescribing, transcribing, abbreviations and symbols.

ICD.13 Patients are screened for pain, assessed, and managed accordingly.

Patient-Centeredness

Keywords:

Pain screening, assessment, and management

Intent:

Each patient has the right to a pain-free life. Pain, when managed properly, leads to patient comfort, proper role function, and satisfaction. The PHC 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.
- b) Complete pain assessment elements that includes nature, site and severity.
- c) Frequency of pain reassessments.
- d) Pain management protocols.

Survey process guide:

- The GAHAR surveyor may review the PHC pain screening, assessment, and management policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has a pain screening, assessment, and management policy to guide pain management processes that addresses all elements mentioned in the intent from a) to d).
2. All staff members are aware of the policy.
3. Patients are screened for pain using a valid and approved tool.
4. Pain assessment, reassessment, and management plans are recorded in the patient's medical record.

Related standards:

ICD.05 First visit health screening; ICD.08 Oral healthcare; ICD.09 Patient nursing assessments.

Effective and safe management of medical emergency situations

ICD.14 Urgent and emergency services are delivered according to applicable laws and regulations.

Effectiveness

Keywords:

Emergency services

Intent:

To ensure consistency and coordination of services with higher levels of care, emergency services offered to the community should be provided within the capabilities of the PHC as defined by law and regulations. PHCs shall develop and implement a policy and procedures for urgent or emergency services.

The policy shall address at least the following:

- a) Qualified staff members are available during working hours.
- b) Defined criteria are developed to determine the priority of care according to a recognized triage process
- c) Assessment, reassessment and care management

When a PHC provides emergency care, the emergency room register usually includes all patient's data in the emergency sheet:

- i. Time of arrival and time of departure
- ii. Conclusions at the termination of treatment
- iii. Patient's condition at departure
- iv. Patient's disposition at departure
- v. Follow-up care instructions
- vi. departure order by the treating medical staff member

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.

- The GAHAR surveyor may interview patients or family members to assess their engagement.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.
- The GAHAR surveyor may review emergency room records to check registration of emergency patients.

Evidence of compliance:

1. Emergency services are defined according to applicable laws and regulations.
2. Competent staff members offer emergency services.
3. Patients and families are informed of their priority level and expected time to wait before being assessed by a medical staff member.
4. Evidence of registration of all emergency patients treated in the emergency room.
5. Emergency assessment, reassessment and plan of care is recorded in the patient's medical record and includes at least all requirements from i) through vi) in the intent.

Related standards:

ACT.01 Granting access (before patient registration); ICD.03 Clinical practice guidelines adaptation and adoption; MMS.05: Emergency Medications; ICD.16 Emergency equipment and supplies ICD.25 Critical results; DAS.08 Laboratory turnaround time; ACT.08 Patient transportation; WFM.08 Clinical Privileges.

ICD.15 Response to medical emergencies and cardio-pulmonary arrest in the PHC is managed for both adult and pediatric patients.

Safety

Keywords:

Cardiopulmonary resuscitation and medical emergencies

Intent:

Any patient receiving care within a PHC 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, trained staff members, at least on basic life support, should be available during working hours ready to respond to any emerging situation. The PHC shall develop and implement a policy and procedures to ensure safe management of medical emergencies and cardio-pulmonary arrests. The policy shall address at least the following:

- a) Defined criteria of recognition of emergencies and cardio-pulmonary arrest including adults and pediatrics.
- b) Education of staff members on the defined criteria.
- c) Identification of 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 times.
- g) Recording of response and management.

Survey process guide:

- The GAHAR surveyor may review the policies for medical emergencies and cardio-pulmonary arrest.
- The GAHAR surveyor may review the process to measure and recording observations such as respiratory rate, oxygen saturation, blood pressure, heart rate, temperature, consciousness level, etc.
- The GAHAR surveyor may check evidence of staff training concerning recognition and communication of medical emergencies or cardio-pulmonary arrest.
- The GAHAR surveyor may observe compliance with policies for medical emergencies and cardio-pulmonary arrest.

Evidence of compliance:

1. The PHC has a medical emergencies and cardio-pulmonary arrest policy that addresses all the elements mentioned in the intent from a) through g).
2. All staff members involved in medical emergencies and cardiopulmonary resuscitation are aware of the PHC policy.
3. Competent individuals are responsible for the management of medical emergencies and cardio-pulmonary arrests with evidence of staff training on basic life support.
4. Management of medical emergencies and cardio-pulmonary arrests occurs safely.
5. Management of medical emergencies and cardio-pulmonary arrests are recorded in the patient's medical record.

Related standards:

MMS.05: Emergency Medications; ICD.16 Emergency equipment and supplies; ICD.12 Verbal and telephone orders; ICD.01 Uniform Care.

ICD.16 Emergency equipment and supplies are available and functioning as required by laws, regulations, and guidelines.

Safety

Keywords:

Emergency equipment and supplies

Intent:

Adequate and functioning equipment is a cornerstone for resuscitating patients in emergency conditions. Their availability all the time ensures successful resuscitation. The PHC shall develop and implement a policy and procedures to ensure safe process of the management of emergency equipment and supplies. The policy shall address at least the following:

- a) 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.
- b) Emergency equipment and supplies are available all over the PHC.
- c) Emergency equipment and supplies are age-appropriate.
- d) Emergency equipment and supplies are replaced immediately after use or when expired or damaged.
- e) Emergency equipment and supplies are checked daily for their availability and readiness.

Survey process guide:

- The GAHAR surveyor may review the PHC policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.
- The GAHAR surveyor may review staff file for those responsible for assessment and management of patient's needs to check competence assessment.
- The GAHAR surveyor may check emergency equipment or supplies to assess continuous maintenance and checking.

Evidence of compliance:

1. The PHC has an emergency equipment and supplies policy that addresses all the elements mentioned in the intent from a) through e).
2. All staff members involved in life-threatening conditions management are aware of the PHC policy.
3. Equipment and supplies are checked daily.
4. Equipment and supplies are replaced after use.

Related standards:

MMS.05 Emergency medications; ICD.15 Cardiopulmonary resuscitation and medical emergencies; EFS.07 Medical equipment management plan.

Effective primary healthcare services

ICD.17 The immunization program is performed according to laws, regulations, and guidelines.

Effectiveness

Keywords:

Immunization program

Intent:

To ensure client safety and prevent errors, the PHC has to follow a predetermined vaccination procedure, which prepared on the base of the Expanded Program of Immunization (EPI) guidelines. To comply with the Egypt's 2030 Vision, which targets 100% coverage of each vaccination in the national immunization schedule. The PHC has to follow up the immunization defaulters/drop out in order to complete the required vaccinations and determine the root causes to eliminate them in the future. The vaccination room shall follow MOHP regulation; location, structure, and equipment are suitable for services provided to children and clients. Vaccination procedures are appropriately done according to EPI guidelines including checking the timetable, correct dose, appropriate route, and child position.

Survey process guide:

- The GAHAR surveyor may review the PHC policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The vaccination room is an easily accessible, separate room of suitable area with separate entrance and exit doors.
2. There are hand hygiene facilities, cooling box, ice packs, refrigerator, thermometer, and refrigerator temperature monitoring sheet.
3. Responsible staff members are trained on vaccination procedures.
4. Coverage percentage of each vaccination in the national immunization schedule is periodically calculated and recorded including the rate of immunization defaulters.
5. There is a written instruction on how to follow up on immunization defaulters.

Related standards:

PCC.04 Patient and family responsibilities; ICD.18 Pediatric immunization program; ICD.19 Adult immunization program; CAI.03 Health education.

ICD.18 The pediatric immunization program is performed according to laws, regulations, and guidelines.

Safety

Keywords:

Pediatric immunization program

Intent:

Immunization services should be responsive to the needs of patients. Appointment-only systems often act as barriers to immunization in both public and private settings. Immunization services should be available on a walk-in basis at all times for both routine and newly registered patients. Children coming only for vaccinations should be rapidly and efficiently screened without requiring

other comprehensive health services. If the PHC isn't providing this service, it is mandatory to ensure that the community in the catchment area receives it, even if other organizations are providing them. The PHC needs to demonstrate efforts to ensure that community needs are responded to. The PHC shall develop and implement a policy and procedures to guide the pediatric immunization program. The policy shall address at least the following:

- a) A pre-vaccination assessment may include observing the child's general state of health, asking the parent if the child is well, and questioning the parent about potential contraindications.
- b) Each encounter with a healthcare professional, including an emergency room visit, is an opportunity to screen vaccination status and, if indicated, administer needed vaccines.
- c) Professionals should educate parents in a culturally sensitive way about the importance of immunizations, the diseases they prevent, the recommended vaccination schedules, the need to receive vaccinations at recommended ages, and the importance of bringing their child's immunization record to each visit.
- d) Minimally acceptable screening procedures for precautions and contraindications include asking questions to elicit a possible history of adverse events following prior immunizations and determining any existing precautions or contraindications.
- e) Accepting conditions that are not true contraindications often results in the needless deferment of indicated immunizations.
- f) The simultaneous administration of childhood vaccinations is safe and effective.
- g) Providers use accurate and complete recording procedures.
- h) Providers of immunization-only services that require an appointment should co-schedule immunization appointments with other needed health-care services such as well baby clinic visits, dental examinations, or developmental screening, provided such scheduling does not create a barrier by delaying needed immunizations.
- i) Providers should encourage parents to inform them of adverse events following immunization.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may interview patients or family members to assess their experience.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved policy and procedures to guide the process of pediatric immunization as addressed in the intent from point a) through i).
2. Healthcare providers utilize all clinical encounters to screen and, when indicated, vaccinate children.
3. Healthcare providers educate parents about immunization in general terms and question parents about contraindications and, before vaccinating a child, inform them in specific terms about the risks, benefits and potential adverse events of the vaccinations their child is to receive.
4. Healthcare professionals administer simultaneously all vaccine doses for which a child is eligible at the time of each visit, except when contraindicated.
5. Healthcare professionals report adverse events following vaccination promptly, accurately, and completely.

Related standards:

ICD.17 Immunization program; CAI.03 Health education.

ICD.19 The adult immunization program is performed according to laws and regulations, and guidelines.

Effectiveness

Keywords:

Adult immunization program

Intent:

Globally, adult vaccination rates are extremely low, and research shows that there are many missed opportunities for vaccination of adult patients during clinical encounters. A global trend of recommending and offering vaccines at the same visit is initiated. Usually, patients need empowerment by being informed about vaccinations by providing them with up-to-date information about the benefits and potential risks for each vaccine they need. Healthcare providers need to share the tailored reasons why the recommended vaccine is right for the patient, given his or her age, health status, lifestyle, occupation, or other risk factors. Healthcare providers may highlight positive experiences with vaccines, as appropriate, to reinforce the benefits and strengthen confidence in vaccination and address patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language. Healthcare providers may remind patients that vaccines protect them and their loved ones from many common and serious diseases and explain the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs. PHC staff should be trained and educated on vaccine storage, handling, and administration, and they ensure proper care for patients. The PHC needs to identify those patient groups that would highly need to be vaccinated, such as pregnant women, living in endemic areas for communicable diseases, travelers to endemic areas, pilgrims, contacts of certain communicable diseases, targeted population by national campaigns and others. Then actions are taken to provide sufficient education and support. If the PHC isn't providing this service, it is mandatory to ensure that the community in the catchment area receives it, even if other organizations are providing them. The PHC needs to demonstrate efforts to ensure that community needs are responded to.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may interview patients or family members to assess their experience.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved policy to ensure safe and effective adult immunization program.
2. Healthcare professionals are aware of approved policy.
3. Written vaccination protocols are available at all locations where vaccines are administered.
4. Patients are educated about the risks and benefits of vaccination in easy-to-understand language.
5. Vaccination records for patients are accurate and easily accessible.
6. Pregnant women are provided with necessary immunization in accordance with MOHP and WHO recommendations and clinical guidelines.

Related standards:

ICD.17 Immunization program; CAI.03 Health education.

ICD.20 The child health program is effective and covers all newborns, infants, preschool, and school-age children.

Effectiveness

Keywords:

Child health program

Intent:

Childhood the most critical period of life associated with morbidity and mortality. Optimum health is a basic child right. Focusing on child health promotion is important to achieve sustainable development goals. Physicians play an important role in the identification of neonatal health

problems (congenital abnormalities, hypothyroidism, conjunctivitis) and follow up. Furthermore, the proper assessment and care of children play an important role in the prevention of unnecessary consultation, reduce hospitalization, and inappropriate referral. Every child needs to be assessed regularly for growth and development to ensure they are within the normal limits.

Regular assessment fosters early detection and management of any deviation from normal growth, good nutrition, and good health. Assessment may include identification of risk factors that could be familial, maternal, or child-related. The PHC has an important role in the identification and referral of children with high-risk factors and poor social determinants of health to appropriate services and authorities. The PHC should act on meeting the child's educational, preventive, and curative needs, address the social determinants of health, and empower families to improve their child's health. If the PHC isn't providing this service, it is mandatory to ensure that the community in the catchment area receives it, even if other organizations are providing them. The PHC needs to demonstrate efforts to ensure that community needs are responded to. The PHC shall develop a child health program that includes at least the following:

- a) Registration.
- b) Identification of newborn health issues.
- c) Periodic examination.
- d) Health education.
- e) Nutrition care.
- f) Management of childhood illnesses or referrals according to condition.
- g) Follow-up.
- h) Identification, management or referral of high-risk children according to condition.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation
- The GAHAR surveyor may interview patients or family members to assess their experience.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

4. The PHC has a child health program that cover all components mentioned in the intent from a) to h).
5. All physicians and nurses are trained in child health programs and clinical guidelines.
6. Every child is checked for growth and development using growth charts, and results are recorded in the child's medical record.
7. Every child is screened for development using an assessment chart with development milestones (motor, language, cognitive, social, and psychological), and results are recorded in the child's medical record.
8. Any child less than five years is checked for his immunization status, and results are recorded in the patient's medical record.
9. High-risk children are identified and managed according to the PHC's policy and clinical guidelines.

Related standards:

PCC.04 Patient and family responsibilities; CAI.03 Health education.

ICD.21 The maternal health program is performed according to laws, regulations, and guidelines.

Effectiveness

Keywords:

Maternity health program

Intent:

According to PHC scope of service, Maternity may include parental counseling, antenatal care, management of high-risk pregnancies, management of normal labor and postnatal care. Parents

may be assessed for the probability of having babies with inheritable diseases. Counseling helps parents to understand the condition, expected risk, and prepare them for the birth of a child with special needs. Health education is an important component of antenatal care as it enables women to make better-informed decisions about health issues during their pregnancies, thus ensuring a safe outcome. Antenatal care is a critical opportunity for healthcare providers to perform proper assessments provide care, information, and support to pregnant women in order to have a safe delivery and to give birth to a full-term and healthy baby. Repeated antenatal care visits ensure a safe pregnancy, early detection of problems, and offers support and assurance to pregnant women and families. A number of diagnostic tests are recommended for pregnant women for the identification of risks for the mother and the fetus. Early detection of risk factors during pregnancy is important for the mother's and baby's safety and for better pregnancy outcomes. The risk factor may be detected at the first visit or during recurrent antenatal visits. The PHC should have a policy that addresses at least:

- a) A comprehensive package of maternal health services to promote the health of the mother, prevention, and early detection of complication, emotional and psychological support.
- b) Tracking of pregnancy using pregnancy cards, including a table of antenatal care visits timing, required examination, investigations, immunization, education, and counseling.
- c) Proper assessment of pregnant women, including full history, risk factors screening, psychological and nutritional assessment, clinical examination, laboratory investigations, and ultrasound when indicated.
- d) Standard antenatal care is given, including regular visits, Immunization, and health education on nutrition, risk symptoms, signs, and medication use during pregnancy
- e) Care for high-risk cases.
- f) Contacting and following up dropouts from the program.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may interview patients or family members to assess their experience
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements

Evidence of compliance:

1. The PHC maternity health program policy and procedure to ensure safe and effective maternal health care that covers items mentioned from a) to f).
2. All staff are trained in maternal health programs and risk factors detection.
3. Recurrent antenatal visits schedule and care are performed, tracked and recorded.
4. High-risk pregnancies are managed or referred according to clinical guidelines.
5. Postpartum care is given to both mother and newborn and recorded.
6. Data is collected, aggregated, and analyzed regarding antenatal and postnatal visits.

Related standards:

PCC.04 Patient and family responsibilities; CAI.03 Health education.

ICD.22 The reproductive health program is performed according to laws, regulations, and guidelines.

Effectiveness

Keywords:

Reproductive health program

Intent:

Reproductive health education and counseling aim at providing appropriate information to clients to identify and assess their own needs and help them to make their own informed decisions. It is a two-way interaction between a healthcare provider and married couples to assess and address the couples' overall needs, knowledge, and concerns. The PHC shall develop a policy that addresses at least the following:

- a) Counseling in reproductive health and family planning.
- b) Premarital examination, as applicable.
- c) Family planning.
- d) Reproductive tract infections (RTI) and sexually transmitted diseases (STD).
- e) Infertility.
- f) Insertion and removal of family planning devices.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may interview patients or family members to assess their experience.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved policy and procedure for reproductive health and family planning that covers all elements mentioned in the intent from a) to f).
2. Responsible staff are trained on reproductive health and family planning services as per the scope of services.
3. Available reproductive health services are performed according to approved policies.
4. Reproductive Health education needed messages material are available.
5. There is a special place for reproductive health and family planning counseling and education, health education tools and materials are available.

Related standards:

PCC.04 Patient and family responsibilities; CAI.03 Health education.

ICD.23 Management of non-communicable diseases is performed according to laws and regulations.

Effectiveness

Keywords:

Non-communicable diseases

Intent:

Screening and early detection can diagnose the disease while it is asymptomatic, with no signs or symptoms.

The earlier detection of disease may lead to better and effective curing or longer survival.

Public health programs recommend populations to have periodic screening examinations for detecting specific chronic diseases, for example, cancer, diabetes, hypertension, hearing problem, neonatal hypothyroidism and/or congenital anomalies.

The PHC shall develop and implement a policy and procedures to guide the process of management of non-communicable diseases in the community.

The policy shall address at least the following:

- a) Identifying risks in the community related to non-communicable diseases.
- b) Setting targets for
 - i. Reduction of tobacco consumption.
 - ii. Reduction of the average delay in the diagnosis of non-communicable diseases by the PHC.
 - iii. Early detection of hereditary diseases.
 - iv. Reduction of the risk of heart attacks, strokes, amputations and kidney failure.
 - v. Reduction of case fatality of major non-communicable diseases.
 - vi. Prevention of acute events and complications.
 - vii. Prolongation of the duration of stable clinical periods of coronary vascular diseases, diabetes, asthma and chronic obstructive pulmonary disease patients.
- c) Developing registers for patients in the catchment area that can be enrolled in the program.
- d) Provide education for registered patients.

- e) Following up registered patients to ensure compliance to treatment plans and progress.

Survey process guide:

- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may interview patients or family members to assess their experience.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved policy and procedure to ensure a safe and effective program for management of non-communicable diseases that includes all elements from a) through e).
2. Individuals within the risk group screened for non-communicable diseases.
3. Appropriate action is taken to positive cases as per clinical guidelines.
4. The percentage of non-communicable patients among risk groups is periodically monitored.
5. Effectiveness of non-communicable disease management program is evaluated annually.

Related standards:

CAI.02 Planning for community involvement; CAI.03 Health education.

ICD.24 Special screening, assessment, reassessment, and care components for special patient populations are defined.

Patient-centeredness

Keywords:

Special-needs patient populations

Intent:

The greater need for healthcare services among special needs populations is generally costlier to the system, especially if care is not managed appropriately. Members with Special Healthcare needs populations may also have unique challenges in accessing care, and are often overlooked with the context of broader services. The PHC develops and implements a policy and procedures for assessment, reassessment, and management of special-needs patient populations.

The policy addresses at least the following:

- a) Identification of special-needs patient populations that should include at least the following:
 - i. Adolescents
 - ii. Elderly
 - iii. Disabled
 - iv. Immunocompromised
 - v. Patients with communicable diseases
 - vi. Patients with chronic pain
 - vii. Victims of abuse and neglect
- b) Required modifications for regular patient assessment methods to match special patient populations needs.
- c) Management and care for special patient populations needs through an individualized plan of care.

Survey process guide:

- GAHAR surveyor may review the PHC policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- GAHAR surveyor may trace a patient journey and assess implementation.
- GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.

Evidence of compliance:

1. The PHC has an approved policy that addresses all the elements mentioned in the intent from a) through c).
2. Special patient population needs are assessed and managed.
3. Special patient populations' needs assessment and management is recorded in the patient's medical record.

Related standards:

ICD.06 Patient medical assessments; ICD.07 Plan of care; ICD.09 Patient nursing assessments.

Safe management of critical results

ICD.25 **NSR.04** Critical results are communicated safely.

Safety

Keywords:

Critical results

Intent

Patient safety and quality of care can be compromised when there are delays in completion of critical tests or in communicating the results of critical tests or critical test results to the requestor. Miscommunication is the commonest root cause for adverse events. Writing down and reading back the results, by the person receiving the information, minimizes miscommunication and reduces errors from unambiguous speech, unfamiliar terminologies or unclear pronunciation. This also provides an opportunity for verification. The laboratory and medical imaging service shall define the critical values for specific tests/ studies. The process includes instructions for immediate notification of the authorized individual responsible for the patient with results that exceed the critical intervals. The PHC shall develop and implement a policy and procedures to guide the process of identifying and reporting critical results. The policy shall address at least the following:

- a) Lists of critical results and values.
- b) Critical test results reporting process including timeframe and "read-back" by the recipient.
- c) Process of recording
 - i. The mean of notification.
 - ii. Date and time of notification.
 - iii. Identification of the notifying responsible staff member.
 - iv. Identification of the notified person.
 - v. Description of the sequence of conveying the result.
 - vi. Examination results conveyed.
 - vii. Any difficulties encountered in notifications.
- d) Measures to be taken in case of critical results.

Survey process guide:

- The GAHAR surveyor may review the policy of critical results to check whether it clearly describes the process of recording and read-back by the recipient.
- The GAHAR surveyor may review recording in used registers and/or patient's medical record.
- The GAHAR surveyor may interview healthcare professionals to assess their knowledge and compliance to PHC policy.

Evidence of compliance:

1. The PHC has an approved policy to guide critical results communications and to define its content that addresses at least all elements mentioned in the intent from a) through d).
2. Healthcare professionals are aware of the elements of the policy.

3. All critical results are recorded in the patient's medical record within a predefined timeframe, including all elements in the intent from i) through vii).
4. The PHC tracks, collects, analyzes and reports data on critical results reporting process.
5. The PHC acts on improvement opportunities identified in critical results reporting process.

Related standards:

APC.01 Sustaining registration requirement; ACT.05 Patient care responsibility; ICD.12 Verbal and telephone orders; ICD.14 Emergency services.

Diagnostic and Ancillary Services

Chapter intent

Patients seek medical help for the determination and treatment of various health problems. Sometimes, a combination of the patient's history and a clinical examination by a primary level physician are enough to decide whether medical treatment is needed, and what treatment should be provided. Often, laboratory investigations or diagnostic imaging procedures are required to confirm a clinically suspected diagnosis or to obtain more accurate information. The diagnostic service shall familiarize the clinician with the value of the information obtained from an investigation, including its diagnostic specificity. This requires constant communication between clinical staff and the diagnostic service.

Diagnostic reports are valuable only when the information can be used for patient management. It is, therefore, an obligation for the diagnostic service to provide the results to the clinician in a timely manner so that the results can be interpreted together with the clinical findings for the patient.

GAHAR surveyors shall be focusing on the timely communication of the patient information to ensure correct and effective patient management plans. The accuracy and precision of the results reported to clinicians are one of the main targets of the survey together with the safety of the patients, staff, and facility since significant PHC hazards are present in these areas, whether biological, chemical, radioactive or others.

Chapter purpose

The main objective is to ensure that the PHC provides diagnostic services safely and effectively. The chapter discusses safe and effective medical imaging services, as well as safe and effective clinical laboratory services.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) National law for laboratories, 367/ 1954
- 2) Law 59/1960 regulation of Medical Imaging work
- 3) Law 192/2001 for Hazardous waste management
- 4) ISO 15189, 2012
- 5) Tuberculosis Labs manual, Egyptian MOH 2015
- 6) Laboratory biosafety manual, WHO, 2007
- 7) Good clinical diagnostic practice, WHO, 2005
- 8) Lab quality management system, WHO, 2011
- 9) Egyptian Swiss Radiology program, MOH
- 10) List of essential invitro diagnostic tests, WHO, 2018
- 11) Law 51/1981 for healthcare organizations

Effective and safe medical imaging planning, management and processes

DAS.01 Medical imaging services are planned, operated, and provided uniformly according to applicable laws, regulations, and clinical guidelines/protocols.

Effectiveness

Keywords:

Planning medical imaging services

Intent:

An effective, high-quality, run medical imaging service increases patient satisfaction as a result of its ability to improve patient care. The location of medical imaging is important for easy access by patients. The PHC plans and designs a system for providing Medical Imaging services required by its patient population, clinical services offered, and healthcare practitioner needs. The PHC can provide some or all the services on-site or can refer to/ contract with other providers for some or all the services. The Medical Imaging services meet laws and regulations and applicable guidelines. Medical Imaging services results from on-site, or outside sources are available within an approved timeframe to the patient's health care practitioner, as defined by the primary health care center. The results are also available to the patient within approved timeframe. The PHC should plan and design a system for providing medical imaging services required by its patient population, clinical services offered, and healthcare practitioner needs.

Medical imaging services may exist in the form of dental imaging, ultrasound imaging or other types of imaging. When a medical imaging service is provided outside the designated radiology service area, it should follow the same protocols, guidelines and safety procedures as the PHC main radiology service area. The medical imaging services should meet laws, regulations and applicable guidelines.

Survey process guide:

- The GAHAR surveyor may learn about the provision of medical imaging services through the PHC orientation session, licenses and permits may be reviewed during environment and facility plans evaluation session.
- The GAHAR surveyor may visit areas where medical imaging services are provided including radiology unit are provided to check uniformity and standardization of services
- The GAHAR surveyor may review contractual agreements and related reports during financial stewardship review session or during the leadership interview session.

Evidence of compliance:

1. Medical imaging services provided either onsite or through outside source meet laws, regulations and applicable guidelines.
2. All related licenses, permits and guidelines are available.
3. Medical Imaging list of services meets the scope of clinical services of the PHC.
4. Medical Imaging services are provided in a uniform manner regardless of time or location.
5. There is evidence of annual evaluation of the medical imaging services provided in a report discussed by the PHC leaders.

Related standards:

DAS.02 Technical standards (practice parameters); DAS.04 Radiation Safety Program; ICD.01 Uniform Care; APC.01 Sustaining registration requirements; ACT.07 Wayfinding signage; EFS.09 Disaster plan.

DAS.02 Performance of medical imaging studies is standardized.

Effectiveness

Keywords:

Technical standards (practice parameters)

Intent:

Medical imaging service encompasses different techniques, modalities, processes to analyze services, and therefore plays an important role in initiatives to improve public health for all population groups. Furthermore, Medical imaging service is frequently justified in the follow-up of a disease already diagnosed and/or treated. A prepared procedure manual provides a foundation for the medical imaging service quality assurance program. Its purpose is to ensure consistency while striving for quality. The procedure manual may be used to document how studies are performed, train new staff members, remind staff members of how to perform infrequently ordered studies, troubleshoot technical problem and measure acceptable performance when evaluating staff. The medical imaging service shall develop technical procedures for all study types. The technical medical imaging procedures should be written in a language commonly understood by the working staff and available in an appropriate location. It could be in a paper-based, electronic, or web-based format.

The PHC shall develop and implement procedures for medical imaging to ensure safety and usability of modalities. For each modality, procedure manuals shall address at least the following:

- a) Scope and general overview
- b) Pre-examination, examination, post-examination procedures
- c) Equipment description
- d) Maintenance procedures
- e) Quality control
- f) Safety procedures

Survey process guide:

The GAHAR surveyor may visit areas where medical imaging services are provided to assess compliance with standard requirements

Evidence of compliance:

1. The medical imaging service has a written procedure for each study type.
2. Procedure manuals are readily available for the medical imaging staff members.
3. Each procedure includes all the required elements from a) through f) in the intent
4. Staff are trained and knowledgeable of the contents of procedure manuals
5. The procedures are consistently followed

Related standards:

DAS.01 Planning medical imaging services; EFS.07 Medical equipment management plan.

Safe radiological studies

DAS.03 Copies of medical imaging results are recorded in the patient's medical record.

Safety

Keywords:

Medical imaging results

Intent:

The written medical Imaging report is an important means of communication between the radiologist and referring medical staff member. It is part of the patient's medical record and interprets the investigation in the clinical context. Appropriate construction, clarity, and clinical focus of a radiological report are essential to high quality patient care. Radiology report shall address at least the following:

- a) The PHC's name.
- b) Patient identifiers on each page.
- c) Type of the investigation.
- d) Results of the investigations.
- e) Time of reporting.

- f) Name and signature of the reporting medical staff member.

Survey process guide:

- The GAHAR surveyor may perform patient's medical record review and assess completion of medical imaging service reports.
- The GAHAR surveyor may interview nurses, medical imaging service staff members and other healthcare professionals to inquire about report completion requirements and actions to be taken in case of incomplete reports.

Evidence of compliance:

1. There is a process to complete medical imaging reports that addresses all elements mentioned in the intent from a) through f).
2. Staff members involved in interpreting and reporting results are competent to do so.
3. Results are reported within approved timeframe.
4. Complete medical imaging reports are recorded in the patient's medical record.
5. When reports are not complete, there is a process to inform the reporting medical staff member.

Related standards:

ACT.03 Patient identification; ICD.25 Critical results.

DAS.04 NSR.14 The radiation safety program is developed and implemented.

Safety

Keywords:

Radiation safety program

Intent:

Radiation safety program provides information and training on the theory, hazards, biological effects, protective measures, monitoring and disposal of radioactive materials and radiological equipment; develops policies by which radiological equipment are used safely; ensures compliance with regulations; and provides emergency response assistance. The PHC environment, staff, patients, relatives and vendors should be safe from radiation hazards. In specific cases such as pregnant patients in the first trimester, even the single or slight exposure to radiation could be extremely harmful to the embryo. In pregnancy, radiological exposure could cause anomalies. Accordingly, radiation exposure is avoided unless there is no other way that could be used for diagnosis. The International Atomic Energy Authority standards confirm on highlighting the standards for imaging the pregnant patients separately from the regular radiation protection standards. When Medical Imaging services are provided on-site, the PHC has a radiation safety program that shall address all components of the PHC medical Imaging services. The PHC shall develop and implement a program to guide the process of radiation safety program to ensure PHC environment, staff, patients, families and vendors are safe from radiation hazards. The program shall address at least the following:

- a) Compliance to laws, regulations and guidelines.
- b) All radiation equipment are maintained and calibrated.
- c) Staff self-monitoring tools.
- d) Staff suitable personal protective equipment.
- e) Patients safety precautions.

Survey process guide:

- The GAHAR surveyor may review the radiation safety program to check compliance to laws and regulations, shielding methods and safety requirements for both staff members and patients.
- The GAHAR surveyor may review environmental radiation measures, thermoluminescent dosimeter (TLD) and/or badge films of the staff results, CBC results, lead aprons inspection.
- The GAHAR surveyor may interview staff to check their awareness.

- The GAHAR surveyor may observe medical imaging services inside medical imaging area to check compliance with radiation safety precautions.

Evidence of compliance:

1. The PHC has a radiation safety program for patients and staff that addresses potential safety risks and hazards encountered in the PHC in addition to all elements mentioned in the intent from a) through e).
2. Identified radiation safety risks are mitigated through processes and safety protective devices, for both staff and patients.
3. Staff members involved in medical imaging are aware of radiation safety precautions and receive on-going education and training for new procedures and equipment.
4. Radiation doses measured and monitored for patients and does not exceed approved maximum level.
5. A written consent is done for pregnant women in case of radiological examination in medical necessity. With a separate record for justified radiological examinations for pregnant patients is in place and maintained.
6. Signs are placed in public places, waiting rooms for patients, cubicles, and other appropriate places, and that other means of communication are also used as appropriate, to inform that pregnant women should be avoided in these areas.

Related standards:

APC.01 Sustaining registration requirements; DAS.01 Planning medical imaging services; EFS.05 Safety management plan; EFS.04 Hazardous materials and waste management.

Efficient and safe clinical laboratory appropriate planning, management, and processes

DAS.05 Laboratory services are planned, provided, and operated according to applicable laws, regulations and applicable guidelines.

Effectiveness

Keywords:

Laboratory services planning and management

Intent:

Adequate laboratory services are critical to ensuring that communities receive good clinical care. Despite recent major efforts to improve laboratory services, many laboratory systems are inadequate to meet priority needs. There is a major need to develop effective laboratory plans, provision and operation to strengthen clinical care systems, as an integral part of strengthening overall PHC systems. The presence of a designated area for the laboratory ensures the quality and safety of the services provided to the patients, as well as the safety of the health care workers and laboratory personnel. The designated area should be physically separated from other activities in the PHC and should accommodate all laboratory activities, including separate areas for sample collection. Laboratory competent staff have an influential role in the creation of a safe, healthy, productive working environment for laboratory staff. The laboratory develops policies and procedures describing the performance and documentation of personnel competency assessment. The laboratory services should meet laws, regulations, and applicable guidelines. Laboratory scope of services is required to be enlisted and available for patients, PHC staff, and healthcare professionals. The PHC should develop and implement an administrative and a technical system for providing laboratory services required by its patient population, offered clinical services, and healthcare professional needs as well as PHC mission. The laboratory shall have a clearly defined and approach to POCT to ensure that it is performed safely and correctly and that the results generated are accurate and reliable.

Survey process guide:

The GAHAR surveyor may visit the laboratory area as part of a patient tracer or PHC tour. During this visit, the surveyor may check laboratory scope of services and match it with related laws and regulations.

Evidence of compliance:

1. Laboratory services comply with national laws and regulations.
2. Laboratory services are available to meet the needs related to the PHC mission and patient population.
3. The designated laboratory area is available and separated from any other activities with a specific area for sample collection.
4. Records of staff regular competency assessment results are retained in employees' files.
5. Point-of-care testing provides accurate and reliable results.

Related standards:

DAS.07 Technical Procedures; APC.01 Sustaining registration requirements; WFM.07 Staff Performance Evaluation; ACT.07 Wayfinding signage; EFS.09 Disaster plan.

DAS.06 Reagents and other laboratory supplies are managed effectively.

Efficiency

Keywords:

Reagent management

Intent:

Managing laboratory reagents and supplies is important for reducing substantial costs and ensuring a high quality of reagents as direct contributors to test results. It also enables laboratory management to run the laboratory efficiently and increase productivity. The PHC shall develop and implement a policy and procedures that guide the process of management of laboratory reagents and other supplies. The policy shall include at least the following:

- a) Criteria for inspection, acceptance, and rejection of provided reagent.
- b) Methods of identification, enlisting and labeling of all reagents present in the laboratory.
- c) Method to ensure reagents quality before use for testing.
- d) Measures to ensure that the laboratory does not use expired materials.
- e) Good storage conditions of reagents and consumables.
- f) Define safety limits for the reordering of the laboratory materials according to the laboratory needs.
- g) Requesting, issuing and dispatching reagent and supplies as well as identifying responsible person.

Survey process guide:

- The GAHAR surveyor may review the PHC policy during document review session.
- The GAHAR surveyor may review the list of reagents and other supplies and observe their storage, labelling, use, and quality check processes.

Evidence of compliance:

1. The PHC has an approved policy that addresses all the mentioned elements from a) through g) in the intent.
2. List of all reagents and supplies that are used for all testing processes.
3. Reagents and other supplies are inspected and accepted or rejected based on approved criteria.
4. Reagent quality is checked before use.
5. Reagents and supplies are accurately recorded and labeled.
6. Reagents are requested, issued and dispatched according to the approved policy which guides the reagent management policy.

Related standards:

OGM.06 Stock management.

DAS.07 Performance of laboratory technical procedures is standardized.

Effectiveness

Keywords:

Technical Procedures

Intent:

Laboratory service encompasses different techniques, processes to analyze services, and therefore plays an important role in initiatives to improve public health for all population groups. Furthermore, laboratory service is frequently justified in the follow-up of a disease already diagnosed and/or treated. A prepared procedure manual provides a foundation for the laboratory's quality assurance program. Its purpose is to ensure consistency while striving for quality. The procedure manual may be used to document how tests are performed, Train new staff members, Remind staff members of how to perform infrequently ordered tests, Troubleshoot testing problem and measure acceptable test performance when evaluating staff. The laboratory shall develop technical procedures for all test methods. The technical laboratory procedures should be written in a language commonly understood by the working staff and available in an appropriate location. It could be in a paper-based, electronic, or web-based format. The Laboratory technical procedures are consistently followed and regularly reviewed. They include at least the following:

- a) Principle and clinical significance of the test.
- b) Requirements for patient preparation and specimen type, collection, and storage. Criteria for acceptability and rejection of the sample.
- c) Reagents and equipment used.
- d) The test procedure, including test calculations and interpretation of results.
- e) Quality control measures.

Survey process guide:

- The GAHAR surveyor may review laboratory procedures.
- The GAHAR surveyor may trace and observe a patient undergoing a laboratory service and review preparation processes.
- The GAHAR surveyor may interview laboratory staff members to check their awareness on analytic procedures.
- The GAHAR surveyor may visit areas laboratory service areas to observe medical calibration, reagent use, ranges and results.

Evidence of compliance:

1. The laboratory has a written procedure for each analytical test method.
2. The technical laboratory procedures are readily available when needed and are taught to staff.
3. Appropriate pre examination processes are implemented, including complete requesting forms, proper patient identification, proper sampling techniques, proper sample labelling and proper sample transportation.
4. Appropriate examination processes are implemented, including documentation of examination procedures and identification of biological reference intervals.
5. Appropriate post examination processes are implemented including the process of sample storage, defined retention time of laboratory results, and release of reports to the authorized recipients.
6. Internal and external quality control measures are performed.

Related standards:

DAS.05 Laboratory services planning and management.

DAS.08 Laboratory results are reported clearly within an approved timeframe.

Timeliness

Keywords:

Laboratory turnaround time.

Intent:

Turnaround time (TAT) is the time interval from the time of submission of a process to the time of the completion of the process. The laboratory shall define total turnaround time for each laboratory test. The laboratory shall have a process for measuring turnaround times and shall assign responsible laboratory staff member for measuring and monitoring it. The process includes means to ensure that turnaround times are acceptable. When turnaround times for one or more tests are unacceptable, laboratory leaders evaluate the data and, when necessary, the testing process and take action to either modify the testing and reporting process or set more reasonable turnaround times. The final laboratory report includes at least the following:

- a) Clear identification of the examination.
- b) Identification of the laboratory issuing the report.
- c) Patient identification.
- d) Name of the clinician ordering the test.
- e) Date of primary sample collection.
- f) Type of primary sample.
- g) Biological reference intervals, clinical decision values.
- h) Interpretation of results and any advisory comments, where appropriate.
- i) Identification of the person(s) reviewing the results and authorizing the release of the report.
- j) Date of the report, and time of release.

The laboratory shall have an implemented process for notifying the requester when testing is delayed.

Survey process guide:

- The GAHAR surveyor may trace a patient receiving a laboratory service and review service request, sample time, test time and reporting time.
- The GAHAR surveyor may perform patient's medical record review and assess the laboratory result report time.
- The GAHAR surveyor may interview nurses, medical staff members and other healthcare professionals to inquire about their experience regarding laboratory service reporting time.

Evidence of compliance:

1. The PHC has an approved policy and procedures defining each laboratory test's total turnaround time and means of measuring it.
2. Turnaround times are reviewed and monitored for laboratory tests.
3. Laboratory final report includes all items from a) to j) in the intent.
4. Reference interval periodically updated in the laboratory report.
5. The PHC tracks, collects, analyzes, and reports data on its reporting times for laboratory tests.
6. The PHC acts on improvement opportunities identified in its laboratory service reporting process.

Related standards:

ICD.14 Emergency services; ICD.25 Critical results.

DAS.09 NSR.15 A comprehensive laboratory safety program is developed and implemented.

Safety

Keywords:

Laboratory safety program

Intent:

The laboratory environment can be a hazardous place to work. Laboratory staff member are

exposed to numerous potential hazards including chemical, biological, physical hazards, as well as musculoskeletal stresses. Laboratory safety is governed by numerous regulations and best practices. Over the years, multiple guides were published to make laboratories increasingly safe for staff members. Laboratory management should design a safety program that maintains a safe environment for all laboratory staff, patients, and families. The laboratory should have a documented program that describes the safety measures for laboratory facilities according to the national requirements. This program should be properly implemented and communicated to all staff. The program shall include at least the following:

- a) Safety measures for healthcare professionals.
- b) Safety measures for the specimen.
- c) Safety measures for the environment and equipment.
- d) Incidents handling and corrective action are taken when needed.
- e) Proper disposal of laboratory waste.
- f) Material Safety Data Sheets (MSDS) requirements.
- g) Handling chemical spills/spill clean-up.
- h) Instructions for the use of personal protective equipment.
- i) Risk management process.

Survey process guide:

- The GAHAR surveyor may review laboratory safety program that should include at least: list of chemicals and hazardous materials, dealing with spills, safety requirements, suitable PPE, maintenance and calibration of medical equipment, and staff orientation, and proper waste disposal.
- The GAHAR surveyor may review laboratory safety reports, lab equipment safety, storage of chemicals, labeling and waste disposal process.

Evidence of compliance:

1. A written program that describes safety measures for laboratory services and facilities is documented and includes the items in the rationale from a) through i).
2. Laboratory staff are trained on the safety program.
3. Laboratory risk assessment is performed.
4. Safety precautions are implemented.
5. The PHC tracks, collects, analyzes and reports data on laboratory safety program and it acts on identified improvement opportunities.

Related standards:

EFS.05 Safety management plan; EFS.04 Hazardous materials and waste management.

Surgery and Invasive Procedures

Chapter intent

Generally, surgery and invasive procedure in primary healthcare refer to a procedure consisting of a physical intervention on human tissues. The scope of this chapter covers any surgical or invasive procedures performed in any unit in the PHC that perform any surgical or invasive procedure either with or without anesthesia, such as in dental clinics, emergency room, family planning clinics, specialized clinics or others.

GAHAR surveyors shall survey all areas where surgery or invasive procedures are taking place; to ensure patient safety, staff competency, and effective utilization of these areas.

Chapter purpose

The main objective is to ensure that PHCs provide/maintain safe, timeliness, patient-centeredness, and effective surgical, procedural, and anesthesia services.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Egyptian Constitution
- 2) Law 51/1981 for healthcare organizations
- 3) MOH Ministerial Decree 216 for operation procedures
- 4) Prime Minister decree, 1063/2014 Management of Emergency cases
- 5) MOH Ministerial decree 236/2004 on anaesthesia service requirements
- 6) MOH Ministerial Decree 153/2004 on minimum requirements for anaesthesia services
- 7) Patient Safety during operation procedure committee recommendations, 2003
- 8) Egyptian code of medical ethics 238/2003 (Medical Syndicate Publications)
- 9) Egyptian code of nursing ethics (Nursing Syndicate Publications)
- 10) Emergency Department unified protocol, Egyptian ministry of health and population curative and critical sector
- 11) Requirements of inspection per MOH law and regulation
- 12) ICD-10-PCS

Safe and effective surgical and invasive procedures care

SIP.01 Provision of surgery and invasive procedure services is according to applicable laws and regulations and clinical guidelines/protocols.

Safety

Keywords:

Surgery and invasive procedure services

Intent:

The laws, regulations, and guidelines control the provision of surgery and invasive procedure services by determining the appropriate spaces, infrastructure, flow of patients, clean and waste flow, and the minimum required equipment and staffing. The PHC is required to provide the surgery and invasive procedure services all over The PHC safely by providing the required resources as obliged by the national laws and regulations

Survey process guide:

The GAHAR surveyor may visit areas where invasive procedures are performed such as dental clinic, emergency room or family planning unit. The visit includes observation of the place, infrastructure, supplies, medications, and equipment available, interviewing staff about patient flow, clean and waste flow. Then the surveyor will obtain a sample from performed invasive procedures to check the staff competency in performing those procedures.

Evidence of compliance:

1. Units providing surgery and invasive procedure services have spacing, ventilation, and infrastructure as required by laws and regulations.
2. Units providing surgery and invasive procedure services have appropriate equipment, medical supplies, and medication.
3. Staff members performing surgery and invasive procedure services are competent and qualified.

Related standards:

WFM.08 Clinical Privileges; ICD.03 Clinical practice guidelines adaptation and adoption; EFS.09 Disaster plan.

SIP.02 Patient assessment is performed by a medical staff member(s) and nurse(s) before surgery and invasive procedure.

Safety

Keywords:

Assessment before surgery and invasive procedures

Intent:

Completed patient assessment before surgery with requesting the needed investigations either for ensuring the diagnosis, revealing risk factors, assessing patient medical condition, or determining baseline patient condition followed by proper management of all identified diagnoses and risk factors.

Accordingly, risk assessment of the patient's condition is needed for all surgeries to determine the precautions needed and informing the patient and family about the expected outcome of the surgery.

Patient assessment should be reviewed and repeated if a surgery/invasive procedure postponed or canceled to maintain the validity of the patient assessment

The PHC is required to perform a complete patient assessment before any invasive procedure

Survey process guide:

The GAHAR surveyor may trace a patient who underwent surgery or invasive procedure through staff interview and document review to ensure compliance with a complete assessment of the

patient, availability of results of requested investigations and risk classification before surgery or invasive procedure, and appropriate management of the risk factors.

Evidence of compliance:

1. A complete medical assessment is performed for all patients going for any invasive procedure.
2. Complete nursing assessment is performed for all patients going for any invasive procedure.
3. Results of investigations are available for healthcare professionals before invasive procedure.
4. Action is taken for the management of the risk factors before surgery or invasive procedure.
5. All assessments are recorded in the patient's medical record.

Related standards:

ICD.06 Patient medical assessments; ICD.09 Patient nursing assessments.

SIP.03 NSR.06 Precise site where a surgery or invasive procedure is performed is marked by the physician with patient's involvement.

Safety

Keywords:

Surgical site marking

Intent:

Performing the right surgery on the right patient and on the right side without any retained instrument is the mainstay objective of surgical safety. Establishing related policies and procedures, otherwise known as the universal protocol, is the initial step for offering safe surgery. Visible and clear site marking is an error reduction strategy that should be performed by the physician who will perform the surgery and invasive procedure with the involvement of the patient if the patient is an adult and fully conscious or patient's family in other situations. The site marking in each PHC should be unified, detectable, and placed on the nearest site to the surgical site. The PHC shall develop and implement a policy and procedures for site marking with the indication and exemption of invasive procedures from site marking, apply the process before the call for invasive procedure and continuously monitor the compliance with the process. The policy shall address at least the following:

- a) The simple invasive procedure site is clearly marked.
- b) The medical staff member with the involvement of the patient performs marking.

Survey process guide:

The GAHAR surveyor may review the PHC policy to ensure the presence of all required components in the policy followed by observing a patient going for surgery and invasive procedure for the presence of a clear, approved, non-washable mark on the surgery or invasive procedure site (when applicable) and interviewing staff about policy orientation and implementation.

Evidence of compliance:

1. The PHC has an approved policy for site marking.
2. Staff are trained on the implementation of site marking.
3. Site marking is a unified mark all over the PHC and performed by the responsible physician for the invasive procedure.
4. The PHC tracks, collects, analyzes and reports data on site marking process.
5. The PHC acts on improvement opportunities identified in its site marking process.

Related standards:

APC.01 Sustaining registration requirements; SIP.05 Timeout.

SIP.04 NSR.07 Documents and equipment needed for procedures are verified to be on hand, correct, and properly functioning before calling for the patient

Safety

Keywords:

Pre-operative checklist

Intent:

Ensuring the availability of all needed items as results of the requested investigation or special prosthesis should be done as a preoperative verification process to ensure patient safety and appropriateness of care. Ensuring the availability and functioning of needed equipment minimizes the risk of errors by preventing the use of malfunctioning equipment or cancellation of surgery or invasive procedure. Implementing regular checkups is a quality improvement process that should be guided by designed checklists performed by trained staff. The PHC is required to ensure the availability and functioning of equipment needed for the invasive procedure before starting the procedure. This equipment and tools could be differed according to the type of invasive procedure. Also, the PHC is required to develop a process for preoperative verification of the availability of all needed or requested documents and other items before the patient going for the invasive procedure.

Survey process guide:

The GAHAR surveyor may review the PHC policy followed by tracing a patient underwent or going for surgery and invasive procedure to ensure the correct verification process for needed documents and other requested orders as investigations. The checklist showing the availability and functioning of needed equipment may be reviewed.

Evidence of compliance:

1. The PHC has an approved policy for preoperative verification of all needed documents and equipment.
2. Staff members are aware of the policy requirements.
3. There is recorded evidence of preoperative verification of all needed documents and equipment before each invasive procedure.
4. The PHC tracks, collects, analyzes and reports data on preoperative verification process.
5. The PHC acts on improvement opportunities identified in its preoperative verification process.

Related standards:

APC.01 Sustaining registration requirements; SIP.02 Assessment before surgery and invasive procedures; PCC.07 Recorded informed consents.

SIP.05 NSR.08 Correct patient, procedure, and body part is confirmed preoperatively and just before starting a surgical or invasive procedure (timeout).

Safety

Keywords:

Timeout

Intent:

Timeout for verification of the correct patient, correct surgery or invasive procedure, and correct site and side of invasive procedure is a single process that has been proved to reduce wrong-site surgery. When performing a surgery or invasive procedure, healthcare professionals should verify the right patient, the right type of surgery, right site, right side, and the patient received the prophylactic antibiotic if applicable. The PHC shall develop and implement a policy and procedures to ensure correct patient, correct invasive procedure and correct site and side of invasive procedure and apply the time out process just before the start of the invasive procedure

Survey process guide:

The GAHAR surveyor may review the policy and procedure for preventing the wrong patient, wrong site/side, and wrong surgery/invasive procedure and ensure that it supports patient, procedure, as well as part of body verification just before start of the procedure. This is followed by observing a case during the time-out process and review the document used to record this process. Document

review of the open and closed medical record will also be performed in addition to staff interviews on how to perform the process and its special circumstances.

Evidence of compliance:

1. The PHC has an approved policy to ensure the correct patient, procedure, and body part.
2. Timeout is implemented before all invasive procedures immediately before the start invasive procedure.
3. The surgery or invasive procedure team is involved in the time out process, including the performing physician.
4. Timeout process is recorded in the patient's medical record.

Related standards:

ACT.03 Patient identification; SIP.03: Surgical site marking; APC.01 Sustaining registration requirements.

Medication Management and Safety

Chapter intent

Getting the most from medications for both patients and society is becoming increasingly important as more people are taking more medications. Medications are offered by health services throughout the world. Medications prevent, treat, or manage many illnesses or conditions and are the most common interventions in healthcare.

Medication is defined as any prescription medications including narcotics; herbal remedies; vitamins; nutraceuticals, over-the-counter medications; vaccines; biological, diagnostic and contrast agent used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood products; medication containing products, and intravenous solutions with electrolytes and/or medications.

Medication management is a complex process that involves different phases, including planning, procurement, storage, prescribing, transcribing, ordering, dispensing, administration, monitoring of the medications, and evaluation of the program.

Additionally, medication errors are one of the most commonly occurring errors in healthcare institutes, and they can occur in any step along the pathway of medication management.

It is a further state that morbidity from medication errors results in high financial costs for healthcare institutions and adversely affects the patient's quality of life. Preventing medication errors is a major priority in the health system, and many international organizations such as the WHO have launched medication safety as part of its global patient safety initiatives.

Chapter purpose

The aim of this chapter is to be a guiding principle for medication management and safety in PHCs promoting safe, quality use of medications, and medication management. It is intended to assist in providing a framework for an effective and safe medication management and use program. It also aims to evaluate the continuity of medication management processes from planning to monitoring and evaluation with a special focus on the identification of risk points to improve patients' outcomes and patient's safety. The chapter advocates a partnership and systems approach to achieve safe and quality use of medications and medication management in PHCs.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Presidential decree 151/2019 for Egyptian Drug Authority
- 2) Law 127/1955 on practicing the profession of pharmacy
- 3) Law 182/1960 on combating narcotics and regulating their use and trafficking, amendments, and regulatory decrees.
- 4) Regulation of tenders and auctions law promulgated by Law 89/1998 and its implementing regulations issued by the Minister of Finance decree 1367/1998.
- 5) MOH Ministerial decree 172/2011 on the re-regulation of handling of the pharmaceutical substances and products affecting the mental state.
- 6) The publication issued by the Central Administration for Pharmaceutical Affairs 13/2012 on the custody of narcotics and drugs affecting the mental state.
- 7) MOH Ministerial decree 380/2009 on the re-regulation of the health requirements for pharmaceutical institutions.

- 8) MOH Ministerial decree 368/2012 for developing a pharmacovigilance center
- 9) MOH Ministerial decree 487/1985 for management of psychiatric medications
- 10) MOH Ministerial decree 306/2002 on medication storage spaces
- 11) Jeddah Declaration on Patient Safety 2019
- 12) Central pharmacy role and scope
- 13) Pharmacist code of ethics
- 14) Regulation of tenders and auctions law and law 89/998 and its regulations issued by the Minister of Finance decree 1367/1998.
- 15) Regulation of tenders and actions law promulgated by Law 182/2018
- 16) Rational Drug Use Publication 3/ 2017: Drug Formulary Working Paper.
- 17) Pharmaceutical Care Development Publication (2) for Clinical Pharmacist Job Description
- 18) Pharmaceutical Care Development Publication (3) for Documentation of Clinical Pharmacy Work.
- 19) American Society of Health-System Pharmacists (ASHP) standards for 2019
- 20) WHO guidelines on medication safety in high risk situation
- 21) WHO guidelines on medication safety in transition of care
- 22) WHO guidelines on medication safety in poly pharmacy
- 23) WHO five moments for medication safety.
- 24) Rational Drug Use Publication No: 4 for the year 2017 of Antimicrobial Stewardship

Effective and safe medication management planning

MMS.01 Medications are organized, used, and managed in a way to meet patient's needs and are aligned with the PHC scope of services, and according to the applicable laws and regulations.

Effectiveness

Keywords:

Medication management program

Intent:

The unsafe use of medication is not the only safety problem in the healthcare system, but it is certainly one of the most significant issue. Medication management processes should be implemented according to the applicable National laws and regulations (The Egyptian Drug Authority (EDA), the Unified Medical Procurement Authority and the Egyptian Ministry of Health and Population (MOPH). The PHC shall develop and implement a safe medication management program that addresses at least the following:

- a) Planning
- b) Selection and procurement
- c) Storage
- d) Ordering and prescribing
- e) Preparing and dispensing
- f) Administration
- g) Monitoring
- h) Evaluation

A qualified, trained and licensed healthcare professional shall directly supervise medication management program which shall be an interdisciplinary effort exerted by all healthcare professionals involved in the medication management process. Usually, the medication management system is managed and updated through the interdisciplinary Drug and Therapeutic committee (DTC) (also known as pharmacy and therapeutic committee (PTC)). The presence of DTC with clear terms of reference is essential in the management of medication use. The DTC is involved in the development and evaluation of the medication management program. In addition, a system review shall be performed at least annually.

Survey process guide:

- The GAHAR surveyor may interview healthcare professionals involved in medication management processes during the medication management review session and inquire about all steps of medication management process.
- During the GAHAR survey, the surveyor may observe how medication management processes run and may review patients' medical records

Evidence of compliance:

1. The PHC has a medication management and safety program according to the applicable laws and regulations. The program addresses all elements from a) through h) in the intent.
2. The PHC has a clear structure for pharmacy services, and a licensed, competent pharmacist supervises all pharmacy/pharmaceutical activities.
3. The PHC has a drug and therapeutic committee (DTC) with a clear term of references. The committee is involved in the development and ongoing evaluation of medication management and safety program.
4. Updated and appropriate medication-related information sources are available either in electronic or in paper-based format to those involved in medication management.
5. The PHC selects and monitors process and outcome indicators for medication safety and medication management.
6. There is an annual recorded review of the medication management and safety program, addressing elements from a) through h) in the intent as appropriate.

Related standards:

MMS.03 Medication procurement, formulary; MMS.13 Medication errors, near miss, medication therapy problems, adverse drug reactions; OGM.03 PHC leaders; EFS.09 Disaster plan.

MMS.02 Antimicrobial stewardship program is developed and implemented to enhance prescription and usage of antimicrobials.

Safety

Keywords:

Antimicrobial stewardship program

Intent:

Due to repeated antimicrobial prescription for dubious indications and for longer than necessary, antimicrobial resistance is acquired which can give a negative impact on patient outcomes and poses a major threat for patient safety. Implementation of an antimicrobial stewardship program will reduce the development, spread of resistant bacteria, and deliver better patient outcomes. Antimicrobial stewardship programs shall be a priority with leadership commitment and support. Using a stepwise implementation approach shall help to familiarize staff with the new policies and procedures. Tracking the effectiveness of the program is important to assess, monitor and improve the program, examples include using measures such as inappropriate use of antimicrobials, adherence to antibiotic prescribing policies and antibiotic use, antimicrobial consumption and cost or resistance pattern. It is also important to educate healthcare professionals, patients and their families on optimal antimicrobial use, antimicrobial resistance and antimicrobial stewardship practices.

Survey process guide:

- During the patient journey tracer and medication management review sessions, the GAHAR surveyor may trace the prescription of antimicrobial agents and follow the process steps for selecting, ordering and dispensing of the agent.
- The GAHAR surveyor may use other opportunities during GAHAR survey course to assess program effectiveness and performance.

Evidence of compliance:

1. The PHC has an interdisciplinary antimicrobial stewardship program based on the Center for Disease Prevention and Control (CDC) core elements and the national laws, regulations, and guidelines.
2. The PHC educates staff, patients, and their families about antimicrobial stewardship practices and the appropriate use of antimicrobials.
3. The antimicrobial stewardship program uses PHC-approved protocols.
4. The PHC tracks, collects, analyzes, and reports data on its antimicrobial stewardship program.
5. The PHC acts on improvement opportunities identified in its antimicrobial stewardship program.

Related standards:

IPC.02 IPC program, risk assessment, guidelines; MMS.11 Medication appropriateness review, competent pharmacist; ICD.03 Clinical practice guidelines adaptation and adoption.

MMS.03 PHC medications are selected, listed, and procured based on approved criteria.

Efficiency

Keywords:

Medication procurement, formulary

Intent:

In many PHCs, there is a higher authority outside the PHC that select and procure medications. When medication selection and procurement occurs under the authority of the PHC, it should be an interdisciplinary process, and should involve efforts to quantify medications requirements,

selecting appropriate procurement methods, prequalifying suppliers and products. The PHC shall develop a list (known as a formulary) of all the medications it stocks. Formulary is selected based on disease prevalence, evidence of efficacy, safety and comparative cost-effectiveness. Laws and regulations may determine the medications on the list. The formulary shall include, but not be limited to, the following:

- a) Names of medications.
- b) Strengths/concentrations of medication(s).
- c) Dosage forms of the medication(s).
- d) Indications for use.
- e) Risks/side effects of the medications.
- f) Cost of the medications.

Updating the medication list is guided by criteria (e.g., indications for use, effectiveness, drug interactions, adverse drug events, sentinel events, population(s) served (e.g., pediatrics, geriatrics), and costs. The PHC shall develop and implement a process to evaluate the medication use in the PHC to monitor and update the medication list. Evaluation of medications, with a view to add/delete them from the formulary, is an important criterion for formulary update and maintenance.

Survey process guide:

- During the patient journey tracer and medication management review session, the GAHAR surveyor may trace the prescription of a medication or group of medications and follow the process steps for selecting, listing, procuring and monitoring.
- The GAHAR surveyor may interview those involved in medication selection process to learn about the process and its variants such as procuring a medication that is not listed in the formulary, procuring a medication for temporary period or for one patient.

Evidence of compliance:

1. The PHC has a list of the approved medications (often referred to as a formulary), which includes at least items from a) to f) in the intent.
2. A printed and/or electronic formulary copy of the approved medications is readily available and accessible to all those involved in medication management.
3. The medication list (formulary) is monitored, maintained and updated.
4. The PHC has a process on proper communication about medication shortage and outage to prescribers and other healthcare professionals.

Related standards:

MMS.01 Medication management program.

Effective and safe medication storage, prescription, dispensing, preparation, and administration

MMS.04 NSR.13 Medications are stored according to laws and regulations.

Safety

Keywords:

Medication labelling

Intent:

The stability/effectiveness of some medications depends on storing them at the correct conditions such as light, humidity and temperature. Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. The PHC shall maintain appropriate storage conditions (temperature, light, humidity) in medication storage areas to protect the stability of medications during all time. The PHC shall limit access to medication storage areas with the level of security required to protect it against loss or theft, depending on the types of medications stored. The PHC should ensure labeling of all medications, medication

containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications. Medications shall be labeled in a standardized manner. This requirement shall apply to any medication that is prepared but not administered immediately (this requirement does not apply to a medication prepared and administered immediately e.g., in the emergency situations). At a minimum, labels shall include the following (if not apparent from the container):

- a) Patient identifications
- b) Medication name
- c) Strength/concentration
- d) Amount
- e) Expiration date
- f) Beyond use date
- g) Directions for use
- h) Any special/cautionary instructions
- i) Date prepared and the diluent for parenteral solutions (if available)

Survey process guide:

- During the GAHAR survey, the surveyor may observe at the medication storage areas to assess storage conditions and labeling.

Evidence of compliance:

1. Medications are safely and securely stored under manufacturer/marketing authorization holder recommendations and kept clean and organized.
2. Use of sample medications, multi-dose medications, nutrients such as baby milk occurs in accordance to applicable laws, regulations and manufacturer's recommendation.
3. The PHC has a clear process to deal with an electric power outage to ensure the integrity of any affected medications before use.
4. Medication storage areas are periodically (at least monthly) inspected to confirm compliance with proper storage conditions.
5. All medications, medication containers, other solutions in the PHC are correctly labeled in a standardized manner with at least the elements from a) to i) in the intent.

Related standards:

APC.01 Sustaining registration requirement; MMS.06 High-risk medications, concentrated electrolytes; MMS.07 Look-alike, sound-alike medication; MMS.12 Medication preparation, labelling of medications, dispensing, and administration; OGM.06 Stock management; EFS.08 Utilities management plan.

MMS.05 Emergency medications are available, accessible, and secured at all times.

Safety

Keywords:

Emergency medications

Intent:

In situations when a patient emergency occurs, quick access to emergency medications is critical and may be lifesaving. The PHC shall develop and implement a policy and procedures to ensure availability of emergency medications. The policy shall address at least the following:

- a) Emergency medications shall be readily accessible and uniformly stored to facilitate quick access to the right medication to meet emergency needs. For example, in each emergency cart in the PHC, emergency medications are in the same drawer and laid out in the same manner within the drawer of each cart.
- b) Prevention of abuse, loss, or theft of emergency medications to ensure their availability when needed.
- c) Replacement of emergency medication at the most appropriate time when used, damaged, or outdated.

Survey process guide:

During the GAHAR survey, the surveyor may observe emergency medication storage areas; surveyor may interview staff members who are responsible for emergency medication storage to inquire about storage conditions, accessibility, storage security and replacement of medications when needed.

Evidence of compliance:

1. The PHC has an approved policy to guide emergency medications availability that addresses at least all elements mentioned in the intent from a) through c).
2. Emergency medications are uniformly stored in all locations.
3. Emergency medications are appropriately available and accessible to the clinical areas when required.
4. Emergency medications are replaced within a predefined timeframe when used, damaged, or outdated.

Related standards:

MMS.04 Medication storage, Medication labelling; OGM.06 Stock management; ICD.14 Emergency services; ICD.15 Cardiopulmonary resuscitation and medical emergencies.

MMS.06 NSR.10 High-risk medications and concentrated electrolytes are identified, stored, and dispensed according to laws and regulations.

Safety

Keywords:

High-risk medications, concentrated electrolytes

Intent:

High-risk medications are those bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these medications, the consequences of an error are clearly more devastating to patients. Examples of high-risk medications include, but not limited to, hypoglycemic agents, medications with narrow therapeutic range, and inotropic agents. Concentrated electrolytes include, but not limited to, dextrose 25% and hypertonic saline. There are several reports of accidental deaths due to the inadvertent administration of concentrated electrolytes. Avoiding storage of concentrated electrolytes is a one method to minimize the risk of death or injury associated with these medications.

The PHC shall develop and implement a policy and procedures to guide the process of safe use of high-risk medications and concentrated electrolytes. The policy shall address at least the following:

- a) Lists of high-risk medications based on its own data and both national and international recognized organizations (e.g., Institute of Safe Medication Practice (ISMP) and the World Health Organization (WHO)).
- b) List and inventory of concentrated electrolytes.
- c) Strategies are in place to prevent the inadvertent use and administration of these medications.

Concentrated electrolytes shall be safely stored including separation, and labeling throughout the PHC.

Survey process guide:

- The GAHAR surveyor may observe clinics and medication storage areas and assess measures to ensure safety storage of high-risk medications (such as being labeled) and concentrated medications (such as being removed whenever possible or separated in secure areas).
- The GAHAR surveyor may interview staff members to assess their understanding of preventive strategies for managing these medications and medical necessity allowing for storing of concentrated electrolytes in these areas.

Evidence of compliance:

1. The PHC has an approved policy that addresses all elements in the intent from a) through c).
2. The PHC provides initial and ongoing training to the healthcare professionals involved in management and use of high-risk or concentrated electrolytes.
3. The PHC regularly updates lists of high-risk medications and for concentrated electrolytes based on its own data.
4. High-risk medications and concentrated electrolytes are safely stored and labeled across the PHC.
5. The PHC implements a process to prevent inadvertent administration of high alert medications and concentrated electrolytes.
6. The PHC tracks, collects, analyzes, and reports data on management of high alert medications and concentrated electrolytes. Identified improvement opportunities are acted upon.

Related standards:

APC.01 Sustaining registration requirements; MMS.04 Medication storage, Medication labelling.

MMS.07 NSR.11 The PHC has a process for identification and storage of look-alike and sound-alike medications.

Safety

Keywords:

Look-alike, sound-alike medication

Intent:

Look-alike/sound alike (LASA) medications are those visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics. Any confusion between these medications may lead to harmful errors. The Institute for Safe Medication Practices (ISMP) maintains an ongoing list of LASA medication names to highlight medications that may require special safeguards. One strategy that ISMP recommends for reducing LASA medication errors is to include both the brand and nonproprietary names, dosage form, strength, directions, and the indication for use can be helpful in differentiating LASA medication names. If LASA medications have different indications, then associating an indication with a medication may help differentiating it from another medication with a similar-sounding name. Other recommendations focus on ensuring prescription legibility through improved handwriting and printing. Some PHCs may use physical separation and segregation of these medications in medication storage areas to minimize the risk. In addition, some PHCs use specially designed labels or use “tall man” (mixed case) lettering (e.g. aIDOMET and aIDACTONE) to emphasize drug name differences. The PHC shall develop risk management strategies to minimize adverse events with LASA medications and enhance patient safety. The PHC shall develop and implement a policy and procedure to ensure safety of LASA. The policy shall include at least the following:

- a) List of look-alike, sound-alike medications
- b) Storage requirements
- c) Labelling requirements
- d) Dispensing requirements

Survey process guide:

- The GAHAR surveyor may review the PHC policy and the updated list of look-alike and sound-alike medications followed by Interviewing pharmacists and nurses to inquire about processes to minimize the risk associated with using look-alike sound-alike medications.
- The GAHAR surveyor may observe at the pharmacy, medication carts and medication storage areas to check LASA medications labeling.

Evidence of compliance:

1. The PHC has an approved policy that addresses all elements in the standard intent from a) through d).

2. There is a list of look-alike, sound-alike medications that is updated at least annually.
3. The PHC provides initial and ongoing training to the healthcare professionals involved in management and use of LASA.
4. LASA medications are stored, segregated and labelled safely and uniformly in all locations.
5. LASA medication are checked properly upon dispensing.
6. The PHC tracks, collects, analyzes, and reports data on management of LASA. Identified improvement opportunities identified are acted upon.

Related standards:

APC.01 Sustaining registration requirements; MMS.04 Medication storage, Medication labelling.

MMS.08 A drug recall system is developed, implemented, and recorded.

Safety

Keywords:

Drug recall, expired and outdated medication

Intent:

A drug recall is required when safety issues arise, and defective products are required to be returned to the manufacturer/distributor. This includes expired, outdates, damaged, dispensed but not used, and/or contaminated medications. The PHC shall have a process in place for the proper identification and retrieval of medications recalled by the Egyptian Drug Authority (EDA), the manufacturer, or other recognized bodies. The PHC shall develop and implement a policy and procedures to guide the process of managing recalled medication. The policy shall address at least the following:

- a) Process to retrieve recalled medications.
- b) Labelling and separation of recalled medications.
- c) Patient notification (when applicable).
- d) Disposal or removal.
- e) Process to ensure product integrity, and that expired medications cannot be inadvertently distributed, dispensed or administered.
- f) Regular monitoring of disposal of unused, unwanted, or expired medications.

Survey process guide:

- The GAHAR surveyor may review the PHC policy followed by interviewing pharmacists and nurses to inquire about processes to manage recalled, expired, outdated, damaged, and/or contaminated medications.
- The GAHAR surveyor may observe at the pharmacy, medication carts and medication storage areas to check the presence of recalled, expired, outdated, damaged, and/or contaminated medications.
- The GAHAR surveyor may request to trace a recalled drug from the reception of drug recall notice till disposal or removal.

Evidence of compliance:

1. The PHC has an approved policy to guide drug recall process that includes all elements from a) through f) in the intent.
2. Staff members involved in drug recall process are aware of the policy requirements.
3. Recalled drugs are retrieved, labelled, separated, and disposed (or removed).
4. Expired, outdated, damaged, or contaminated medications are stored separately, and disposed or removed according to the drug recall policy.

Related standards:

OGM.06 Stock management.

MMS.09 The PHC has medication ordering, prescribing, and transcribing processes.

Safety

Keywords:

Ordering, prescribing, transcribing, abbreviations, and symbols

Intent:

When prescribed and used effectively medications have the potential to significantly improve the quality of lives and improve patient's safety and outcomes. However, the challenges associated with prescribing the right medications, Transcribing and supporting patients to use them effectively should not be underestimated. Each PHC is responsible for identifying those individuals by experience and who are permitted by licensure, certification, laws, or regulations to prescribe or to order and transcribe medications. Abbreviations avoidance prevents misunderstanding, miscommunications and administration of incorrect prescriptions. The PHC shall develop and implement a policy and procedures to guide the processes of ordering, prescribing and transcribing of medications. The policy shall address at least the following:

- a) Who is authorized to prescribe?
- b) Uniform location in the patient's medical record to order/prescribe/transcribe medications.
- c) Conditions to permit transcription
- d) The minimum required elements of complete medication prescriptions to include:
 - i. Patient's identifications
 - ii. Patient's demographics
 - iii. Drug name
 - iv. Dosage form
 - v. Strength or concentration
 - vi. Dosage and frequency
 - vii. Route of administration
 - viii. Rates of administration (when intravenous infusions are ordered)
 - ix. Indications for use for PRN medications
 - x. Date and time of the order
- e) Listing of prescribed medications, their dosage and administration times.
- f) Requirements to refill medications for chronic diseases.
- g) Cancellation or discontinuation of a medication prescription.

Survey process guide:

- The GAHAR surveyor may review the PHC policy followed by interviewing healthcare professionals to inquire about prescription/order process in any location including clinics and emergency room.
- The GAHAR surveyor may observe patient's medical records to assess the completion, legibility and clarity of medication orders.

Evidence of compliance:

1. The PHC has an approved policy to guide the processes of ordering/prescribing and transcribing medications that addresses all elements mentioned in the intent from a) through g).
2. The PHC is responsible for identifying those healthcare professionals permitted by law and regulation, qualification, training, experience, and job description to order, prescribe, and transcribe medications.
3. Medication transcription is only permitted under certain predefined conditions.
4. Medication prescriptions are complete.
5. Medication refills occur as per approved PHC process.

Related standards:

ICD.12 Verbal and telephone orders; IMT.03 Use of codes, symbols, and abbreviations; WFM.02 Job Description.

MMS.10 NSR.12 A process is implemented to obtain and document a complete list of the patient's current medications upon assessment and with the involvement of the patient.

Safety

Keywords:

Best possible medication history

Intent:

Medication history at assessment effectively reduces medication errors such as omissions, duplications, dosing errors, or drug interactions. This can result from unintended medication discrepancies.

The PHC shall develop and implement a policy and procedures to guide medication reconciliation process

The policy shall address at least the following:

- a) Identify responsibility to obtain best possible medication history.
- b) Patients and family involvement techniques.
- c) Steps of medication reconciliation process such as collecting the list of medications, vitamins, nutritional supplements, over-the-counter drugs, and vaccines used by patients, clarification whether these medications and their dosages are appropriate, matching with new list of medication and recording changes.

Survey process guide:

- The GAHAR surveyor may review appropriate number of medical records (at least 10) and check for the documentation of current medications upon assessment.
- The GAHAR surveyor may Interview appropriate number of patients and ask them if they are asked by doctors upon assessment about the current medication and educated if any of it will interfere with the new medications.

Evidence of compliance:

1. The PHC has an approved policy for obtaining best possible medication history that includes all elements mentioned in the intent from a) through c).
2. Involved staff members are trained to take the best possible medication history.
3. Medication prescribers compare the list of current medications with the list of medications to be prescribed and make clinical decisions based on the comparison.
4. Compared medications are clearly recorded, and related information is clearly communicated to healthcare professionals involved in the patient's medication prescribing.
5. Patients and families are involved in the process.

Related standards:

APC.01 Sustaining registration requirement; PCC.04 Patient and family responsibilities; ICD.06 Patient medical assessments.

MMS.11 Medication prescriptions are reviewed for accuracy and appropriateness.

Safety

Keywords:

Medication appropriateness review, competent pharmacist

Intent:

Dispensing is a core clinical activity that enables pharmacists to ensure the safety and effectiveness of medications. All medication orders shall be reviewed for accuracy and appropriateness before dispensing, or removal from floor stock. The appropriateness review is performed by competent individual(s). Each newly prescribed medication, is reviewed for the following elements (when applicable):

- a) The suitability of the medication with regard to the indication.

- b) The dosage regimen including the dose, frequency, and route of administration, and duration of treatment considering patient's physiological information.
- c) Therapeutic duplication.
- d) Variation from the PHC criteria for use.
- e) Contraindications.
- f) Real or potential allergies/sensitivities.
- g) Real or potential interactions between the medication and other medications or food.
- h) Potential toxicity.

A new appropriateness review shall be performed when the dosage or other appropriateness factors noted before changes; for example, when new medications are prescribed and therapeutic duplication may be an issue. The PHC defines what patient-specific information that is required for the appropriateness review of the prescription.

Survey process guide:

The GAHAR surveyor may interview pharmacists, nurses, and other healthcare professionals involved in appropriateness review to inquire about the process, its variations and may observe the process.

Evidence of compliance:

1. Patient-specific information and its source are available and accessible at all times to support effective review process.
2. Each prescription is reviewed for appropriateness by a licensed pharmacist prior to dispensing and includes elements a) through h) in the intent, using current and updated resources.
3. When an on-site licensed, competent pharmacist is not available, a trained healthcare professional determined by the PHC to perform a review of critical elements f) through h) in the intent using current and updated resources.
4. There is a process for the reviewer to contact the prescriber when questions or concerns arise.

Related standards:

MMS.02 Antimicrobial stewardship program; MMS.09 Ordering, prescribing, transcribing, abbreviations, and symbols.

MMS.12 Safe precautions are taken when medications are prepared, dispensed and administered to the patient inside the PHC.

Safety

Keywords:

Medication preparation, labelling of medications, dispensing, and administration

Intent:

A safe, clean and organized working environment provides the basis for good dispensing practice. This includes qualified/trained staff, appropriate physical surroundings, adequate shelving, proper work surfaces, suitable equipment, and necessary packaging materials. The PHC shall identify the standards of practice for a safe preparation environment. Healthcare professionals who prepare medications are requested to use techniques to ensure accuracy (e.g., double-checking calculations), and avoid contamination, including using clean or aseptic technique as appropriate, maintaining clean, and uncluttered areas for product preparation. Medications shall be dispensed in quantities enough to meet patient's needs but at the same time to minimize diversion (i.e., quantities dispensed are not excessive to permit diversion). The safe administration of medications shall include verifying the following:

- a) Presence of medication order.
- b) Patient identifications.
- c) Right medication.
- d) Reasons/indication of medication therapy.
- e) Right dosage amount and regimen.
- f) Right route of administration.

- g) Right time and frequency of administration.
- h) Review if the patient allergic to any medication in the prescription or order.

Survey process guide:

- The GAHAR surveyor may observe at the pharmacy and medication storage to assess the labeling and preparation of medications.
- The GAHAR surveyor may interview pharmacists, nurses, and other healthcare professionals involved in preparation of medications to inquire about processes of preparation and may observe the process.
- The GAHAR surveyor may interview pharmacists, nurses, other healthcare professionals, patients and their families involved in medication administration to inquire about the process, its variations, this can occur in any location.
- The GAHAR surveyor may observe the process of medication administration.

Evidence of compliance:

1. Medications are prepared in clean, uncluttered, and separate areas provided with medical equipment and supplies and adhering to the applicable laws, regulations, and professional standards of practice.
2. The PHC has a uniform medication dispensing and distribution system according to the applicable laws and regulations
3. Medications administered, refused, or omitted is recorded in the patient's medical record including all points from a) through h) in the intent
4. The PHC identifies those healthcare professionals authorized to prepare, dispense and administer medications in different situations.

Related standards:

IPC.03 Hand hygiene; ACT.03 Patient identification; MMS.09 Ordering, prescribing, transcribing, abbreviations, and symbols; WFM.02 Job description.

Safe medication monitoring

MMS.13 Medication errors, near misses, medication therapy problems and adverse drug reactions are monitored, detected, reported, and acted upon.

Safety

Keywords:

Medication errors, near miss, medication therapy problems, adverse drug reactions

Intent:

Each PHC shall have a medication error, near miss, and medication related problems (also known as drug therapy problems) detecting and reporting system. This system focuses on preventing and managing medication errors and near misses, or any other safety issues including but not limited to overdose, toxicity, misuse, abuse, occupational exposure, medication exposure during pregnancy, and lactation). Medication errors and near misses are particularly important given the large and growing global volume of medication use. Medication errors can occur at a number of different stages of the medication prescription and use process. Although serious errors are relatively rare, the absolute number is sizeable, with the potential for considerable adverse health consequences. Monitoring medication effects includes observing and documenting any adverse effects. This is done using a standardized format (The Egyptian National Forms) for reporting and educating staff on the process and the importance of reporting. Reporting to the authorized institutions is done in a within approved timeframe. It is important that, the PHC shall develop a process to identify and report on medication errors, near misses, medication therapy problems and adverse drug events. Definitions and processes are developed through a collaborative process that includes all those involved in the different steps in medication management. The reporting process shall be part of the PHC quality improvement and patient safety program. Medication errors, near misses, medication therapy problems and adverse drug events shall be identified and reported to:

- a) Prescriber and/or other healthcare professional (as required).
- b) Drug and therapeutics committee.
- c) Quality committee.
- d) Leaders of the PHC.
- e) Authorized institutions according to national/international regulations.

Survey process guide:

- The GAHAR surveyor may interview healthcare professionals involved in medication management processes during the medication management review session and inquire about detection, analysis, reporting and actions of medication errors, near misses and medication therapy problems.
- The GAHAR surveyor may review the process of reporting adverse drug event

Evidence of compliance:

1. The PHC has an approved policy to guide the process of defining, reporting, analyzing and acting on for medication error(s), near miss(es), and medication therapy problem(s) based on national/international references.
2. The PHC implements a process for detecting, reporting to bodies, including items from a) to e) identified in the intent, and acting on medication errors, near misses, and medication therapy problems.
3. The PHC utilizes reported medication errors, near misses, and medication therapy problems to improve medication management and use programs.
4. Actual or potential medication adverse drug effects on patients are monitored and recorded in the patient's medical record, including the action(s) to be taken in response.
5. Adverse drug events (ADEs) are reported in a manner consistent with national and international guidelines.

Related standards:

MMS.01 Medication management program; QPI.08 Incident reporting system; QPI.09 Significant events; QPI.10 Sentinel events.



Section 3

Organization-Centered Standards

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Section 3: Organization-Centered Standards

While in the previous section, patient safety and centered care was the focus. Yet, patients are not the only customers of healthcare systems. Healthcare professionals face risks, as well. Although debate continues regarding whether worker wellbeing should be considered part of the patient safety initiatives, many organizations think about it that way, including major players in the healthcare industry worldwide. Three major aspects may affect worker's wellbeing; safety, stress, and PHC structure.

Regarding safety, according to the United States Department of Labor, Occupational Safety and Health Administration (OSHA), a PHC is one of the most hazardous places to work. Healthcare professionals experience some of the highest rates of non-fatal illness and injury surpassing both the construction and manufacturing industries. In 2011, U.S. PHCs recorded 253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries for every 100 full-time staff. From 2002 to 2013, the rate of serious workplace violence incidents (those requiring days off for an injured worker to recuperate) was more than four times greater in healthcare than in private industry on average. In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined. Many more assaults or threats go unreported. Workplace violence comes at a high cost; however, it can be prevented.

On the other hand, being exposed to stress for too long may lower a person's efficiency and could trigger negative consequences on one's health or family and social life. Nevertheless, not every manifestation of stress is always workplace stress. Workplace stress may be caused by various factors. Some professions are inherently more stressful than others are. Some studies showed that healthcare professions are among the first six most stressful ones. Not all health professionals develop the same level of stress, and not all of them develop signs of professional burnout either. According to several studies, Intensive Care Unit medical/nursing staff report that dealing with death is their first source of stress, compared to nurses who work in internal medicine or surgical departments. For those professionals, workload and adequate workforce planning may be the most important stress source.

PHC structure provides guidance to all staff by laying out the official reporting relationships that govern the workflow of the company. A formal outline of a PHC structure makes it easier to add new positions in the PHC, as well, providing a flexible and ready means for growth. Organization management needs to be according to a clear ethical framework that is responsive to community needs. Organizations have an obligation to act for the benefit of the community at large. Workers, as community members, need to be engaged in assessing community needs and responding to them, in addition, to being protected from safety and stress hazards while working in the PHC.

Nevertheless, both the PHC and the staff have the responsibility to keep the workforce safe. For example, while management provides personal protective equipment (PPE), such as safety glasses to keep debris and chemical splashes away from the eyes, it is the staff's responsibility to wear the PPE when performing work that management has identified as requiring it. More generally, it is the responsibility of management to prepare detailed work instructions that clearly describe how work should be performed in order to prevent quality and safety failures; the staff is responsible for following these procedures.



Elements for safe healthcare

Thus, this section shall focus on some of the newer ideas about healthcare workplace suitability to provide a safe, efficient, and improving environment for healthcare service.

One of the tools used to design this section is called HealthWISE, which is an action tool developed by the International Labor Organization (ILO) in collaboration with the WHO. This tool emerged from traditional thinking about patient safety and improvement more generally. It describes a process and structure that may lead to improved safety in a variety of healthcare settings.

The aim of HealthWISE is to provide healthcare institutions with a practical, participatory and cost-effective tool to improve work conditions, performance, occupational health and safety for health workers, and the quality of health services provided. Improvements are introduced and sustained by the combined efforts of management and staff, brought together in a dedicated team. HealthWISE puts the health workforce in focus and addresses topics that are key to delivering quality care. It encourages everyone to participate in making their workplace not only a good place to work but a quality healthcare environment appreciated by patients and the community.

As organization management is responsible for providing an efficient PHC structure, where a governing body is defined and responsive to the PHC needs, leaders work collaboratively to run the PHC towards preset approved strategic directions. A established structure includes defining capacity and roles of the PHC workforce, providing sufficient orientation and education, and continuous monitoring and evaluation. Hence, strong information management and technology are needed to record data and information, in addition to a strong quality management program that can capture and interpret data and information.

Environmental and Facility Safety

Chapter intent

Environmental and Facility Safety (EFS) in PHCs aims at minimizing potential risks for patients, visitors, staff, and buildings through compliance with laws, regulations, fire, and building codes for providing a safe and secure work environment.

From an environmental standpoint, it involves creating a systematic approach to compliance with environmental regulations, such as managing waste and maintaining a safe environmental condition.

From a safety standpoint, it involves creating organized efforts and procedures for identifying workplace hazards and reducing accidents and exposure to harmful situations and substances. It also includes training of staff members in accident prevention, accident response, emergency preparedness, and use of protective clothing and equipment.

Globally, Healthcare design standards were developed to maintain proper PHC structure that maintain safety and efficiency for all users. Facility Guideline Institute issues periodical research-based standards for healthcare facility designs. OSHA, CDC, WHO and other international healthcare players sets certain standards for various aspects of healthcare design.

Locally, regulatory requirements play an important role in EFS. The PHC shall identify and understand all relevant EFS regulations to implement the required measures. National initiatives include but not limited to: Organization building codes, licensure requirements for the whole organization and the individual functions/machine/equipment/units inside the PHC, Civil defense laws, Green PHC initiative, Environmental laws. The GAHAR surveyor is going to meet the concerned staff in EFS and discuss the different standards of chapter and review the documents, trace the activities and functions and measure the facility awareness about safety. Facility tour is an important tool used by surveyors to measure environmental safety risks in a PHC.

Chapter purpose

This chapter started by planning and effective management of the PHC environmental facility safety. Followed by requiring the development, implementation, monitoring, improvement, evaluation and annual update of the environmental safety plans The main objective is to ensure that organization is able to identify the safety issues and provide safe and effective program to handle and maintain environment safety. The chapter discusses the following:

- **Fire safety:** prevention, early detection, response, and safe evacuation in case of fire.
- **Hazardous materials:** safe handling, storage, transportation, and use of hazardous materials, and waste disposal.
- **Safety:** Providing a safe work environment for all occupants, ensuring that the PHC buildings, construction areas, and equipment do not pose a hazard or risk to patients, staff, and visitors.
- **Security:** Protection of all occupants' properties from loss, theft, destruction, tampering, or unauthorized access or use.
- **Medical equipment:** Selection, inspection, testing, maintenance, and safe use of medical equipment.
- **Utility systems:** Ensures efficiency and effectiveness of all utilities through regular inspection, maintenance, testing, and repair of essential utilities to minimize the risks of operating failures.
- **Disaster preparedness:** Responding to the disasters and emergencies that have the potential of occurring within the geographical area of the PHC with an evaluation of the structural integrity of the patient care environment.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates, and annexes)

- 1) Egyptian building codes for healthcare organizations.
- 2) Egyptian civil defense laws
- 3) MOHP requirements in the website www.mohip.org.eg
- 4) Law 192/2001 for Hazardous waste management
- 5) Presidential decree number 3185/2016
- 6) MOHP Ministerial decree 284/1985 on requirements for OR
- 7) MOHP Ministerial decree 306/2002 on medication storage spaces
- 8) Egyptian Guideline for Medical Device Vigilance System
- 9) National strategy in disasters management
- 10) National Law for Environment
- 11) The Green Pyramid Rating System (GPRS)
- 12) WHO Early Warning Alert And Response Network in emergencies
- 13) WHO International Health Regulation
- 14) Guidance in environmental safety book – part 6
- 15) Core Medical equipment -WHO

Efficient and safe environment and facility safety management

EFS.01 PHC facilities comply with laws, regulations, fire, and national building codes.

Safety

Keywords:

PHC environment and facility safety structure

Intent:

PHCs contain hazardous chemicals, drugs, and infectious matter, among other threatening items. For this reason, governmental authorities enforce laws and regulations to ensure protection against these exposures. In addition, there are also dangers from fire and smoke that can be particularly perilous for vulnerable PHC patients. Building codes were established to provide guidance on safety measures while designing PHC settings. The PHC shall develop and maintain basic infrastructure for environmental and facility safety program:

- a) Clinical and diagnostic services shall have required space according to applicable laws, regulations and approved PHC scope of service.
- b) Permits, licenses and PHC design drawings are available, valid and current.
- c) Budget is planned for upgrading and/or replacement of instruments or systems to keep environmental safety and/or to expand services provided within the PHC.
- d) Qualified environmental safety staff are available and match requirements of PHC scope of services, laws and regulations.
- e) The PHC shall build an environmental safety oversight structure:
- f) The PHC should have a committee overseeing environmental safety activities and trainings through regular meetings. The committee could be held urgently if needed.
- g) The committee role should include review of aggregated essential data, incident reports, drill reports, and safety plans measures, recommended actions, and following up to ensure compliance with all safety requirements
- h) The committee should report to the PHC's leadership quarterly and a feedback from PHC leadership should be received.

Survey process guide:

- The GAHAR surveyor may review documents demonstrating PHC drawings, budget, safety staff qualifications, external authorities reports with action plans and recorded committee meeting notes and agenda.
- During PHC tours and tracers, the GAHAR surveyor may observe compliance to laws and regulations and matching of allocated spaces to services and functions.

Evidence of compliance:

1. The PHC leadership complies with environmental safety laws, regulations, and national building codes.
2. The PHC maintains basic requirement for development of environment and facility safety program.
3. The PHC has a committee overseeing environmental safety with approved terms of references.
4. Environment and facility safety committee meets regularly and meetings are recorded.
5. The PHC should have an appropriate number of qualified staff in accordance with local laws and regulations.
6. The PHC's leadership ensures compliance with external inspection reports and correction of observations within the required timeframe.

Related standards:

APC.01 Sustaining registration requirements; OGM.02 PHC management.

Effective and safe environment and facility safety plans

EFS.02 NSR.16 The fire and smoke safety plan addresses prevention, early detection, response, and safe evacuation in case of fire or other internal emergencies.

Safety

Keywords:

Fire and smoke safety

Intent:

One of the critical considerations in the safety design for PHCs is the prevention of fire, particularly with respect to the combustibility of construction and furnishing materials and the spread of fire and smoke. In the event of either accidental or malicious fires, suppression equipment needs to be readily accessible to combat these fires. Staff members of the PHC need to have working knowledge of how to use the equipment and to avoid panic. Moving all patients, visitors, and staff out of dangerous and/or damaged facilities as safely as possible is always the goal of an evacuation. The PHC shall develop a fire and smoke safety plan that addresses at least the following:

- a) An ongoing risk assessment that shall have the following features:
 - Assesses compliance with civil defence regulations.
 - Assesses compliance with fire and building codes.
 - Includes fire and smoke separation, areas under construction and other high-risk areas for example stores, laundry, oxygen supply storage areas, electrical control panels, medical records room, garbage room, etc.
 - Addresses the safety of all occupants including patients, families, full time staff, part time staff, visitors, suppliers, contractors and others.
 - Addresses evacuation for fire and non-fire emergencies.
 - A special risk assessment is performed during renovation and construction.
- b) Early detection of fire and smoke system, including the central control panel connected to all areas in PHCs according to its functionality, and ensure continuous monitoring 24/7.
- c) Fire suppression system such as water system, automated or manual fire extinguisher.
- d) Listing of firefighting and alarm systems includes maintenance testing, inspection schedule.
- e) Availability of safe, unobstructed fire exits, with clear signage to assembly areas and emergency light, in addition to other related signages like how to activate the fire alarm using a fire extinguisher and hose reel.
- f) Inspection of all firefighting and alarm systems should be in place, and results are recorded with needed corrective actions.
- g) Safe storage and handling of highly flammable materials.
- h) The PHC should perform proper annual training and orientation of all staff in a practical manner to make sure that everyone in the PHC can:
 - Demonstrate RACE and PASS.
 - Define who is responsible for medical gas safety in case of fire.
 - Safely evacuate all occupants.
 - PHC evacuation pathway, gathering areas, and assembly points.
- i) Fire drills details including, but are 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.
- j) Documentation of all results in a proper way and repetition according to the training plan.
- k) The plan is evaluated annually and, if needed, according to related KPIs results or major incidents.

Survey process guide:

- The GAHAR surveyor may review the fire safety plan, facility fire safety inspections, and fire system maintenance.
- The GAHAR surveyor may check that fire alarm; firefighting and smoke containment systems are working effectively and complying with civil defense requirements.
- The GAHAR surveyor may review plan of testing (drills) and staff training (all staff should be trained on fire safety).

Evidence of compliance:

1. The PHC has a fire and smoke safety plan that includes all elements from a) through k) in the intent.
2. The PHC fire alarm, firefighting and smoke containment system are available, functioning and comply with civil defence requirements.
3. Inspection, testing and maintenance of fire alarm, firefighting and smoke containment systems are performed and recorded.
4. Fire drills are performed in different clinical and non-clinical areas, including at least one unannounced drill annually.
5. The PHC guarantees safe evacuation processes for all occupants in case of fire and/or other internal emergencies.
6. The fire and smoke safety plan is evaluated annually and, whenever indicated, with aggregation and analysis of necessary data.

Related standards:

APC.01 Sustaining registration requirement; EFS.03 Smoking-free environment.

EFS.03 Both clinical and non-clinical areas in the PHC are smoking-free.

Safety

Keywords:

Smoking-free environment

Intent:

According to Center 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 risk for death from all causes in men and women. Literature shows that although PHCs restrict smoking inside, many people continue to smoke outside, creating problems with second-hand smoke, litter, fire risks, and negative role modeling. Smoke-free policies are an important component of an ecological and social-cognitive approach to reducing tobacco use and tobacco-related disease. In addition, Anti-smoking policies were reported to cause numerous positive effects on employee performance and retention. The PHC shall ensure a smoking-free environment for patients and environmental safety through the availability of smoking-free environment policy and procedure, proper signage according to laws and regulations. The policy should include any exceptions, penalties, and the designated smoking area outside the building. All staff should be oriented about the smoking-free environment policy.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

EFS.02 Fire and smoke safety.

EFS.04 NSR.17 The PHC has plans for handling, storage, usage and transportation of hazardous materials and waste disposal.

Safety

Keywords:

Hazardous materials and waste management

Intent:

Hazardous materials are chemical substances, which, if released or misused, can pose a threat to the environment, life or health. Industry, agriculture, medicine, research, and consumer goods use these chemicals. Hazardous materials come in the form of explosives, flammable and combustible substances, poisons, and radioactive materials. These substances are most often released because of transportation accidents or chemical accidents in healthcare organizations. Because the effects of hazardous materials can be devastating and far-reaching, it is important that PHCs to plan their safe use and establish a safe working environment.

Healthcare waste includes infectious, chemical, expired pharmaceutical and sharps. These items can be pathogenic and environmentally adverse. Other waste items generated through healthcare but not hazardous include medication boxes, the packaging of medical items and food, remains of food, and waste from clinics.

The PHC should identify and control hazardous material and waste all over the PHC to ensure that staff, patients, relatives, vendors, and the environment are safe. Hazardous material and waste are categorized into the following categories according to the WHO classification:

- Infectious
- Pharmaceutical
- Chemical
- Heavy metals
- Pressurized containers
- Sharps

Hazardous materials and waste management plan includes, but is not limited to, the following:

- a) A current and updated inventory of hazardous materials used in the PHC, the inventory should include the material name, hazard type, location, usage, consumption rate, and responsibility.
- b) Material safety data sheet (MSDS) should be available and includes information such as physical data, hazardous material type (flammable, cytotoxic, corrosive, carcinogenic, etc.), safe storage, handling, spill management and exposures, first aid, and disposal.
- c) Appropriate labeling of hazardous materials.
- d) Procedure for safe usage, handling, storage, and spillage of hazardous materials.
- e) Appropriate segregation, labeling, handling, storage, transportation, and disposal of all categories of hazardous waste.
- f) Availability of required protective equipment and spill kits.
- g) Investigation and documentation of different incidents such as spill and exposure.
- h) Compliance with laws and regulations, availability of required licenses, and/or permits.
- i) Staff training and orientation.
- j) The plan is evaluated and updated annually and/or when required.

Survey process guide:

- The GAHAR surveyor may review the hazardous material and waste management program to make sure that it covers all safety requirements of hazardous materials, safe storage, handling, spills, required protective equipment and waste disposal according to laws and regulations.
- The GAHAR surveyor may review the hazardous material and waste disposal plan, hazardous material and waste inventories, as well as Material Safety Data Sheet (MSDS) during document review session or during PHC tours and tracers.
- The GAHAR surveyor may inspect hazardous material labeling and storage in addition to waste collection segregation storage and final disposal.

Evidence of compliance:

1. The PHC has hazardous material and waste management plan that addresses all elements from a) through j) in the intent.
2. The PHC ensures staff safety when handling hazardous materials/or waste.
3. Waste disposal occurs according to laws and regulations.
4. The PHC ensures safe usage, handling, storage, and labeling of hazardous materials.
5. The PHC has a document for spill management, investigation, and recording of different incidents related to hazardous materials.
6. The plan is evaluated and updated annually with aggregation and analysis of necessary data.

Related standards:

DAS.04 Radiation safety program; DAS.09 Laboratory safety program.

EFS.05 NSR.18 The PHC has a work environment plan that addresses high-risk areas, procedures, risk mitigation requirements, tools, and responsibilities.

Safety

Keywords:

Safety management plan

Intent:

Health services are committed to providing a safe environment for patients, staff and visitors. PHC safety arrangements keep patients, staff and visitors safe from inappropriate risks such as electricity and from inappropriate behavior such as violence and aggression. The PHC shall have a safety plan that covers the building, property, medical equipment, and systems to ensure a safe physical environment for patients, families, staff, visitors, and vendors. The safety plan shall include at least the following:

- a) Proactive risk assessment.
- b) Effective planning to prevent accidents and injuries and minimize potential risks, to maintain safe conditions for all occupants to reduce and to control risks.
- c) Processes for pest and rodent control.
- d) The PHC identifies potential risks because of system failure and/or staff behavior, for example: wet floor; water leakage from the ceiling beside electrical compartments; improper handling of sharps; non-compliance to personal protective equipment in case of working at heights, cutting, and welding, dealing with high voltage; and unsafe storage.
- e) Regular inspection with documentation of results, performing corrective actions, and appropriate follow up.
- f) Improvements for long-term upgrading or replacement.
- g) Safety training depending on job hazard analysis.

Survey process guide:

- The GAHAR surveyor may review safety plan/s to make sure that they include suitable risk assessment surveillance.
- The GAHAR surveyor may review surveillance rounds plan, checklist, different observations and proper corrective actions when applicable.

- The GAHAR surveyor may inspect workers in different areas like workshops and waste collection areas to check usage of suitable personal protective equipment (PPE).

Evidence of compliance:

1. The PHC has a plan to ensure a safe work environment that includes all elements from a) through g) in the intent.
2. Staff are aware of safety measure pertinent to their job.
3. Safety measures are implemented in all areas.
4. Safety instructions are posted in all high-risk areas.
5. Safety management plan is evaluated and updated annually with aggregation and analysis of necessary data.

Related standards:

DAS.04 Radiation safety program; DAS.09 Laboratory safety program.

EFS.06 NSR.19 The security plan addresses security of all occupants and properties including restricted and isolated areas with risk mitigation, control measures, tools, and responsibilities.

Safety

Keywords:

Security plan

Intent:

Usually, PHCs enforce a code of behaviour that does not tolerate violence, aggression, thefts, harassment, physical or verbal aggression, or abuse towards staff, patients, family members or visitors. To keep staff, patients and visitors safe, PHCs may use a range of security measures, including the use of CCTV cameras, duress alarms for staff members and electronic access control systems for doorways. Some PHCs also employ security staff. The PHC ensures protection of all occupants from violence, aggression, thefts, harassment, suicide, bomb threat, terrorism, gunshot, and child abduction. The security plan includes, but is not limited to, the following:

- a) Security risk assessment.
- b) Ensuring the identification of patients, visitors, and staff in the PHC.
- c) Identification of vendors/contractors with the restriction of their movement within the PHC.
- d) Vulnerable patients such as the elderly, infants, those with mental disorders, and handicapped should be protected from the abuse and above-mentioned harms.
- e) Children should be protected from abduction.
- f) Drill for child abduction should be performed at least annually.
- g) Monitoring of remote and isolated areas.
- h) Staff training and orientation.
- i) The plan is evaluated annually and, if needed, according to related KPIs results or major incidents.

Survey process guide:

- The GAHAR surveyor may review security plan/s to make sure that they include suitable risk assessment surveillance, security high-risk areas and security requirements, as well as access control areas.
- The GAHAR surveyor may review surveillance rounds plan, checklist, different observations and proper corrective actions when applicable.
- The GAHAR surveyor may check security plan, cameras, monitors, staff ID and access-controlled areas.

Evidence of compliance:

1. The PHC has a security plan that includes items a) through i) in the intent.
2. Security plan education is provided on at least annually to all staff.

3. Security measures are implemented including identification of occupants.
4. Occupants are protected from harm, such as violence, aggression, infant/child abduction.
5. Restricted and isolated areas are protected and secured.
6. Security plan is evaluated and updated annually with aggregation and analysis of necessary data.

Related standards:

PCC.10 Patient belongings.

EFS.07 NSR.20 The medical equipment plan includes processes for selection, inspection, testing, maintenance, and use of medical equipment.

Safety

Keywords:

Medical equipment management plan

Intent:

It is crucial to establish some basic equipment safety and service guidelines. The PHC shall develop a plan for medical equipment management. The plan shall address at least the following:

- a) Inspection and testing of new medical equipment upon procurement and on a predefined interval basis.
- b) 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.
- c) Inventory of medical equipment including availability, criticality and functionality.
- d) Identification of critical medical equipment.
- e) 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.
- f) Malfunction and repair of medical equipment.
- g) Dealing with equipment adverse incidents, including actions taken, backup system, and reporting.

Survey process guide:

- The GAHAR surveyor may review the medical equipment maintenance program to ensure availability of all required documents, inventory of medical equipment, preventive maintenance schedule, calibration schedule and staff training records.
- During the GAHAR survey, surveyor may check medical equipment functionality and trace some medical equipment records.

Evidence of compliance:

1. The PHC has an approved medical equipment management plan that addresses all elements from a) through g) in the intent.
2. The PHC has competent individuals to oversee medical equipment management.
3. Staff are educated on the medical equipment plan at least annually.
4. Records are maintained for medical equipment inventory, user training, equipment identification cards, company emergency contact, testing on installation, periodic preventive maintenance, calibration and malfunction history.
5. The PHC ensures that only trained and competent people handles the specialized equipment(s).
6. The plan is evaluated and updated annually with aggregation and analysis of necessary data.

Related standards:

ICD.16 Emergency equipment and supplies; DAS.02 Technical standards (practice parameters).

EFS.08 NSR.21 Essential utilities plan addresses regular inspection, maintenance, testing and repair.

Safety

Keywords:

Utilities management plan

Intent:

Some of the most important utilities include mechanical (e.g., heating, ventilation and cooling); electrical (i.e., normal power and emergency power); domestic hot and cold water; other plumbing systems; waste; technology systems, including the myriad communications and data-transfer systems; vertical transportation utilities; fuel systems; access control, duress alarm and surveillance systems; medical gases, air and vacuum systems; and pneumatic tube systems. The PHC shall have a utility management plan to ensure efficiency and effectiveness of all utilities. The plan shall include at least the following:

- a) Inventory of all utility key systems, for example, building maintenance, electricity, water supply, medical gases, heating, ventilation and air conditioning, communication systems, sewage, fuel sources, fire alarm, and elevators.
- b) Layout of the utility system.
- c) Staff training on utility plan.
- d) Regular inspection, testing, and corrective maintenance of utilities.
- e) Testing of the electric generator with and without a load on a regular basis.
- f) Providing fuel required to operate the generator in case of an emergency.
- g) Cleaning and disinfecting of water tanks and testing of water quality with regular sampling for chemical and bacteriological examination with documentation of the results at least quarterly and/or more frequently if required by laws and regulations or conditions of the source of water.
- h) Preventive maintenance plan, according to the manufacturer's recommendations.
- i) The PHC shall perform regular, accurate data aggregation, and analysis for example, frequency of failure, and preventive maintenance compliance for proper monitoring, updating, and improvement of the different systems.

Survey process guide:

- The GAHAR surveyor may review utility management plan to confirm availability of all required systems, regular inspection, maintenance and backup utilities.
- The GAHAR surveyor may review inspection documents, preventive maintenance schedule, contracts and equipment, as well as testing results of generators, tanks and/or other key system.

Evidence of compliance:

1. The PHC has a plan for utility management that includes items a) through i) in the intent.
2. The PHC has competent staff members to oversee utility systems.
3. Staff are educated on the utility systems plan at least annually.
4. Records are maintained for utility systems inventory, testing, periodic preventive maintenance and malfunction history.
5. Critical utility systems are identified and back up availability is ensured.
6. The plan is evaluated and updated annually with aggregation and analysis of necessary data.

Related standards:

IPC.06 Disinfection, sterilization; IPC.08 Laundry service, textile; IPC.09 Demolition, renovation, construction; OGM.08 Contract management; CAI.06 Safe water supply; EFS.09 Disaster plan.

EFS.09 Emergency preparedness plan addresses responding to potential disasters.

Safety

Keywords:

Disaster plan

Intent:

With climate changes, increased pollution and advancement of technologies, Earth is becoming vulnerable to natural disasters. Floods, droughts, cyclones, earthquakes and landslides are common. Last few decades have witnessed an increased frequency in disasters causing tremendous human casualties, in terms of loss of life and disability in addition to huge economic losses. Although these may not be totally-preventable but their impact can be minimized by effective planning. Equally important are the peripheral emergencies, like road, rail and air accidents, fire, drowning and stampedes in mass gathering, industrial accidents, explosions and terrorist attacks that have an inherent potential to convert into a mass casualty incident. The loss of life and disability are compounded by the lack of adequate medical preparedness both qualitatively and quantitatively across the country. Preparedness measures are taken before a disaster can greatly increase the ability to control communicable diseases and prevent epidemics. Such measures include training clinical and outreach staff in the identification and management of specific diseases considered to be a threat; creating local stocks of supplies and equipment for diagnosis, treatment, and environmental health measures in case of disease outbreaks; strengthening health surveillance systems and practicing protocols for managing information on certain diseases; raising awareness among the population likely to be affected by a disaster on communicable diseases and the need for early referral to a health organization. Acute respiratory infections, diarrhea, Measles, lice infestation, and hand-foot-mouth disease outbreaks are common. The PHC shall have a risk assessment tool to prioritize potential emergencies based on probability and impact.

The emergency preparedness plan shall include:

- a) Risk assessment of potential emergencies, internal and external disasters, such as heavy rains, earthquake, hot weather, traffic accidents, power failure, fire, gas leakage, in addition to epidemics, which may affect the PHC's building and/or activities.
- b) Degree of preparedness according to the level of risk.
- c) Communication strategies: internal communication may be in the form of a clear call tree that includes staff titles and contact numbers, and external communication channels may include civil defence, ambulance centre, police.
- d) Clear duties and responsibilities for PHC leaders and staff.
- e) Identification of required resources such as utilities, medical equipment, medical, and non-medical supplies, including alternative resources.
- f) Business Continuity:
 - i. Triageing.
 - ii. Staff main task is maintained in case of emergencies: management of clinical activities during a disaster.
 - iii. Alternative care sites, and back-up utilities.
 - iv. Safe patient transportation in case of emergency is arranged by the PHC.
- g) Drill schedule. The PHC shall 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. Feedback to the environmental safety committee.
 - v. Debriefing.

Survey process guide:

- The GAHAR surveyor may review emergency preparedness plan and its records to confirm that it covered all the identified risks.
- The GAHAR surveyor may review preparations in terms of equipment, medication, supplies, staff and others during PHC tours and tracers.

Evidence of compliance:

1. The PHC has an emergency preparedness plan that includes items a) through g) in the intent.
2. Staff training is performed, tested, and evaluated, including communicable disease.
3. The PHC performs at least one drill annually that includes items i) through v) in point g) in the intent.
4. The plan is evaluated regularly with aggregation and analysis of necessary data.
5. The PHC demonstrates preparedness for identified emergencies and there is a list of supplies and equipment need to be stocked for potential outbreaks.

Related standards:

QPI.07 Risk management program; MMS.01 Medication management program; SIP.01 Surgery and invasive procedure services; DAS.05 Laboratory services planning and management; DAS.01 Planning medical imaging services; IPC.02 IPC program, risk assessment, guidelines; OGM.02 PHC management; OGM.03 PHC leaders; EFS.08 Utilities management plan.

Infection Prevention and Control

Chapter intent

Infection Prevention and Control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and/or health workers. It is grounded in infectious diseases, epidemiology, social science, and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health-care encounter.

The IPC program aims at identifying and reducing or eliminating the risks of acquisition and transmission of infections among patients, healthcare workers, volunteers, visitors, and the community. Usually, the IPC program is risk-based; this means that a risk assessment is required to promptly identify and proactively address possible infection risks among individuals and in the environment. Then, solutions shall be tailored accordingly by developing appropriate policies and procedures, in conjunction with proper staff education. Therefore, IPC activities shall differ from one center to another, depending on the PHC clinical activities, scope of services, and served patient population. It is the responsibility of the IPC team members to oversee the IPC program, and they should all have detailed job descriptions. The staff member(s) shall be qualified enough to meet the PHC needs. These needs are driven by the PHC size, complexity of activities, and level of risks, as well as the program's scope. The required qualifications could be in the form of education, training, experience, and certification.

The IPC program and its activities are based on current scientific knowledge, the national guidelines, accepted international practice guidelines (CDC, APIC, IFIC), besides applicable laws and regulations. The program shall need to be planned, disseminated, taught, and monitored.

Chapter purpose

Important processes and activities addressed in this chapter include the following:

1. Effective structure of infection prevention and control.
2. Standard precautions through addressing policies and procedures, implementation, and monitoring.
3. Environmental cleaning and disinfection activities.
4. Safe injection practices.
5. Transmission based precautions and patient placement.
6. The infection prevention and control program in all supportive services.
7. Preventive measures during construction and renovation.
8. Monitoring and quality improvements.
9. Designing and implementation of the IPC improvement projects based on monitoring of the IPC program and analysis of the KPIs.

Implementation guiding documents

(All mentioned references needs to be read in the context of its conditions, amendments, substitutes, updates and annexes)

- 1) National guidelines for infection control
- 2) MOH Ministerial decree for developing infection prevention and control departments
- 3) MOH Ministerial decree 187/2004 for infection control personnel
- 4) Presidential decree 14/2014 for performance evaluation
- 5) MOH Ministerial decree 753 / 2015 for medical waste management
- 6) MOH Ministerial decree 153 / 2004 for prevention of viral hepatitis
- 7) MOH Ministerial decree 523 / 2015 for reuse of single used devices and instruments
- 8) The Egyptian code for health care facilities design
- 9) Egyptian law of environment

Efficient structure of the infection prevention and control program

IPC.01 Infection prevention and control activities are governed and organized according to applicable laws and regulations, national and international guidelines.

Effectiveness

Keywords:

IPC team, IPC committee

Intent:

The presence of a qualified IPC team in the PHC increases effectiveness of the IPC program in all its phases including development, implementation, and monitoring. Stakeholders and process owners are then involved in the decision-making stage. Thus the presence of a multidisciplinary IPC committee is crucial in order to provide the continuous link between the upper managerial level, IPC team and all other PHC units. To ensure the infection prevention and control program effectiveness, a qualified team shall develop a program, supervise it, and put an action plan to implement this program, and educate all staff members on their roles in it. The team members' qualifications and number shall meet the PHC needs. These needs are driven by the PHC size, complexity of activities, and level of risks, as well as the program's scope. The required qualifications could be in the form of education, training, and certification. There should be a structured infection control committee; all relevant disciplines should be represented in the committee for example (but not limited to), a representative from medical services, nursing services, housekeeping, laboratory, pharmacy, and sterilization services etc., and the committee should have the right to summon whoever it deems appropriate.

Survey process guide:

- The GAHAR surveyor may learn about the infection control structure in the PHC chart during the PHC orientation session.
- The GAHAR surveyor may verify the presence of an approved team formation decision of staff by interviewing them, check their job descriptions, certification or qualifications during staff file review session.
- The GAHAR surveyor may perform an infection control program review to assess the presence of an approved IPC committee formation decision, recorded monthly meetings of the previous six months, recommendations as well as records to prove follow-up.

Evidence of compliance:

1. The IPC team leader is a competent healthcare professional and there is an assigned IPC team that has a dedicated time for IPC activities.
2. The IPC team members have the ability to communicate with the top management and all functioning units effectively.
3. Infection prevention and control committee has clear terms of reference and diverse representation of all relevant disciplines.
4. The committee meets at least monthly.
5. The committee meetings are recorded.
6. Implementation of the decisions taken by the committee at the end of each meeting are followed up.

Related standards:

WFM.02 Job description; OGM.02 PHC management.

IPC.02 A comprehensive infection prevention and control program is developed, implemented and monitored.

Safety

Keywords:

IPC program, risk assessment, guidelines

Intent:

Constructing a comprehensive IPC program is of utmost importance in order to effectively reduce infection risks. The IPC program is an integrated part of quality improvement and patient safety programs, using measures that are epidemiologically important to the PHC. Measurement information is essential to improve infection prevention and control activities and reduce healthcare-associated infection rates. A PHC can best use measurement data and information by understanding similar rates and trends in other similar organizations. An effective IPC program shall be comprehensive and shall include all aspects of patient care, staff health, and the entire services provided by the PHC. The program development requires a multidisciplinary approach that is carried on by qualified staff members and is reinforced by sound up-to-date knowledge and resources in order to fulfill its mission and objectives. The program shall also assure the education and training of all working staff members and provide necessary patients, visitors, and families' education. Surveillance of all activities shall be performed by the PHC based on the IPC program is also a necessity. The IPC program shall be based on the annual PHC risk assessment plan, national and international guidelines (CDC, APIC, IFIC, etc.), accepted practices, and applicable laws and regulations. Each PHC shall design its own key performance indicators to monitor, assess, and improve the IPC program. Examples of KPI include the percentage of hand hygiene compliance and the results of sterilization monitoring.

Survey process guide:

- The GAHAR surveyor may perform an infection control program review to evaluate the presence of a risk assessment, an IPC program that is based on the risk assessment and covers all PHC areas and includes all relevant individuals, a training plan or an annual evaluation report and update of the IPC program.
- The GAHAR surveyor may perform an infection control program review to assess the presence of a list of procedures and processes associated with increased risk of infection, policies and procedures in IPC unit and services in scheduled visits or IPC improvement plan(s).
- The GAHAR surveyor may check the documentation of monitoring of data, KPI data analysis reports, recommendations for improvement and observe their implementation.

Evidence of compliance:

1. The IPC program describes the scope, objectives, expectations, and surveillance methods.
2. The IPC program includes all areas of the PHC and covers patients, staff, visitors, and the external community.
3. The PHC identifies units and services with increased potential risk of infection.
4. The IPC program is based on IPC risk assessment, current scientific knowledge, accepted practice guidelines, and applicable laws and regulations.
5. The IPC program includes a training plan for all healthcare professionals, in addition to patient awareness.
6. The PHC tracks, collects, analyzes, and reports data on its infection control program, Actions are taken when improvement opportunities are identified.

Related standards:

MMS.02 Antimicrobial stewardship program; EFS.09 Disaster plan; CAI.05 Surveillance and reporting.

Safe and effective infection prevention practices

IPC.03 NSR.03 Evidence-based hand hygiene guidelines are adopted and implemented throughout the PHC in order to prevent healthcare-associated infections.

Safety

Keywords:

Hand hygiene

Intent:

Hand hygiene is the cornerstone of reducing infection transmission in all healthcare settings. It is considered the most effective and efficient strategy for infection prevention and control. Hand hygiene facilities shall be present in appropriate numbers. Hand hygiene supplies (hand soap, hand antiseptics, and single-use towels) shall be present in the appropriate places. Alcohol-based hand rubs are now the preferred products for routine hand hygiene in healthcare facilities unless hands are visibly soiled to overcome the shortage in sinks.

Survey process guide:

- The GAHAR surveyor may review policy of hand hygiene and hand hygiene guidelines.
- The GAHAR surveyor may review hand hygiene education posters and records. The GAHAR surveyor may interview PHC staff, enquiring about hand hygiene technique and WHO five moments of hand hygiene.
- The GAHAR surveyor may observe handwashing facilities at each clinic and check availability of supplies (soap, tissue paper, alcohol hand rub, etc.).
- The GAHAR surveyor may observe compliance of healthcare professionals with hand hygiene technique and WHO five moments of hand hygiene.

Evidence of compliance:

1. The PHC has adopted current evidence-based hand-hygiene guidelines.
2. Hand hygiene policies and procedures are established, easily accessible, and implemented according to current evidence-based guidelines.
3. Healthcare professionals are trained on these policies and procedures.
4. Hand hygiene posters are displayed in required areas and hand hygiene facilities are present in required numbers and places.
5. The PHC tracks, collects, analyzes, and reports data on hand hygiene process.
6. The PHC acts on improvement opportunities identified in hand hygiene process.

Related standards:

APC.01 Sustaining registration requirement; MMS.12 Medication preparation, labelling of medications, dispensing, and administration.

IPC.04 Standard precautions measures are implemented.

Safety

Keywords:

Standard precaution measures

Intent:

According to CDC, standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. In addition to hand hygiene, standard precautions include:

- I. Use of personal protective equipment (PPE) (e.g., gloves, masks, eyewear).
- II. Use of soap, washing detergents, antiseptics, and disinfectants.
- III. Respiratory hygiene / cough etiquette.
- IV. Sharps safety (engineering and work practice controls).
- V. Safe injection practices (i.e., aseptic technique for parenteral medications).

VI. Sterile instruments and devices.

VII. Clean and disinfected environmental surfaces.

Proper selection of standard precautions depends on risk assessments that are performed at the points of care, so staff education and training are therefore of utmost importance. The effort of respiratory hygiene interventions shall be targeted at patients and accompanying significant others with respiratory symptoms. Healthcare professionals shall always use a sterile, single-use disposable syringe, needle for each injection given, and ensure that all injection equipment and medication vials remain free from contamination. Training shall be performed on proper way and sequence of donning and doffing of various personal protective equipment to maintain maximum protection throughout the process. PHC shall have a clear method and schedule for environmental cleaning and disinfection including walls, floors, ceilings, and furniture; this shall be performed according to the classification of areas.

The schedule shall 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.

Survey process guide:

- During the GAHAR Survey, the surveyor may observe the availability, accessibility and use of detergents, antiseptics, and disinfectants in the relevant areas.
- The Surveyor may observe the availability and accessibility of PPE and may interview staff members to inquire about the constant availability, accessibility and proper use of PPE.
- The surveyor may observe the availability of respiratory hygiene /cough etiquette posters in appropriate places, accessibility and use of detergents, antiseptics, and disinfectants in the relevant areas and the availability and accessibility of the relevant resources in proper places.

Evidence of compliance:

1. The PHC provides PPE, detergents, antiseptics, and disinfectants that are readily available, easily accessible, with standardized product specifications needed for the task.
2. Respiratory hygiene/cough etiquette posters are displayed at appropriate places.
3. Intravenous bottles are not used interchangeably between patients, usage of multi-dose vials is performed as per approved procedures and usage of single dose vials is done whenever possible.
4. Cleaning activities and times are listed for each area and include all elements mentioned in the intent from a) through c).
5. All medical procedures are performed in an environment that does not pose a risk of infection.

Related standards:

WFM.05 Orientation program; WFM.06 Continuous education program; IPC.02 IPC program, risk assessment, guidelines; IPC.05 Suspected communicable disease.

IPC.05 The PHC has a process to deal with patients who have a suspected communicable disease.

Safety

Keywords:

Suspected communicable disease

Intent:

If the patient is determined to be at increased risk for transmission of microorganisms, the patient should be placed in a separate waiting room/area when available. Those patients that are likely to contaminate the environment, do not maintain appropriate hygiene, or are at increased risk for acquiring infections or developing adverse outcomes following infection should be considered for single room placement when available. When a separate waiting room/area is not available, patient spacing should be maintained at a minimum of three feet or more. Patients who present with

clinical respiratory syndromes should be instructed in the practice of respiratory hygiene and cough etiquette and given surgical masks to wear until an examination room can be provided. Place patients requiring droplet precautions in an examination room as soon as possible. Health care providers should don surgical masks on room entry.

The PHC develops protocols to identify patients with known or suspected airborne infections. Place the patient requiring airborne Precautions in a negative pressure room. If a negative pressure room is not available, place the patient in an examination room with a portable high-efficiency particulate air (HEPA) filter. If no portable HEPA filter is available, ensure that the patient wears a surgical mask. Regardless of the type of room the patient is in, the staff should always carry out appropriate respiratory protection.

Environmental measures: Routine cleaning of high touch surfaces is standard. Environmental services personnel should wear an N95 respirator on room entry. After the patient has left the examination room should remain unoccupied for enough time (about one hour).

Survey process guide:

- The GAHAR surveyor may perform an infection control program review to assess developed policies and procedures, training records of healthcare professionals.
- During the GAHAR survey, the surveyor may observe at least one assigned area for patient placing according to the PHC capacity.

Evidence of compliance:

1. Patients with suspected clinical communicable diseases are identified and placed in the assigned area.
2. Health care providers caring for patients with a suspected communicable disease are adherent to suitable PPE and hand hygiene practices.
3. Environmental cleaning and disinfection are done according to the approved IPC program.

Related standards:

IPC.04 Standard precaution measures.

IPC.06 Patient care equipment are disinfected/sterilized based on evidence-based guidelines and manufacturer recommendations.

Safety

Keywords:

Disinfection, sterilization

Intent:

Processing of patient care equipment is a very critical process inside any PHC. In clinical procedures that involve contact with medical/surgical equipment, it is crucial that healthcare professionals follow standard practices and guidelines to clean and disinfect or sterilize. Cleaning process is a mandatory step in processing of patient care equipment. Cleaning, disinfection, and sterilization can take place in a centralized processing area. Assigned processing area shall have workflow direction. The PHC shall develop and implement a policy and procedures to guide the process of sterilization/disinfection. The policy shall address at least the following:

- a) Receiving and cleaning of used items.
- b) Preparation and processing.
 - i. Processing method to be chosen according to Spaulding classification:
Disinfection of medical equipment and devices involves low, intermediate, and high-level techniques. High-level disinfection is used (if sterilization is not possible) for only semi-critical items that come in contact with mucous membranes or non-intact skin. Chemical disinfectants approved for high-level disinfection include glutaraldehyde, orthophthaldehyde, and hydrogen peroxide.
 - ii. Sterilization shall be used for all critical and heat-stable semi-critical items.
 - iii. Low-level disinfection (for only non-critical items) shall be used for items such as stethoscopes and other equipment touching intact skin. In contrast to critical and some

semi-critical items, most non-critical reusable items may be decontaminated where they are used and do not need to be transported to a central processing area.

- c) Labeling of sterile packs.
- d) Storage of clean and sterile supplies: properly stored in designated storage areas that are clean, dry and protected from dust, moisture, and temperature extremes. Ideally, sterile supplies are stored separately from clean supplies, and sterile storage areas shall have limited access.
- e) Logbooks are used to record the sterilization process.
- f) Inventory levels.
- g) Expiration dates for sterilized items.

Survey process guide:

- The GAHAR surveyor may perform an infection control program review to assess developed policies and procedures, training records of healthcare professionals.
- During the PHC tours and tracers, the surveyor may observe the number of functioning pre-vacuum class B sterilizers, the presence of physically separated areas according to the standard with unidirectional airflow, and the presence of storage areas that meet the standard criteria.
- The GAHAR surveyor may check the ability of the staff to perform the sterilization process properly.

Evidence of compliance:

1. The PHC has an approved policy to guide the process of disinfection and sterilization that addresses all element in the intent from a) through g).
2. Healthcare professionals are trained on approved policy.
3. The PHC has at least one functioning pre-vacuum class B sterilizer.
4. Laws and regulations, Spaulding classification, and manufacturer's requirements and recommendations guide sterilization or disinfection.
5. There is a physical separation between the contaminated and clean area.
6. Clean and sterile supplies are properly stored in designated storage areas that are clean and dry and protected from dust, moisture, and temperature extremes.

Related standards:

IPC.07 Disinfection/sterilization quality control program; EFS.08 Utilities management plan.

IPC.07 A disinfection/sterilization quality control program is developed and implemented.

Safety

Keywords:

Disinfection/sterilization quality control program

Intent:

disinfection/sterilization is a critical process in any PHC. Therefore, monitoring of the disinfection/sterilization process is crucial for ensuring a reliable and efficient disinfection/sterilization process. Quality control measures are performed to monitor and ensure the reliability of disinfection/sterilization processes.

Monitoring includes:

- a) physical parameters (temperature, time and pressure), which are monitored every cycle.
- b) chemical parameters (internal chemical indicator inside the sterilization pack, and external chemical indicator on the outside of the sterilization pack), which are monitored every pack and biological indicator at least weekly.

The test for adequate steam penetration and rapid air removal must be done every day before starting to use the autoclave through using:

- c) Class 2 internal chemical indicators, and
- d) Process challenge devices which is either of the following:

- I. Porous challenge device or Hollow challenge device. Porous challenge pack: Bowie-Dick Sheets (class 2 indicator) inside a porous challenge pack (every load), or
- II. Hollow load challenge (Helix test): a class 2 chemical indicator (strip) inside a helix (every load)

The PHC should fulfill logbooks for documentation of sterilization monitoring process.

Survey process guide:

- The GAHAR surveyor may perform an infection control program review to assess developed policies and procedures, training records of healthcare professionals.
- The GAHAR surveyor may visit areas where disinfection/sterilization is performed to check quality control procedures and records.
- The GAHAR surveyor may interview staff members involved in sterilization/disinfection and other healthcare professionals to check their awareness on quality control performance.
- The GAHAR surveyor may assess the quality of packaging material, the availability of mechanical monitoring, chemical and biological indicators that meet the standardized product specifications. The GAHAR surveyor may review logbooks for chemical indicators and biological indicators documentation for each autoclave and logbook for chemical indicators.

Evidence of compliance:

1. Quality of packaging material, as chemical and biological indicators, are determined based on standardized product specifications.
2. Healthcare professionals involved in sterilization/disinfection are competent in quality control performance.
3. Quality control tests for monitoring sterilization and high-level disinfectants are done regularly.
4. Quality control processes are recorded.
5. Corrective action is taken whenever results are not satisfactory.

Related standards:

IPC.06 Disinfection, sterilization.

IPC.08 The PHC has a laundry service and healthcare textile management process.

Safety

Keywords:

Laundry service, textile

Intent:

Procedures that involve contact with contaminated textile can be a source for introducing pathogens that lead to infection. Failure to properly clean, disinfect, or store textiles put not only patients, but also staff members who transport them at risk of infection. It is critical that healthcare professionals follow standard practices to clean and disinfect used textiles. Infection risk is minimized with proper cleaning and disinfection processes. The washing machine shall have a pre-cleaning cycle. Healthcare professionals shall follow manufacturer's instructions of detergents and disinfectants use and washing instructions. The PHC shall develop and implement a policy and procedures to define laundry and healthcare textile services. The policy shall address at least the following:

- a) Processes of collection and storage of contaminated textile.
- b) Cleaning of contaminated textile.
- c) Water temperature, detergents, and disinfectants usage.
- d) Processes of storage and distribution of clean textile.
- e) Quality control program (temperature, amount of detergents and disinfectants used, and maintenance) for each washing machine.

Survey process guide:

- The GAHAR surveyor may perform an infection control program review to assess developed policies and procedures, training records of healthcare professionals.
- The GAHAR surveyor may visit areas where laundry and health textile management is performed to observe its design, the presence of functioning washing machine/s, recorded water temperatures and quality control records.

Evidence of compliance:

1. The PHC has an approved policy to define laundry and healthcare textile services that addresses all elements in the intent from a) through e).
2. Staff members involved in laundry and health textile management are aware of the approved laundry service policy.
3. Contaminated textile are collected, stored and transported the Laundry service and healthcare textile management policy.
4. There is at least one functioning washing machine.
5. Contaminated linen is covered and separated from clean linen.
6. A quality control program, including water temperatures, is implemented and recorded.

Related standards:

EFS.08 Utilities management plan; OGM.08 Contract management.

IPC.09 The PHC has as a policy for reduction of infection risks during demolition, renovation, or construction projects.

Safety

Keywords:

Demolition, renovation, construction

Intent:

Demolition, construction, or renovation anywhere within the PHC can be a major risk to infection prevention and control. Exposure to construction dust and debris and other biohazards can be potentially dangerous to lung function and to the safety of staff and visitors. The PHC shall assess the magnitude of the risks resulting from the impact of the renovation or new construction on the predetermined air-quality, IPC, and utility requirements and initiate a plan to minimize such risks.

Survey process guide:

- The GAHAR surveyor may perform an infection control program review to assess developed policies and procedures, as well as training records of healthcare professionals.
- The GAHAR surveyor may visit areas under demolition/renovation/construction and review infection risk assessment for these areas.
- A recorded work permission from the IPC team, if required by the PHC policy, may be reviewed as well.

Evidence of compliance:

1. The PHC has an approved policy for infection risk assessment for areas under demolition, renovation, or construction.
2. Infection risk assessment of renovations, or new constructions has defined criteria.
3. Staff members involved in demolition/construction/renovation are trained on the approved policy for infection risk assessment.
4. There is a mechanism, such as work permission, to empower infection risk assessment and recommendations.
5. Infection prevention measures, considerations and recommendations are considered during any demolition, renovation, or construction projects.

Related standards:

EFS.08 Utilities management plan; OGM.08 Contract management.

Organization Governance and Management

Chapter intent

This chapter is concerned with structures for governance and accountability that may differ according to the PHC and its size, mandate, and whether it is publicly or privately owned. Possible structures include an individual or group owner, government committee or ministry, or Board of Directors. Having a defined governance structure provides clarity for everyone in the PHC, including managers, clinical leadership, and staff, regarding who is accountable for making final decisions and oversight of the PHC's overall direction. While governance provides oversight and support, it is the commitment and planning efforts of the PHC leadership as well as the departments and services leaders that ensure the smooth and efficient management of the PHC.

Effective planning is initiated by identifying the stakeholders' needs and designing the service accordingly. Egypt's 2030 Vision that has been recently developed provides a direction and common goal to all PHCs to ensure effective safe and patient-centered care is provided equally for all Egyptians and is to be considered the cornerstone for organization planning. The PHC's plan should be continuously aligned with the governmental initiated campaigns addressing therapeutic, prophylactic, social, and nutritional aspects of healthcare. The chapter guides the PHC 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 pay for performance model. The chapter has focused on the financial 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 organization-wide topics as contracted services, ethical management, and staff engagement, which may reflect the efficient and effective collaborative management efforts.

GAHAR surveyors, through leadership/ staff interviews, observations, and process evaluation, shall assess the efficiency and effectiveness of the governance and leadership structure. The ability of leaders to motivate and drive the staff is instrumental for the success of a PHC and can be assessed throughout the survey.

Chapter purpose

The chapter focuses on checking the PHC structure resilience by looking into the following:

1. Effectiveness of governing body.
2. Effectiveness of direction.
3. Effectiveness of leadership.
4. Effectiveness of financial stewardship.
5. Efficient contract management.
6. Ethical management.
7. Effective staff engagement, health, and safety.

Implementation guiding documents:

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Egyptian Constitution
- 2) Egypt 2030 vision, Ministry of planning
- 3) Law 51/1981 organization healthcare facilities
- 4) MOH Ministerial 186/2001 Patient right to know expected cost of care
- 5) Law 181/2018 on Egyptian “Consumer Protection”
- 6) Egyptian standards for accounting, 609/2016
- 7) Women council publications on gender equality
- 8) Professional code of ethics- prime minister decree 238 , year 2003
- 9) Law 206/2017 on advertisement for healthcare services
- 10) National Labor Law
- 11) WHO-ILO Health WISE action manual
- 12) Staff Health and Safety regulations

Effective governing body

OGM.01 The PHC has a defined governance structure.

Effectiveness

Keywords:

Governance structure

Intent:

The governing body is responsible for defining the PHC's direction and ensuring the alignment of its activity with its purpose. Such a body is also responsible for monitoring its performance and future development. Therefore, defining the governing structure of a PHC ensures that it operate effectively and efficiently. In a centralized system one governing body governs several subsidiary organizations. Governing bodies are responsible for the health and wealth of their organization and are thus accountable primarily for its sustainability. Therefore, to establish an accountability statement, governing bodies have to first identify their principle stakeholders and then define in what way they are accountable to them. Governing body is also responsible for developing the mission statement. A clear two-way communication process between governance and management, usually between the head of the governing body and the PHC director, enhances the PHC's wellbeing. Governance responsibilities shall be defined and directed towards the PHC's principal stakeholders and shall include:

- a) Defining the PHC's mission and vision statement.
- 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 PHC; 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 PHC's 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.

PHCs need to define the types of communication channels between the governing body, the management team, and the PHC staff. Communication channels may be in the form of social media, town hall meetings, monthly or annual conferences, or other channels.

Survey process guide:

- The GAHAR surveyor may observe governing body role and responsibilities through the whole process of survey with special attention given to opening presentation, document review session and leadership interview session, questions shall include reviewing the required documents and checking their details and approvals in addition to reviewing monitoring reports of the approved plans.
- The GAHAR surveyor may observe the mission statement posters, brochures or documents focusing on its last update, approval, alignment and visibility.
- The GAHAR surveyor may observe evidences of open defined communication channels, frequency of communication and evidence of feedback to submitted reports on both sides.

Evidence of compliance:

1. The governance structure is represented in the PHC chart.
2. The governing body meets on predefined intervals, and minutes of meetings are recorded.

3. The PHC 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 has defined its responsibilities and accountabilities towards the PHC's principal stakeholders, and has a process for resource allocation that includes clear criteria for selection and prioritization.
5. The strategic plan, operational plans, budget, quality improvement, risk management programs are approved, monitored and updated by the governing body.
6. The governing body members and PHC leaders are aware of the process of communication and approve the communication channels.

Related standards:

OGM.04 Strategic Planning; OGM.05 Operational Planning; QPI.02 Quality plan; CAI.02 Planning for community involvement; QPI.04 performance measures; QPI.07 Risk management program; QPI.11 Sustained improvement activities.

Effective organization direction

OGM.02 The PHC is managed according to laws and regulations.

Effectiveness

Keywords:

PHC management

Intent:

Any PHC needs an executive that is responsible and accountable for implementing the governing board's decisions and to act as a link between the governing board and the PHC staff. Such a position requires a dedicated full-time qualified director guided by relevant laws and regulations and/or as further defined by the governing board. Accomplishing the PHC mission requires engagement and teamwork. Such requirements are established through knowledge sharing and staff involvement in decision making. Committees are tools for mixing distributed knowledge and abilities of various parts of the PHC in the format of one active and integrated unit that can have an effective role in decision- making. A multidisciplinary selection of members of every committee and regular holding of committees can enhance its productivity. The PHC director shall have appropriate training and/or experience in healthcare management, as defined in the job description.

The job description shall cover at least the following:

- a) Providing oversight of day-to-day operations.
- b) Ensuring clear and accurate posting of the PHC's services and hours of operation to the community.
- c) Ensuring that policies and procedures are developed, implemented by staff.
- d) Providing oversight of human, financial, and physical resources.
- e) Annual evaluation of the performance of the PHC's committees.
- 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) Regular reports to the governing body on how legal requirements are being met.

Survey process guide:

- The GAHAR surveyor may expect to meet a full-time PHC director at least once during PHC survey.
- The GAHAR surveyor may review PHC director staff file to check compliance with all required documents of training, job description, role and responsibilities.
- The GAHAR surveyor may review an authority matrix or delegation letters for tasks that the PHC director delegated to any other staff member or committees.

Evidence of compliance:

1. There is an appointment letter for PHC director according to applicable laws and regulations.
2. There is a job description for the PHC director covering the standard requirements from a) through h) as in the intent.
3. The PHC director has appropriate training and/or experience in healthcare management, as defined in the job description.
4. There is an announced process of coordination and communication between the director and the staff and the PHC committees/ structures.
5. Evidence of written communication (reports, memos, alerts).
6. Evidence of staff involvement in decision-making.

Related standards:

WFM.02 Job description; QPI.01 Quality committee(s); QPI.02 Quality plan; QPI.04 performance measures; QPI.07 Risk management program; QPI.11 Sustained improvement activities; OGM.05 Operational Planning; IPC.01 IPC team, IPC committee; EFS.01 PHC environment and facility safety structure; EFS.09 Disaster plan.

Effective organization leadership

OGM.03 Responsibilities and accountabilities of the PHC leaders are identified.

Effectiveness

Keywords:

PHC leaders

Intent:

Usually, governing body leaves it to their executives to see that their decisions are carried out and that the day-to-day operations of the PHC are performed successfully. The PHC shall establish administrative authorities and responsibilities for PHC leaders. The PHC leadership is responsible for:

- a) Sustaining a firm PHC structure:
 - Collaboratively developing a plan for staffing the PHC that identifies the numbers, types, and desired qualifications of staff.
 - Providing appropriate facilities and time for staff education and training which should be tailored to serve both the PHC and staff needs through an iterative process of need assessment, planning, implementation, and evaluation.
 - Ensuring all required policies, procedures, and plans have been developed and implemented.
- b) Running smooth directed operations:
 - Creating a safe and just culture for reporting errors, near misses, and complaints, and use the information to improve the safety of processes and systems; a safety culture within the PHC is essential where staff feel confident when reporting on a safety incident that they will be treated fairly, in a confidential manner, and that the information they provide will be used to improve the care process and environment.
 - Designing and implementing processes that support continuity, coordination of care, and risk reduction.
 - Ensuring that services are developed and delivered safely according to applicable laws and regulations and approved strategic plan with input from the users/staff.
- c) Continuous monitoring and evaluation:
 - Ensuring that all quality control monitoring is implemented, monitored, and action is taken when necessary.
 - Ensuring that the PHC meets the conditions of facility inspection reports or citations.

- Annually assessing the operational plans of the services provided to determine the required facility and equipment needs for the next operational cycle.
 - Annually reporting to the PHC governance 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 PHC data are reviewed, analyzed, and used by management for decision-making.
- d) Continuous Improvement.

Survey process guide:

- The GAHAR surveyor may interview PHC leaders during GAHAR survey and during leadership interview session, questions about their responsibilities and their evaluations shall be raised. Answers shall be matched with job description review during staff file review session.

Evidence of compliance:

1. There is a job description for each PHC leader to identify the required qualification and responsibilities.
2. The responsibilities of the PHC leaders include at least a) through d) in the intent.
3. PHC leaders understand their responsibilities.
4. Leaders participate in staff education and training.
5. Leaders participate in safety rounds and enhance a Just culture to encourage reporting errors and near misses.
6. Leaders support quality and patient safety initiatives, monitoring, and improvement activities.

Related standards:

WFM.02 Job description; WFM.01 Staffing plan; WFM.06 Continuous Education Program; QPI.02 Quality plan; QPI.04 performance measures; QPI.07 Risk management program; QPI.08 Incident reporting system; QPI.11 Sustained improvement activities; EFS.09 Disaster plan.

OGM.04 A strategic plan is developed under oversight and guidance of the governing body. *Effectiveness*

Keywords:

Strategic Planning

Intent:

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

A strategic plan looks out over an extended time horizon. The plan establishes where the PHC is currently, where leadership wants to go, how they will get there, and how they will know when they have arrived.

The strategic plan provides an overall framework within which all stakeholders can find their appropriate roles and make their appropriate contribution.

It is essential that stakeholders are involved in developing the plan to ensure legitimacy, ownership, and commitment to the plan.

A strategic plan might be established on a higher level (governing body) with the involvement of PHC leaders.

Survey process guide:

- GAHAR surveyor may receive information about strategic plan during the opening presentation, then more questions about involvement and monitoring of strategic plan shall be posed during the leadership interview session.

Evidence of compliance:

1. The PHC has a strategic plan with goals/desired outcomes and defined achievable timelines.

2. Participation of staff, PHC leaders, community, and other identified stakeholders in the strategic plan.
3. There are progress review reports to monitor the strategic plan at least annually.

Related standards:

OGM.01 Governance structure; OGM.02 PHC management; OGM.03 PHC leaders; PCC.02 Interdisciplinary patient-centeredness.

OGM.05 Operational plans are developed to achieve the strategic plan goals and objectives, and meet identified input from staff, service providers, and other stakeholders.

Efficiency

Keywords:

Operational Planning

Intent:

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

Leaders establish operational plans that include at least the following:

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

Leaders regularly assess the annual operational plans of the services provided to determine the required facility and equipment needs for the next operational cycle.

Any planning cycle ends with an analysis or an assessment phase through which planners understand what went well and what went wrong with the plan. This analysis or better-called lessons learned should feed into the new cycle of planning to improve the PHC performance.

Survey process guide:

- GAHAR surveyor may inquire about operational plans during PHC tours and tracers to give an opportunity to staff and department leaders to talk about their plans and how they are communicated. GAHAR surveyor may be looking for evidence of monitoring plan progress, identification of opportunities of improvement and actions taken to improve performance.

Evidence of compliance:

1. The PHC has an approved operational plans that include a) to e) in the intent.
2. Staff are involved in designing the related operational plans.
3. Operational plans progress/analysis reports.
4. The plans are communicated throughout the PHC.
5. Leaders evaluate the operational plans annually, and lessons learned are considered for a new cycle of planning.

Related standards:

OGM.01 Governance structure; OGM.02 PHC management; OGM.03 PHC leaders; OGM.04 Strategic planning.

Efficient financial stewardship

OGM.06 The PHC manages its storage, stock, and inventory according to laws and regulations

Efficiency

Keywords:

Stock management

Intent:

Inventory is the stock of any item or resource used in a PHC. An inventory system is the set of policies and controls that monitor levels of inventory and determine what levels should be maintained when stock should be replenished, and how large orders should be. Inventory control is universal for achieving the aim of the right materials in the right quantity at the right price and at the right place, and it is essential for the appropriate utilization of existing resources. Unavailability of the needed medical supplies can adversely affect the PHC operation. Inventory control helps in efficient and optimum use of scarce financial resources, avoiding the shortage of medical materials and elimination of out-of-stock situations. Effective management of medical stores entails priority setting in the purchase and distribution of medical materials. The PHC shall develop a policy and procedures for managing storage, stock, and inventory that addresses at least the following:

- a) Compliance of storage to laws, regulations and organization policies.
- b) Management of stocks safely and efficiently.
- c) Inventory management and tracking the use of critical resources.

Stock items should at least have the following records (unless stated otherwise by laws and regulations):

- d) Date received.
- e) Lot number and expiration date.
- f) Whether or not acceptance criteria were met and if any follow-up.
- g) Date placed in service or disposition, if not used.

Survey process guide:

- The GAHAR surveyor may review PHC policy during document review session and discussions shall take place during financial stewardship discussions.

Evidence of compliance:

1. The PHC has an approved policy for managing storage, stock, and inventory addresses at least from a) through c) in the intent.
2. As required by laws and regulations, basic information is recorded for stock items as mentioned in the intent from d) through g).
3. There is an inventory control system that includes identification of utilization rate, re-order limit for each item and monitoring of out-stock events.
4. The PHC identifies its critical resources and ensures continuous supply of them.

Related standards:

DAS.06 Reagent management; MMS.04 Medication storage, Medication labelling; MMS.05 Emergency medications; MMS.08 Drug recall, expired, and outdated medication; EFS.09 Disaster plan.

OGM.07 The PHC manages a patient billing system.

Efficiency

Keywords:

Billing system

Intent:

The billing process is a crucial component of PHC management. Due to the complexity of the billing processes, billing errors may result in costly financial losses, for example, billing errors due to lack of or the inappropriate invoices of medical materials used by the missing barcode due to missing or inappropriate result reports. The billing process includes that all of the services and items provided to the patient are recorded to the patient's account, then all information and charges are processed for billing. For third-party payer systems, the processed for billing is based on the

requirements of insurance companies/agencies which generally have reimbursement rules. The PHC shall develop a policy and procedures for billing process. The policy of patient billing process that addresses at least the following:

- a) Availability of an approved price list.
- b) Patients are informed of any potential cost pertinent to the planned care.
- c) Process to ensure accurate billing.
- d) Use of accurate and approved codes for diagnoses, interventions, and diagnostics.

Survey process guide:

- The GAHAR surveyor may review approved policy and price list (s), during financial stewardship review session.
- The GAHAR surveyor may interview some billing staff and some patients to match the actual performance against the approved policy.

Evidence of compliance:

1. The PHC has an approved policy for the patient billing process.
2. There is an approved price list.
3. Patients are informed of any potential cost pertinent to the planned care.
4. The PHC use accurate and approved codes for diagnoses, interventions, and diagnostics.
5. In the case of a third-party payer (or health insurance), the timeliness of approval processes is monitored.
6. Billing staff are oriented on various health insurance processes.

Related standards:

PCC.01 PHC advertisement; PCC.03 Patients and family rights; IMT.03 Use of codes, symbols, and abbreviations.

OGM.08 The PHC has a process for selection, evaluation, and continuously monitoring contracted services.

Effectiveness

Keywords:

Contract management

Intent:

PHC leadership defines the nature and scope of services provided by contracted services, including clinical and non-clinical services, for example, driving services, housekeeping, Central sterilization unit, laundry or other services. Head of units/services shall participate in the selection, evaluation, and continuously monitoring contracted services to ensure service providers comply with required environmental safety, patient safety, and quality requirements, policies and procedures, and all relevant accreditation standards requirements. The PHC has to ensure current competency, licensure, education, and continuous improvement of competency for contracted clinical staff. The contracted services shall be monitored through key performance indicators and evaluated at least annually to determine if a contract should be renewed or terminated.

Survey process guide:

- The GAHAR surveyor may receive information about contracted services during opening presentation, then questions about contracts, contractors monitoring, evaluation and renewal shall be posed during financial stewardship session.

Evidence of compliance:

1. The PHC has an approved policy and procedures for selection, evaluation, and continuously monitoring contracted services.
2. There is a list of all contracted services, including clinical and non-clinical services.

3. Head of units/services participate in selection, evaluation, and monitoring of contracted services.
4. Each contract is evaluated at least annually to determine if it should be renewed or terminated.

Related standards:

OGM.03 PHC leaders; EFS.08 Utilities management plan; IPC.09 Demolition, renovation, construction.

Safe, ethical and positive organization culture

OGM.09 The PHC has an ethical management process.

Effectiveness

Keywords:

Ethical management

Intent:

Medical ethics involves examining a specific problem, usually a clinical case, and using values, facts, and logic to decide what the best course of action should be. Healthcare professionals may deal with a variety of ethical problems, for example, conflict of interest and inequity of patient care. The policy of ethical management shall address at least the following:

- a) Developing and implementing the code of ethics.
- b) Developing and implementing of PHC values.
- c) Handling Medical errors and medico-legal cases.
- d) Identifying conflict of interest.
- e) Gender equality.

Survey process guide:

- The GAHAR surveyor may review the PHC policy of ethical management.
- The GAHAR surveyor may interview staff to inquire about code of ethics, handling of medical errors.
- The GAHAR surveyor may interview PHC leaders during leadership session to inquire about all elements including mechanisms put in place to ensure gender equality as per the Egyptian law requirements.

Evidence of compliance:

1. The PHC has an approved policy for ethical management that addresses at least a) to e) in the intent.
2. Staff members are aware of the ethical management policy.
3. Ethical issues are discussed and managed according to the approved code of ethics.
4. Solved ethical issues are used for education and staff professional development.

Related standards:

APC.05 Professional standards during surveys; PCC.06 Reporting violations.

OGM.10 The PHC ensures positive workplace culture.

Effectiveness

Keywords:

Positive Workplace Culture

Intent:

Studies highlighted the importance of attention to healthcare professional needs for a safe and comfortable work environment.

The PHC has an approved policy and procedures of 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 PHC leaders.
- d) Staff feedback measurement.
- e) Planning for staff development

Survey process guide:

- GAHAR surveyor may review approved policy for 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 PHC has an approved policy for positive workplace culture, The policy addresses at least a) to e) in the intent.
2. The workplace is clean, safe, and security measures are implemented.
3. Measures of workplace violence, discrimination, and harassment are implemented.
4. There are communication channels between staff and PHC leaders
5. Staff feedback and staff satisfaction are measured.

Related standards:

EFS.06 Security plan; OGM.09 Ethical managements; OGM.12 Staff health; QPI.04 Performance measures; WFM.06 Continuous education program.

Effective staff engagement, safety, and health

OGM.11 The PHC ensures that there are spaces matching required staff working conditions.

Effectiveness

Keywords:

Staff working conditions

Intent:

Staff rest areas, including spaces that are used solely by employees for hygiene needs, clothes change, rest, and eating when applicable, such as staff lounge and sleeping areas. Providing a comfortable and ergonomically supportive setting for workers has become a priority to punch up staff productivity as well as recruitment and retention. Studies highlighted the importance of attention to caregiver needs for a safe and comfortable work environment.

Staff rest areas should be ventilated, lit and clean, not overcrowded, reachable through communication tools, and secure.

Survey process guide:

- During the GAHAR survey, the surveyor may observe one or two staff resting areas to check standard compliance.

Evidence of compliance:

1. Staff rest areas are ventilated, lit, and clean.
2. Staff rest areas are not overcrowded.
3. Staff rest areas are reachable through communication tools.
4. Staff rest areas are secured and not readily-accessible for non-staff members.

Related standards:

EFS.06 Security plan; OGM.12 Staff health; CAI.06. Safe water supply.

OGM.12 The PHC has a staff health program that is monitored and evaluated annually according to laws and regulations.

Safety

Keywords:

Staff health

Intent:

The PHC 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 sequel. This is achieved through a PHC-wide risk assessment program that identifies high risks areas and processes. The program scope covers all staff, the program address at least the following:

- a) Pre-employment medical evaluation of new staff.
- b) Periodic medical evaluation of staff members.
- c) Screening for exposure and/or immunity to infectious diseases.
- d) Exposure control and management to work-related hazards.
 - Ergonomic hazards that arise from the lifting and transfer of patients or equipment, strain, repetitive movements, and poor posture.
 - Physical hazards such as lighting, noise, ventilation, electrical and others.
 - Biological hazards from blood borne and airborne pathogens and others.
- e) Staff education on the risks within the PHC environment as well as on their specific job-related hazards.
- f) Scheduling of regular staff vaccination (at a regular base and as indicated).
- g) Recording and management of staff incidents (e.g., injuries or illnesses, taking corrective actions, and setting measures in place to prevent recurrences).
- h) Periodic specific medical evaluation (tests and examinations) is required for staff members (as indicated) to evaluate their appropriateness for safe performance. The situational examination may be required in case of exposure to specific substances. Results of the medical evaluation are 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.
- i) 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.
- j) All staff occupational health program-related results (medical evaluation, immunization, work injuries) shall be recorded and kept according to laws and regulation.

Survey process guide:

- The GAHAR surveyor may meet staff members who are involved in developing and executing staff health program to check program structure, risks, education and orientation records.
- The 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 j) in the intent.
2. There is an occupational health risk assessment that defines occupational risks within the PHC.
3. Staff members are educated about the risks within the PHC environment, their specific job-related hazards, and periodic medical examination.

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:

WFM.05 Orientation Program; IPC.02 IPC program, risk assessment, guidelines; QPI.07 Risk management program; CAI.06 Safe water supply.

Community Assessment and Involvement

Chapter intent

A community is a group of individuals, families, groups, facilities, or organizations that interact with one another, cooperate in common activities, solve mutual concerns, usually within the geographic area served by a PHC. Communities are always dynamic and live. Changes occur in community structure, function, conditions, or behaviors that may result in changes in community health needs and risks. Dynamic PHCs can clearly define their communities, frequently assess their needs, and respond to those needs. The response can be in the form of widening organization scope, improving certain internal issues that form patient perception, or even reaching out to the community and working with community leaders to engage and involve communities in health-related activities. Such activities, whether educational, cultural, artistic, outreach, or other activity, can promote certain healthy practices among community members. Nevertheless, Community involvement means also that organizations work to ensure avoiding harming the community by any potential risk imposed by the PHC.

Globally, WHO has identified multiple factors as social determinants of health. Those factors are responsible for health inequalities within and among communities. During the late 1990s, the term "Social Accountability" came to the public as a motive for private sector organizations to participate in helping communities to face globalization challenges and to sustain community development. In April 2018, the Arab Labor Organization addressed this issue in its conference, where it emphasized the importance of compliance to certain standards of social accountability under the following four domains; human rights, labor standards, environment protection, anticorruption measures.

Locally, the Ministry of Planning issued a clear definition of what a catchment area means for each PHC category. Multiple published studies focused on assessing the impact of certain social determinants of health and its link to health inequalities. Accordingly, during the period of 2018-2019, Egyptian authorities announced multiple initiatives such as "Universal Health Insurance," "100 Million Healthy Lives," and "Reduction of Waiting Lists for Critical Conditions" and other activities. Multiple PHCs have provided outreach programs to reach patients where healthcare services are not sufficient.

During the GAHAR survey, surveyors shall evaluate the efficiency of the community assessment and involvement program of the PHC. The ability of leaders to motivate and drive community involvement practices and evaluate the outcome.

Chapter purpose

The main objective is to ensure that the PHC provides community involvement effectively. The chapter discusses the following objectives:

1. Effective community needs assessment.
2. Alignment with international, national, regional, or local community initiative.

Implementation guiding documents

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Ministry of Planning publications; Planning of Healthcare services
- 2) MOH Social services webpage:
<http://www.mohip.gov.eg/SectorServices.aspx?Deptcode=7andandSectorCode=4>
including
 - a. scope of practice as approved by MOHP
 - b. Quality measurement for a “social services specialist” in healthcare organizations
 - c. Implementation of quality standards
 - d. Social services role in control of infectious diseases
- 3) WHO/UNICEF Baby friendly community initiative

Ensuring alignment with healthcare eco-system changes

CAI.01 The PHC defines its community profile.

Effectiveness

Keywords:

Community profile

Intent:

A community is a group of individuals, families, groups, facilities, or organizations that interact with one another cooperate in common activities, solve mutual concerns, usually within the geographic area served by an organization. However, a community cannot be defined in a manner that excludes disadvantaged groups, low-income, or minority populations. Availability of population information that is updated regularly as defined by the policy and when new data is available promotes evidence-based decisions and optimizes health program utilization. Local population data may include demographics, health status, health determinants. Profiling a community means recording information on a broad range of factors (such as environmental/natural features and management, sociodemographic characteristics, political and economic structures, local institutions, economic activities and livelihoods, basic household and community facilities, and social organization). The PHC should define the community catchment area it serves to be able to address its health needs. Then, the PHC should identify the community partners and build agreements with them on collaboration on health-related matters.

Survey process guide:

- The GAHAR surveyor may review community assessment and involvement plan to check the community profile.
- The GAHAR surveyor may inquire about community assessment and involvement plan during leadership interview session.
- The GAHAR surveyor may interview staff to check their awareness of community profile.

Evidence of compliance:

1. The catchment area of the PHC is defined.
2. The PHC has a documented method for acquiring and updating data on community profiles.
3. Sources of community profile data are defined.
4. The PHC has a written agreement or official request letter of collaboration with those agencies that can make changes happen.
5. All collaboration activities such as programs or projects are recorded.

Related standards:

CAI.02 Planning for community involvement.

Effective community services

CAI.02 Community needs are assessed and managed in collaboration with community representatives.

Patient-Centeredness

Keywords:

Planning for community involvement

Intent:

Community participation is essential for good governance. At its best, healthcare organizations support communities to shape their own health. Involving community members in the governance of a PHC in terms of policy formulation, decision-making, and oversight is important for ensuring the relevance of services offered to the community. Furthermore, involving community members in

the PHC committees ensures the relevance of decisions at the community level. A community health needs assessment should be followed with a community health improvement plan that is expressed in the PHC strategic plan and through its services. Such approach accomplishes the PHC responsibility towards its community. However, to ensure an effect that is reasonable in magnitude and sustainable, frequently, several PHCs work collaboratively on certain priority community health needs.

Data sources could be primary or secondary. Primary data is data directly collected through surveys of citizens and providers, interviews, focus groups, etc. Secondary data is data obtained from other entities as vital statistics, cancer registry, censuses, etc. The PHC may decide to perform multiple activities to achieve a certain health improvement goal. These activities may be in the form of educational, cultural, recreational, outreach, or other activities. There may be performed in collaboration with nearby schools, factories, markets, malls, police stations, or other community players. Topics of social activities may cover smoking cessation, life cycle approach to nutrition, healthy lifestyle, sexual and reproductive health, and mental health, including depression and addiction.

The PHC shall develop a program that addresses at least the following:

- a) Identification and description of the catchment area.
- b) Gap analysis process involving at least the following:
 - i. Accessibility and timeliness of services.
 - ii. Risk assessment of the community hazards including environmental problems.
 - iii. Healthcare needs.
 - iv. Healthcare education needs.
 - v. Healthcare expectation.
- c) Planning for interventions.
- d) Identifying potential solutions.
- e) Announcing or posting selected solutions to the community.
- f) Training tools and information provided for the community education program.

Survey process guide:

- The GAHAR surveyor may review community assessment and involvement plan to check that it defines community health needs and potential partners and collaborators.
- The GAHAR surveyor may inquire about community assessment and involvement plan during leadership interview session.
- The GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. There is a program that covers all components from a) through f).
2. A designated person coordinates community involvement activities and public relations.
3. There is evidence that gap analysis and improvement activities are done in collaboration with community members.
4. Selected solutions are announced and/or posted to the community.
5. There is evidence of performed community involvement activities.

Related standards:

OGM.01 Governance structure.

CAI.03 The PHC has a health education program.

Effectiveness

Keywords:

Health education

Intent:

Health education program is an important determinant of health that aims at providing information to the community in order to influence their future health-related behavior and decision-making.

Health education provides individuals and groups the opportunity to acquire information and the skills needed to make quality health decisions. Performing health education through a pre-planned program ensures better coverage of both the topics and the target individuals and groups. Some benefits of training are economy in operations, high quality of work, greater productivity, uniformity of procedures, less supervision, systematic imparting of skills, and higher morale. Process evaluation is performed while health education activities are going on. The PHC shall develop a health education program that identifies at least the following:

- a) Health education needs and problems.
- b) Target groups for health education.
- c) Methods of health education.
- d) Health messages.
- e) Health educators and supportive groups.
- f) Timetables.
- g) How the PHC will announce the local community about the program.
- h) How the program be conducted inside and outside the PHC.
- i) Evaluation tool.

Personnel involved in health education are trained. Health education should be provided in an easy to reach, suitable area and number of seats for the clients, lit, and ventilated with a supply of basic human needs. A teaching tool is a device designed to help in presenting the teaching materials; (blackboards, computers, and data show devices). Teaching materials used to help people understand and remember more quickly and more sustainably (wall-charts, pictures, television programs, recorded sound, and videos).

Survey process guide:

- The GAHAR surveyor may review Health education plan to check that it addresses all required elements.
- The GAHAR surveyor may inquire about community assessment and involvement plan during leadership interview session.
- The GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. There is a structured health education program includes items from a) through i) that is provided to all target groups, whether inside or outside the PHC.
2. Staff member who provides community health education is competent to do so.
3. There is evidence that health education activities are performed.
4. Health education program effectiveness is evaluated.
5. All activities are recorded.

Related standards:

ICD.17 Immunization program; ICD.18 Pediatric immunization program; ICD.19 Adult immunization program; ICD.20 Child health program; ICD.21 Maternity health program; ICD.22 Reproductive health program; ICD.23 Non-communicable diseases.

CAI.04 The PHC uses a nutritional promotion program that covers different local community groups.

Effectiveness

Keywords:

Proper nutrition

Intent:

The promotion of good nutrition aims at improving the nutrition knowledge, attitudes, and practices of the community food consumption to maintain its health and reduce chronic disease risk. Nutrition promotion programs are usually targeted at special community groups. They usually cover areas such as breastfeeding, micronutrient and food supplementation, and healthy eating. The PHC shall develop a program that identifies:

- a) Local nutritional problems and priority needs.
- b) Target groups.
- c) Promotion of breastfeeding.
- d) Micronutrients and food supplementation.
- e) Nutritional education needs.

Survey process guide:

- The GAHAR surveyor may review proper nutrition program to check that it addresses all required elements.
- The GAHAR surveyor may interview staff to check their awareness of proper nutrition program.

Evidence of compliance:

1. The PHC has a structured program that covers all components mentioned in the intent from a) through e).
2. There is a process to assess local community nutritional problems, including data sources, data collection methods, and tools, and defined nutritional problems.
3. The PHC prioritizes the nutritional problems of the community.
4. The program includes outcome evaluation through monitoring of key outcome indicators (BMI, cholesterol level, blood pressure, etc.).
5. Pregnant and lactating women are informed and counseled about the benefits and management of breastfeeding.

Related standards:

CAI.01 Community profile; CAI.03 Health education; QPI.05 Data review, aggregation, and analysis; QPI.06 Data validation.

CAI.05 Surveillance of communicable and endemic diseases and reporting of its results to higher authorities is done according to MOHP/WHO recommendations.

Effectiveness

Keywords:

Surveillance and reporting

Intent:

The PHC should have a process of data collection, analysis, and interpretation of the occurrence of communicable and endemic diseases. The primary objective of disease surveillance is to determine the extent of infections and the risk of disease transmission, so that prevention and control measures can be applied both effectively and efficiently to minimize the burden of illness. Early detection and response systems to potential outbreaks facilitate the effectiveness of communicable disease control. Timely intervention minimizes morbidity and mortality due to communicable diseases. Contact identification and tracking are the primary means of controlling infectious diseases. The PHC should develop and implement a policy and procedures that guide the process of surveillance and reporting of community communicable diseases. The policy addresses at least the following:

- a) List of communicable and endemic reportable diseases.
- b) Case definitions of communicable and endemic diseases.
- c) Detection of signs and symptoms of disease in exposed persons.
- d) Management protocols and reporting requirements.
- e) Early isolation, evaluation, and treatment of secondary cases to ensure effective control of disease and prevention of its further transmission.

Survey process guide:

- The GAHAR surveyor may review the proper surveillance program documentation and recording to check that it addresses all required elements.
- The GAHAR surveyor may interview staff to check their awareness of proper surveillance program.

Evidence of compliance:

1. The PHC has a policy of surveillance of communicable and endemic diseases.
2. Staff is aware of the list of communicable diseases and trained on their detection.
3. The relevant staff is trained in outbreaks management protocols.
4. Patients with communicable and endemic diseases are identified and managed according to approved guidelines.
5. Patients with communicable and endemic diseases are reported as required by laws and regulations.
6. The PHC has a process of contact identification, screening, tracking, and control.

Related standards:

IPC.02 IPC program, risk assessment, guidelines; QPI.05 Data review, aggregation, and analysis; QPI.06 Data validation.

CAI.06 Community environmental sanitation and safe water supply are supervised effectively according to laws and regulations.

Effectiveness

Keywords:

Safe water supply

Intent:

Safe water and basic sanitation are of crucial importance to the preservation of human health, especially among children. Water-related diseases are the most common cause of illness and death among the poor of developing countries. According to the World Health Organization, It is a great priority to focus on safe water supply and basic sanitation. Indeed, it is imperative to respect human values; it provides good health and ensures economic benefits. Water safety and quality are fundamental to human development, health, and wellbeing. Environmental health including water, air, food, swage sanitation of the global health priorities. Identification of any environmental Health problem is the first step to resolve it. The PHC should ensure that there is safe water assessment system in place by collecting water samples periodically from public places and analyzing them bacteriology and chemically in accordance with MOHP and/or WHO recommendations.

Survey process guide:

- The GAHAR surveyor may review documentation and recording for community environment sanitation to check that it addresses all required elements.
- The GAHAR surveyor may interview staff to check their awareness of proper community environment sanitation program.

Evidence of compliance:

1. There is a written procedure that defines how to monitor safe water supply and environmental sanitation. The procedure also addresses collaboration with other authorities to maintain safe water supply and environmental sanitation.
2. The responsible staff member is qualified by education and experience.
3. Environmental health problems are identified.
4. Water samples are collected and analyzed from public places in the catchment area.
5. The PHC maintains the original or a copy of water analysis reports.
6. Actions are taken in response to positive results with relevant authorities.

Related standards:

EFS.08 Utilities management plan; OGM.12 Staff health.

CAI.07 Outcomes of community assessment and involvement program are monitored and evaluated.

Effectiveness

Keywords:

Community involvement program evaluation

Intent:

Assessment of the community health needs ensures alignment of PHC mission and services with community health problems leading to better resource utilization and improved community health. Evaluation of the program activities is important to validate the effectiveness of the activities and identify the learned lessons. Acting upon community suggestions and complaints is an important pillar of responsive healthcare. Organizations should ensure the availability of a transparent, visible, two-way communication process for its community to express their concerns and for the PHC to show its adequate and caring response. PHCs may perform an evaluation of the community involvement program as follows:

- a) Reassessment of community needs and risks at least every two years.
- b) Effectiveness of interventions.
- c) Community satisfaction of provided social activities is measured.
- d) Complaints from the community and external customers. are addressed.
- e) Handling difficult situations during community involvement activities such as managing aggressive behaviors.
- f) Media management.

Survey process guide:

- The GAHAR surveyor may review community assessment and involvement plan to check that it measures its outcomes.
- The GAHAR surveyor may inquire about community assessment and involvement plan during leadership interview session.
- The GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. The PHC performs an evaluation of community needs and risks at least every two years.
2. The PHC compares community status before and after interventions.
3. The PHC measure community satisfaction of provided social activities using a variety of methods.
4. The PHC handles and manages complaints from the community and external customers.
5. Measures are in place to handle aggressive situations, including calling the police when needed.
6. There is a process for dealing with media and social media.

Related standards:

CAI.02 Planning for community involvement QPI.05 Data review, aggregation, and analysis; QPI.06 Data validation; QPI.07 Risk management program.

Workforce Management

Chapter intent

The PHC needs an appropriate variety of skilled, qualified people to fulfill its mission and to meet patient needs. The PHC workforce refers to the staff within the PHC. Planning the appropriate number and skill mix of the workforce is essential. Developing clear job descriptions, strong orientation, and training programs help staff in delivering proper healthcare. A good organization should always have a clear structure of its medical staff, including departments, divisions, and medical committees.

This chapter defines the medical staff leaders' roles and responsibilities in committees, and departments' management (head), as well as performance improvement. The medical staff includes licensed physicians and licensed dentists, it's particularly important to carefully review the credentials of all medical staff and other healthcare professionals, The PHC should provide medical staff with opportunities to learn and to advance personally and professionally Independent practitioners are other licensed healthcare professionals as (pharmacists, physiotherapists, or nutritionists) that are permitted by law and regulation to provide patient care services independently in the PHC.

Globally, the shortage of healthcare professionals is seen in multiple places in the world. In some countries, licenses are renewable, which means that physicians, nurses, and other healthcare professionals need to go through a renewal process periodically and prove their competence and continuous development. National bodies that govern medical and nursing education are established in different countries. National performance evaluation and ranking of healthcare professionals is on the rise, with many healthcare systems moving towards the pay-per-performance concept.

GAHAR surveyors may review the implementation of laws and regulations, medical bylaws, nursing bylaws, Policies, procedures, and plans reflecting processes of human resources department through interviews with leadership and staff and reviewing different healthcare professional's staff files.

Chapter purpose

The main objective is to ensure that PHCs maintain an effective workforce management program. The chapter addresses the following objectives:

1. Effective workforce planning.
2. Effective orientation, continuous medical education, and training program.
3. An efficient mix of staff.
4. Periodic evaluation of staff performance.

Implementation guiding documents:

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates, and annexes)

- 1) Egyptian code of medical ethics 238/2003
- 2) Egyptian code of nursing ethics (Nursing Syndicate Publications)
- 3) Code of ethics and behavior for civil service staff, 2019, if applicable
- 4) Pharmacist code of ethics
- 5) Law 415/1954 Practicing the profession of human medicine
- 6) Law 140/1981 on practicing midwifery
- 7) Law 127/1955 on practicing the profession of pharmacy
- 8) Law 537/1954 on Practicing of the dental profession
- 9) National law for laboratories, 367/ 1954
- 10) Law 59/1960 regulation of Medical Imaging work
- 11) MOHP ministerial decree 70/1996 work of foreign experts
- 12) MOHP ministerial decree 90/1999 for the use of foreign experts
- 13) Law 213/2017 of trade unions and protection
- 14) MOHP Ministerial decree 25/2002 for medical responsibility and suspension of medical practice
- 15) MOHP Ministerial decree 293/2000 on the promotion of doctors
- 16) MOHP Ministerial decree 62/2004 on the promotion of healthcare professionals

Efficient workforce planning

WFM.01 The PHC staffing plan matches the PHC's mission and professional practice recommendations.

Efficiency

Keywords:

Staffing plan

Intent:

The staffing plan sets the number of staff and defines the desired skill mix, education, knowledge, and other requirements of staff members. Staff planning is the process of making sure that a PHC has the right people to carry out the work needed for business successfully through matching up detailed staff data including skills, potential, aspirations and location with business plans. Shortage of competent healthcare professionals in multiple areas is an alarming sign. The PHC 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 defines staffing numbers or mix of staff for the PHC. The plan is reviewed on a regular basis and updated as necessary. The leaders of each clinical or managerial area define the individual requirements of each staff position. The PHC should maintain a safe level of staff members' numbers and skill level. Leaders consider the following factors to project staffing needs:

- a) The PHC mission, strategic and operational plans.
- b) Complexity and severity mix of patients served by the PHC.
- c) Services provided by the PHC.
- d) Technology and equipment used in patient care.

Survey process guide:

- During the GAHAR survey, the surveyor may review the staff documents, observe workforce allocation and skills, or review staff files to check compliance of staffing plan to 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 and skills with staff assignments to meet the PHC needs.
4. The staffing plan is monitored and reviewed at least annually.

Related standards:

APC.02 Registration of staff; OGM.01 Governance structure; OGM.02 PHC management; OGM.03 PHC leaders.

WFM.02 PHC job descriptions address each position requirements and responsibilities.

Effectiveness

Keywords:

Job description

Intent:

The job description is a broad, general, and written statement of a specific job, based on the findings of a job analysis. It generally includes duties, purpose, responsibilities, scope, and working conditions a job. 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 medical school, specialty training (residency) completion letter or certificate, completion of the requirements of a medical professional organization, a license to practice, or recognition of registration with a medical or dental council. The PHC should start by building a job description

template that includes description of the job. The PHC should ensure that results of 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 PHC, there is a process of matching credentials and evaluating the qualifications in relation to the requirements of the position.

Survey process guide:

- The GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements.
- The GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements.
- The GAHAR surveyor may interview staff members who are involved in credentialing process to assess compliance to standard requirements.

Evidence of compliance:

1. There is a job description for every position.
2. Job descriptions include the requirements (license, certification or registration, education, skills, knowledge, and experience) and responsibilities of each position.
3. Job descriptions are discussed with staff members and discussion is recorded in the staff file.
4. Required credentials for each position are kept in staff files. The process is uniformly applied to assess of medical staff members' credentials.
5. There is a process for verifying credentials and evaluating the qualification in the PHC.

Related standards:

OGM.02 PHC management; OGM.03 PHC leaders; QPI.03 Quality management team; IPC.01 IPC team, IPC committee; WFM.04 Staff files; WFM.07 Staff performance evaluation; MMS.09 Ordering, prescribing, transcribing, abbreviations, and symbols; MMS.12 Medication preparation, labelling of medications, dispensing, and administration.

WFM.03 A uniform recruitment process is applied with the participation of service/unit leaders.

Equity

Keywords:

Recruitment

Intent:

Recruitment and selection is the process of advertising a vacant position and choosing the most appropriate person for the job. Unless managed by a higher body, The PHC shall provide an efficient and centralized process for recruiting and hiring staff members for available positions. The process shall address at least the following:

- a) Collaboration with service/unit leaders to identify the need for a job.
- b) Communicating available vacancies to potential candidates.
- c) Announcing criteria of selection.
- d) Application process.
- e) Recruitment procedures.

Survey process guide:

- If recruitment is managed by the PHC, the GAHAR surveyor may review a policy describing the recruitment process.
- The GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements.
- The GAHAR surveyor may interview staff members who are involved in recruitment process to assess the process.

Evidence of compliance:

1. The PHC has an approved policy to recruit staff that addresses all the elements from a) through e) in the intent.
2. Staff who are involved in recruitment, are aware of the PHC policy.
3. The recruitment process is uniform across the PHC for similar types of staff.
4. Recruitment process occurs in compliance with laws and regulations.
5. The PHC leaders participate in the recruitment process.
6. Selection criteria are recorded in the staff file.

Related standards:

OGM.03 PHC leaders; WFM.01 Staffing Plan; WFM.02 Job Description; APC.02 Registration of staff.

WFM.04 The PHC has a staff file for each workforce member.

Efficiency

Keywords:

Staff files

Intent:

It is important for the PHC to maintain a staff file for each staff member. An accurate staff file provides recording of staff knowledge, skill, competency, and training required for carrying out job responsibilities. In addition, the record shows evidence of staff performance and whether they are meeting job expectations. Each staff member in the PHC, including those permitted by law and the PHC to work independently, also shall have a record(s) with information about his/ her qualifications; required health information, such as immunizations and evidence of immunity; evidence of participation in orientation as well as on-going in-service and continuing education; results of evaluations, including staff member performance of job responsibilities and competencies; and work history. The records shall be standardized and kept current according to the PHC policy. Staff files may contain sensitive information and thus should be kept confidential. The PHC should develop a policy and procedures that guide management of staff files. The policy shall address at least the following:

- a) Staff file initiation.
- b) Standard contents such as verified certification, license, education, training and work history, current job description, recorded evidence of orientation to the PHC, the assigned unit, and the specific job, evidence of initial evaluation of the staff member's ability to perform the assigned job, ongoing in-service education received, copies within three months evaluations and copies of annual evaluations.
- c) Update of file contents.
- d) Storage.
- e) Retention time.
- f) Disposal.

Survey process guide:

- The GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements.
- The GAHAR surveyor may visit the area where staff files are kept to assess storage conditions, retention, confidentiality and disposal mechanism.
- The GAHAR surveyor may interview staff involved in creation, use and storage of staff files to assess the process.

Evidence of compliance:

- 1) The PHC has an approved policy that addresses at least 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 the management of staff files policy.
- 3) Staff files are confidential and protected.
- 4) Staff files include all the required records.
- 5) Staff files are disposed of as per the management of staff files policy.

Related standards:

WFM.02 Job description; WFM.05 Orientation program; WFM.06 Continuous education program; WFM.07 Staff performance evaluation.

Effective orientation, training and education programs

WFM.05 The PHC undergoes all staff for a formal orientation program.

Effectiveness

Keywords:

Orientation program

Intent:

The decision to appoint an individual to a PHC sets several processes in motion. To perform well, a new staff member, no matter what his or her employment experience, needs to understand the entire PHC structure and how his/ her specific clinical or nonclinical responsibilities contribute to the PHC mission. This is accomplished through a general orientation to the PHC and their role and a specific orientation to the job responsibilities of their position. Staff orientation, especially when first employed, with the PHC policies, shall ensure alignment between PHC mission and staff activities. It also helps to create a healthy PHC culture where all staff works with a shared mental model and towards agreed-upon objectives.

Staff orientation also facilitates the integration of new staff with the already available to rapidly form effective teams that offer safe and quality care. The PHC shall build a comprehensive orientation program that is provided to all staff members regardless of their terms of employment. Staff orientation shall occur on three levels: General orientation, service/unit orientation, and job-specific orientation. General orientation program shall address at least:

- a) Review of the PHC mission, vision and values.
- b) PHC structure.
- c) PHC policies for the environment of care, infection control, performance improvement, patient safety and risk management.

Service/Unit orientation program shall address at least:

- d) Review of relevant policies and procedures.
- e) Operational processes.
- f) Work relations.

Job Specific orientation:

- g) High risk processes.
- h) Technology and equipment use.
- i) Staff safety and health.

The PHC shall develop a staff manual that describe processes of staff appointment and reappointment, staff appraisal, staff complaints management, staff satisfaction measurement, code of ethics, disciplinary actions and termination.

Survey process guide:

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

Evidence of compliance:

1. General orientation program is performed and it includes at least the elements from a) through c) in the intent.
2. Service/unit orientation program is performed and it includes at least the elements from d) through f) in the intent.
3. Job specific orientation program is performed and it includes at least the elements from g) through i) in the intent.
4. Any staff member attends orientation program regardless of employment terms.
5. Orientation completion is recorded in the staff file.

Related standards:

IPC.04 Standard precaution measures, OGM.12 Staff Health; IMT.02 Quality management system documents; WFM.04 Staff files.

WFM.06 The PHC has a continuous education and training program.

Effectiveness

Keywords:

Continuous education program

Intent:

For any PHC to fulfill its mission, it has to ensure that its human resources have the capacity to deliver its services over time. Continuous education and training programs help guarantee that, especially if designed to satisfy staff needs necessary to deliver the PHC mission. The program should be designed in a flexible manner that satisfies all staff categories based on a process of need assessment, tailored training plan, delivery, and reflection. The program is designed based on services provided, new information, and evaluation of the staff needs. Evidence-based medical and nursing practices and guidelines and other resources are accessible to all staff. The PHC ensures that education and training are provided and recorded according to the staff member's relevant job responsibilities needs that may include the following:

- a) Patient assessment.
- b) Infection control policy and procedures, needle stick injuries, and exposures.
- c) Environment safety plans.
- d) Occupational health hazards and safety procedures, including the use of personal protective equipment.
- e) Information management, including patient's medical record requirements as appropriate to responsibilities or job description.
- f) Pain assessment and treatment.
- g) Clinical guidelines used in the PHC.
- h) Basic cardiopulmonary resuscitation training at least every two years for all staff that provides direct patient care.
- i) Quality concept, performance improvement, patient safety, and risk management.
- j) Patient rights, patient satisfaction, and the complaint/ suggestion process.
- k) Provision of integrated care, shared decision making, informed consent, interpersonal communication between patients and other staff cultural beliefs, needs and activities of different groups served
- l) Defined abuse and neglect criteria.
- m) Medical equipment and utility systems operations and maintenance.

Survey process guide:

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

Evidence of compliance:

1. There is a continuing education and training program for all staff categories that may include elements in the intent from a) through m).
2. Resources (human and non-human) are available to deliver the program.
3. The program is based on needs assessment of all staff categories.
4. Results of a performance review are integrated into program design.

Related standards:

IPC.04 Standard precaution measures; OGM.12 Staff Health; WFM.04 Staff files.

Equitable staff performance evaluation

WFM.07 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. Performance evaluation effectively contributes to individual, team, PHC 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 and education, and career planning. Performance appraisal offers the chance to give feedback to staff about what they do well or poor in a confidential respectful manner, thus promoting a learning culture within the PHC. The PHC shall use a performance evaluation tool to ensure staff have the required criteria for doing jobs and achieving objectives. Recorded process of employees' performance evaluation including performance review methods, tools, evaluation dimensions, criteria, time interval, appeal process, and responsible person for each staff category. Performance evaluation of medical staff members' addresses certain criteria that include those related to patient's medical record recording and medication use such as:

- a) Patient's medical record review for completeness and timeliness.
- b) Utilization practice and medication use.
- c) Compliance with approved clinical guideline.
- d) Complications, outcomes of care, mortality, and morbidity.
- e) Professional development.

Survey process guide:

- The GAHAR surveyor may interview service/unit or PHC leaders and inquire about used tools for staff performance evaluation.
- The GAHAR surveyor may check a sample of staff files to assess completion of performance evaluations.

Evidence of compliance:

1. Performance evaluation is performed at least annually for each staff member or when indicated by the findings of quality improvement activities and appropriate education and training provided.
2. Performance evaluation is performed in compliance with laws and regulations.
3. There is evidence of employee feedback on performance.
4. Clear procedures for the effective management of underperformance.
5. Performance evaluation is recorded in staff files.

6. Medical staff performance evaluation records include at least all elements from a) through e) in the intent.

Related standards:

WFM.02 Job description; WFM.04 Staff files.

WFM.08 Medical staff members have current and specific delineated clinical privileges approved.

Safety

Keywords:

Clinical Privileges

Intent:

The process where by a specific scope and content of patient care services (that is clinical privileges) are authorized for a healthcare professional by a PHC, based on evaluation of the individual's credentials and performance. The determination of a medical staff member's current clinical competence and making a decision about what clinical services the medical staff member will be permitted to perform often called privileging is the most critical determination as to protect the safety of patients and to advance the quality of its clinical services. Decisions regarding a practitioner's clinical competence, and thus what clinical privileges he/she is to be granted, are based primarily on information and documentation received from outside the PHC.

The clinical privileges address the following:

- a) Medical staff members and independent practitioners with clinical privileges are subject to bylaws.
- b) Privileges indicate if the medical staff can treat patients.
- c) Privileges define the scope of patient care services and types of procedures they may provide in the PHC.
- d) Privileges are determined based on documented evidence of competency (experience-qualifications – certifications-skills) that are reviewed and renewed at least every three years.
- e) Privileges are available in areas where medical staff provides services pertinent to granted privileges.
- f) Medical staff members with privileges do not practice outside the scope of their privileges.

Survey process guide:

- During the GAHAR survey, the surveyor may interview medical staff members and inquire about delineated privileges.
- GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements

Evidence of compliance:

1. The PHC has an approved policy that addresses at least all elements from a) through f) in the intent.
2. Medical staff members are aware of the process of clinical privileges delineation and what to do when they need to work outside their approved clinical privileges.
3. Clinical privileges are delineated to medical staff members based on defined criteria.
4. Physicians' and dentists' files contain personalized recorded clinical privileges, including renewal when applicable.
5. Physicians and dentists comply with their clinical privileges.

Related standards:

WFM.07 Staff performance evaluation.

Information Management and Technology

Chapter intent

Information management is the process by which relevant information is provided to decision-makers in a timely manner. An effective information management system is a vital component of the healthcare service. Information management and technology in PHCs includes clinical, managerial information, and information required by external authorities and agencies. There are major risks associated with information management and technology in healthcare. One of these risks is the potential breach of patient confidentiality. Patient confidentiality means that personal and medical information given to a healthcare professional 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 implementation of electronic information systems.

Abbreviations may cause harm regardless of the language used; organizations need to identify the approved reference in English or Arabic language. Globally, Information management and technology is emerging in healthcare. Artificial intelligence is on the surge where symptom checkers and clinical decision support systems becoming widely used. Locally, National laws and regulations have taken big steps recently to support electronic transactions. Electronic signature law was released. Electronic payment is approved. Practically, PHCs 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 the GAHAR survey, surveyors shall be able to measure how organizations implement information management systems and technologies through reviewing documents pertinent to this chapter and doing patient tracers and interviews with staff. The leadership interview session may touch on this topic, as well.

Chapter purpose

This chapter addresses the main concepts of information management in the PHC:

- Effective information management processes.
- Maintaining information confidentiality and security.
- Availability of patient's medical record.
- Effective information technology in healthcare.

Standards included in this chapter shall apply on paper and electronic data and information.

Implementation guiding documents:

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates and annexes)

- 1) Egyptian code of medical ethics 238/2003
- 2) Egyptian code of nursing ethics (Nursing Syndicate Publications)
- 3) MOH - General Directorate of Technical Inspection. The administrative tool
- 4) Ministry of finance decree 270/2009: Governmental Archives list
- 5) Ministry of finance decree 18/2019: Non Monetary Payment
- 6) MOH Ministerial decree 254/2001 Discharge summary requirements
- 7) Ministry of communication and information technology decree 109/2005: Electronic signature.
- 8) Law 35/1960 National census and statistics
- 9) Law 2915/1964 Establishment of CAPMAS
- 10) Jeddah Declaration on Patient Safety 2019
- 11) HIPAA— Health Insurance Portability and Accountability Act Regulations1996.
- 12) The Institute for Safe Medication Practices (ISMP): List of Error-Prone Abbreviations, Symbols, and Dose Designations
- 13) Egyptian consent laws

Effective information management processes

IMT.01 Information management processes are planned and implemented according to the PHC needs, applicable laws and regulations.

Effectiveness

Keywords:

Information management planning

Intent:

National laws and regulations address topics related to information management process include confidentiality and release of patient information, the retention period for documents, reporting of specific information to inspecting and regulatory agencies. An information plan includes identification of the information needs of different units and implementation of a process to meet those needs. The information plan aims at providing accurate, meaningful, comprehensive, and timely information to assist in an information-based decision-making process. Sometimes it is critical to record some processes because it affects continuity of care or patient safety. In these instances, another plan is developed to satisfy recording requirements. The PHC has to make the needed efforts and take steps to comply with relevant laws and regulations in the field of information management. The PHC shall develop an information management landscape in response to identified needs. Development of effective information plan shall be based on:

- a) The identified information needs of clinical and managerial PHC leaders.
- b) The information needs and requirements of external authorities and agencies.
- c) The size and type of services provided by the PHC.
- d) Critical processes where recording is mandated.

Survey process guide:

- The GAHAR surveyor may perform an interactive staff interview asking to demonstrate the process of information management compliance with requirements of law and regulations followed by review of related documents, which includes response to required reports from inspecting and regulatory agencies and to demonstrate the process of information needs assessment and action taken to meet identified needs.

Evidence of compliance:

1. The PHC leadership performs information needs assessment that includes a) through d) in the intent.
2. The PHC leadership and responsible staff members of information management are aware of the requirements of law and regulations.
3. The PHC stores all its records and information according to law and regulations.
4. The PHC responds within defined timeframes to any required reports from inspecting and regulatory agencies.
5. Recording of processes is required based on their criticality, compliance to laws and regulations.
6. When gaps are identified, actions are taken to comply with law and regulations.

Related standards:

APC.03 Accurate and complete information; IMT.04 Confidentiality and security of data and information; IMT.05 Integrity of data and information; IMT.06 Retention of data and information; IMT.07 Patient's medical record management; IMT.08 Patient's medical record usage process; IMT.09 Patient's medical review process; IMT.12 Data back-up.

Effective document management and recording

IMT.02 Developing, approving, tracking and revising quality management system documents for PHC's key functions are effective.

Keywords:

Quality management system documents

Intent:

Establishment of a uniform and consistent method for developing, approving, tracking, and revising quality management system documents (such as policies, plans, programs, procedures, and others) prevent duplication, discrepancies, omissions, misunderstandings, and misinterpretations. The tracking system of issuing and changes allows staff to easily identify relevant policies and procedures and ensures that staff are informed about changed policies. The PHC shall develop a policy and procedures for document control system.

The policy shall address at least the following:

- a) Standardized formatting.
- b) Document control system for tracking of issues and tracking of 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, who authorized issue and/or reviewed the document and identification of changes of version.
- d) Required policies are available and disseminated to relevant staff.
- e) Staff understand how to access those policies relevant to their responsibilities.
- f) Retirement of documents.
- g) Policies revisions.

Survey process guide:

- The GAHAR surveyor may perform a document review for the policy, followed by checking the implementation of the policy by review of the related documents which include the PHC policies and procedures (to ensure that they had standardized format, tracking system, identified approver, issuing and revision date at least every three years).
- The GAHAR surveyor may interview staff to check staff awareness about the process of development, approving, tracking and revising of policies and other documents, awareness about access to relevant documents, tracking changes and process for management of retirement of documents.

Evidence of compliance:

1. The PHC has a document that addresses at least a) through g) in the intent.
2. The PHC leadership, heads of services, and the relevant processes owners are aware of this 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 between staff.
6. Policies are revised at least every three years.

Related standards:

APC.03 Accurate and complete information; IMT.01 Information management planning; WFM.05 Orientation Program.

IMT.03 NSR.09 The PHC defines standardized diagnosis codes, procedure codes, definitions, symbols and abbreviations.

Keywords:

Use of codes, symbols, and abbreviations

Intent:

Usually, the use of codes, symbols and abbreviations is done to squeeze a lot of writing into a small space. This may cause miscommunication between healthcare professionals and potential errors in patient care. The PHC shall develop a policy and procedures for approved and non-approved codes, symbols and abbreviations according to the PHC scope of service and approved official language of communication inside the PHC. The policy shall address at least the following:

- a) Approved symbols/abbreviations list.
- b) Not-to-use symbols/abbreviations list and implementation of a do-not-use abbreviation list for medication shall be guided by reliable references such as The Institute for Safe Medication Practices (ISMP) list that includes at least the following:
 - U/IU
 - Q.D.
 - QD
 - Q.O.D
 - QOD
 - MS
 - MSO4
 - MgSO4
 - No trailing zero
 - No leading zero
- c) Non-English abbreviations and illegible handwriting.
- d) Situations where symbols and abbreviations (even the approved list) shall not be used, such as in informed consent and any record that patients and families receive from the PHC about the patient's care.

Survey process guide:

- The GAHAR surveyor may review PHC policy for abbreviations. The GAHAR surveyor may review appropriate number of medical records (not less than ten files) to check for the used abbreviations with medication orders.
- The GAHAR surveyor may interview medical staff for awareness of the prohibited abbreviations.

Evidence of compliance:

1. The PHC has an approved policy that includes all the points in the intent from a) through d).
2. All staff who records in the patient's medical record are aware of the policy requirements.
3. Approved codes are matching those provided by health authorities and/or 3rd party payers.
4. The PHC implements approved symbols/abbreviation list.
5. The PHC implements not-to-use symbols/abbreviations list according to reliable references.
6. Symbols and abbreviations (even the approved list) are not used in informed consent and any record that patients and families receive from the PHC about the patient's care.

Related standards:

MMS.09 Ordering, prescribing, transcribing, abbreviations and symbols.

Ensuring confidentiality and security of information

IMT.04 Data and information are confidential.

Patient-Centeredness

Keywords:

Confidentiality and security of data and information

Intent:

Information security is the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification or destruction. Information security is achieved

by ensuring the confidentiality, integrity, and availability of information. Confidentiality means the property that health information is not made available or disclosed to unauthorized persons or processes. Integrity means the property that health information have not been altered or destroyed in an unauthorized manner. Availability means the property that health information is accessible and useable upon demand by an authorized person. The PHC shall define who is authorized to view and administer health information or clarify and improve how and when health information is provided to patients or other healthcare entities. The PHC should develop a policy and procedures to ensure information confidentiality and security.

The policy shall address at least the following:

- a) Determination of who can access what type of data and information.
- 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.

All staff shall 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.

Survey process guide:

- The GAHAR surveyor may review the confidentiality and security of data and information policy, followed by checking the implementation through reviewing of related documents such as list of the authorized individuals to have access to the patient medical record and signed confidentiality agreement in each staff member personal file.
- The 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.
- The GAHAR surveyor may interview staff to assess staff awareness of confidentiality measures.

Evidence of compliance:

1. The PHC has confidentiality and security of data and information policy that includes all the points in the intent from a) through d).
2. All staff are aware of the policy requirements.
3. There is a list of authorized individuals to have access to the patient's medical record.
4. Only authorized individuals have access to patient's medical records.
5. There is a signed confidentiality agreement in each staff member's personal file.
6. Procedures are followed if confidentiality or security of information has been breached.

Related standards:

PCC.09 Patient's dignity and privacy; IMT.01 Information management planning.

IMT.05 Patient's medical record 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 to the design, implementation and usage of any information system which stores, processes, or retrieves data as it reflects the maintenance of, and the assurance of the accuracy and consistency of data over its entire life cycle. Any unintended changes to data as the result of a storage, retrieval or processing operation, including malicious intent, unexpected hardware failure, and human error, is failure of data integrity. Patient's medical record and information shall be protected at all times and in all places. Including protecting it from water, fire, or other damage, and unauthorized access. Keep security policies current, and decrease the likelihood and impact of electronic health information being accessed, used, disclosed, disrupted, modified or destroyed in an unauthorized manner. Medical records

storage area shall implement measures to ensure medical records protection, e.g., controlled access and the suitable type of fire extinguishers.

Survey process guide:

- The GAHAR surveyor may interview staff to assess the process of information protection from loss, destruction, tampering, and unauthorized access or use.
- The GAHAR surveyor may observe patient's medical records protection measures that include suitable type of fire extinguishers in archiving, storage area and in computers areas.

Evidence of compliance:

1. Medical records and information are secured and protected at all times.
2. Medical records and information are secured in all places, including clinics and the medical records archiving unit.
3. Medical records storage areas implement measures to ensure medical information integrity.
4. The PHC defines the authorized staff that could have access to the medical records.
5. When an integrity issue is identified, actions are taken to maintain integrity.

Related standards:

IMT.01 Information management planning; IMT.12 Data back-up; EFS.02 Fire and smoke safety; EFS.06 Security plan.

IMT.06 Retention time of records, data, and information are performed according to applicable national laws and regulations.

Timeliness

Keywords:

Retention of data and information

Intent:

As medical records, data, and information have an important role in patient care, legal documentation, continuity of care and education, The PHC has to retain it for a sufficient period of time. The different data retention policies weigh legal and privacy concerns against economics and need-to-know concerns to determine the retention time, archival rules, data formats, and the permissible means of storage, access, and encryption. The PHC 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 documents.
- 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:

- The GAHAR surveyor may review retention time policy.
- The GAHAR surveyor may review list of retention time for different types of information.
- The GAHAR surveyor may interview staff asking to demonstrate the process of records retention and destruction and/or removal of records, data, and information.
- The GAHAR surveyor may observe record/logbook of documents destruction and/or removal.

Evidence of compliance:

1. The PHC has an approved policy that includes all the points in the intent from a) through e).
2. All staff are aware of the policy requirements.
3. The information confidentiality is maintained during the retention time.
4. Data are archived within approved timeframe.

5. Destruction and/or removal of records, data, and information are done as per laws, regulations, policy, and procedure.

Related standards:

IMT.01 Information management planning; IMT.04 Confidentiality and security of data and information.

Availability of patient-specific information

IMT.07 The patient's medical record is managed effectively.

Effectiveness

Keywords:

Patient's medical record management

Intent:

Without a unified structure of the patient's medical record, each healthcare professional will have their own solution, and the result will be incompatibility of systems and the inability to share information. Every patient evaluated or treated in the PHC has a medical record. The file is assigned a number unique to the patient or family, used to link the patient with his or her health record. A single file with a unique number enables the PHC to locate patient's medical record easily and document care of patient over time. 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 facilitating 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 healthcare professional in having quick access to patient information and also to promote continuity of care and patient satisfaction. The PHC shall develop a policy and procedures. 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 healthcare professionals.
- b) Medical record contents and order uniformity.
- c) Medical record standardized use.
- d) Patient's medical record release.
- e) Management of voluminous patient's medical record.

Survey process guide:

- The GAHAR surveyor may review the policy followed by checking the implementation of the process.
- The 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 and medical records movement logbook.
- The GAHAR surveyor may observe patient's medical record availability when needed by healthcare professional, contain up to date information within in an appropriate timeframe.
- The GAHAR surveyor may interview staff to assess awareness about managing patient's medical record in the PHC.

Evidence of compliance:

1. The PHC has an approved policy that includes all the points in the intent from a) through e)
2. All staff who are using patient's medical record 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 healthcare professional and contain up to date information within an appropriate time frame.

6. There is a medical record tracking system that facilitates identification of medical record current location.

Related standards:

IMT.01 Information management planning; ACT.03 Patient identification.

IMT.08 The patient's medical record is used effectively.

Effectiveness

Keywords:

Patient's medical usage process

Intent:

The content of the patient's medical record must be comprehensive and detailed to foster high quality and continuity of patient care, meet the health needs of the patient/ client, meet the requirements of the legal and regulatory agencies, and to supply a database for all other uses of documents. The PHC shall have as a policy and procedures to guide the use and the completeness of patient's medical record.

- a) Individuals permitted to make entries in the patient medical record.
- b) Process to ensure that only authorized individuals make entries in medical records, and each entry identifies the author, date, and time of entry.
- c) Process to define how entries in the patient medical record are corrected or overwritten.

Survey process guide:

- The GAHAR surveyor may review of the policy of patient's medical record use.
- The GAHAR surveyor may interview staff to assess staff awareness about the process of using patient's medical record.
- The GAHAR surveyor may observe medical record usage process.

Evidence of compliance:

1. The PHC has an approved policy and procedure to ensure that the medical record contains completed sheets that addresses all elements from a) through c) in the intent.
2. The relevant staff is aware of the procedure.
3. Only authorized individuals make entries in the patient medical record.
4. All entries in the medical record are legible, the author, date, and time of all entries in the patients' medical records can be identified, entries in the patient medical record are corrected or overwritten (if needed) in compliance with law, regulations, and policies

Related standards:

ICD.05 First visit health screening; ICD.06 Patient medical assessments; ICD.08 Oral healthcare; ICD.09 Patient nursing assessments; ICD.10 Fall screening and prevention; ICD.11 Orders and requests.

Effective patient's medical record management

IMT.09 The patient's medical record is reviewed effectively.

Effectiveness

Keywords:

Patient's medical review process

Intent:

Review of medical records is usually performed to ensure that they are accurate, clinically pertinent, complete, current and readily available for continuing patient care and to recommend action when problems arise in relation to medical records and the medical filing service. The

PHC shall have as a policy and procedures to assess the content and the completeness of patient's medical record.

The policy shall address at least the following:

- a) Review of a representative sample of all services.
- b) Review of a representative sample of all disciplines/staff.
- c) Involvement of representatives of all disciplines who make entries.
- d) Review of the completeness and legibility of entries.
- e) Review occurs at least quarterly.
- f) Random sampling and selecting approximately 5% of patient's medical record.

Survey process guide:

- The GAHAR surveyor may review of the policy of patient's medical record review.
- The GAHAR surveyor may interview staff to assess staff awareness about the process of reviewing patient's medical record.
- The GAHAR surveyor may check results of review process and actions taken to improve performance.

Evidence of compliance:

- 1) The PHC has an approved policy that includes all the points in the intent from a) through f).
- 2) All staff who are using patient's medical record are aware of the policy requirements.
- 3) Review results are reported to the PHC leaders.
- 4) Corrective actions are taken when needed.

Related standards:

ACT.05 Patient care responsibility; IMT.01 Information management planning; QPI.05 Data review, aggregation and analysis.

Effective information technology in healthcare

IMT.10 Health information technology systems are assessed, tested prior to implementation are evaluated for quality and patient safety

Efficiency

Keywords:

Health information technology evaluation

Intent:

Implementation of health information technology systems can facilitate work flow, 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.

Survey process guide:

- The GAHAR surveyor may perform an interactive staff interview asking to demonstrate the process of selection, implementation, and evaluation of information technology, followed by checking the implementation of the process by review of the related documents, which include result of system evaluation.

Evidence of compliance:

1. Health information technology stakeholders participate in the selection, implementation, and evaluation of information technology.
2. Health information technology systems are assessed and tested prior to implementation.

3. Health information technology systems are evaluated following implementation for usability, effectiveness, and patient safety.
4. When patient safety issues are identified, actions are taken to maintain safety.

Related standards:

QPI.11 Sustained improvement activities, QPI.05 Data review, aggregation, and analysis; QPI.06 Data validation.

IMT.11 Response to planned and unplanned downtime of data systems is tested and evaluated.

Efficiency

Keywords:

Downtime of data systems

Intent:

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 interruption of the operations in addition to the risk of data loss. The PHC 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.

Survey process guide:

- The GAHAR surveyor may perform a document review 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.
- The GAHAR surveyor may interview staff to assess awareness about the response to planned and unplanned downtime.

Evidence of compliance:

1. There is a program for response to planned and unplanned downtime.
2. The program includes downtime recovery process.
3. The staff is trained in response to the downtime program.
4. The PHC tests the program at least annually to ensure its effectiveness.

Related standards:

IMT.12 Data back-up.

IMT.12 The data backup process is defined.

Safety

Keywords:

Data back-up

Intent:

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 PHC. In both cases, the PHC shall ensure the backup information is secure and accessible only by those authorized to use it to restore lost data.

Survey process guide:

- The GAHAR surveyor may review the process by asking stakeholders and shall check implementation of data backup process.

Evidence of compliance:

1. There is a process for data backup, including the type of data, frequency of backup, and location.
2. Backup is performed on a scheduled basis to meet user requirements.
3. Backup schedules are developed for all new systems and the restore is tested.
4. Backup data is secured during extraction, transfer, storage and retrieval.
5. Backup logs are reviewed frequently to identify exceptions or failures.

Related standards:

IMT.02 Quality management system documents; IMT.11 Downtime of data systems.

Quality and Performance Improvement

Chapter intent:

It is essential for organizations to have a framework to support continuous improvement and risk management activities. This requires leadership support, established processes, active participation from all heads of services/units and staff. Performance improvement and risk management are parts of both strategic and departmental operational plans.

Globally, PHCs have adopted, adapted, and even created improvement tools to help to enhance the services provided to patients. Florence Nightingale, a nurse, was one of the pioneers in improving healthcare quality. Dr. Avedis Donabedian was a founder of the study of the quality of healthcare and medical outcome research. Multiple quality improvement methodologies were used in PHCs such as PDCA, FOCUS PDCA, Six Sigma, Lean Methodology, and others.

Locally, the Egyptian Ministry of Planning adopted the European Foundation for Quality Management (EFQM) award for excellence in promoting quality practices among governmental entities. Practically, PHCs need to cherish the culture of continuous improvement. GAHAR standards do not mandate a specific improvement tool nor specific monitoring performance measures, yet, a minimum number of monitoring indicators are required. Among many improvement opportunities, GAHAR standards highlighted the importance of improving patient journey and supply chain. It is important that each staff member in the PHC understand their role in improving healthcare quality and safety by focusing on the leadership support, department-level input and participation, measures and data collection, and sustaining improvement. The application of the standards should be according to applicable national laws and regulations.

During the GAHAR survey, surveyors are going to meet the leadership and staff to discuss the QPI aspects, initiatives, and projects. Surveyors may perform tracers to check data selection, collection, analysis of data, and methods that used to follow the improvement projects and impact of projects on improving the quality dimensions.

Chapter purpose

The chapter discusses the following objectives:

- Effective leadership support.
- Effective departmental participation.
- Effective performance measurement and data management.
- Effective sustain improvement.

Implementation guiding documents:

(Any of the following mentioned references needs to be read in the context of its terms, conditions, substitutes, amendments, updates, and annexes)

- 1) MOHP Quality and Safety Guide, 2019
- 2) National EFQM based excellence award www.Egea.gov.eg
- 3) Law 35/1960 National census and statistics
- 4) Law 2915/1964 Establishment of CAPMAS

Effective leadership support

QPI.01 Quality management program is governed by an interdisciplinary performance improvement, patient safety and risk management committee(s).

Efficiency

Keywords:

Quality committee(s)

Intent:

Performance improvement, patient safety and risk management committee is responsible for providing oversight and making recommendations to the governing body concerning matters pertaining to the effectiveness, efficiency, and appropriateness of quality safety and risk management of health services provided across The PHC. Oversight aims at improving performance, governance and PHC effectiveness and ensuring that the plan will be directed and managed on a daily basis. The PHC shall establish a multidisciplinary committee for performance improvement, patient safety, and risk management, with a membership of top leaders as committee chairperson, as follows:

- a) The committee shall have defined terms of references.
- b) The committee shapes the quality culture of the facility through.
 - i. Ensuring that all designated care areas participate.
 - ii. Establishing PHC-wide priorities for improvement.
 - iii. Ensuring that all required measurements are monitored including the frequency of data collection.
 - iv. Reviewing the analysis of aggregate data.
 - v. Taking action in response to identified performance improvement or patient safety issues.
 - vi. Reporting information to governing body, PHC leaders, and appropriate staff members.
 - vii. Evaluating the performance of the committee annually.
- c) Periodical meeting helps to provide the required information and feedback about plans and activities. It also helps to improve collaboration, to provide an opportunity to evolve as a team, and to comply with laws and regulation requirement.

Survey process guide:

- The GAHAR surveyor may perform an interactive session with PHC leaders and members of the committee(s) in order to identify leadership's approach for improving the quality of care and continuous improvement. The discussion may cover the role of the committee and responsibility of its members, measures selection, reporting and review the minutes of meeting and recommendations of action plans for the selected improvement projects and its effect on the level of quality and safety in the PHC.

Evidence of compliance:

1. There is a multidisciplinary performance improvement, patient safety, and risk management committee with documented terms of references including items a) through c) in the intent.
2. The committee meets at predefined intervals and record the agenda discussion and its recommendations.
3. The committee evaluates its performance on an annual basis.

Related standards:

OGM.01 Governance structure, OGM.02 PHC management; OGM.03 PHC leaders.

QPI.02 There is a PHC-wide performance improvement and patient safety plan.

Effectiveness

Keywords:

Quality plan

Intent:

Performance improvement is an ongoing process that helps the PHC continually find new and better ways of doing things so that can enhance care for patients, increase satisfaction and achieve even better clinical outcomes. The performance improvement and patient safety plan helps the PHC to document and review the current performance in a variety of areas. With this plan, The PHC will be able to clearly see the targeted areas for improvement and chart the progress. The PHC leaders, including the PHC director, are responsible for establishing and providing ongoing support for a PHC commitment to quality. The leaders shall select the approach to be used by the PHC to measure, assess, and improve quality, patient safety and risk management. Leaders also determine how the plan will be directed and managed on a daily basis, how the committee will achieve collaboration, and how the program shall have adequate resources. The plan shall be updated annually and approved by the governing body. Leaders shall develop the performance improvement, patient safety and risk management plan, the plan shall at least address the following:

- a) The goal(s) (clinical and operational goals) that fulfil the PHC mission.
- b) PHC structure and improvement reporting channels.
- c) Roles and responsibilities of leaders.
- d) Define PHC Priorities.
- e) Performance measures road map selection.
- f) Data collection, data analysis tools and validation process.
- g) Defined criteria for prioritization and selection of performance improvement projects.
- h) Quality Improvement model(s) used.
- i) Information flow and reporting frequency.
- j) Training on quality improvement and risk management approaches.
- k) Regular evaluation of the plan (at least annually).

Survey process guide:

- The GAHAR surveyor may perform a document review for the PHC plan, then followed by an interactive session with PHC leaders in order to identify leadership's approach for improving the quality of care and continuous improvement. The discussion may cover plan contents, monitoring the priority focus areas, staff training related to quality concept and data management, in addition to the plans' implementation in different leadership clinical and non-clinical areas.

Evidence of compliance:

1. There is a current and approved performance improvement, patient safety and risk management plan that defines at least items from a) through k) in the intent.
2. PHC director and leaders actively participate in the planning, supporting, and monitoring of the performance improvement, patient safety and risk management.
3. The plan was implemented PHC wide, according to the timetable and plan of improvement.
4. The plan is reviewed, evaluated and updated annually.
5. The plan is communicated to relevant stakeholders.

Related standards:

OGM.01 Governance structure; OGM.02 PHC management; OGM.03 PHC leaders; QPI.04 Performance measures; QPI.11 Sustained improvement activities.

QPI.03 A qualified staff member is assigned as performance improvement coordinator/manager.

Effectiveness

Keywords:

Quality management team

Intent:

Because errors are caused by system or process failures, it is important to adopt various process-improvement techniques to identify inefficiencies, ineffective care, and preventable errors to then influence changes associated with systems and that required a qualified individual with a clear job description to follow up the plan and put it into operation by utilizing the knowledge, skills and experience in different improvement technique, data management, project selection and sustaining improvement. A qualified individual with knowledge, skills and experience with a clear job description is assigned to follow up on the performance improvement and patient safety plan by utilizing his knowledge, skills, and experience in data management, project selection, and sustaining improvement in the PHC.

Survey process guide:

- The GAHAR surveyor may perform a record review in a staff qualification session include the qualification and job description.

Evidence of compliance:

1. An individual with knowledge, skills and experienced in performance improvement techniques and risk management related activities.
2. There is a clear job description that support the work of performance improvement team to train, facilitate and coordinate the program activities.
3. Physicians, nurses, and other staff participate in the performance improvement activities.
4. Quality management team receives required support in terms of space, equipment, resources and staffing.

Related standards:

WFM.02 Job description; QPI.02 Quality Plan; QPI.07 Risk management program; QPI.08 Incident reporting system; QPI.09 Significant events; QPI.10 Sentinel events.

Effective unit/service level input and participation

QPI.04 Performance measures are identified, defined, and monitored for all significant processes.

Effectiveness

Keywords:

Performance measures

Intent:

Performance measures are values which demonstrate a PHC's performance, strengths, and opportunities for improvement. Effective design and clarity of scope are fundamentals in establishing and maintaining value added business indicators. The PHC shall select a mixture of performance measures that focuses on activities that might be risky in nature to patients or staff, occurring in high volume, associated with problems or high cost. This includes at least one indicator for each of the following:

1. Average waiting times in the relevant service areas.
2. Patient's medical record availability.
3. Patient's medical record completeness
4. Screening for communicable diseases.
5. Screening for non-communicable diseases.
6. Health education.
7. Immunization.
8. Medication errors, near-misses, and adverse outcomes.
9. Patient and family satisfaction rates.

10. Patient complaints.
11. Staff satisfaction.
12. Staff complaints.
13. Procurement of routinely required supplies and medications.
14. Staff performance.
15. National 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 PHC uses different charts to track the improvement progress and decides the next step in the improvement plan.

Survey process guide:

- The GAHAR surveyor may interview some staff members and ask them about performance measurement in their units/services.
- The GAHAR surveyor may perform a document review for the selected measures, and assist the criteria of selection, prioritization, followed by an interactive session to assist the implementation of the measures and staff awareness about the improvement.

Evidence of compliance:

1. For each relevant standard care areas, the PHC selected appropriate performance measures according to its scope of services, requirements in the intent, governing national laws and regulations, and Egypt's 2030 Vision.
2. The relevant performance measurements areas are monitored at least quarterly.
3. Performance measures are calculated and displayed in a table, curve or a graph.
4. Performance measures are used by PHC leaders to take decisions.
5. The PHC makes its performance results/data publicly available at least quarterly.
6. Performance indicators are reported to external authorities

Related standards:

OGM.01 Governance structure; OGM.02 PHC management; OGM.03 PHC leaders; QPI.02 Quality Plan; QPI.05 Data review, aggregation and analysis.

QPI.05 A staff member(s) with appropriate experience, knowledge, and skills is assigned for data review, aggregation, and analysis within an approved time frame.

Effectiveness

Keywords:

Data review, aggregation, and analysis

Intent:

A qualified staff member having the appropriate knowledge and skills shall be assigned to do data management related to performance improvement and improvement projects. The required knowledge is covered revision of data, aggregation, analysis, trending, properly displayed and transformed into useful information in order to reach conclusions and to make decisions, PHC leaders are expected to understand data trends and charts to make decision based on the provided information.

Survey process guide:

- The GAHAR surveyor may perform an interactive quality management program review session 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 includes the aggregation and analysis.

2. Responsible staff members for data aggregation and analysis are aware of their roles.
3. Data is aggregated and trended over-time.
4. Descriptive analysis is done.

Related standards:

QPI.04 Performance measures; QPI.11 Sustained improvement activities; CAI.04 Proper nutrition, CAI.05 Surveillance and reporting, CAI.07 Community involvement program evaluation, IMT.10 Health information technology evaluation.

QPI.06 Data validation is performed according to defined criteria.

Effectiveness

Keywords:

Data validation

Intent:

Data validation means checking the accuracy and quality of 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 to use to make informed decisions and decisive action. The PHC shall use these elements of data quality:

- a) Validity: data measure what it is supposed to measure.
- b) Reliability: everyone defines, measures, and collects data uniformly.
- c) Completeness: data include all the values needed to calculate performance measure.
- d) Precision: data have sufficient detail.
- e) Timeliness: data are up to date, and information is available on time.
- f) Integrity: data are true.

Survey process guide:

- The GAHAR surveyor may perform an interactive quality management program review session to assure the data validation is performed, followed by an interactive discussion to make sure the only useful data is used.
- The discussion may address situations and mechanisms used for data validation performance through selected examples done in the PHC.

Evidence of compliance:

1. There is a written process for data review and validation.
2. Responsible staff 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, a change in the tool, person, or process used for measurement.

Related standards:

QPI.04 Performance measures; QPI.05 Data review, aggregation and analysis; QPI.11 Sustained improvement activities; CAI.04 Proper nutrition; CAI.05 Surveillance and reporting; CAI.07 Community involvement program evaluation; IMT.10 Health information technology evaluation.

Efficient risk management program

QPI.07 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 PHC and to protect and minimize risks to the PHC property, services, and employees. Effective risk management ensures the continuity of PHC operations. An important step of risk management is risk analysis where you can assess the high-risk processes. The PHC needs to adopt a proactive approach to risk management that includes developing risk mitigation strategies. PHC should take reactive and proactive measures to address identified risks. Risk management plan/program contains essential components that includes at least the following:

- a) Scope, objective and criteria for assessing risks.
- b) Risk management responsibilities and functions.
- c) Staff training on risk management concepts and tools.
- d) Risk identification.
- e) Risk prioritization and categorization (i.e. strategic, operational, reputational, financial, other).
- f) Risk reporting and communication with stakeholders.
- g) Risk Reduction plans and tools with priority given to high risks.

Failure Mode Effect Analysis (FMEA) is one of analysis tool that can be used in the PHC as a proactive approach.

Survey process guide:

- The GAHAR surveyor may perform an interactive quality management program review session to check the risk management plan/program by reviewing the risk assessment steps and how the PHC identify clinical and managerial risks, followed by an interactive session to evaluate the implementation of risk control measures.

Evidence of compliance:

1. The PHC has a risk management plan/ program that includes all the elements from a) to g) in the intent.
2. A plan, policies, procedures, a risk register and processes support PHC risk management framework.
3. High risk processes are re- designed based on the result of the analysis.
4. The PHC has a proactive risk reduction tool for at least one high risk process annually.

Related standards:

EFS.09 Disaster plan; ACT.04 Patient flow risks; OGM.01 Governance structure; QPI.03 Quality management team.

QPI.08 An incident-reporting system is developed.

Safety

Keywords:

Incident reporting system

Intent:

Strong risk management is supported by efficient incident reporting systems that defined by the system can identify an incident that could be any event that affects patient or employee safety. The incidents reporting has an important influence on improving patient safety. They can provide valuable insights into how and why patients can be harmed at the PHC level. In most PHCs injuries, patient complaints, medication errors, equipment failure, adverse reactions to drugs or treatments, or errors in patient care shall be included and reported. Incident reports help to detect, monitor, assess, mitigate, and prevent risks that includes 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.

Survey process guide:

- The GAHAR surveyor may perform an interactive quality management program review session to check the PHC incident reporting, management system and review system activities in the PHC including identification, analysis, and correction of gaps to prevent future re-occurrence, then followed by an interactive discussion with staff during PHC tours and tracers to assess staff members awareness.

Evidence of compliance:

1. The PHC has an approved incident reporting system Policy that defines an incident-type and reporting system that include mentioned elements a) through e).
2. All staff are aware of the incident-reporting system, including contracted and outsourced services.
3. Reports are investigated and gaps in services are identified.
4. PHC communicates with patient's/services users about adverse events they are affected by.
5. Corrective actions are taken to close gaps in services within defined timeframe.

Related standards:

MMS.13 Medication errors, near miss, medication therapy problems, adverse drug reactions; QPI.03 Quality management team; QPI.07 Risk management program; QPI.09 Significant events; QPI.10 Sentinel event.

QPI.09 Significant events are analyzed and corrected.

Safety

Keywords:

Significant events

Intent:

Certain events require intensive analysis for identification of root causes using quality tools. Significant unexpected events can happen even in PHCs, such as adverse drug reactions that cause harm or have the potential to cause harm to a patient, medication errors that cause harm or have the potential to cause harm to a patient, other events as deemed significant by the PHC. Such events need for immediate investigation and response. The PHC has to perform a root cause analysis to identify actions that shall be taken to improve processes of care and prevent event reoccurring.

Survey process guide:

- The GAHAR surveyor may perform an interactive quality management program review session to check the PHC incident reporting results of significant incidents, analysis and corrective actions, then followed by an interactive discussion to evaluate the awareness, selected measures and implementation.

Evidence of compliance:

1. There is a document that defines criteria and process for intensive analysis when significant unexpected events occur, and the time required to complete the investigation and the time required to execute the action plan.
2. In case of significant incident, a committee is formed where the chairperson and relevant staff are trained on intensive analysis.
3. All significant unexpected events are investigated and analyzed within defined timeframes.
4. Corrective actions are taken with clear time frame and responsible person(s).

Related standards:

MMS.13 Medication errors, near miss, medication therapy problems, adverse drug reactions;
QPI.03 Quality management team; QPI.07 Risk management program.

QPI.10 The PHC 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 PHC 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. Patient suicide or attempted suicide leading to death or permanent loss of function.
 - iv. Any post-partum maternal death.
 - v. Any perinatal death unrelated to a congenital condition in an infant having a birth weight greater than 2,500 grams.
- b) Internal reporting of sentinel events.
- c) External reporting of sentinel events.
- d) Team member's involvement.
- e) Root cause analysis.
- f) Corrective actions plans taken.

All sentinel events are communicated to GAHAR within seven days 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 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:

- The GAHAR surveyor may perform an interactive quality management program review session to check the PHC results of sentinel incidents reporting, definition and type of cases, and how the system identifies the gaps behind the sentinel event, reporting and time frame for investigation and action plan. Sentinel events reported to GAHAR may be followed up during the survey to check compliance with corrective actions.

Evidence of compliance:

1. The PHC 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 seven days 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:

MMS.13 Medication errors, near misses, medication therapy problems, adverse drug reactions;
QPI.03 Quality management team; QPI.07 Risk management program.

Sustaining improvement

QPI.11 Sustained improvement activities are performed within an approved time frame.

Efficiency

Keywords:

Sustained improvement activities

Intent:

Sustaining improvement requires empowering the PHC staff members for improvement. Although employees play a vital part in the continuous improvement process, it is management's role to train, empower them and encourage them to participate with ideas. An effective continuous improvement program needs continuous measurement and feedback. Before start, PHC baseline performance needs to be measured. New ideas for improving performance can then follow. Plan-Do-Check-Check (PDCA) cycle, Focus PDCA or other improvement tools allows to scientifically testing improvement progress. The cycle ensures continuous improvement by measuring the performance difference between the baseline and target condition. This information gives immediate feedback on the effectiveness of the change that can helps in measuring the impacts of continuous improvement program and that is the most effective way of sustaining it.

Survey process guide:

- The GAHAR surveyor may perform a review of an improvement project, to learn how the PHC utilize data to identify potential improvements and to evaluate actions' impact.
- The GAHAR surveyor may review the PHC monitoring and control mechanisms to sustain achieved improvements.

Evidence of compliance:

1. There is a written process or methodology for improvement.
2. Actions to correct problems are taken within approved timeframe.
3. Improvement activities are tested and the results are recorded and implemented.

Related standards:

OGM.02 PHC management; OGM.03 PHC leaders; OGM.01 Governance structure; QPI.02 Quality plan.

Survey Activities and Readiness

Introduction

The 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 survey agenda
1	Arrival and coordination	30-60 minutes	first day, upon arrival
2	Opening conference	15 minutes	first day, as early as possible
3	PHC orientation	30-60 minutes	first day, as early as possible
4	Survey planning	30-60 minutes	first day, as early as possible
5	Document review session	60-180 minutes	
6	Patient journey tracer	60-120 minutes	Individual tracer activity occurs throughout the survey; the number of individuals who surveyors trace varies by organization
7	Break	30 minutes	At a time negotiated with the PHC team meeting/surveyor planning
8	Daily briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary
9	Staff members file review	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the PHC
10	Environment and facility safety plans review	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the PHC
11	The environment of care evaluation tour	60-240 minutes	After document review
12	Leadership interview	60 minutes	During the early or middle of the survey
13	Financial stewardship review	60 minutes	After leadership interview
14	Patient's medical record review	60-120 minutes	Towards the end of the survey
15	Medication management review	60-120 minutes	In the middle of the survey
16	Infection prevention and control review	60-120 minutes	In the middle of the survey
17	Quality program review	60 minutes	Towards the end of the survey
18	Report preparation	60-120 minutes	Last day of the survey
19	Executive report	15 minutes	Last day of the survey
20	Exit conference	30 minutes	Last day, final activity of the survey

Arrival and Coordination

Why will it happen?

To start the survey process on time, the 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 at the PHC and may present themselves to PHC security or desk. PHC 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 PHC staff and 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 will allow for an interactive discussion.

Who should collaborate?

Suggested participants include members of senior leadership. Attendees should be able to address the leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out the organization's mission and strategic objectives.

PHC Orientation

Why will it happen?

GAHAR surveyors shall learn about the PHC through a presentation or an interactive dialogue to help focus on subsequent survey activities.

What will happen?

A PHC representative (usually PHC director or their designee) shall present information about the PHC.

How to prepare?

Prepare a brief summary (or a presentation) about the PHC that includes at least information about:

- PHC mission, vision, and strategic goals.
- PHC structure and geographic locations.

- Information management, especially the format and maintenance of medical records.
- Contracted services.
- Compliance with National Safety Requirements.
- Summary of community involvement.
- The PHC's patient population and the most commonly provided services.
- If the PHC has any academic activities.
- Whether the PHC provides any home care or services outside the boundaries of the PHC facility.
- Compliance with GAHAR reports and recommendations during the pre-accreditation visit period.

Who should collaborate?

Suggested participants include the same participants as the opening conference.

Survey Planning

Why will it happen?

To ensure the efficiency of survey time.

What will happen?

Surveyors shall begin selecting patients for tracers based on the care, treatment, and services the PHC provides.

How to prepare?

The survey coordinator needs to ensure that the following information is available for surveyors.

- List of sites where disinfection and sterilization are in use.
- List of clinics/units/ areas/programs/services within the PHC.
- List of patients that includes: name, location, age, and diagnosis.

Who should collaborate?

Only GAHAR surveyors.

Document Review Session

Why will it happen?

To help GAHAR surveyors understand PHC operations.

What will happen?

GAHAR surveyors may review required policies (or other quality management system documents) and policy components based on GAHAR standards.

How to prepare?

The 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, including:

1. List of unapproved abbreviations.
2. Performance improvement data from the past 12 months.
3. Documentation of performance improvement projects being performed, including the reasons for performing the projects and the measurable progress achieved.
4. Patient flow documentation: dashboards and other reports reviewed by PHC leadership; documentation of any patient flow projects being performed (including reasons for performing the projects); internal throughput data collected by emergency unit, and clinics; and support services such as patient transport and housekeeping.
5. Analysis from a high-risk process.

6. Emergency management policy.
7. Emergency management protocols.
8. Annual risk assessment and annual review of the program.
9. Assessment-based, prioritized goals.
10. Infection control surveillance data from the past 12 months.
11. All policies, procedures, and plans.

Who should collaborate?

Survey coordinator and policy stakeholders.

Patient Journey Tracer

Why will it happen?

Patient journey tracer is defined as "an assessment, made by surveyors shadowing the sequential steps of a patient's clinical care, of the processes in an organization that guide the quality and safety of care delivered" (Greenfield et al., 2012a: 495). GAHAR surveyors shall follow the course of care and services provided to the patient to assess relationships among disciplines and important functions and evaluate the performance of processes relevant to the individual.

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 healthcare professionals, staff members, and patients, combined with a review of patient's medical records and the observations of surveyors. Quality, timeliness of entries, and legibility of recording in the patient's medical record are also crucial to safe, effective care because healthcare professionals rely on it to communicate with each other about treatment needs and decisions. This shall help guide surveyors as they trace a patient's progress. The individual tracer begins in the location where the patient and their medical record are located. The surveyor starts the tracer by reviewing a file of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by following the course of care, treatment, or services provided to the patient, assessing the interrelationships between disciplines, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided which may lead to identifying issues related to care processes.

Most GAHAR standards can be triggered during a patient journey tracer, which may also include interviewing staff, patients, or family members. Staff members may be interviewed to assess organization processes that support or may be a barrier to patient services; communications and coordination with other staff members, Transitions-related resources and processes available through the PHC; and awareness of roles and responsibilities related to the various policies. Patients or family members may be interviewed to assess coordination and timeliness of services provided, education, including the perception of care and services.

How to prepare?

Every effort needs to be exerted to assure the confidentiality and privacy of patients during tracers, including no video or audio recording and no crowdedness. A surveyor may arrive in a clinic and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate the environment of care issues or observe the care, treatment, or services being assessed. 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 PHC staff to use the information learned.

What will happen?

The GAHAR surveyor may meet in their base alone.

How to prepare?

Make sure that the place is not going to be used during the break time.

Who should collaborate?

Only GAHAR surveyors.

Daily Briefing

Why will it happen?

The GAHAR surveyor may summarize the events of the previous day and communicate observations according to standards areas.

What will happen?

GAHAR surveyors briefly summarize the survey activities completed the previous day. GAHAR surveyors shall make general comments regarding significant issues from the previous day and note potential non-compliance, with a focus on patient safety. GAHAR surveyors shall allow time to provide information that they may have missed or that they requested during the previous survey day.

*Note: PHC staff may present to surveyors information related to corrective actions being implemented for any issues of non-compliance. Surveyors may still record the observations and findings.

How to prepare?

A room shall be available to accommodate all attendees.

Who should collaborate?

Suggested participants include representative(s) from governance, PHC Director, PHC leaders, individual coordinating the GAHAR survey, and other staff at the discretion of PHC leaders.

Staff Members File Review

Why will it happen?

The review of files in itself is not the primary focus of this session. However, the surveyor may verify process-related information through recorded in staff member's files. The surveyor may identify specific staff whose files they would like to review.

What will happen?

The GAHAR surveyor may ensure that a random sample of staff files is reviewed. The minimum number of records selected for review is five staff member files. The minimum number of case file records required to be selected by the surveyor for review is no more than 5 (five) records total. 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 large number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance. The surveyor may focus on the orientation of staff, job responsibilities, and/or clinical responsibilities, experience, education, and abilities assessment, ongoing education and training, performance evaluation, credentialing, and competency assessment.

How to prepare?

The PHC shall produce a complete list of all staff members, including those who are outsourced, contracted, full-timers, fixed-timers, part-timers, visitors, volunteers, and others.

Who should collaborate?

Representatives from medical management, nursing management, and administrative teams.

Environment and Facility Safety Plans Review

Why will it happen?

The GAHAR surveyor may assess the PHC degree of compliance with relevant standards and identify vulnerabilities and strengths in the environment and facility safety plans.

What will happen?

There shall be a group discussion. Surveyors are not the primary speakers during this time; they are listeners to the discussion, the surveyor may review the environment of care risk categories as indicated in the PHC risk assessment and safety data analysis and actions taken by the PHC.

How to prepare?

Make sure that those responsible for environment and facility safety plans are available for discussion. Also, the following documents have to be available:

- PHC licenses, or equivalent.
- An organization chart.
- A map of the PHC, if available.
- List of all sites that are eligible for a survey.
- Environment and facility safety data.
- environment and facility safety plans and annual evaluations.
- Environment and facility safety multidisciplinary team meeting minutes prior to the survey.
- Emergency Operations Plan (EOP) and a recorded annual review and update, including communications plans.
- Annual training.

Who should collaborate?

Environment and facility safety responsible staff members such as safety management representatives, information technology (IT) representatives, and the person responsible for emergency management.

Environment of Care Tour

Why will it happen?

The GAHAR surveyor may observe and evaluate the PHC's actual performance in managing environment and facility risks.

What will happen?

The GAHAR surveyor may begin where the risk is encountered, first occurs, or take a top-down/bottom-up approach. The 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. The 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., an alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services), assess if equipment, alarms, or building features are present for controlling the particular risk, reviewing the implementation of relevant inspection, testing, or maintenance procedures. The surveyor may also assess hazardous materials management, waste management, and safety or security measures.

How to prepare?

Ensure that keys, communication tools, and contacts are available so the GAHAR surveyor may be able to access all PHC facilities smoothly.

Who should collaborate?

Environment and facility safety responsible staff members such as representatives of safety management, information technology (IT) representative, and the person responsible for emergency management.

Leadership Interview

Why will it happen?

The surveyor will learn about PHC governance and management structure and processes.

What will happen?

GAHAR surveyor may address the following issues

- The structure and 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 PHC.
- Governing body members understanding of performance improvement approaches and methods.
- Pertinent GAHAR Leadership standards relevant to the governing body, direction, and leadership in the PHC, including organizational culture.
- Surveyors may explore, through PHC-specific examples, leadership commitment to the 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?

The GAHAR surveyor may need a quiet area for a brief interactive discussion with PHC leaders.

The following documents may be reviewed during this session.

- PHC structure.
- PHC strategic plan.
- PHC ethical framework.
- Leadership safety rounds.
- Safety culture assessment.
- Patient centeredness initiatives medical staff bylaws and rules and regulations.
- Peer Review process and results.

Who should collaborate?

Required participants include at least the following: PHC director, governing body representative, and performance improvement coordinator.

Financial Stewardship Review

Why will it happen?

The surveyor will learn about PHC financial stewardship structure and processes.

What will happen?

The GAHAR surveyor may address topics related to financial stewardship, such as observations noted during PHC tours and tracers, the billing process, contractor's performance, availability of staff, supplies, and equipment.

How to prepare?

The GAHAR surveyor may need a quiet area for a brief interactive discussion with financial stewardship representatives.

The following documents may be reviewed during this session.

- List of all contracted services.
- Agreement with outsourced providers of laundry, sterilization, housekeeping, referral laboratory, radiology, and other services.
- Contractor monitoring data.
- Feedback reports from payers.
- Cost reduction projects.

Who should collaborate?

Required participants include at least the following: PHC director, procurement responsible staff member, clinical responsible staff member, and finance responsible staff member.

Patient's medical record Review

Why will it happen?

The review of files, in itself, is not the primary focus of this session. However, the surveyor may verify process-related information through recording in patients' medical records. The surveyor may identify specific patients whose files they would like to review.

What will happen?

The GAHAR surveyor may ensure that a random sample of the patient's medical record is reviewed. A sample of both open and closed cases should be reviewed. Record review should include a random sample. The sample selected shall represent a cross-section of the cases performed at the PHC. The minimum number of case file records required to be selected by the surveyor for review is no more than five records IN total. 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 large number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance. The total number of records within the six-month case period should be recorded in the review form.

How to prepare?

The PHC is required to produce a log or other record of closed cases for the previous six-month period, and the surveyor may select a sample of medical records to review.

Who should collaborate?

Representatives from PHC medical, nursing, and other healthcare teams in addition to information management representatives.

Medication Management Review

Why will it happen?

The GAHAR surveyor may learn about the planning, implementation, and evaluation of the medication management program, identify who is responsible for its day-to-day implementation, evaluate its outcome and understand the processes used by the PHC to reduce medication errors and antibiotics stewardship.

What will happen?

The GAHAR surveyor may evaluate PHC medication management 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 with a focus on

the management of high-risk medications, look-alike, sound-alike, concentrated electrolytes, and medication errors.

- Strengths in the processes and possible actions to be taken in areas needing improvement, with a special focus on:
 - Antimicrobial stewardship, including a document that describes how the PHC uses the antibiotic stewardship program, and PHC-approved antimicrobial stewardship protocols (e.g., policies, procedures, or order sets are acceptable).
 - Process for reporting errors, system breakdowns, near misses or overrides, data collection, analysis, systems evaluation, and performance improvement initiatives.

How to prepare?

The GAHAR surveyor may need a quiet area for a brief interactive discussion with staff who oversee the medication management program. Then time may be spent where the medication is received, stored, dispensed, prepared, or administered.

The following documents may be reviewed during this session.

- Medication management policies.
- Core elements of PHC antibiotic stewardship programs.
- Antimicrobial stewardship data.
- Antimicrobial stewardship reports documenting improvement.

Who should collaborate?

Suggested participants include clinical and support staff responsible for medication management processes.

Infection Prevention and Control Program Review

Why will it happen?

The GAHAR surveyor may 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 PHC to reduce infection.

What will happen?

The GAHAR surveyor may evaluate the PHC'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, laboratory testing and confirmation process, if applicable; staff orientation and training activities and, 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, PHC-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?

The GAHAR surveyor may need a quiet area for a brief interactive discussion with staff who oversee the infection prevention and control process. Then a tour may follow.

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 team, healthcare professionals from the laboratory, safety management staff, PHC leadership, and staff involved in the direct provision of care or services.

Quality Program Review

Why will it happen?

The GAHAR surveyor may 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 PHC 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?

The GAHAR surveyor may need a quiet area for a brief interactive discussion with staff who oversee the quality management program. Then time may be spent where improvement was implemented.

The following documents may be reviewed during this session:

- Quality management program.
- Performance improvement projects.
- Performance management measures.
- Risk management registers, records, and logs.

Who should collaborate?

Suggested staff members include quality management staff, healthcare professionals involved in data collection, aggregation, and interpretation, performance improvement teams.

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 PHC 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 access, and internet coverage.

Who should collaborate?

Only GAHAR surveyors.

Executive Report

Why will it happen?

To give an opportunity to brief the most relevant outcomes of the survey and help the prioritization of post-accreditation activities.

What will happen?

GAHAR surveyors may review the survey findings with the most senior leader and discuss any concerns about the report.

How to prepare?

The GAHAR surveyor may need a quiet private area for a brief interactive discussion with the most senior leader.

Who should collaborate?

The available PHC most senior leaders and others at their discretion.

Exit Conference

Why will it happen?

To thank the PHC team for participation and share the important findings in the accreditation journey.

What will happen?

Surveyors shall verbally review the survey findings summary if desired by the most senior leader, and review identified standards compliance issues.

How to prepare?

PHC available most senior leader may invite staff to attend, an area that can accommodate attending staff is required.

Who should collaborate?

Suggested participants include the available PHC most senior leader or designee, other leaders, and staff as identified by the most senior leader or designee.

Glossary

ABC analysis	The analysis of annual medication consumption and cost in order to determine which items account for the greatest proportion of the budget.
Adherence to medication	The degree to which the person's behaviour corresponds with the agreed recommendations from a healthcare professional.
Adverse drug event (ADE)	An injury resulting from medication intervention related to a drug.
Adverse drug reaction (ADR)	A response to a medication which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for the modifications of physiological function.
Adverse effect	Medical occurrence temporally associated with the use of a medicinal product, but not necessarily causally related.
Airborne	They are particles $\leq 5\mu$ in size that remain suspended in the air and travel great distances.
Antimicrobial stewardship	A coordinated program that promotes the appropriate use of antimicrobials (including antibiotics) improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.
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 PHC's patients need and that the PHC can support with qualified staff and technical capabilities.
Aseptic technique	It is a method designed to reduce the risk of microbial contamination in a vulnerable body site. This may include procedures like undertaking a wound dressing or performing an invasive procedure such as inserting a urinary catheter or preparing an intravenous infusion.
Biohazardous	it is a biological agent or condition that carries a risk of danger to humans or the environment.
Certification	The procedure and action by which an authorized organization evaluates and certifies that a person, institution, or program meets requirements.
Certified person	Someone who has passed exams from an accredited organization related to the work that they shall perform.
Cleaning	It is the process of removing foreign material (e.g., soil, organic material, microorganisms) from an object.
Clinical pathway	An agreed-upon treatment regime that includes all elements of care.
Clinical practice guidelines	Statements that help healthcare professionals and patients choose appropriate healthcare for specific clinical conditions (for example, recommendations on the case management of diarrhea in children under the age of five years). The healthcare professional is guided through all steps of consultation (questions to ask, physical signs to look for, lab exams to prescribe, assessment of the situation, and treatment to prescribe).
Communicable disease	A disease that is capable of spreading from one person to another through a variety of ways, including contact with blood and bodily fluids, breathing, etc.
Competence or competency	A determination of the staff's job knowledge, skills, and behaviors to meet defined expectations. Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific actions, behaviors, such as

	the ability to work in teams, are frequently considered as a part of competence.
Competent safety person	One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to staff.
Contamination	The presence of unwanted material or organism, such as an infectious agent, bacteria, parasite, or another contaminant, that is introduced to an environment, surface, object, or substance, such as water, food, or sterile medical supplies.
Credentialing	The process of obtaining, verifying, assessing, and attesting the qualifications of a physician. The process determines if a staff member can provide patient care services in or for a healthcare organization. The process of periodically checking the physician's qualifications is called re-credentialing.
Credentials	Evidence of competence, current and relevant licensure, education, training, and experience. Other defined criteria may be added by a healthcare organization.
Defaulters	Someone who fails to do something that they should do by law
Disinfectants	They are substances that are applied to the surface of non-living objects in order to destroy microorganisms but not necessarily bacterial spores.
Disinfection	The process of reducing the number of pathogenic microorganisms, but not necessarily bacterial spores to a level which is no longer harmful to health. It may be high level, intermediate level or low level disinfection depending on the level of probable risk.
Dispensing	Preparing, packaging, and distributing to a patient a course of therapy on the basis of a prescription.
Droplet	A large respiratory particle $\geq 5\mu$, which is generated when an infected person coughs, sneezes, or talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy or cardiopulmonary resuscitation; with possible transmission within 2 meters from the patient source.
Drug and therapeutic committee (DTC)	The committee that evaluates the clinical use of medications, develops policies for managing pharmaceutical use and administration and manages the formulary system
Drug formulary	A manual containing a clinically oriented summary of pharmacological information about a selected number of medications. The manual may also include administrative and regulatory information pertaining to medication prescribing and dispensing.
Drug recall	An action taken at any time to call back or remove a defective or harmful drug product from the market when it is being discovered to be in violation of laws and regulations. This includes expired, outdated, damaged, dispensed but not used, and/or contaminated medications.
Drug Recall System	A system defined that alerts appropriate individuals when a company/manufacturer is calling back a drug product due to a defect in manufacturing, contamination, or being discovered to be in violation of laws and regulations.
Endemic	The usual incidence of disease within a geographic area during a specified time period.
The Expanded Programme of Immunization (EPI)	EPI is a priority programme for Egypt due to its cost-effective ability to save lives. EPI in Egypt has achieved several successes in controlling vaccine preventable diseases, including strong national vaccination coverage of over 90%, through an increase of vaccine coverage and continuous surveillance

	leading to reduced illness, disability and death from diseases such as diphtheria, tetanus, whooping cough, measles and polio.
Epidemic infection	A higher than expected level of infection by a common agent in a defined population during a defined period.
Expired medication	Medication that is past the expiry date listed on the original packaging from the manufacturer.
External	Refers to the outside of the organization, such as comparing data with other organizations or contributing to Egypt's required database.
Failure mode and effects analysis (FMEA)	A systematic approach to examining a design prospectively for possible ways failure may occur. The ways failure may occur are then prioritized to help organizations create design improvements that shall have the most benefit. This tool assumes that no matter how knowledgeable or careful people are, errors shall occur in some situations and may even be likely to occur.
Formulary	A formulary contains a collection of formulas for the compounding and testing of medication (a resource closer to what would be referred to as a pharmacopeia today). Today, the main function of a prescription formulary is to specify particular medications that are approved to be prescribed at a particular organization, in a particular health system, or under a particular health insurance policy. The development of prescription formularies is based on evaluations of efficacy, safety, and cost-effectiveness of medications. Depending on the formulary, it may also contain additional clinical information, such as side effects, contraindications, and doses. The PHC formulary list should be according to the national essential medicines list.
Governing body	The individual(s) or group that has ultimate authority and responsibility for developing policy, maintaining the quality of care, and providing for organization management and planning for the organization.
Hand hygiene	A general term that applies to handwashing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.
Handover	The transfer of responsibility for a patient and patient care that occurs in the healthcare setting.
Hazardous materials and waste plan	The PHC 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 PHC 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 radioactive or chemical materials. Hazardous wastes include the biologic waste that can transmit disease (for example, blood, and tissues), radioactive materials, toxic chemicals, and infectious waste, such as used needles and used bandages.
Healthcare professional	Any person working in a PHC or healthcare centre, whether he is a physician, nurse, technician, housekeeper, administrator etc.
HEPA filter	High-efficiency particulate air filter is defined as a filter with efficiency of 99.97% in removing particles 0.3 microns or more in size, which makes it suitable for prevention of airborne pathogens.
High-risk medication	Medications that bear a heightened risk of causing significant patient harm when they are used in error.
Hygiene	The practice that serves to keep people and environments clean and prevent infection.

Immunization	The process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (active immunisation) or serum containing desired antibodies (passive immunisation). Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Infection control practitioner
Infection control program	An organized system of services designed to meet the needs of the PHC in relation to the surveillance, prevention, and control of infection, which impacts patients, staff, physicians, and/or visitors.
Infection	The transmission of a pathogenic microorganism.
Inventory	A written list of all the objects, abilities, assets, or resources in a particular place.
Investigational drug	A chemical or biological substance that has been tested in the laboratory and approved for testing in people during clinical trials.
IPC committee	Committee comprised of members from a variety of disciplines within the healthcare facility, bringing together individuals with expertise in different areas of healthcare.
Job description	Statements or directions specifying required decisions and actions. Penalties, legal or otherwise, are normally assessed when laws and regulations are not followed.
Key performance indicator	A quantifiable measure used to evaluate the success of a PHC, employee, etc.
Laws and regulations	Statements or directions specifying required decisions and actions. Penalties, legal or otherwise, are normally assessed when laws and regulations are not followed.
Leader	A person who sets expectations, develops plans and implements procedures to assess and improve the quality of the PHC governance, management, clinical, and support functions and processes.
Legibility	The possibility to read or decipher. The writing is clearly written so that every letter or number cannot be misinterpreted. It is legible when any individual can read the handwritten documentation or physician order.
Look-alike sound-alike medication	These are medications that are visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics.
Medical staff bylaws	Regulations and/or rules adopted by the medical staff and the governing body of the PHC for governance, defining rights and obligations of various officers, persons, or groups within the medical staff's structure.
Medical staff	Licensed physician and licensed dentist.
Medication	Any prescription medications including narcotics; herbal remedies; vitamins; nutraceuticals, over-the-counter medications; vaccines; biological, diagnostic and contrast agent used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood products; medication containing products, and intravenous solutions with electrolytes and/or medications. The definition of the medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases unless explicitly stated.
Medication error	Any preventable event that may cause inappropriate medication use or endangers patient safety. Examples are wrong patient, medication, dose, time, and the route; incorrect ordering, dispensing, or transcribing; missed or delayed treatments. Any professional/discipline/staff who handle medications can be involved in the error.
Medication sample	A unit of a prescription medication that is not intended to be sold and is intended to promote the sale of the medication. A medication sample is given

	to the patient in very limited circumstances that should be defined in the PHC policy.
Medication-related problem	An event or circumstance involving medication therapy that actually or potentially interferes with desired health outcomes.
Near miss	An unplanned event that did not result in injury, illness, or damage – but had the potential to do so.
Nonclinical staff	Those who provide indirect patient care (housekeeping, food service, etc.)
Ordering	Written directions provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a licensed person such as a pharmacist or a nurse.
Outbreak	An excess over the expected (usual) level of a disease within a geographic area; however, one case of an unusual disease may constitute an outbreak.
Outdated medication	Medication that is opened and is typically safe and effective to use for a short period of time after opening (shelf life).
Personal protective equipment	Equipment worn to minimize exposure to hazards that cause serious workplace injuries and/or illnesses.
Plan of care	A plan that identifies the patient's care needs lists the strategy to meet those needs, records treatment 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.
Plan	A detailed method, formulated beforehand that identifies needs lists strategies to meet those needs, and sets goals and objectives. The format of the plan may include narratives, policies, and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.
Policy	A guiding principle used to set direction in a PHC.
Post exposure prophylaxis	A preventive medical treatment that is started after exposure to a pathogen in order to prevent the infection from taking place.
Practice guidelines	Tools that describe processes found by clinical trials or by consensus opinion of experts to be the most effective in evaluating and/or treating a patient who has a specific symptom, condition, or diagnosis, or describe a specific procedure. Synonyms include practice parameters, protocol, preferred practice pattern, and guideline. Also, see evidence- (scientific) - based guidelines and clinical practice guidelines.
Prescribing	Advising and authorizing the use of a medication or treatment for someone, especially in writing.
PRN	Latin abbreviation meaning <i>Pro re nata</i> , frequently used to denote "whenever necessary" or "As needed."
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 activities) that transform the inputs (resources) into outputs (services). For example, a rural health education program shall require that staff to develop an education strategy, develop educational materials, and deliver the education sessions.
Processing	All operations performed to render a contaminated reusable or single-use (disposable) device ready again for patient use. The steps may include cleaning and disinfection/sterilization. The manufacturer of reusable devices

	and single-use devices that are marketed as non-sterile should provide validated reprocessing instructions in the labeling.
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 medications quality, obtaining the best prices, and ensuring adherence to contract terms.
Program	A plan of action aimed at accomplishing a clear business objective, with details on what work is to be performed, by whom, when, and what means or resources shall be used.
Project	A planned set of interrelated tasks to be executed over a fixed period and within certain cost and other limitations.
Protocol	A detailed scientific treatment plan for using a new treatment
Referral	The sending of a patient from one clinician to another clinician or specialist or from one setting or service to another or another resource
Reliable resource	Resources of procurement of medications /paramedical supplies /pharmaceutical devices only from authoritative sources and professional organizations that can help to ensure avoidance of counterfeit, diverted, or stolen; Potentially intentionally adulterated, or the subject of a fraudulent transaction.
Respiratory hygiene	This comprises infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes.
Risk assessment	The identification, evaluation, and estimation of the levels of risks involved in a situation, their comparison against benchmarks or standards, and determination of an acceptable level of risk.
Root cause analysis	A process for identifying the basic or causal factor(s) that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event.
Safe injection	It is a practice intended to prevent needle stick injuries and other possible contamination during syringe introduction in a patient; ultimately preventing transmission of blood borne infectious diseases between one patient and another, or between a patient and a healthcare professional.
Sanitation	it is a condition concerning public health, especially indicating provision of clean drinking water, and adequate sewage disposal.
Scope (care or services)	The range and type of services offered by the PHC and any conditions or limits to the service coverage.
Scope of practice	The range of activities performed by a healthcare professional (physician, nurse) in the organization. The scope is determined by training, tradition, law or regulation, or the organization.
Sentinel event	An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof.
Side effect	The pharmacological effect of a medication, normally adverse, other than the one(s) for which the medication is prescribed.
Solid or contaminated linen	Linen that has been solid with infectious materials (OSHA definition).
Spaulding classification	A method of classification of the different medical instrumentation based on device usage and body contact into three categories, critical, semi-critical and non-critical dictated by the infection risk involved by using it.
Sterilization	A controlled process that destroys all microorganisms including bacterial spores.

Stock	A quantity of something accumulated, as for future use, regularly kept on hand, as for use or sale.
Stocking	The activity of supplying a stock of something or items.
Storage Space	A place for storing, an amount stored, or the act of storing that it is kept in a special place until it is needed.
Surveillance	A systemic and ongoing method of data collection, presentation and analysis, followed by dissemination of that information to those who can improve outcomes.
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.
Titrating order	Orders in which the medication dose is progressively increased or decreased in response to the patient's status.
Transcribing	The legitimate copying of prescription information from one source to another without any alterations or additions
Transmissible	A disease with the ability to be passed on from one person or organism to another.
Utilization	The use, patterns of use, or rates of use of specified healthcare service. Overuse occurs when a healthcare service is provided under circumstances in which its potential for harm exceeds the possible benefits. Underuse is the failure to use a necessary healthcare 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 healthcare. They can increase mortality risk and diminish the quality of life.
Variation	The differences in results obtained in measuring the same event more than once. The sources of variation can be grouped into two major classes common causes and special causes. Too much variation often leads to waste and loss, such as the occurrence of undesirable patient health outcomes and increased cost of health services.
VEN analysis	A known method to help set up priorities for purchasing medications and keeping stock. Medications are divided according to their health impact into vital, essential, and non-essential categories. It allows medications of differing efficacy and usefulness to be compared.

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6. Egyptian Code of Nursing Ethics (Nursing Syndicate Publications)
7. Code of Ethics and Behavior for Civil Service Staff, 2019
8. Pharmacist Code of Ethics

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10. Law 181/2018, Egyptian Consumer Protection
11. Law 206/2017, Advertisement for Healthcare Services
12. Egyptian Consent laws
13. Egyptian Standards for Accounting, 609/2016
14. Presidential decree 151/2019 for Egyptian Drug Authority
15. Ministry of finance decree 18/2019: Non-Monetary Payment
16. Law 2/2018 on Universal Health Insurance
17. MOHP Ministerial decree 116/2017
18. Law of Trade Unions and Protection 213/2017
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