



**GAHAR HANDBOOK FOR**

# **PHYSICAL THERAPY ACCREDITATION STANDARDS**



**Publisher:**

General Authority for Healthcare Accreditation and Regulation.

**Edition 2021**  
**EFFECTIVE DEC.2021**

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## **General Authority for Healthcare Accreditation & Regulation**

### **GAHAR Handbook for Physical Therapy Accreditation Standards, Edition 2021**

Awarded by ISQua EEA  
following an independent assessment  
against the Guidelines and Principles for the  
Development of Health and Social Care Standards,  
5th Edition

The period of Accreditation for these Standards  
is from

**December 2021 until December 2025**

A handwritten signature in black ink, appearing to read 'Jeffrey Braithwaite', written over a horizontal line.

Prof Jeffrey Braithwaite, President

A handwritten signature in black ink, appearing to read 'Elaine O'Connor', written over a horizontal line.

Ms Elaine O'Connor, Head of Operations

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## Foreword

As an essential step towards implementing the comprehensive healthcare recovery in Egypt, and ensuring standardization of physical therapy services provision all over Egypt, in a way that meets the patient's needs and comply with the Egyptian laws and regulations, here is the first edition of the Egyptian accreditation standards for physical therapy centers.

The newly established accrediting and regulatory body, the General Authority for Healthcare accreditation and Regulation (GAHAR), developed this edition, and it is expected that these standards shall give the physical therapy services in Egypt a huge boost toward ideal, safe, and high-quality practices.

The development of these standards is a valuable eventual product of collaborative efforts of representatives from the different health sectors in Egypt.

This book of standards handles healthcare delivery from two main different perspectives: the patient-centered perspective and the organization -centered perspective.

Each of the two main sections of this book adopts one of these perspectives and discusses in details the minimum requirement for accrediting physical therapy centers based on them in the first section "accreditation Prerequisites and Conditions". The second section, "Patient-Centered Standards," adopts the Picker's model for patient-centered care to ensure responsiveness of physical therapy centers to patients' needs. The third section, Organization Centered Standards," highlights many aspects needed for workplace suitability to provide safe, efficient, and learning healthcare; it adopts the Health WISE concepts and forth section for "Physical therapy home care standards".

While these standards were carefully tailored to steer the current situation of Egyptian healthcare towards the targeted vision, they have been finely compared to international standards and found to meet the basic intent of all international standards that apply to Egyptian laws, regulations, and culture.

As the Egyptian government decided to introduce physical therapy services to the community, Egypt has been one of the leading countries in this field. Now, in 2020, Egypt is taking another huge step toward the future by implementing the Universal Health Insurance Law, which will completely transform the healthcare system in the country and move it forward to real action regarding health equity and social justice.

The physical therapy centers standards aim to develop, coordinate, and utilize selected knowledge and skill in planning, organizing, and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury. Physical therapy focuses primarily on those individuals whose potential or actual impairment is related to neuro-musculoskeletal, developmental and any other functional impairments on methods of evaluating the functions of those systems; and on the selection and application of



appropriate therapeutic procedures to maintain, improve, or restore those functions.

Physical therapy services are planned to respond to each patient's unique needs (including age-specific) and expectations. Physical therapy outcomes are restoration, improvement, or maintenance of the patient's optimal level of functioning, self-care, self-responsibilities, independence to improve quality of life.

The evaluation includes performing and interpreting tests to assist in physical therapy differential diagnosis and to determine the degree of impairment of relevant aspects such as muscle strength, cognitive development, motor development, motion restrictions, functional capacity, or respiratory and circulatory efficiency. The evaluation provides the basis for the selection of appropriate therapeutic procedures and the appraisal of results of the care.

Therapeutic procedures include exercises for increasing strength, endurance, coordination, and range of motion, stimuli to facilitate motor activity and development and cognitive learning; instruction in activities of daily living and the use of assistive devices, fabrication of splints to enhance movement or inhibit deformity. The general goals and objectives are providing physical therapy care with:

- Proper stating of patients' needs.
- Initial assessment and care of patients upon referral by a licensed physician.
- Recommend training and health instructions to the patient and family regarding physical therapy care/ program.
- Adequate referral of patients whose needs cannot be met by the physical therapy center due to lack of required resources.

## Introduction

Physical therapy centers' services are essential to patient care and therefore have to be available to meet the needs of all patients and the responsible health care provider.

Physical therapy centers are concerned with being respectful of, and responsive to, the preferences, needs and values of patients and consumers. Surveys measuring patients' experience of healthcare are optimal for such purposes. Scientific based evidences have demonstrated that patient-centered care activities improve patient care experience and creates public value for services. When physical therapy centers' administrators and healthcare providers work in partnership with patients and their families, the quality and safety of healthcare rise, costs decrease, provider satisfaction increases and patient care experience improves. Patient centered care can also positively affect business metrics such as finances, quality, safety, satisfaction and market share.

Patients are not the only customers of physical therapy centers. Physical therapy centers' workers are considered of no less importance. Although debate continues regarding whether worker wellbeing should be considered part of the patient safety initiatives, many physical therapy centers have already placed them as key players and success partners in the healthcare industry worldwide. Each physical therapy centers should also provide suitable educational and scientific opportunities for professional staff working with it.

Three major aspects may affect workers' well-being: Safety, Stress and Organizational Structure.

This book defines the minimum requirements for physical therapy centers to comply with patient safety requirements while maintaining a safe, structured and positive work environment

## **Scope of this Handbook**

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

### **Inclusions:**

These standards are applicable to standalone physical therapy centers.

### **Exclusions:**

These standards are not applicable to:

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

## Purpose

GAHAR standards describe the optimum competent level of service in each phase of patient care process in physical therapy centres. They reflect a desired and achievable level of performance against which a physical therapy centre actual performance can be compared. The main purpose of these standards is to direct and maintain safe healthcare practice. These standards also promote and guide organization management. They assist staff, management team, and the centre as a whole to develop safe staffing practices, delegate tasks to licensed and unlicensed staff members, ensure adequate documentation, and even create policies for new technologies. Compliance with GAHAR standards guarantees physical therapy centre accountability for its decisions and actions. Many standards are patient-centred and safety-focused to promote the best possible outcome and minimize exposure to the risk of harm. These standards encourage physical therapy centre staff to persistently enhance their knowledge base through experience, continuing education, and the latest guidelines. These standards can be used to identify areas for improvement in physical therapy centre 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's structure, process, and/or outcome by setting standards that address these concepts.
- Within this context, there should be no confusion between accreditation standards and licensure standards. When applied to licensure of an individual practitioner or center, the standard is usually set at a minimal level designed to protect public health and safety.
- This book is divided into four 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 Component:

- **Standard statement:**

GAHAR standard statements define the performance expectations, structures, or functions that must be in place for a physical therapy center, preceded with a code, followed with a non-black scripted statement that describes the essential quality dimension(s) addressed by the standard.
- **Keyword/s:**

keyword is meant to help organizations understand the most important element of standard statements, as these are words or concepts of great significance. It answers the question of what the standard is intended to measure.
- **Intent:**
  - Standard intent is meant to help organizations understand the full meaning of the standard.
  - The intent is usually divided into two parts:
    - Normative: that describes the purpose and rationale of the standard 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 the 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 numbered/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 indicates what is reviewed and assigned a score during the on-site survey process.
  - The EOCs for each standard identify the requirements for full compliance with the standard as scoring is done in relation to meet 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 ones that will help Physical therapy centers to interpret the standards: Process, Policy, Procedure, Program, Plan, Guideline, Protocol

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

- **Process:**  
A series of actions or steps taken in order to achieve a particular end.
- **Documents:**  
A document that describes the process and can be in the form of policy, procedure, program, plan, guideline, or protocol.
- **Policy:**
  - A principle of action adopted by an organization.
  - It usually answers the question of what the process is.
  - It is stricter than guidelines or protocols.
  - It does not include objectives that need to be met in a certain timeframe.
- **Procedure:**
  - An established or official way of doing something.
  - It usually answers the question of how the process happens.
  - It is stricter than guidelines or protocols.
  - It does not include objectives that need to be met in a certain timeframe.
- **Plan:**
  - A detailed proposal for doing or achieving something.
  - It usually answers the question of what the goal is, why, how it is going to be achieved, and when.
  - It includes objectives that need to be met in a certain timeframe.
- **Guideline:**
  - A general rule, principle, or piece of advice.
  - It usually answers the question of what the process is and how it should happen.
  - Usually, it is more narrative than protocol.
- **Protocol:**
  - A best practice protocol for managing a particular condition, which includes a care plan founded on evidence-based strategies and consensus statements.
  - Usually, it has graphs, flow charts, mind maps, and thinking trees.
- **Document:**  
Created by planning what needs to be done.
- **Record:**  
Created when something is done.

## **Applying for a GAHAR survey**

- Applying to join the program via website [www.gahar.gov.eg](http://www.gahar.gov.eg) or by sending an email to [reg@gahar.gov.eg](mailto:reg@gahar.gov.eg)
- GAHAR is going to respond by sending an application template attached to the email. Physical therapy center will complete the application and upload the required documents.
- Physical therapy center documents will be reviewed.
- GAHAR will determine survey financial fees, and bank account details shall be shared.
- Physical therapy center will make the payment to the Central Bank of Egypt on the bank account, and it will send the receipt back via email
- An appointment for the survey visit will be determined for the physical therapy center.
- GAHAR's surveyor team will evaluate your physical therapy center according to the GAHAR Handbook for Physical Therapy Accreditation Standards.
- The survey report is submitted to the accreditation committee to review and decide based on the decision rules.
- Physical therapy center is notified of the decision of the accreditation committee. Physical therapy center has 15 days to submit an appeal. If no appeal is submitted, the chairman of GAHAR approves the decision, and a final certificate is issued.



## **Look back period**

- Surveyors are required to review standards requirements and evaluate the physical therapy center's compliance with them over a look-back period.
- Look-back period: It is the period before the survey visit to which the physical therapy center is obliged to comply with the GAHAR accreditation standards. Failure to comply with this rule shall affect the decision of accreditation.
- Look-back period varies from one physical therapy center to another depending on the registration and accreditation status.

### **A Physical Therapy Center seeking accreditation:**

- Comply with the whole standards of the GAHAR Handbook for physical therapy accreditation standards for at least four months before the surveyor's visit.

### **A Physical Therapy Center seeking re-accreditation:**

- For GAHAR accredited physical therapy centers, compliance with the GAHAR Handbook for physical therapy standards from receiving the approval of the previous accreditation till the next accreditation survey visit is required.

## 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 physical therapy center shows 80% or more compliance with requirements during the required look-back period with a total score of 2.
- **Partially Met** when the physical therapy center shows less than 80% but more than or equal to 50% compliance with requirements during the required look-back period with a total score of 1.
- **Not Met** when the physical therapy center shows less than 50% compliance with requirements during the required look-back period with a total score of 0.
- **Not Applicable** when the surveyor determines that the requirements of the standard are out of the scope of the physical therapy center (the score is deleted from the numerator and denominator).

While most EOCs are independent, stand-alone units of measurement that represent the structure, process, and/or outcome, few EOCs are dependent on each other. Dependence means that compliance with one EOC cannot be achieved (or scored) without ensuring compliance with other EOCs.

### Scoring of each standard:

- **Met** when the average score of the applicable EOCs of this standard is 80% or more.
- **Partially Met** when the average score of the applicable EOCs of this standard is less than 80% or 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 the chapter.

## Accreditation Decision Rules

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

### 1<sup>st</sup> Decision: Status of Accreditation for a Physical Therapy Center (3 years).

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

### 2<sup>nd</sup> Decision: Status of Conditioned Accreditation for a Physical Therapy Center (2 years).

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

### 3<sup>rd</sup> Decision: Status of Conditioned Accreditation for a Physical Therapy Center (1 year).

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

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

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

Physical Therapy Centers 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 the email [reg@gahar.gov.eg](mailto: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 Physical Therapy Center fails to pass follow up surveys in case of conditioned accreditation,
- The Physical Therapy Center fails to submit corrective action plans in case of presence of one not met EOC or more,
- The Physical Therapy Center fails to pass unannounced survey,

The Physical Therapy Center fails to comply with GAHAR circulars when applicable.

## Acknowledgments

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## Acronyms

Code	Decoding (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
EFS	Environment and Facility Safety
IPC	Infection Prevention and Control
OGM	Organization Governance and Management
WFM	Workforce Management
IMT	Information Management and Technology
QPI	Quality and Performance Improvement
PTC	Physical Therapy Home Care



## **SECTION 1**

### **ACCREDITATION PREREQUISITES AND CONDITIONS**





## Section 1: Accreditation Prerequisites and Conditions

### Chapter Intent:

This section consists of specific requirements for participation in the GAHAR accreditation process and for maintaining an accreditation award. Scores of these standards shall 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 the GAHAR accreditation committee level and may result in denial or suspension of accreditation.

### Compliance with GAHAR Accreditation prerequisites

**APC.01 The Physical therapy center ensures safe medical care provision through complying with GAHAR Healthcare Professionals Registration.**

Safety

#### Keywords:

Registration of staff

#### Intent:

Physical therapy center staff registration process aims at ensuring the competence of Physical therapy center staff by matching their qualifications and experience to accredited Physical therapy center scope of services. In return, this process will improve the quality of Physical therapy center service provided to the community. The Physical therapy center is expected to register 100% of all Physical therapy center members who should cover the Physical therapy center scope of service. The Physical therapy center leaders shall create 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 requirement.

#### Evidence of compliance:

1. The Physical therapy center develops a process for registering 100% of all staff members.
2. The process covers all full-time, part-time, or other types of contracts/agreements.
3. The Physical therapy center reports to GAHAR, healthcare authority, and professional syndicates of any finding that can affect patient safety.

#### Related standards:

WFM.02 Job description

## Transparent and ethical relationships

### **APC.02 The Physical therapy center provides GAHAR with accurate and complete information through all phases of the accreditation process.**

Effectiveness

#### **Keywords:**

Accurate and complete information.

#### **Intent:**

During accreditation process, there are many points at which GAHAR requires data and information. When a physical therapy center applied for accreditation, it lies under GAHAR's scope to be informed of any changes in the physical therapy center and any reports from external evaluators.

The physical therapy center provides information to GAHAR through electronic application. Relevant accreditation policies and procedures inform the physical therapy center of what data and/or information are required and the period for submission. The physical therapy center is expected to provide timely, accurate, and complete information to GAHAR regarding its structure, physical therapy center scope of work, building, governing body, licenses, and evaluation reports by external evaluators. GAHAR requires each physical therapy center, shall engage in the accreditation process with honesty, integrity, and transparency.

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

Documents required to be submitted by physical therapy centers upon applying for accreditation:

- a) The original document of the physical therapy license of the center's owner or manager-in-charge, and also the physical therapy licenses of the whole physical therapy staff (health care providers) who are permitted to provide care in the center.
- b) A notarized copy of the center's registration document in the Egyptian Physical Therapy Syndicate, which belongs to either the owner or manager-in-charge.
- c) Notarized copies of the registration documents of all physical therapy different staff categories (health care providers) who are permitted to provide care in the center (Practitioners – Specialists – Consultants), obtained from the Egyptian Physical Therapy Syndicate. (or its local branches in the different governorates).
- d) In case of any change in the data of the staff (health care providers) who are permitted to provide care in the center, GAHAR should be reported with that change in a maximum of 30 days' period, enclosed by the names, licenses and registration documents of the new members.
- e) A photocopy of a registered title deed (ownership contract), lease contract (and the original document may be requested for more verification).
- f) A copy of the national ID of both the owner and the manager-in-charge. (If the center is

a part of a healthcare facility, a copy of the national ID of the manager of this facility is required too).

g) A copy of the healthcare facility license (If the center is a part of a healthcare facility).

**Survey process guide:**

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

**Evidence of compliance:**

1. The physical therapy center reports accurate and complete information to GAHAR along the entire period of accreditation processes.
2. The physical therapy center reports within 30 days any addition or deletion of physical therapy center scope of service, any expanded facilities by 15% or greater, as measured by patient volume, scope of services, or other relevant measures or any structural changes in the Physical therapy center (merged with, consolidated with, or acquired an unaccredited site, service, or program for which there are applicable GAHAR standards).
3. The physical therapy center provides GAHAR access to evaluation results and reports of any evaluating organization

**Related standards:**

OGM.01 Governing body, IMT.01 Documentation management system

**APC.03 The Physical therapy center uses the accreditation process to improve safety and effectiveness.**

Safety

**Keywords:**

Accreditation process value.

**Intent:**

GAHAR accreditation implies that a physical therapy center is a place that maintains high safety standards. Public, governmental bodies, staff, third party payers, among others, will assume credibility in accredited physical therapy center processes.

Thus, GAHAR has the right to obtain any information to confirm standards and Accreditation policy compliance and/or 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, staff working conditions inspections, and evaluation of safety incidents or quality complaints, the physical therapy center should report to GAHAR, and these evaluations are complementing accreditation reviews.

Creating a safe culture is not an easy task; it requires everyone to be aware of safety issues and able to report them.

The physical therapy center safety is improved by sharing knowledge with GAHAR about any

challenges identified through internal or external processes.

The Physical therapy center's website, advertising, promotion, brochures, newspapers, and other information are made available to the public accurately reflecting the scope of programs and services that are accredited by GAHAR.

**Survey process guide:**

During the GAHAR survey, surveyors 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 Physical therapy center permits GAHAR to perform on-site evaluations of standards and policy of compliance or verification of quality and safety concerns, reports.
2. The Physical therapy center accurately represents its accreditation status.
3. The Physical therapy center informs staff and patients on mechanisms to report safety issues to GAHAR.

**Related standards:**

QPI.01 Quality management program, QPI.02 Performance measures, QPI.06 performance improvement plan

**APC.04 The Physical therapy center maintains professional standards during the survey.**

Equity

**Keywords:**

Professional standards during surveys

**Intent:**

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

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

The Physical therapy center ensures that there are no immediate risks for surveyors' safety and security. The Physical therapy center respects the confidentiality and sensitivity of the survey process.

**Survey process guide:**

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

**Evidence of compliance:**

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

**Related standards:**

OGM.05 Ethical management



## **SECTION 2**

### **PATIENT-CENTERED STANDARDS**





## Section 2: Patient-Centered Standards

Patient-centered care represents a paradigm shift in how patients, providers, and other participants think about the processes of care and healing. Patient-centered care is defined 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, their families, and their communities.

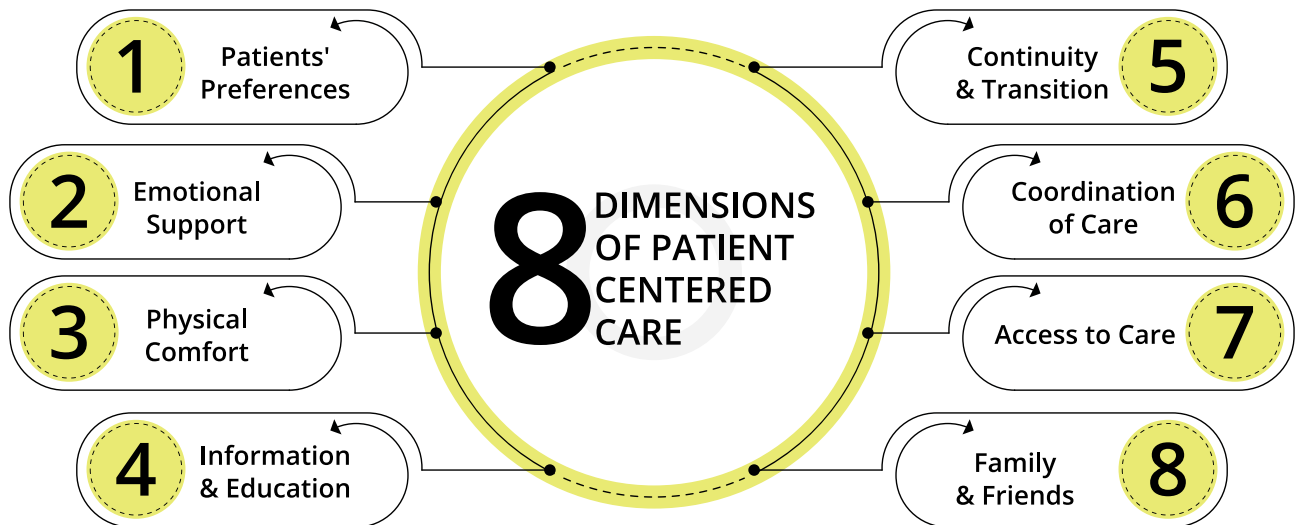
A new health system for the 21st century defined good-quality care as safe, effective, patient centered, timely, efficient, and equitable. The report set out several rules to redesign and improve patient-centered care, ensuring that care is customized based on patients' needs and values; ensuring the patient is the source of control; sharing knowledge and information freely; and maintaining transparency.

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

1. The **experience level** refers to an individual patient's experience of their care. Care should be provided in a way that is respectful, informative, and supportive of the participation of patients and families.
2. The **clinical micro-system** level refers to the service, department, or program level of care. Patients and family advisers should participate in the overall design of the service, department, or program.
3. The **environment** level refers to the regulatory level of the health system.

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

There are eight dimensions 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 providers should complement and enhance the patient's perspective. Assessment and care should be done in a way that maintains patients' dignity and is sensitive to their cultural values. Healthcare providers need to focus on the patient's quality of life, which may be affected by their illness and care. Everyone involved is 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 multidimensional 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 state, the impact of their illness on themselves and others, 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. Providers 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 well-informed about what to expect. Care 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. Care and patient experience shall be considered as an integrated whole, with different moving parts working in concert to reduce feelings of fear and vulnerability. Providers shall cooperate in the interest of the patient's overall well-being.

## **7. Access to care**

To the extent that it is possible, patients should have access to all the care they need, when they need it, in a manner that is convenient and does not inflict too much stress. It should be simple to schedule appointments, stick to physical therapy 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 World Health Organization defines patient safety as the reduction and mitigation of unsafe acts within the health care system, as well as using best practices shown to lead to optimal patient outcomes. Health care 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 well-trained health professionals has weak spots.

Advances and commitment to patient safety worldwide have grown since the late 1990s, which lead 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 accreditation process, healthcare organizations have to show commitment to patient safety. This requires compliance with each of the National Safety Requirements (NSRs). During GAHAR surveys, surveyors evaluate that safe and efficient implementation of each NSR is maintained in all relevant practices. Implementation of the standards should be in accordance with the applicable Egyptian laws and regulations.

For a physical therapy center seeking accreditation, NSRs should not be scored as not met.

### Chapter purpose:

1. To ensure that the organizations provide and maintain the patient safety program effectively.
2. To addresses all the National Safety Requirements.  
(Some requirements were placed into other chapters for convenience).

### 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 3/1985 of Physical therapy practice
3. Egyptian code of physical therapy ethics Number 16 for the year of 1997
4. Jeddah Declaration on Patient Safety 2019
5. WHO Patient Safety Assessment Manual
6. WHO Patient Safety Friendly Initiatives
7. Universal declaration on Human Rights year 1964
8. Cairo declaration on Human Rights in Islam, 1990
9. Egyptian code of medical ethics 238/2003

## 10. Code of ethics and behavior for civil service staff, 2019

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

Code	Standard Keyword	Standard Code
<b>General Patient Safety Standards</b>		
NSR.01	Patient identification	ACT.03
NSR.02	Evidence-based hand hygiene guidelines	IPC.02
NSR.03	Fall prevention and screening	ICD.05
<b>Environmental Safety Standards</b>		
NSR.04	Fire and smoke safety	EFS.02
NSR.05	Hazardous material safety	EFS.03
NSR.06	Safety and security plan	EFS.04
NSR.07	Medical equipment plan	EFS.05
NSR.08	Utilities management	EFS.07

## Patient-Centeredness Culture

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

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 US Institute of Medicine's (IOM), *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 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. Practically, Organizations shall not stop their patient-centered care processes at just printing patient rights and responsibilities brochures and handing them to patients. Policies and procedures need to identify mechanisms to establish and sustain 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 culture needed to comply with the chapter requirements.
- It describes basic patient rights and responsibilities.
- It 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. Egyptian standards for accounting, 609/2016
9. Presidential decree 151/2019 for Egyptian Drug Authority
10. Law 2/2018 on Universal Health Insurance
11. Egyptian code of medical ethics 238/2003
12. Code of ethics and behavior for civil service staff, 2019
13. Egyptian Criminal code 58/1937
14. Egyptian consent laws
15. MOH Ministerial decree number 216 / 1982 Healthcare facilities organization
16. MOH Ministerial 186/2001 Patient right to know expected cost of care



## Planning and protecting patient-centeredness culture

### **PCC.01 Patient and family rights are protected and informed to patients and families.**

Patient-centeredness

#### **Keywords:**

Patients and family rights.

#### **Intent:**

The physical therapy center shall provide orientation to staff regarding their role in protecting the rights of patients and families. Patients should be able to understand their rights and know how to apply them. If for any reason, a patient does not understand his/her right, the physical therapy center is committed to helping him/her to gain knowledge of his/her rights. The physical therapy center shall respect the patient's information as confidential and implement processes to protect such information from leakage, loss, or misuse and ensure patient privacy. patient emotional, religious, spiritual needs, and other preferences shall be addressed and recognized. where appropriate, provide separate places and healthcare providers for women and men according to their cultural needs.

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

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

**Survey process guide:**

- GAHAR surveyor may review patient rights policy and interview staff members to check their awareness.
- GAHAR surveyor may observe patient rights statements posted in the physical therapy center, may also observe how patients receive information and may check conditions under which patient rights are protected.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedures that clearly defining patients and family rights that includes at least items a) through k) in the intent.
2. Staff members are aware of patient and family rights.
3. Patient and family rights are protected in all areas and at all times.
4. Patient rights are posted in all public areas in the physical therapy center in a way that makes it visible to staff, patients, and families.
5. Information about patient rights is provided in writing or in another manner, the patient's and their families understand.

**Related standards:**

PCC.02 Patient and family responsibilities, PCC.03 Disabled patients, PCC.04 Patient and family education, PCC.08 Dignity, privacy, and confidentiality, PCC.09 Patient and family feedback, complaints and suggestions

**PCC.02 Patients and families are empowered to assume their responsibilities.**

Equity

**Keywords:**

Patient and family responsibilities

**Intent:**

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

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

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

according to laws and regulations and physical therapy center policy.

- d) Patients and their families have the responsibility to show respect to other patients and healthcare providers.
- e) Patients and their families have the responsibility to follow the recommended care plan.

**Survey process guide:**

- GAHAR surveyor may review 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 physical therapy center. The surveyor may also observe how patients receive information about their responsibilities.

**Evidence of compliance:**

1. The physical therapy center has an approved policy guiding the process of defining patient and family responsibilities as mentioned in the intent from a) through e).
2. All staff members are aware of patients' and families' responsibilities.
3. An approved statement on patient and family responsibilities is posted in all public areas in the physical therapy center 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.01 Patients and family rights, PCC.04 Patients and family education, PCC.09 Patient and family feedback, complaints and suggestions

**PCC.03 Disabled patients are protected against physical, verbal, sexual, emotional, mental, and psychological abuse.**

Patient-Centeredness

**Keywords:**

Disabled patients.

**Intent:**

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

The physical therapy center shall ensure that families of disabled patients are involvement in the patient's plan of care especially for pediatric patients. Proper education shall be provided for disabled patient and families to make them fully aware of all possible measures should be taken to prevent all types of abuse that may occur or suspect to occur during providing physical therapy care. The physical therapy center shall explore how to provide each patient the care needed to meet the desired goals that are of highly important and effect in the individual daily life by offering best considerable knowledge and skill. The physical therapy

center that deals with disabled patients shall develop and implement a policy and procedures that address at least the following:

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

**Survey process guide:**

- The GAHAR surveyor may review the policy of dealing with disabled patients during document review session, followed by interviewing staff members to check their awareness of the approved process.
- The GAHAR surveyor may observe the process of family education on how to observe measures implemented to protect disabled patients.
- The GAHAR surveyor may interview families of disabled patients to assess their involvement in the patient's plan of care.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedures that address protecting disabled patients against all kinds of abuse that includes at least items a) through d) in the intent.
2. Staff is aware of how to observe and report any violations that may occur against disabled patients.
3. Disabled patient's families are involved in the plan of care and any related decisions especially for pediatric patients.
4. Disabled patient's families are aware of how to observe and report any possible violations especially for pediatric patients.

**Related standards:**

PCC.01 Patients and family rights, PCC.08 Dignity, privacy and confidentiality, PCC.09 Patient and family feedback, complaints and suggestions, OGM.05 Ethical management

## **Empowerment and involvement of patients and families**

### **PCC.04 Patients' and families' education is provided clearly.**

Patient-centeredness

#### **Keywords:**

Patients and family education.

#### **Intent:**

Education of the patient and their family enable them to understand the care process and to make well-informed decisions. Patients and families shall contribute to this process during the course of care. The physical therapy center shall record patient education activities in the patient's medical record.

And develop a patient /family education policy with defined procedures, which address at least the following:

- a) Identifying patient and family educational needs.
- b) Method for education is provided according to patient and family values and level of learning.
- c) Educational barriers are identified as language barrier.
- d) Diagnosis and condition
- e) Plan of care/program.

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

- The GAHAR surveyor may review the related documents describing patient and family education process.
- The GAHAR surveyor may interview staff members to assess awareness of patient and family education process.
- During open or closed record review, the GAHAR surveyor may check patient and family education activities recorded in the medical record to assess their completion.

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

1. The physical therapy center has an approved policy and procedure defining patient and family education process that include at least the points mentioned in the intent from a) through e).
2. Staff members are aware of patients and families' education process and documentation.
3. Patients educational needs are identified (assessed), responsibility of providing education and method used is recorded in the patient's medical record.
4. Patients receive education relevant to their condition according to approved policies and procedures.
5. Patient education activities are recorded in the patient's medical record.

**Related standards:**

PCC.01 Patients and family rights, PCC.05 Patients and family education materials, PCC.06 Informed consent\refusal consent, PCC.09 Patient and family feedback, complaints and suggestions

**PCC.05 Appropriate, clear patient education materials are available.**

Appropriateness

**Keywords:**

Patients and family education materials.

**Intent:**

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

The educational materials may take the form of videos, social media posts, brochures, pamphlets, text messages or other forms. It is important for the physical therapy center to make sure that these materials are available when needed, especially during health campaigns and to ensure that these education materials are understandable by the target patients with different languages or pictorial illustrations if needed. Patient educational materials shall contain relevant and evidence-based information matching with the individualized patient plan of care.

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

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

**Survey process guide:**

- The GAHAR surveyor may review the process of describing patient and family educational needs, and may interview staff members to ensure their full awareness.
- During the GAHAR survey, the GAHAR surveyor may observe patient and family education materials availability for patients in the places and locations as per centers' policy.

**Evidence of compliance:**

1. The physical therapy center identifies the places and locations for distributing patient education materials.
2. Patient education materials are readily available in the places and locations identified by the physical therapy center.
3. Patient education materials contain relevant and evidence-based information.
4. Staff is aware of how to provide the educational material and how to enable the patient to use it.

**Related standards:**

PCC.01 Patients and family rights, PCC.04 Patients and family education, OGM.08 Community initiatives

**Patient and family Collaboration**

**PCC.06 The physical therapy center establishes and maintains an ongoing collaborative process of decision-making throughout the provision of services.**

Patient-centeredness

**Keywords:**

Informed consent\refusal.

**Intent:**

Informed consent is a process for getting permission before performing any healthcare intervention on patient, and for disclosing all related personal information. General consent shall be obtained at point of first patient contact to ensure availability of all types and kinds of care and services needed by patients.

To give consent, a patient should be informed of all factors related to the planned care that help patient to make an informed decision. Informed consent should be valid during the time or procedure it is intended to cover. The informed consent shall include the likelihood of success and the risk of not doing the procedure or intervention, benefits, and alternatives to performing that particular process. Specific informed refusal consent shall be used to document the refusal process. The physical therapy center shall develop and implement a policy and procedures to describe how and where informed consent is used. The policy shall include at least the following:

- a) The list of processes when informed consent is needed, this list shall include:
  - i) Situations where a significant risks or adverse effects are expected.
  - ii) Photographic and promotional activities, for in which the consent could be for specific time or purpose.
  - iii) Refusing or discontinuing a step or steps in the physical therapy care process, the patient informed refusal consent may be used to document the refusal process.
- b) Certain situations when consent can be given by someone other than the patient, and mechanisms for obtaining and recording it according to applicable laws and regulations and approved physical therapy center policies.
- c) Consent validity.
- d) The informed refusal consent is signed by the responsible physical therapist who is responsible of patient, recorded and kept in the patient's medical record.

**Survey process guide:**

- The GAHAR surveyor may review the policy of informed consent that include the informed refusal process.

- The GAHAR surveyor may check patient informed refusal form to assess its completion and compliance with centers' policy.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedure guiding the process of informed consent that include a) through d) in the intent.
2. Staff is educated how to empower patients of making an informed choice.
3. Informed consent is available, complete and valid.
4. The informed refusal consent is signed by the responsible physical therapist who obtaining the informed refusal, recorded and kept in the patient's medical record.

**Related standards:**

PCC.01 Patients and family rights, PCC.04 Patients and family education, PCC.05 Patients and family education materials,

**Ensuring the patient's physical comfort**

**PCC.07 Patient-centered waiting spaces are available for various services.**

Patient-centeredness

**Keywords:**

Waiting spaces.

**Intent:**

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

**Survey process guide:**

The GAHAR surveyor may observe waiting space cleanliness, ventilation, lighting, distancing, and safety.

**Evidence of compliance:**

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

**Related standards:**

PCC.01 Patients and family rights, EFS.01 Environment and facility safety structure.



## Responding to patient needs

### **PCC.08 The patient's dignity, privacy and confidentiality are protected during all care processes, such as assessments and care.**

Patient-centeredness

#### **Keywords:**

Dignity, privacy, and confidentiality.

#### **Intent:**

One of the most important human needs is the desire for respect and dignity. The patient has the right to receive care that is respectful and considerable at all times, in all circumstances. Patient privacy, particularly during assessments, cares, and transport, is important. Patients may desire privacy from other staff, from other patients or even from accompanying family members. The physical therapy center shall deal with the patient's information as confidential and shall implement processes to protect such information from leakage, loss, or misuse.

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

- During the course of a GAHAR survey, the surveyor may observe locations for patient providing care to assess if privacy and confidentiality are maintained.
- GAHAR surveyor may interview patients to assess how they are satisfied and involved in the decision of allowing persons who can attend the patient assessment process.

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

1. Places of providing care ensure that the care is respectful and considerable for the patient's dignity and self-worth.
2. Patient privacy is respected for all physical therapy assessments, care, and transport.
3. Confidentiality of patient information is maintained according to laws and regulations.
4. Patients are allowed to decide who can attend their assessment or care processes and it is a part of the general consent process.

#### **Related standards:**

PCC.01 Patients and family rights, PCC.03 Disabled patients, IMT.02 Confidentiality, security and integrity of data and information

## **Responsiveness to patients' and families' voices**

### **PCC.09 The Physical therapy center improves provided services based on measured patients', families' and other customer's feedback, complaints and suggestions.**

Patient-Centeredness

#### **Keywords:**

Patient and family feedback, complaints and suggestions.

#### **Intent:**

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

The physical therapy center 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.

The 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.

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

- GAHAR surveyor may review the policy of patient and family feedback including suggestions and complaints.
- During GAHAR survey, surveyor may assess the process of use of patient and family feedback for performance improvement.
- During GAHAR survey, the surveyor may check the distribution and availability of patient questionnaire forms in areas that determined by centers' policy.

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

1. The physical therapy center has an approved policy and procedures guiding the process of patient and family feedback, complaints and suggestions that include at least item from a) through d) in the intent.
2. Staff is aware of the patient and family feedback, complaints and suggestions process.
3. There is evidence that the physical therapy center has received, investigated, analyzed, and interpreted feedbacks from patients and families within approved timeframes.

4. There is evidence that the interpreted feedbacks and reports have been taken in consideration for performance improvement.

**Related standard:**

PCC.01 Patients and family rights, PCC.02 Patients and family responsibilities, QPI.02 Performance measures, QPI.06 Performance improvement plan.

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

### **Chapter Intent:**

Access is the process by which a patient can start receiving healthcare services. Facilitating access to healthcare is concerned with helping people to command appropriate healthcare resources in order to preserve or improve their health. access is a complex concept, and at least four aspects require evaluation: availability, affordability, acceptability, and physical accessibility. Continuity of care becomes increasingly important for patients as the community ages, develops multiple morbidities and complex problems, or includes more patients who become socially or psychologically vulnerable.

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

Locally, the Egyptian constitution focuses on the importance of granting access to healthcare services to all Egyptians. Egyptian laws for establishing physical therapy centres defined the minimum requirements for licensure and for access pathways. The code of ethics defined the framework of healthcare providers' 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.

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

### **Chapter Purpose:**

The main objective is to ensure that physical therapy centers provide and maintain equitable, effective access to patient care services in a safe and efficient way. The patient may start accessing physical therapy services through inpatient or outpatient departments. Upon physical therapy provision and all through the patient journey, someone shall be responsible for the patient's plan of care.

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/ referral to a service outside the physical therapy center, clear information needs to be recorded.

**Implementation guiding documents:**

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

1. Egyptian constitution
2. Law on physical therapy practice (3/1985)
3. Universal Health Insurance law (2/2018)
4. WHO, Transition of Care (2016)
5. Law on the rights of handicapped people (10/2018)
6. Egyptian code of building for handicapped people
7. MOH Ministerial decree for healthcare facilities physical therapy center (216/1982)
8. MOH Ministerial decree for independent physical therapy practice (166/2016)

## Effective patient flow into the physical therapy center

### **ACT. 01 The physical therapy center grants patient access to its services in accordance to applicable laws, regulations, and pre-set eligibility criteria.**

Safety

#### **Keywords:**

Patient access.

#### **Intent:**

Access is the process by which a patient can start receiving healthcare services. In order to ensure safe and comfortable. Access to the physical therapy center services, patients and families should be well-informed about the available services. The availability of services, and barriers to access, have to be considered in the context of the differing perspectives, health needs, and material and cultural settings of diverse groups in society, such as not hindering women by offering female healthcare professionals when and where it is relevant. The process of patient registration usually includes a review of the patient's eligibility to receive certain services. These eligibility criteria are usually pre-set by healthcare provider and guided by laws, regulations, and physical therapy center policies.

In order to improve accessibility to the physical therapy center's services, patients and families should be informed about the available services.

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

- a) providing clear, updated and accurate advertisement of services in compliance with laws, regulations.
- b) Access through the physical therapy center is safe and appropriate for patients' conditions include a clearly defined scheduling and queuing process for patients that include appropriate identification, clear sufficient information exchange, safety and comfort.
- c) A process to identify barriers to access, have to be considered.
- d) A process to ensure safe, comfortable and standardized registration.

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

- The GAHAR surveyor may review the policy that describe the actual physical therapy center access process.
- The GAHAR surveyor may interview related staff members and patients to assess their awareness of patient access process.

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

1. The physical therapy center has an approved policy to grant access to patients that addresses all elements mentioned in the intent from a) through d).
2. Patients are made aware of available services, including operating hours, types of services, cost of each service and access path.
3. There is a safe, comfortable and standardized registration process.

**Related standards:**

PCC.01 Patients and family rights, ACT.02 Coordination and continuity of care, ACT.07 Referral/transfer process, EFS.01 Environment and facility safety structure, ICD.01 Screening process.

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

Patient-centeredness

**Keywords:**

Coordination and continuity of care.

**Intent:**

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

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

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

The physical therapy centers shall develop a policy that addresses all the above mentioned components of continuity of care, including patients' referral when their needs don't match the center's scope of services.

**Survey process guide:**

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

**Evidence of compliance:**

1. The physical therapy center has an approved policy that addresses all components of coordination and continuity of care.

2. Continuity and coordination of care are evident and documented throughout all phases of patient care.
3. The patient's medical record(s) is available and categorized to involve and document all phases of patient care.

**Related standards:**

ACT.01 Patient access, ICD.01 Screening process, ACT.04 Referral report, ACT.05 Patient care responsibility and accountability, ACT.07 Referral/transfer process, ACT.08 "End of care" process, IMT.01 Documentation management system

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

Safety

**Keywords:**

Patient identification.

**Intent:**

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

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

• **Survey process guide:**

- GAHAR surveyor may review patient identification policy that describe the required methodology should be used.
- GAHAR surveyor may interview staff assigned to provide patient care, to assess their awareness of patient identification policy.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedures for patient identification that address a) through b) in the intent.
2. Staff is aware of how to apply the patient identification policy.
3. Sample review of medical records to verify compliance with patient's identification policy.
4. Patient's identifiers are recorded timely in each patient's medical record as per centers' policy.

**Related standards:**

PCC.01 Patients and family rights, ACT.02 Coordination and continuity of care.



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

Safety

### **Keywords:**

Referral report.

### **Intent:**

Physical therapy is an inseparable part of the comprehensive care process. In order to ensure maximum degree of effectiveness, the physical therapy center shall receive patients seeking physical therapy services with the written report from the treating physician with any specialty, the physical therapy center develop a policy that includes at least the following:

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

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

### **Survey process guide:**

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

### **Evidence of compliance:**

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

### **Related standards:**

ACT.01 Patient access, ACT.02 Coordination and continuity of care, ACT.05 Patient care responsibility and accountability, ACT.07 Referral/transfer process.

## **Effective and safe patients flow within the physical therapy center**

### **ACT.05 The physical therapy center ensures clear, defined responsibilities and accountabilities in providing patient care.**

Effectiveness

#### **Keywords:**

Patient care responsibility and accountability.

#### **Intent:**

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

- a) Assigning one primarily responsible physical therapist to the patient, who is the most relevant to their assessment and clinical status.
- b) Substituting the assigned physical therapist in case of unavailability with disclosure and pre-agreement from the patient.
- c) Relevant documentation in the patient's medical record.

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

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

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

1. The physical therapy center has an approved policy and procedures for safe and clear responsibility and accountability for patient care that address items from a) to c) in the intent.
2. Staff members are aware of the policy.
3. Patient's medical record contain who is the physical therapist responsible for care is and in every session.
4. Each patient is made aware of the responsible physical therapist even when their regularly physical therapist is not available.
5. There is a clear handover process performed in cases of transfer/referral of care responsibility.

**Related standards:**

ACT.02 Coordination and continuity of care, ICD.01 Screening process, ACT.04 Referral report, ACT.08 “End of care” process, WFM.02 Job descriptions.

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

Appropriateness

**Keywords:**

Physical access and comfort.

**Intent:**

In order to have a comfortable physical access process, necessary and appropriate healthcare services should be available and obtainable in a defined timeframe manner. There are many factors to consider in terms of healthcare access. Physical therapy centers aiming at achieving accreditation shall work with authorities or community members to ensure appropriate, available public transportation and ensuring available of comfortable physical access such as ramps and paths for wheelchairs and trollies, and adequate access pathways. Physical therapy centers shall identify the potential blockages of access such as presence of a physical barrier like a canal or even absence of clear signs to direct patient’s journey in the physical therapy center.

**Survey process guide:**

During the GAHAR survey, the surveyor may observe the physical therapy center access pathways, 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 physical therapy center.

**Evidence of compliance:**

1. The physical therapy centre has current needs assessment and analysis identifying patient needs for easy physical access and comfort.
2. Measures as ramps, wheelchairs and trollies are available for served patients.
3. Physical therapy center is easy accessible for disabled patients.
4. When services are not easy accessible for disabled patients, actions are taken to ensure availability these services.

**Related standards:**

ACT.01 Patient access, ICD.01 Screening process, EFS.01 Environment and facility safety structure.

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

Effectiveness

### **Keywords:**

Referral/transfer process.

### **Intent:**

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

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

### **Survey process guide:**

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

**Evidence of compliance:**

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

**Related standards:**

ACT.02 Coordination and continuity of care, ACT.04 Referral report, ACT.05 Patient care responsibility and accountability

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

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

Effectiveness

**Keywords:**

"End of care" process.

**Intent:**

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

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

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

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

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

- a) The reason for referral to physical therapy.
- b) Provisional and/or final physical therapy diagnoses.
- c) Significant findings.
- d) Procedures performed.

- e) Patient's condition and disposition at point of termination of physical therapy care/program.
- f) Follow up instructions, including diet, exercises.
- g) Name of the responsible physical therapist who decide to terminate the patient physical therapy care/program.

**Survey process guide:**

- GAHAR surveyor may review "End of care" policy that describe the process of patient physical therapy care termination and disposition.
- GAHAR surveyor may interview responsible staff to assess their awareness of patient "End of care" process.
- GAHAR surveyor may review an appropriate sample of medical records and check completeness of "end of care" report.

**Evidence of compliance:**

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

**Related standards:**

PCC.04 Patients and family education, PCC.05 Patients and family education materials, ACT.07 Referral/transfer process

## Integrated Care Delivery

### Chapter Intent:

Physical therapy is an essential component of the integrated care delivery concept in any healthcare system around the world. The growing challenges of the twenty-first century, like the increasing number of the ageing population with the accompanying risks of chronic diseases, disability and morbidity, have made physical therapy services a key element for improving global population health. This explains the emerging role of physical therapy in preventing and minimizing the loss of function and preserving the independency of the most vulnerable categories of the community. As the implementation of the universal health insurance system goes forward, the growing need for a unified and standardized provision of physical therapy services all over Egypt makes it essential to provide these services in a culture of patient centeredness.

Physical therapy centers define the minimum contents of initial and subsequent assessments. 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 done under the umbrella of the Universal Health Insurance, where defined eligibility criteria are set for patient access and referral mechanisms are to be developed.

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

### Chapter Purpose:

The main objective of this chapter 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 physical therapy center. Then, it describes the basic screening, assessment, reassessment and care processes. After that, some sections follow to describe either special forms of assessments and care processes based on the patient's needs, or special forms based on patient's risks. Finally, a description of special assessments and care processes based on specially provided services is mentioned.

### 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. Law 126/2008 on Egyptian Child
5. Law 10/2018 on the rights of handicapped

6. Requirements of inspection per MOH law and regulation
7. Law for healthcare physical therapy centers 51/1981
8. Egyptian code of physical therapy ethics Number 16 for the year of 1997 10) Law 3/1985 Physical therapy practice.
9. MOH Ministerial decree number 166 / 2016 Independent physical therapy Practice.
10. National Egyptian guidelines of physical therapy practice, 2021.



## Screening, assessment, and care upon access to healthcare services

### ICD.01 The physical therapy center has a screening process for patient needs.

Effectiveness

#### Keywords:

Screening process.

#### Intent:

Scope of services are the range of activities offered by the organization and performed by health care providers, support staff, managerial staff, the governing entity. The physical therapy center shall develop a current, approved scope of services for matching patient's healthcare needs to the center's scope of services. The scope of services shall be available for patients and families at the first point of contact.

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. Healthcare providers are authorized based on their capacity to perform the required screening and assessment. The physical therapy center shall develop a policy to describe patients' screening process in order to identify all their needs according to laws and regulations and based on the services provided.

#### Survey process guide:

- GAHAR surveyor may review the physical therapy center patients' screening policy and the centers' scope of services.
- GAHAR surveyor may interview staff members to check their awareness of the policy and the centers' scope of services.
- GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements

#### Evidence of compliance:

1. The approved scope of services is available for patients and families at the first point of contact for matching patient's healthcare needs to the physical therapy center's scope of services.
2. The physical therapy center has an approved policy that describe patients' screening process.
3. Staff is aware of the center's scope of services and how to apply the screening policy.
4. Screening forms are available in the center.
5. Patients are referred/transferred to other healthcare organizations when the physical therapy center's scope of service does not match their healthcare needs.

#### Related standards:

ICD.02 Physical therapy assessment and reassessment forms, ICD.06 Pain screening,

assessment and management, ICD.03 Individualized physical therapy plan, ACT.05 Patient care responsibility and accountability, ACT. 01 Patient access.

**ICD.02 Patients' physical therapy initial assessment and re- assessment are performed, documented and maintained.**

Effectiveness

**Keywords:**

Physical therapy initial assessment and reassessment.

**Intent:**

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

- a) Date and reason for referral.
- b) Previous physical therapy or hospital admissions, surgery, and invasive procedures.
- c) Recent physical condition such as flexibility, range of motion, balance and coordination.
- d) Any additional measurements such as height and weight.
- e) Previous functional level
- f) Disability symptoms and signs.
- g) Special tests need such as drop arm test and instability.
- h) Degree of routine daily life affection.
- i) Elements of history and examination related to the specialty.
- j) Follow up instructions as diet and exercises.

Reassessments may vary according to patient's condition, or diagnosis that decided by his treating physician. The physical therapy center shall define the minimum acceptable contents and frequency of reassessments after re communicate and arrangement with patient's treating physician. Reassessment is performed to re-evaluate patient health status, identify changes since initial or most recent assessment, or determine new or ongoing needs. The responsible physical therapist shall constantly update the significant findings and should sign the assessment\reassessment forms on a timely manner as per centers' policy.

**Survey process guide:**

- GAHAR surveyor may review sample of medical records for content and completeness physical therapy assessment/reassessment of the forms.
- GAHAR surveyor may interview responsible staff to assess their awareness of the assessment\reassessment process.

**Evidence of compliance:**

1. The physical therapy center has an approved assessment and re- assessment policy to define the process and includes at least from item a) to j) in the intent.
2. Staff is aware and trained of how to apply the policy.
3. The initial assessments and reassessment forms are recorded in the patient's medical record within a defined timeframe.

**Related standards:**

ICD.04 Evidence based guidelines and protocols, ICD.03 Individualized physical therapy plan, ICD.05 Fall screening and prevention, ICD.06 Pain screening, assessment and management, IMT.01 Documentation management system.

**ICD.03 An individualized physical therapy plan of care with desired outcome and goals is developed.**

Effectiveness

**Keywords:**

Individualized physical therapy plan.

**Intent:**

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

The plan based on patients' treating physician recommendations and final diagnosis. The plan of care specifies the goals of the plan, predicted level of care to be done, proposed duration and frequency that are required to reach the desired goals and outcomes. A physical therapy consultant or specialist develops and signs the individualized physical therapy plan of care. The physical therapy center shall develop policy to describe the required items needed to develop an individualized physical therapy care plan that shall include at least the following components:

- a) Identified needs, procedures, and desired outcomes with timeframes.
- b) Any Changes in the patient's level of functioning.
- c) Any problem other than the patient's primary problem.
- d) Patient needs and requirements for optimal independence and better quality of life.
- e) Progress of patient in achieving the desired goals.

**Survey process guide:**

- GAHAR surveyor may review the plan of care policy that describe the process of developing an individualized patient's plan of care.
- GAHAR surveyor may review an appropriate number of medical records and check content and completeness of the physical therapy plan of care form.

- GAHAR surveyor may interview staff to assess their awareness of the policy.
- GAHAR surveyor may interview patients and their families to check their participation in plan of care.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedures to ensure that each patient has an Individualized physical therapy plan of care that include items from a) to e) in the intent.
2. Staff is aware of the policy and the components of individualized physical therapy plan.
3. A physical therapy consultant or specialist develop, update and sign the individualized physical therapy plan of care on a timely manner.
4. Individualized physical therapy plan is recorded on the patient's medical record.

**Related standards:**

PCC.04 Patients and family education, ICD.04 Evidence based guidelines and protocols, ICD.05 Fall screening and prevention, ICD.06 Pain screening, assessment and management, IMT.01 Documentation management system.

**ICD.04 Clinical practice guidelines and evidence-based tools are developed with a clear methodology.**

Effectiveness

**Keywords:**

Evidence based guidelines and protocols.

**Intent:**

Clinical practice guidelines serve as a framework for clinical decisions and supporting best practices. Clinical practice guidelines are also statements that include recommendations intended to optimize patient care. The physical therapy center shall develop a policy and procedure for clinical guidelines adaptation and adoption for the most common/high risk diagnoses and procedures. Clinical practice guidelines adapted/adopted by the physical therapy center are evaluated at least annually or when needed. The policy shall address at least the following:

- a) How clinical practice guidelines/protocols are adapted, adopted and reviewed.
- b) Regular evaluation and monitoring of physical therapy centers' compliance.
- c) Selection methodology of the most common/high risk diagnoses and procedures
- d) Timeframe required for update, based on evidence-based literature.

**Survey process guide:**

- GAHAR surveyor may review clinical practice guidelines policy that describe the process of developing physical therapy guidelines and protocols.
- GAHAR surveyor may interview responsible staff to assess their awareness of physical therapy guidelines and protocols.

**Evidence of compliance:**

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

**Related standards:**

ICD.03 Individualized physical therapy plan, ICD.07 Clinical guidelines of pediatric patients, ICD.08 High-risk patients and service, IPC.01 infection control program, PTC.05 Home care clinical guidelines.

**ICD.05 (NSR.03) 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 them tailored preventative measures against falling. Effective preventive measures to minimize falling are those that are tailored to each patient and directed towards the identified risks from risk assessment. The fall screening and prevention policy addresses at least the following:

- a) Patient fall risk screening.
- b) Risks include medication review and other risk factors.
- c) Timeframe to complete, document the fall screening.
- d) General measures are used to reduce risk of falling such as lighting, corridor bars, bathroom bars, wheelchairs or trolleys with locks.

**Survey process guide:**

- GAHAR surveyor may review the fall screening and prevention policy.
- GAHAR surveyor may review an appropriate number of medical records and check content and completeness of the patient fall screening/ assessment forms.
- GAHAR surveyor may interview responsible staff to assess their knowledge about patient fall screening/ assessment different tools.
- GAHAR surveyor may observe patient fall prevention general measures.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and clear procedures for fall screening and prevention that addresses items a) and d) of the intent.

2. Staff is aware of the fall screening and prevention policy.
3. Complete, patient fall screening/ assessment forms are available.
4. Measures to reduce risk of fall are recorded and implemented in the patient's medical record.

**Related standards:**

ICD.04 Evidence based guidelines and protocols, ICD.02 Physical therapy assessment and reassessment forms, ICD.03 Individualized physical therapy plan, IMT.01 Documentation management system.

**Special patient screening, assessments, and care processes**

**ICD.06 Patients are screened for pain, assessed, and managed accordingly.**

Patient-centeredness

**Keywords:**

Pain screening, assessment and management.

**Intent:**

For more patient comfort, proper functioning, and satisfaction the physical therapy center shall develop a policy and procedures to ensure that all patients are screened for pain, assessed, and managed whenever pain is present. This policy addresses at least the following:

- a) Screening methodology to include all patients for pain using valid, evidence based pain screening tool.
- b) Identify pain assessment or reassessment process.
- c) Appropriate physical therapy modalities and/or techniques used to manage pain.
- d) Frequency of pain reassessments.
- e) Documentation requirements of pain assessment and reassessment findings and management plan.

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

**Survey process guide:**

- GAHAR surveyor may review pain screening, assessment and management policy.
- GAHAR surveyor may review an appropriate number of medical records and check content and completeness of the pain screening/assessment forms.
- GAHAR surveyor may interview responsible staff to assess their knowledge about pain screening/assessment and management.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedures for screening, assessment, reassessment, and management of pain that addresses items a) to e) in the intent.
2. Staff is educated and trained on how to apply the policy.
3. All patients are screened for pain using updated, evidence based tool.
4. Patients with pain are assessed and reassessed using updated, evidence based tool pain assessment tools.
5. Patients with pain are managed using proper physical therapy pain relief modalities and techniques when needed according to the policy.
6. Pain assessment, reassessment, and management plan is documented in the patient medical record.

**Related standards:**

ICD.04 Evidence based guidelines and protocols, ICD.01 Screening process, ICD.02 Physical therapy assessment and reassessment forms, ICD.03 Individualized physical therapy plan, IMT.01 Documentation management system.

**ICD.07 Evidence-based clinical guidelines for physical therapy assessment and care of pediatric patients are defined.**

Effectiveness

**Keywords:**

Clinical guidelines of pediatric patients.

**Intent:**

Any physical therapy center that deals with pediatric patients' needs to make sure that evidence-based clinical guidelines are available and used to define the assessment and proper care management of their patients. These clinical guidelines shall be reviewed and updated at least once annually. Pediatric clinical practice guidelines shall include at least the following:

- a) Cognitive abilities assessment and care.
- b) Congenital diseases screening and care.
- c) Growth charts (Milestone).

**Survey process guide:**

- GAHAR surveyor may review clinical guidelines of pediatric patients that
- describe the process of pediatric patients' assessments and reassessments.
- GAHAR surveyor may review an appropriate number of medical records and check content and completeness of pediatric patients' assessments, reassessments, and plan of care forms.
- GAHAR surveyor may interview responsible staff to assess their awareness of the process of pediatric patient assessments and reassessments.



**Evidence of compliance:**

1. Pediatric evidence-based clinical guidelines are available to the staff including at least items a) to c) in the intent
2. Staff is aware and educated on how to use evidence-based clinical guidelines in physical therapy assessment and care.
3. Pediatric evidence-based clinical guidelines are reviewed and updated once annually.

**Related standards:**

ICD.04 Evidence based guidelines and protocols, PCC.03 Disabled patients.

**Recognition of high risk patients and services**

**ICD.08 The physical therapy center has identified the high-risk patients and service.**

Safety

**Keywords:**

High-risk patients and service.

**Intent:**

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

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

**Survey process guide:**

- GAHAR surveyor may review a policy to identify high risk patients and services.
- GAHAR surveyor may interview responsible staff to assess their awareness about the process of identifying high risk patients, assessments forms.

**Evidence of compliance:**

1. The physical therapy centre has an approved policy for high risk patient's early identification and recognition which includes at least items a) to e) in the intent.
2. Staff is educated and trained on how to apply the policy.
3. Measures to reduce and/or prevent additional risks are implemented.



4. Any additional risks that may affect high-risk patients and services are identified.
5. Center-acquired additional risks are tracked and included in the center's quality improvement program.

**Related standards:**

PCC.01 Patients and family rights, PCC.03 Disabled patients, PCC.04 Patients and family education, QPI.03 Risk management plan, QPI.06 Performance improvement plan.

## **SECTION 3**

### **ORGANIZATION-CENTERED STANDARDS**



## Section 3: Organization-Centered Standards

While in the previous section, patient safety and patient-centered care were the focus. Yet, 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 physical therapy centers 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 physical therapy center structure.

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, the American Physical Therapy Association (APTA) states that burnout in physical therapy is turning into a serious issue day after day, due to factors such as productivity requirements, documentation demands, the pressures of student loan debt, reimbursement challenges, and salaries that aren't rising commensurately to the financial demands on physical therapists. Of course, some of these factors are not compatible with the Egyptian physical therapists' status quo, but still, this should ring an alarm of how these factors might affect the performance of physical therapists in Egypt in the future.

Physical therapy center management needs to be in accordance with a clear ethical framework that is responsive to community needs.

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 Health WISE, 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 physical therapy center structure, where a governing body is defined and responsive to the physical therapy center needs, leaders work collaboratively to run the physical therapy center towards preset approved strategic directions. An established structure includes defining capacity and roles of the physical therapy center 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.



## Elements For Safe Healthcare

## Environmental and Facility Safety

### Chapter Intent:

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

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 personnel in accident prevention, accident response, emergency preparedness, and use of protective clothing and equipment.

Globally, Healthcare design standards were developed to maintain a proper healthcare facility structure that maintains 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 set certain standards for various aspects of healthcare design.

Locally, regulatory requirements play an important role in EFS. The physical therapy center shall identify and understand all relevant EFS regulations to implement the required measures. National initiatives include but not limited to physical therapy center licensure requirements and the individual functions/machine/equipment/units license inside the physical therapy center, civil defense laws, 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. A facility tour is an important tool used by surveyors to measure environmental safety risks in a physical therapy center.

### Chapter purpose:

This chapter started by planning and effective management of the physical therapy center 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 the physical therapy center is able to identify the safety issues and provide a safe and effective program to handle and maintain the environment safety.

The chapter discusses the following:

1. **Fire safety:** prevention, early detection, response, and safe evacuation in case of fire.
2. **Hazardous materials:** safe handling, storage, transportation, and use of hazardous materials, and waste disposal.
3. **Safety:** Providing a safe work environment for all occupants, ensuring that the physical

therapy center 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 physical therapy center 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 civil defense laws
2. WHO International Health Regulation
3. National Law for Environment
4. Egyptian civil defense laws
5. MOHP requirements in the website [www.mohp.org.eg](http://www.mohp.org.eg)
6. Law 192/2001 for Hazardous waste management
7. Egyptian Guideline for Medical Device Vigilance System
8. National strategy in disasters management
9. WHO Early Warning Alert and Response Network in emergencies
10. WHO International Health Regulation
11. Guidance in environmental safety book – part 6
12. Core Medical equipment -WHO

## Effective and safe planning of environment and facility safety

### EFS.01 Physical therapy center comply with relevant local laws and regulations.

Safety

#### Keywords:

Environment and facility safety structure.

#### Intent:

Governmental authorities enforce laws and regulations to ensure protection against dangers that may affect patients. Laws and regulations were established to provide guidance on safety measures while designing Physical therapy center settings. The physical therapy center shall develop and maintain basic infrastructure for environmental and facility safety program. The environmental and facility safety program shall include at least the following:

- a) Center services and activities having adequate space according to applicable laws, regulations, and approved scope of service.
- b) Permits, licenses and 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 center.
- d) Qualified environmental safety staff is available and match requirements of the scope of services, laws and regulations.
- e) Review the aggregated essential data, incident reports, drill reports, and safety plans measures, recommended actions, and following up to ensure compliance with all safety requirements.

A comprehensive report should be submitted to the center leadership\owner or any stakeholders, quarterly and a feedback from them should be received. If an external authority or agency, such as civil defense, reported an observation during its inspection, the center's leadership is responsible for providing a corrective action plan for any non-compliance within the required timeframe.

#### Survey process guide:

- GAHAR surveyor may review documents demonstrating physical therapy center drawings, budget, safety staff qualifications, external authorities report with action plans and recorded committee meeting notes and agenda.
- GAHAR surveyor may observe compliance to laws and regulations and matching of allocated spaces to services and functions.

#### Evidence of compliance:

1. The Physical therapy center leadership complies with relevant local environmental safety laws and regulations.
2. The Physical therapy center maintains basic requirement for development of environment and facility safety program that include at least items from a) to e) in the intent.



3. There is a committee/qualified staff member overseeing the environmental and facility safety.
4. Evidences of environment and facility safety regular inspections are recorded.
5. The Physical therapy center 's leadership ensures compliance with external inspection reports and correction of observations within the required timeframe.

**Related standards:**

EFS.02 Fire and smoke safety plan, EFS.04 Safety and security plan/s.

**Safe fire planning**

**EFS.02 (NSR.04) Fire and smoke safety plan addresses prevention, early detection, response, and safe evacuation in case of fire and/or other internal emergencies.**

Safety

**Keywords:**

Fire and smoke safety plan.

**Intent:**

Fire is one of the main internal disasters that could occur in any organization. The availability of the firefighting system and staff training on evacuation markedly decrease the sequelae of any fire that occurred. Regular fire drills at least annually cover all shifts and all areas. All results are documented with corrective actions as required.

The physical therapy center is required to develop a fire and smoke safety plan that includes but not limited to, the following:

- a) Fire prevention.
- b) Early detection.
- c) Fire suppression system.
- d) Listings of firefighting instruments include maintenance testing, inspection schedule, and documentation of all results.
- e) Safe evacuation of all patients, staff, and others.
- f) Staff training on fire frightening and evacuation and facility implements a fire drill at least annually.

The plan is evaluated and updated annually and/or when required and staff training should be regularly conducted. The plan shall include safe evacuation processes for all patients and staff.

All staff should be well trained on firefighting and safe evacuation through practical simulations and regular drills to ensure staff readiness in case of fire and/or other internal emergencies.

The physical therapy center shall record 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.

**Survey process guide:**

- GAHAR surveyor may review the fire safety plan, center fire safety inspections, and fire system maintenance.
- GAHAR surveyor may check that fire alarm; firefighting and smoke containment systems are working effectively and complying with civil defense requirements.
- GAHAR surveyor may review plan of testing (drills) and staff training (all staff should be trained on fire safety).
- GAHAR surveyor may review the records of fire and evacuation drills with dates, timings, staff who participated, the involved areas in the center and corrective action plan based on the drill evaluation.
- GAHAR surveyor may interview staff to check the awareness of fire safety plan and basic procedures in such cases like (Rescue, Alarm, Confine, Extinguish/Evacuate and Pull, Aim, Squeeze, Sweep).
- GAHAR surveyor may ensure that the technical areas are smoking-free, followed by interviewing staff and/or patients to check their awareness of no smoking policy.

**Evidence of compliance:**

1. The physical therapy center develops and implements a plan to ensures the safety of all patients, staff and others during a fire to comply with civil defence requirements that include at least items a) through f) in the intent
2. The facility develops a list of firefighting equipment that includes inspection, testing, maintenance, and all results are documented.
3. No smoking policy and procedures are developed and implemented.
4. There is a process for staff training documentation regarding fire response and evacuation.
5. The physical therapy center implements a fire drill at least annually with documentation that include items from i) to v) in the intent

**Related standards:**

EFS.01 Environment and facility safety structure, EFS.06 Emergency preparedness plan, WFM.06 Continuous education program

## Safe hazardous materials and waste management plan

### **EFS.03 (NSR.05) The Physical therapy center ensures safe handling, storage, usage and transportation of hazardous materials and waste disposal.**

Safety

#### **Keywords:**

Hazardous materials safety.

#### **Intent:**

Hazardous materials are chemical substances or supplies that if released or misused, can pose a threat to the environment, life or health. The effects of hazardous materials can be devastating and far-reaching, it is important that physical therapy center plan its safe use to ensure safe working environment and provide proper staff training and orientation.

A hazardous waste is a waste with properties that make it dangerous or capable of having a harmful effect on human health or the environment. Waste disposal process is managed according to laws and regulations.

The physical therapy center shall have a hazmat and waste management plan and shall be evaluated and updated annually and/or when required. Waste management plan shall include at least the following:

- a) List of all HAZMAT present in the physical therapy center
- b) Safety requirements for handling and storage of HAZMAT
- c) Availability and proper use of personal protective equipment
- d) Appropriate labeling of hazardous materials and waste
- e) Disposal measures in accordance with laws and regulation

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

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

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

1. The Physical therapy center has an approved plan for the hazardous material and waste management that addresses all elements from a) through e) in the intent.
2. Staff is aware of handling hazardous materials/or waste policy and process.
3. Safety measures of safe usage, handling, storage and labeling of hazardous materials are available.

4. The plan is evaluated and updated annually.
5. Investigations of related incidents are documented and proper corrective action taken.

**Related standards:**

EFS.04 Safety and security plan/s, IPC.01 IPC program, risk assessment, guidelines.

**Safety and security planning**

**EFS.04 (NSR.06) The physical therapy center develops and implements a safety and security plan.**

Effectiveness

**Keywords:**

Safety and security plan/s.

**Intent:**

Safety is defined as the degree to which the physical therapy center's buildings, grounds, and equipment do not pose a hazard to patients, their families, and staff. Effective planning requires knowledge on how to prevent accidents and injuries to maintain safe conditions for all occupants to reduce and to control risks.

Proactive risk assessment through periodic inspection should be documented to help the physical therapy center design and carry out improvements.

The center is required to develop and implement safety and security plan/s with continuous monitoring and analysis of data for ongoing performance measurement, identify gaps and do corrective actions.

An authorized staff is responsible for inspecting buildings to identify maintenance and safety issues, such as clogged drains, leaky ceilings, and faulty electrical switches.

Security and safety plan/s shall include, but is not limited to, the following:

- a) Surveillance rounds across all areas and services are performed at least twice annually.
- b) Prohibiting staff in technical areas from eating, drinking, smoking, applying cosmetics, manipulating contact lenses, and mouth pipetting.
- c) Security risk assessment.
- d) Vulnerable patients such as the elderly, infants, those with mental disorders, and handicapped should be protected from harms
- e) Reporting of environment and facility surveillance rounds results to the concerned stakeholders and leadership.
- f) The plan is evaluated annually and, if needed, according to related performance measures results or major incidents.

Finally, monitoring proper plan/s implementation is required to measure the effectiveness of the plans and taking a corrective action based on.

**Survey process guide:**

- GAHAR surveyor may review surveillance rounds plan, checklist, different observations, and proper corrective actions.
- GAHAR surveyor may review safety and security plan/s to make sure that they include all the required elements
- GAHAR surveyor may inspect workers in different areas like work areas and waste collection areas to check usage of suitable personal protective equipment (PPE)
- GAHAR surveyor may interview staff to assess staff awareness of environment safety requirements.

**Evidence of compliance:**

1. The physical therapy center has an approved safety and security plan/s that includes items a) through f) in the intent.
2. The physical therapy center has documents for regular, current, accurate facility surveillance and inspections at least annually.
3. The safety and security plan/s are monitored with the collection, aggregation, and analysis of data to identify areas for improvement.
4. Staff is aware of safety and security plan/s requirements

**Related standards:**

ICD.08 High-risk patients and service, EFS.01 Environment and facility safety structure, QPI.03 Risk management plan.

**EFS.05: (NSR.07) The physical therapy center develops and implements a plan for selecting, inspecting, maintaining, testing, and safe usage of medical equipment.**

Safety

**Keywords:**

Medical equipment plan.

**Intent:**

The physical therapy center should have a documented program for medical equipment that covers all required standards. The physical therapy center should also ensure that all medical equipment is maintained and calibrated to minimize errors and keeps patient safe. The medical equipment maintenance program should include new equipment testing, staff training in addition to regular schedule of inspection, preventive maintenance, and calibration according to manufacture recommendations. Training plan of medical equipment safe usage upon installation and upon staff new hiring shall be performed by a qualified personnel and on a regular basis.

Preventive maintenance cards and calibration are addressed on different equipment, or available for the operator for regular check and follow up. Work instructions on some critical equipment should be posted or to be available for the operator in addition to warning signs like laser equipment grade and safety requirement. Regular monitoring of failures and

maintenance should be used for improvement in addition to incidents related to medical equipment. The minimum physical therapy devices required in the center are:

- a) Thermotherapy unit (Infrared – Hot packs – Short of Ultra-short wave).
- b) Therapeutic Ultrasound device.
- c) Therapeutic Multi-current device.
- d) Kinetic therapy unit.

**Survey process guide:**

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

**Evidence of compliance:**

1. The physical therapy center ensures availability of updated inventory of all medical equipment
2. The physical therapy center develops and implement a schedule for inspection, preventive maintenance and calibration according to the manufacturer's recommendations and frequency of repair and breakdown.
3. The physical therapy center ensures only trained and competent people handle specialized equipment.
4. Investigations of related equipment failures are documented and proper corrective action taken.

**Related standards:**

OGM.04 Supply chain management, WFM.02 Job descriptions, WFM.05 Continuous education program

**EFS.06 Emergency preparedness plan addresses the responding to potential external disasters and emergencies.**

Safety

**Keywords:**

Emergency preparedness plan.

**Intent:**

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 explosions and terrorist

or any other natural disaster as floods and earthquakes. Preparedness measures shall be taken before a disaster can greatly increase the ability to control it.

The emergency preparedness plan shall be evaluated regularly with aggregation and analysis of necessary data and include at least the following:

- a) Risk assessment of potential external disasters, which may affect the physical therapy centre'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 physical therapy center leaders and staff.
- e) Identification of required resources such as utilities, medical equipment.
- f) Drill schedule for external disaster.

The physical therapy centre shall have a drill schedule for external 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:
- iii. Code announcement, timing, staff attendance, response, communication.
- iv. Clear corrective actions if needed.
- v. Debriefing.

**Survey process guide:**

- GAHAR surveyor may review external disaster preparedness plan and its records to confirm that it covered all the identified risks.
- GAHAR surveyor may review preparations in terms of equipment, supplies, staff and others during the physical therapy center survey tours and tracers.

**Evidence of compliance:**

1. The physical therapy center has an emergency preparedness plan that includes items a) through f) in the intent.
2. Staff training is performed and evaluated.
3. The physical therapy center performs at least one drill for external disaster annually that includes items in point i) to v) from the intent.
4. There is a list for the needed supplies and equipment, as identified in external disasters plan.

**Related standard:**

EFS.02 Fire and smoke safety plan, WFM.05 Continuous education program.

## Safe utility plan

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

Effectiveness

#### **Keywords:**

Utilities management.

#### **Intent:**

Physical therapy centre is expected to provide safe and reliable service to their patients. Planning appropriate response and recovery activities for a failure of the center's utility systems is essential to satisfy this expectation. Physical therapy centre should keep safe and effective key utility system to ensure efficiency and effectiveness of all utilities. The plan shall cover at least the following:

- a) Electricity; including back up system according to the size of the organization and the workload
- b) Potable water availability.
- c) Heating, ventilation, and air conditioning including appropriate temperature, humidity, and odors' elimination.
- d) Communications means and systems.
- e) Staff training on utility plan.

The proper utility management process minimizes potential risk and include the following:

- i. Regular inspections.
- ii. Regular testing.
- iii. Regularly scheduled maintenance.
- iv. Correction of identified risks and deficiencies.

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

- GAHAR surveyor may review utility management plan to confirm availability of all required systems, regular inspection, maintenance, and backup utilities.
- GAHAR surveyor may review inspection documents, preventive maintenance schedule, contracts, and equipment as well as testing results.
- GAHAR surveyor may interview responsible staff to evaluate the plan implementation status.

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

1. Physical therapy center has an approved utility management plan including items in the intent from a) to e).
2. The utility management plan includes a clear process and measures to minimize the potential risks that cover items in intent from i) to iv).



3. Regular Inspection, testing, maintenance is performed and recorded.
4. Backup utilities are evaluated on regular basis

**Related standards:**

IPC.01 IPC program, risk assessment, guidelines, IPC.05 Demolition, renovation, construction, IPC.06 Safe use of hydrotherapy.

## 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 health workers. IPC occupies a unique position in the field of patient safety and quality of care since it is relevant to health workers and patients at every single healthcare encounter.

The Infection prevention and control (IPC) program aims at identifying and reducing or eliminating the risks of acquisition and transmission of infections among patients, health care workers and the community. Usually, the IPC program is risk-based. This means that a risk assessment is needed 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. One or more staff members are assigned to oversee the IPC program; according to the physical therapy center's capacity and needs.

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. Preventive measures during construction and renovation.
5. Safe use of hydrotherapy.

### Implementation guiding documents:

1. (All mentioned references need to be read in the context of its conditions, amendments, substitutes, updates, and annexes)
2. National guidelines for infection control
3. MOH Ministerial decree for developing infection prevention and control departments
4. MOH Ministerial decree 187/2004 for infection control personnel
5. Presidential decree 14/2014 for performance evaluation
6. MOH Ministerial decree 753/2015 for medical waste management
7. MOH Ministerial decree 153/2004 for prevention of viral hepatitis
8. MOH Ministerial decree 523/2015 for reuse of single used devices and instruments
9. The Egyptian code for health care facilities design
10. Egyptian law of environment

## Efficient structure of the infection prevention and control program

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

Effectiveness

#### **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. Measurement information is essential to improve infection prevention and control activities and reduce healthcare-associated infection rates. An effective IPC program shall be comprehensive and shall include all aspects of patient care, staff health, and the entire services provided by the physical therapy center. Presence of the hydrotherapy pools and spas require additional preventive measures to added as part of the infection control program.

The program development 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 and families' education. The IPC program shall be based on the annual risk assessment, national and international guidelines (CDC, APIC, IFIC, etc.), accepted practices, and applicable laws and regulations. Assigned healthcare provider(s) shall oversee the infection prevention and control activities according to applicable laws and regulations, national and international guidelines. Each physical therapy center 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.

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

- 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 areas and includes all relevant individuals, a training record or an annual evaluation report and update of the IPC program.
- 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, IPC policies and procedures.
- 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 program describes the scope, objectives, expectations, and monitoring methods.

2. The IPC program includes all areas of the physical therapy center and covers patients, staff, and the external community.
3. There is an assigned infection prevention and control (IPC) practitioner(s).
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 providers, in addition to patient awareness.
6. The physical therapy center tracks, collects, analyzes, and reports data on its infection control program, Actions are taken when improvement opportunities are identified.

**Related standards:**

IPC.02 Evidence-based hand hygiene guidelines, IPC.03 Standard precaution measures, IPC.04 Suspected communicable disease, IPC.05 Demolition, renovation, construction, IPC.06 Safe use of hydrotherapy, WFM.02 Job descriptions, WFM.05 Continuous education program, WFM.06 Staff performance evaluation

**Effective hand hygiene technique**

**IPC.02 (NSR.02) Evidence-based hand hygiene guidelines are adopted and implemented in physical therapy center in order to prevent healthcare-associated infections.**

Effectiveness

**Keywords:**

Evidence-based hand hygiene guidelines

**Intent:**

Hand hygiene is the cornerstone for reducing infection transmission in all healthcare settings. It is considered the most effective and efficient strategy for infection prevention and control. Hand hygiene facilities should be present in appropriate numbers. Hand hygiene supplies (hand soap, hand antiseptics, and single-use towels) must 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:**

- GAHAR surveyor may review the hand hygiene policy, guidelines and availability of educational posters.
- GAHAR surveyor may interview physical therapy center staff, enquiring about the hand hygiene technique.
- GAHAR surveyor may observe hand-washing facilities and check availability of supplies.
- GAHAR surveyor may observe compliance of healthcare professionals with hand hygiene technique.

**Evidence of compliance:**

1. The physical therapy center has adopted current evidence based hand-hygiene guidelines.
2. The physical therapy center has an approved policy and clear procedures of hand hygiene.
3. Health care providers are trained on these policies and procedures.
4. Hand hygiene supplies are readily available in the proper places identified in center's policy.
5. Hand hygiene staff compliance is monitored and evaluated.

**Related standards:**

IPC.01 IPC program, risk assessment, guidelines, IPC.03 Standard precaution measures, WFM.05 Continuous education program, QPI.02 Performance measures.

**IPC.03 Standard precautions measures and the minimum infection prevention practices apply in any settings where healthcare is delivered.**

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:

- a) Use of personal protective equipment (PPE) (e.g., gloves, masks, eyewear).
- b) Use of antiseptics techniques.
- c) Respiratory hygiene / cough etiquette.
- d) 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. 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.

The physical therapy center shall have a clear method and schedule for environmental cleaning and disinfection including walls, floors, ceilings, and furniture.

**Survey process guide:**

- GAHAR surveyor may observe the availability, accessibility and use of detergents, antiseptics, and disinfectants in the relevant areas.
- GAHAR 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.

- GAHAR surveyor may observe the availability 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 physical therapy center provides PPE that are readily available, easily accessible, with standardized product specifications needed for the task.
2. The physical therapy center provides detergents, antiseptics, and disinfectants that are readily available, easily accessible, with standardized product specifications needed for the task.
3. Cleaning activities and times are scheduled and performed According to the schedule.
4. All services are performed in an environment that does not pose a risk of infection.

**Related standards:**

IPC.01 IPC program, risk assessment, guidelines, WFM.04 Orientation program, WFM.05 Continuous education program.

**IPC.04 The physical therapy center 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 a procedure room can be provided. Place patients requiring droplet precautions in a separate area as applicable. Health care providers should don surgical masks on room entry.

The physical therapy center develops protocols to identify patients with known or suspected airborne infections, place the patient in separate 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. Staff should always don appropriate respiratory protection. 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 room should remain unoccupied for enough time (about one hour).

**Survey process guide:**

GAHAR surveyor may review the communicable disease policy and interview staff to assess their awareness.

**Evidence of compliance:**

1. Patients with suspected clinical communicable diseases are identified.
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.
4. Staff are aware of the procedures.

**Related standards:**

IPC.01 IPC program, risk assessment, guidelines, IPC.03 Standard precaution measures.

**Preventive measures during construction and renovation**

**IPC.05 The physical therapy center 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 health care facility, can be a major infection control risk. 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 health care facility uses risk criteria that address the impact of the renovation or new construction on air-quality requirements, infection prevention, and control, utility requirements.

**Survey process guide:**

- GAHAR surveyor may review the demolition, renovation, or construction policy and review infection risk assessment for these areas.
- GAHAR surveyor may interview responsible staff to assess their awareness of the demolition, renovation, or construction policy.

**Evidence of compliance:**

1. A mechanism to ensure the involvement of infection prevention and control team prior to any demolition, renovation, and construction projects
2. Defined risk criteria to assess the impact of renovation or new construction that take place
3. Preventive measures during construction and renovations are implemented.

**Related standards:**

EFS.07 Utilities management, IPC.01 IPC program, risk assessment, guidelines.

**Hydrotherapy safe use**

**IPC.06 The physical therapy center ensures safe use of hydrotherapy and the relative hot bags paraffin wax.**

Safety

**Keywords:**

Safe use of hydrotherapy.

**Intent:**

The use of hydrotherapy, whirlpools, and aquatic therapy pools and the relative hot bags paraffin wax. in the physical therapy centers is of great benefit to patients for the care of pain, and immobility. It is also beneficial for relaxation and recreation. However, water can be a source of and vehicle for transmission of infectious organisms. Maintaining the proper levels of disinfectant in pools can help control the organic load. Some patients may have to be excluded from these types of therapies due to presence of open wounds or any other contraindicated health conditions. The physical therapy center shall develop policy to address the proper way Immersion tanks and whirlpools need to be cleaned with the appropriate disinfectant and following manufacturer's recommendations. Equipment with agitator jets must be disinfected with the solution covering the jets and circulating through the jets while disinfecting. Logs should be maintained of the results of water testing and remediation. The presence of the therapy pools and spas should be included in the infection control risk assessment, and appropriate screening (for waterborne illnesses such as Legionella and others) should be performed as indicated.

**Survey process guide:**

- GAHAR surveyor may review the policy describing the process of safe use of hydrotherapy.
- GAHAR surveyor may interview staff members charged to hydrotherapy service to assess their awareness of the approved process.

**Evidence of compliance:**

1. The physical therapy center has developed policy and procedure to ensure safe hydrotherapy, whirlpools, and aquatic therapy pools.
2. Healthcare providers are trained on how to apply the policy.
3. Regular chemical and bacteriological analysis are performed.
4. The physical therapy center conducts appropriate corrective actions when needed.

**Related standards:**

EFS.07 Utilities management, IPC.01 IPC program, risk assessment, guidelines.



## Organization Governance and Management

### Chapter Intent:

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

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

Recently the landscape of healthcare is shifting closer to a fully quality-driven future and pay for performance model. The chapter has focused on the administrative side of healthcare, a focus that affects both patients and providers. With value-based care and higher levels of efficiency on the rise, the keys to medical practice success are evolving rapidly. The chapter handles various physical therapy center-wide topics as ethical management, and staff engagement, which may reflect the efficient and effective collaborative management efforts. The GAHAR surveyors, through leadership/ staff interviews, observations, and process evaluation, shall assess the efficiency and effectiveness of the governing body. The ability of leaders to motivate and drive the staff is instrumental for the success of physical therapy center and can be assessed throughout the survey.

### Chapter Purpose:

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

### 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 healthcare physical therapy centers
4. Law 3/1985 of Physical therapy practice
5. Egyptian code of physical therapy ethics Number 16 for the year of 1997

6. Law 209/1994 of General Physical Therapy Syndicate Establishment
7. MOH Ministerial 186/2001 Patient right to know the expected cost of care
8. Law 181/2018 on Egyptian "Consumer Protection"
9. Egyptian standards for accounting, 609/2016
10. Women council publications on gender equality
11. Professional code of ethics- prime minister decree 238, the year 2003
12. National Labor Law
13. WHO-ILO Health WISE action manual
14. Staff Health and Safety regulations

## Effective organization direction and structure

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

Effectiveness

#### **Keywords:**

Governing body.

#### **Intent:**

Governing bodies have three major roles: to establish policies, to make significant and strategic decisions, and to oversee the organization's activity. Physical therapy center governing body can be a group of individuals (such as board of directors), one or more individual owners and in a centralized system several subsidiary centres are governed by one governing body, in order to ensure the proper governance and efficient management of any resources thus its structure has to be well defined.

In case of the one individual owner governing person, He will be the one responsible for the 3 roles of the governing body. That's why he shall develop effective procedures to handle the executive and the governing roles in the same time.

In case of there is governing board the center shall have a clear two-way communication process between governance and management, usually between the head of the governing body and the physical therapy center director.

The mission statement is a description of any physical therapy center's core purpose. Defining the main purpose of the facility in the form of a mission is one of the fundamental roles of a governing body. The physical therapy center's mission shall be aligned with the national healthcare mission. The mission statement shall be communicated to the stakeholders, including staff, patients, and visitors.

The governing body responsibilities includes approval, receiving reports and regularly evaluating and updating at least the following:

- a) Developing and disseminating the mission statement
- b) Physical therapy centres strategic plan
- c) The operational plan and budget
- d) The quality improvement, patient safety and risk management programs.
- e) Allocating resources and effective financial planning
- f) Promoting and monitoring safety culture activities and reports.
- g) Responsiveness to internal and regulatory inspection reports.

Physical therapy center need to define the types of communication channels between the governing body, leaders, and the physical therapy center staff. Communication channels may be in the form of social media, town hall meetings, monthly or annual conferences, or other channels.

**Survey process guide:**

- GAHAR surveyor may observe governing body role and responsibilities through the whole process of survey with special attention given to review the required documents and checking their details and approvals in addition to reviewing the monitoring reports of the approved plans.
- 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. Governing body responsibilities and accountabilities are defined in a written document.
2. Members of the governing body are identified by title and name.
3. The governing body works with the leaders to create the mission statement The strategic plan, operational plans, budget, quality improvement, risk management programs are approved, monitored and updated by the governing body.
4. There is an approved process of communication between governing body and physical therapy center leaders.
5. The governing body members, leaders and staff are aware of the approved process of communication.

**Related standards:**

OGM.02 Strategic and operational plans, OGM.03 Qualified director, OGM.08 Community Initiatives, QPI.01 Quality management program, QPI.03 Risk management plan,

**OGM.02 Strategic and operational plans are developed under oversight and guidance of the governing body.**

Efficiency

**Keywords:**

Strategic and operational plans.

**Intent:**

Strategic planning is a process of establishing a long-term plan to achieve an organization's specified vision and mission through the attainment of high-level strategic goals. A strategic plan looks out over an extended time horizon from three to five years or more. A strategic plan is developed to help the organization achieve its long-term vision. Conversely, operational plans which involve the process of deciding what needs to be done to achieve the tactical objectives of the physical therapy center.

An operational plan is created to support strategic planning efforts. The strategic plan comes first, quickly followed by a robust and measurable operating plan. Operating plans helps running the day-to-day activities in the physical therapy center as efficiently as possible.

The physical therapy center shall develop a strategic plan containing defined achievable

goals/desired outcomes with predefined timelines.

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

The operational plans shall 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 required budget
- f) Means of achievement measuring.

Leaders regularly assess the annual operational plans of the services provided to determine required facility and required 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 performance

**Survey process guide:**

- GAHAR surveyor may receive information about strategic plan and may ask questions about involvement and monitoring of strategic plan.
- GAHAR surveyor may inquire about operational plans, He may give an opportunity to staff and leaders to talk about their plans and how they are communicated.
- GAHAR surveyor look for evidence of monitoring plan progress, identification of opportunities of improvement and actions taken to improve performance.

**Evidence of compliance:**

1. The physical therapy center has a strategic plan with goals/desired outcomes and defined achievable timelines.
2. There are progress review reports to monitor the strategic and operational plans at least annually.
3. The physical therapy center has an approved operational plans that include a) to f) in the intent
4. The operational plans are developed with participation of staff and communicated throughout the center.

**Related standards:**

OGM.01 Governing body, OGM.03 Qualified director.

**OGM.03 The physical therapy center has a qualified director to manage in accordance with applicable laws and regulations and approved physical therapy center policies.**

Effectiveness

**Keywords:**

Qualified director.

**Intent:**

Any physical therapy center needs a director who is responsible and accountable for implementing the approved physical therapy center policies. Such a position requires a qualified director guided by relevant laws and regulations. The physical therapy center director responsibilities include at least the following:

- a) Providing oversight of day-to-day operations.
- b) Ensuring clear and accurate posting of the center's services and hours of operation to the community.
- c) Ensuring that policies and procedures are developed and implemented.
- d) Providing oversight of human, financial, and physical resources.
- e) Ensuring appropriate response to reports from any inspecting or regulatory agencies, including accreditation.
- f) Ensuring that there is a functional, physical therapy center-wide program for performance improvement, patient safety, and risk management with appropriate resources.
- g) Creating a safety and just culture for reporting errors, near misses, and complaints, and use the information to improve the safety of processes and systems.

**Survey process guide:**

The GAHAR surveyor may interview a physical therapy center's director and review his personnel file to check compliance with all required documents of training, job description, role and responsibilities.

**Evidence of compliance:**

1. There is a qualified director managing the physical therapy center.
2. There is a job description for the center director covering the items mentioned in the intent from a) through g).
3. The center director is aware and understands his responsibilities.

**Related standards:**

OGM.02 Strategic and operational plans, WFM.02 Job descriptions, QPI.04 Incident reporting system.

## Efficient resource decisions

### **OGM.04 Physical therapy center ensures safety of the supply chain management to protect patients and staff from unstable, contaminated, defective, and counterfeit supplies.**

Efficiency

#### **Keywords:**

Supply chain management.

#### **Intent:**

Supply chain management is not only about a prospective evaluation of supplies that are at high risk, it also includes retrospective tracing of supplies after they have entered the physical therapy centre. The centre has a process to identify medical supplies, and medical devices that are unstable, contaminated, defective, or counterfeit and trace them back through the centre to determine the source or cause of the problem, if possible. medical supplies such as warmers: bottle, gel, lotion, or blanket. When applicable, the centre notifies the manufacturer and/or distributor when unstable, contaminated, defective, or counterfeit supplies are identified through retrospective tracing. When centre supplies are purchased, stored, and distributed by a governmental authority, the centre participates in programs to detect and report suspected unstable, contaminated, defective, and counterfeit supplies and take measures to prevent potential patient harm. Leaders shall be aware of how supplies are purchased and managed.

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

GAHAR surveyor may review supply chain management policy and may ask questions to ensure effective and efficient supply chain management.

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

1. The physical therapy centre has an approved policy and procedures that clearly describe the process of supply chain management of different resources.
2. Evidence of implementation for efficient supply chain management is available and recorded.
3. Regular review and monitoring for supply chain management measures and actions taken accordingly.

#### **Related standards:**

OGM.03 Qualified director, QPI.02 Performance measures.

## Safe, ethical, and positive organization culture

### OGM.05 The physical therapy center ensures ethical management.

Effectiveness

#### Keywords:

Ethical Management.

#### Intent:

Physical therapy centre 's healthcare providers may deal with a variety of ethical problems, for example, conflict of interest and inequity of patient care and clear disclosure of information. The policy of the ethical management addresses at least the following:

- a) Developing and implementing the code of ethics
- b) Developing and implementing of center values
- c) Handling errors that affect the patient and medico-legal case.
- d) Developing patient confidentiality rules
- e) Identifying conflict of interest
- f) Gender and religion equity

#### Survey process guide:

- GAHAR surveyor may review physical therapy center policy
- GAHAR surveyor may interview staff to inquire about code of ethics, handling of medical errors.
- GAHAR surveyor may interview physical therapy center director responsible staff 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 physical therapy center has an approved policy and procedures for ethical management that addresses at least a) to f) in the intent.
2. Ethical issues are discussed and managed according to the approved code of ethics.
3. Staff is aware of code of the center code of ethics.
4. Solved ethical issues are used for education and staff professional development.

#### Related standards:

PCC.03 Disabled patients, PCC.08 Dignity, privacy, and confidentiality, OGM.01 Governing body, OGM.06 Positive workplace culture.



## **OGM.06 The physical therapy center 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 physical therapy center 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 physical therapy center 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 physical therapy center 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. Staff feedback and staff satisfaction are measured on regular basis.

### **Related standards:**

OGM.01 Governing body, OGM.03 Qualified director, OGM.05 Ethical Management, QPI.02 Performance measures.

## **Effective financial stewardship**

## **OGM.07 The physical therapy center develops and implements a policy and procedures for billing patients.**

Efficiency

### **Keywords:**

Billing system.

### **Intent:**

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

costly financial losses.

The billing process includes that all 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 policy of patient billing addresses at least the following:

- a) Availability of an approved price list.
- b) Payment methods options.
- c) Patients are informed of any potential cost pertinent to the planned care process to ensure accurate billing.

**Survey process guide:**

- GAHAR surveyor may review approved policy and price lists.
- GAHAR surveyor may interview some billing staff and some patients to match the actual performance against the approved policy.

**Evidence of compliance:**

1. 1. The physical therapy center has an approved policy and procedures for billing system that address items from a) to c) in the intent.
2. An approved price list is available.
3. Patients are informed of initial estimated cost related to the planned care or services provided.
4. In the case of a third party payer (as health insurance), the timeliness of the planned care or services provided is monitored.
5. Billing staff is oriented of various health insurance requirements.

**Related standards:**

PCC.01 Patients and family rights, OGM.03 Qualified director.

**OGM.08 Physical therapy center services are planned in line with international, national, regional, or local community initiatives.**

Patient-centered

**Keywords:**

Community Initiatives.

**Intent:**

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

**Survey process guide:**

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

**Evidence of compliance:**

1. The physical therapy center community involvement plan reflects alignment with international, regional, and/or national community initiatives.
2. Relevant staff is aware of center community initiatives.
3. Community initiatives are in compliance with laws and regulations.

**Related standards:**

OGM.01 Governing body.

## Workforce Management

### Chapter Intent:

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

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

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

### Chapter Purpose:

1. To ensure that the physical therapy center maintain effective Workforce Management
2. To develop effective workforce planning.
3. To develop effective orientation, continuous medical education and training program
4. To ensure periodic evaluation of the 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. Code of ethics and behavior for civil service staff,2019
2. MOH ministerial decree 70/1996 work of foreign experts
3. MOH ministerial decree 90/1999 for the use of foreign experts
4. Law 213/2017 of trade unions and protection
5. MOH Ministerial decree 62/2004 on the promotion of healthcare providers
6. Law 3/1985 of Physical therapy practice
7. Egyptian code of physical therapy ethics Number 16 for the year of 1997
8. Law 209/1994 of General physical therapy Syndicate Establishment 9. MOH ministerial decree 166/2016

## Efficient workforce planning

### **WFM.01 Staffing plan requirements matches with center'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 physical therapy center has the right people to carry out the work needed for business successfully through matching up detailed staff data including skills, potentials, aspirations and location with business plans.

The physical therapy center shall comply with laws, regulations and recommendations of professional practices that define desired education levels, skills, or other requirements of individual staff members or that defines staffing numbers or mix of staff for the physical therapy center.

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

- a) The physical therapy center mission, strategic and operational plans.
- b) Complexity and severity mix of patients served by the physical therapy center.
- c) Services provided by the physical therapy center.
- d) Technology and equipment used in patient care.

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

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

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

#### **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 physical therapy center needs and include items from a) to d) in the intent.

4. The staffing plan is monitored and reviewed at least annually.

**Related standards:**

APC.01 Registration of staff, OGM.01 Governing body, OGM.03 Qualified director.

**WFM.02 The physical therapy center develops job descriptions address each position requirements and responsibilities.**

Effectiveness

**Keywords:**

Job descriptions.

**Intent:**

The job description is a broad, general, and written statement of a specific job, based on the findings of a job analysis. It generally includes duties, purpose, responsibilities, scope, and working conditions of a job. The job description shall include:

- a) Licenses
- b) Certification
- c) Education
- d) Skills
- e) Experience

In the physical therapy center, a job description is required to make sure that staff responsibilities and activities are aligned with the physical therapy center's mission. It allows leaders to make informed staff assignments, recruitment, and evaluation. It also enables staff members to understand their responsibilities and accountabilities. Job descriptions are required for all clinical, non-clinical, full-time, and part-time, temporary staff, and those who are under training. When staff members are hired by the center, there is a process of matching credentials and evaluating the qualifications in relation to the requirements of the position. Credentials are documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements (education, licensure/registration, and other credentials). Verification is the process of checking the validity and completeness of a credential from the source that issued the credential.

**Survey process guide:**

GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements.

**Evidence of compliance:**

1. Each staff members have a clear job description that include all required items from a) through e) in the intent.
2. Required credentials for each position are kept in staff files.

3. There is a uniform process to gather, verify, and evaluate the credentials of those staff members permitted to provide patient physical therapy care without supervision.
4. The recruitment process is uniform across the physical therapy center for similar types of staff.

**Related standards:**

APC.01 Registration of staff, ACT.05 Patient care responsibility and accountability, EFS.05 Medical equipment plan, IPC.01 IPC program, risk assessment, guidelines, OGM.03 Qualified directors.

**WFM.03 The physical therapy center has a staff file for each workforce member.**

Efficiency

**Keywords:**

Staff files.

**Intent:**

It is important for the physical therapy center to maintain a staff file for each staff member. An accurate staff file provides recording of staff knowledge, skill, competency, and training required for carrying out job responsibilities. Each staff member in the physical therapy center 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 physical therapy center policy. The physical therapy center 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 physical therapy center, 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:**

- GAHAR surveyor may check a sample of staff files to assess compliance to standard requirements.
- GAHAR surveyor may visit the area where staff files are kept to assess storage conditions,

retention, confidentiality and disposal mechanism.

- GAHAR surveyor may interview staff involved in creation, use and storage of staff files to assess the process.

**Evidence of compliance:**

1. The physical therapy center 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 include all the required records as described in item b) from the intent and according to center's policy.
4. Staff files are disposed of as per the management of staff files policy.

**Related standards:**

WFM.02: Job descriptions, WFM.04 Orientation program, WFM.05 Continuous education program, WFM.06 Staff performance evaluation.

**WFM.04 The physical therapy center develops an orientation program for all staff.**

Effectiveness

**Keywords:**

Orientation program.

**Intent:**

A new staff member, no matter what their employment status, needs to understand the entire physical therapy center and how their specific clinical or nonclinical responsibilities contribute to the physical therapy center's mission. This is accomplished through a general orientation to the physical therapy center and their role and a specific orientation to the job responsibilities of their position.

Staff orientation, especially when first employed, with the physical therapy center policies, ensures adequate alignment between the center's mission and staff activities.

General orientation program shall address at least:

- a) Review of the physical therapy center mission, vision and values,
- b) physical therapy center structure,
- c) physical therapy center 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.

**Survey process guide:**

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

**Evidence of compliance:**

1. 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.03 Standard precaution measures, WFM.03 Staff files, IPC.01 IPC program, risk assessment, guidelines, QPI.01 Quality management program, QPI.04 Incident reporting system, QPI.06 Performance improvement plan

**Effective orientation, training and education programs**

**WFM.05 The physical therapy center has a continuous education and training program.**

Effectiveness

**Keywords:**

Continuous education program.

**Intent:**

Continuous education and training programs help to ensure that staff have the capacity to deliver its services over time, especially if designed to satisfy staff needs necessary to deliver the physical therapy center mission. The program is designed based on services provided, new information, and evaluation of the staff needs. Evidence-based guidelines and other resources are accessible to all staff. The physical therapy center ensures that education and training are provided and recorded according to the staff member's relevant job responsibilities needs that include the following:

- a) Clinical guidelines used in the physical therapy center
- b) Infection control policy and procedures.
- c) Environment safety plans.

- d) Occupational health hazards and safety procedures.
- e) Information management, including patient's medical record requirements as appropriate to responsibilities or job description.
- f) f) Basic cardiopulmonary resuscitation training at least every two years for all staff that provides direct patient care.
- g) Quality concept, performance improvement, patient safety, and risk management.
- h) Patient rights, patient satisfaction, and the complaint/ suggestion process.
- i) Medical equipment operations and maintenance.

**Survey process guide:**

- GAHAR surveyor may interview some staff members and inquire about the process of continuous education and training.
- GAHAR surveyor may check a sample of staff files to check evidence of attendance 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 i).
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.03 Standard precaution measures, WFM.03 Staff files, WFM.06 Staff performance evaluation.

**Equitable staff performance evaluation**

**WFM.06 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, physical therapy center improvement when based on a defined transparent process with clear declared criteria relevant to the job functions. Performance evaluation also promotes communication between employees and leaders, enabling them to make informed decisions about staff planning,

selection, incentives, training 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 physical therapy center. The physical therapy center shall use a performance evaluation tool to ensure staff have the required criteria for doing jobs and achieving objectives based on current job description. Desired competencies are identified for each staff category. Recorded process of staff performance evaluation including performance review methods, tools, evaluation dimensions, criteria, time interval, appeal process, and responsible person for each staff category.

**Survey process guide:**

- GAHAR surveyor may interview physical therapy center leaders and inquire about used tools for staff performance evaluation.
- 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 and linked to the education and training provided.
2. Performance evaluation is performed based on current job description.
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.

**Related standards:**

WFM.02 Job description, WFM.03 Staff files.

**Effective staff health program**

**WFM.07 The physical therapy center has a staff health program that is monitored and evaluated annually according to laws and regulations.**

Safety

**Keywords:**

Staff health program.

**Intent:**

The physical therapy center shall implement a staff health program to ensure the safety of the staff according to workplace exposures. A cornerstone of the staff occupational health program is the hazard/risk assessment, which identifies the hazards and risks related to each occupation. This is done in order to take the necessary steps to control these hazards to minimize possible harm arising and, if not possible, to lessen its negative sequel. 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. This is achieved through a physical therapy center -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 (as indicated).
- c) Screening for exposure and/or immunity to infectious diseases
- d) Exposure control and management to work-related hazards.
  - i) Ergonomic hazards that arise from the lifting and transfer/referral of patients or equipment, strain, repetitive movements, and poor posture.
  - ii) Physical hazards such as lighting, noise, ventilation, electrical and others.
- e) Staff education on the risks within the physical therapy center environment as well as on their specific job-related hazards.
- f) Staff preventive immunizations.
- g) Dealing with staff incidents (e.g., injuries or illnesses, taking corrective actions, and setting measures in place to prevent recurrences).
- h) Situational examination that may be required in case of exposure to specific substances.
- i) Actions to be taken in case of positive results upon medical examination 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.

**Survey process guide:**

- 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.
- 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 i) in the intent.
2. There is an occupational health risk assessment that defines occupational risks within the physical therapy center.
3. Staff members are educated about the risks within the physical therapy center environment, their specific job-related hazards, and periodic medical examination (as indicated).
4. All staff members are subjected 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.04 Orientation Program; IPC.01 IPC program, risk assessment, guidelines; QPI.03 Risk management plan

## Information Management and Technology

### Chapter Intent:

An effective information management system is a vital component of the healthcare service. Information management and technology in healthcare physical therapy centers include clinical, managerial information, and information required by external authorities and agencies. There are major risks associated with information management and technology in healthcare. One of these risks is the potential breach of patient confidentiality. Patient confidentiality means that personal and medical information given to a health care provider shall not be disclosed to others unless the patient has given specific permission for such release. Maintaining patient confidentiality is an ethical and legal concern, especially with the emerging technology of implementation of electronic information systems.

Globally, Information management and technology is emerging in healthcare. Artificial intelligence is on the surge where symptom checkers and clinical decision support systems are becoming widely used. More healthcare settings are moving to be paperless, and special certifications are dedicated to encouraging that movement.

Locally, Egyptian laws and regulations have taken big steps recently to support electronic transactions. Electronic signature law was released. Electronic payment is approved. A new law on data privacy is expected.

Practically, physical therapy centers need to provide resources for the implementation of an information management system that ensures patient safety, continuity of care, security, and confidentiality of information.

During GAHAR Survey, surveyors shall be able to measure how physical therapy centers implement information management systems and technologies through reviewing documents pertinent to this chapter

### Chapter Purpose:

This chapter addresses the key elements of information management in the physical therapy center;

1. Effective information management processes
2. Maintaining information confidentiality and security
3. Availability of patient's medical record.

(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 physical therapy ethics Number 16 for the year of 1997

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. Ministry of communication and information technology decree 109/2005: Electronic signature.
7. Law 35/1960 National census and statistics
8. Law 2915/1964 Establishment of CAPMAS
9. Jeddah Declaration on Patient Safety 2019
10. HIPAA— Health Insurance Portability and accountability Act Regulations 1996.
11. Egyptian consent laws

## Effective document management and recording

### **IMT.01 The physical therapy center develops an effective documentation management system for every patient and for all types of documents.**

Effectiveness

#### **Keywords:**

Documentation management system.

#### **Intent:**

Documentation management system is important for the standardization of the document formatting as well as developing a controlled process for creation, distribution, amendment and disposal of documents. The physical therapy center shall ensure that unintended use of any obsolete document is prevented. Documents may be of internal origin as policies, instructions for use, flow charts, procedures, specifications, forms, and documents of external origin such as regulations, standards and text books from which the interventional procedures are taken.

Unified documents formatting will allow easier tracking and searching for any information. Periodic review of the whole documents ensures that obsolete document is not used.

The physical therapy center has an approved process of documentation management system to cover the main organizational key functions related to both operational and clinical procedures. The documentation management system shall address at least the following:

- a) Standardized formatting.
- b) tracking system and tracking of any changes
- c) The system allows each document to be identified by title, date of issue, edition and/or current revision date, the number of pages, the person authorized of issuing and/or reviewing the document and identification of changes
- d) Obsolete controlled documents are dated and marked as obsolete
- e) Required policies are available and disseminated to relevant staff
- f) Retirement of documents
- g) Policies revisions time period

The physical therapy center shall initiate medical record for every patient and develop clear process of flow management include; initiation of a patient's medical record, unique identifiers generation, tracking, storing, and availability when needed to healthcare professionals.

All entries in the medical record are legible, the author, date, and time of all entries in the patients' medical records should be identified. how entries in the patient medical record are corrected or overwritten is also identified probably.

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

- GAHAR surveyor may review physical therapy center policies and procedures followed by checking the implementation of these documents to ensure that they had standardized format, tracking system, identified approval, issuing and revision date.



- GAHAR surveyor may interview staff to check staff awareness about the process of developing, approving, tracking, and revising of policies
- GAHAR surveyor may check staff awareness about access to relevant policies, tracking changes in the policies and process for management of retirement of documents.
- GAHAR surveyor may check that each patient's medical record has a unique identifier, check the medical record contents, format and location of entries.

**Evidence of compliance:**

1. The physical therapy center has an approved policy that clearly describe the process documentation management including elements in the intent from a) to g).
2. The patients' medical records are available when needed by a healthcare providers and contain up to date information within an appropriate time frame.
3. 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.
4. A patient medical record is initiated for every patient receiving physical therapy care.
5. Patient medical records are maintained through use of an identifier unique to the patient
6. Staff is aware and trained for the documentation management system and using of patient unique identifier.

**Related standard**

APC.02 Accurate and complete information, IMT.02 Confidentiality, security and integrity of data and information, IMT.03 Medical file and information are protected, IMT.04 Retention of data and information, IMT.05 Medical record review process.

**Ensuring confidentiality, integrity and security of information**

**IMT.02 The physical therapy center ensures data and information confidentiality, security and integrity.**

Patient-centeredness

**Keywords:**

Confidentiality, security and integrity of data and information.

**Intent:**

Patient confidentiality means that personal and medical information given to a health care provider shall not be disclosed to others unless the patient has given specific permission for such release information shall be protected from being accessed by unauthorized individuals. The job description is the base when the physical therapy center defines who may have access to medical records and information. All staff should commit to information confidentiality and security; by signing an agreement that they understand the details of the confidentiality policy and procedures and know their roles well.

Maintaining data integrity is an important aspect of information management. The information

contained in a database must be accurate in order to ensure that the interpretation of results from data analysis is meaningful. In addition, data integrity is maintained during planned and unplanned downtime of data systems. This is accomplished through implementation of downtime recovery tactics and ongoing data backup processes.

The information confidentiality, security and integrity policy addresses at least the following:

- a) Determination of who can access what type of data and information for decision-making.
- b) The circumstances under which access is granted.
- c) Confidentiality agreements with all those who have access to patient data.
- d) Procedures to follow if confidentiality or security of information has been breached.
- e) The process for maintaining data accuracy, consistency, and completeness and up-to-date.

When there is an electronic communication, such e-mail, or any software application, used for maintaining patient information, the physical therapy centre shall adopt guidelines to ensure quality of patient care and to ensure that security and confidentiality of information are maintained.

Egyptian laws and regulations address reporting of specific information to inspecting and regulatory agencies. The physical therapy center must make the needed efforts and take steps to comply with relevant laws and regulations in the field of information management.

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

- GAHAR surveyor may review the policy, followed by checking the implementation through reviewing of related documents such as signed confidentiality agreement in each responsible staff member personal file.
- GAHAR surveyor may observe implementation of confidentiality measures including storage of patient's medical records in limited access place and staff has no access to the information not related to their job.
- GAHAR surveyor may interview staff to assess their awareness of The information confidentiality, security and integrity policy.

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

1. The physical therapy center has an approved policy and procedure that defines the confidentiality and security of medical records and information, that address at least a) to e) in the intent.
2. Only authorized individuals have access to patient medical records.
3. Staff is aware of the confidentiality, security and integrity of information policy.
4. Procedures are followed if confidentiality or security of information has been violated.
5. Response to required reports from inspecting and regulatory agencies.

**Related standards:**

PCC.01 Patients and family rights, IMT.01 Documentation management system, IMT.03 Medical file and information are protected, IMT.04 Retention of data and information.

**Effective patient's medical record management**

**IMT.03 The physical therapy center ensures that the patient's medical records and information are protected from loss, destruction, tampering, and unauthorized access or use.**

Safety

**Keywords:**

Medical record and information are protected.

**Intent:**

Medical records and information must be secured and protected at all times and in all places. Including protecting it from water, fire, or other damage, and unauthorized access. The physical therapy center implements processes to prevent unauthorized access to electronically stored information, when applicable.

**Survey process guide:**

- GAHAR surveyor may interview staff to assess the process of information protection from loss, destruction, tampering, and unauthorized access or use,
- GAHAR surveyor may observe medical record's protection measures that include suitable type of fire extinguishers in archiving, storage area, and in computer areas.

**Evidence of compliance:**

1. Medical records and information are secured and protected at all times and in all places, including patient care areas.
2. All the staff is aware of the process of information protection from loss, destruction, tampering, and unauthorized access or use.
3. Medical record's protection measures are identified and available in all areas determined by policy.

**Related standards:**

IMT.01 Documentation management system, IMT.02 Confidentiality, security and integrity of data and information, IMT.04 Retention of data and information.

## **IMT.04 Retention time of records, data, and information are performed according to applicable national laws and regulations.**

Timeliness

### **Keywords:**

Retention of data and information

### **Intent:**

While the medical records, data, and information have an important role in patient care, legal documentation, and continuity of care, the physical therapy center has to retain it for a sufficient period of time. The retention time is a requirement of law and regulation. The physical therapy center shall identify retention time for each type of documents. Information confidentiality shall be maintained during the retention time.

### **Survey process guide:**

- GAHAR surveyor may review the retention time policy.
- GAHAR surveyor may interview staff asking to demonstrate the process of records retention and destruction and/or removal of records, data, and information.
- GAHAR surveyor may observe record/logbook of documents destruction and/or removal.

### **Evidence of compliance:**

1. The physical therapy center has an approved policy and procedures that defines the retention time of records.
2. Data are archived within approved timeframe.
3. All the staff is aware of how to apply the policy.
4. Destruction and/or removal of records, data, and information are done as per laws, regulations, policy, and the approved policy.

### **Related standards:**

IMT.01 Documentation management system, IMT.02 Confidentiality, security and integrity of data and information.

## **Effective medical record review process**

## **IMT.05 Patient medical record review process is a part of the center's performance improvement activities and quality management plan.**

Effectiveness

### **Keywords:**

Medical record review process.

### **Intent:**

Each physical therapy center shall determine the content and format of the patient medical record and has a process to assess medical record content and the completeness of records. That process is a part of the center performance improvement activities and is carried out

regularly. Patient medical record review is based on a sample review methodology. The review process is conducted by responsible staff who are authorized to make entries in the patient medical record. The review focuses on the timeliness, completeness, and legibility of the medical record. Patient medical record content required by laws and regulations is included in the review process.

**Survey process guide:**

- GAHAR surveyor may check sample of patient medical records to ensure proper implementation of medical record review process. The review focuses on the timeliness, completeness, and legibility of the medical record.
- GAHAR surveyor may observe the medical record review process.

**Evidence of compliance:**

1. The specific content, format, and location and authorized entity of entries for patient medical records are standardized and determined by the physical therapy center.
2. An authorized qualified individual performs medical record review that include timeliness, accuracy completeness, and legibility of the medical record.
3. The physical therapy center tracks, collects and analyzes data from medical record review results
4. Opportunities for improvements are identified and implemented according to the analysis results.

**Related standards:**

IMT.01 Documentation management system, QPI.01 Quality management program, QPI.06 Performance improvement plan.

**Effective information technology in healthcare**

**IMT.06 The use of Health information technology systems is safe and efficient.**

Safety, Efficiency

**Keywords:**

Health information technology.

**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.

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 physical therapy center shall develop and implement a program to ensure continuity of safe patient care processes during planned and unplanned downtime include the alternative paper forms and other resources required. The program includes the downtime recovery process to ensure data integrity. All staff shall receive training about the transition into a downtime environment in order to respond to immediate patient care needs.

Data backup is a copy of data that is stored in a separate location from the original, which may be used to restore the original after a data loss event. Having a backup is essential for data protection. Backups shall occur regularly in order to prevent data loss. The backup data may be inside or outside the physical therapy center. In both cases, the physical therapy center shall ensure the backup information is secure and accessible only by those authorized to use it to restore lost data.

**Survey process guide:**

- 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.
- The GAHAR surveyor may review the document of the planned and unplanned downtime response, followed by checking the implementation of the process by review of the related documents, which includes 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.
- The GAHAR surveyor may check implementation of data backup process.

**Evidence of compliance:**

1. The physical therapy center health information technology systems are assessed and tested prior to and following implementation for usability, effectiveness, and patient safety.
2. The physical therapy center has an approved process for downtime including the recovery process.
3. The staff is trained on the response to downtime program.
4. Downtime events, if any, are documented including the measures / alternatives that had been undertaken.
5. Data backup process is identified, including the type of data, frequency of backup, and location.

**Related standards:**

QPI.01 Quality management program, IMT.01 Documentation management system, IMT.02 Confidentiality, security and integrity of data and information.

## Quality and Performance Improvement

### Chapter Intent:

It is essential for physical therapy centers to have a framework to support continuous improvement and risk management activities. Performance improvement and risk management are parts of both the strategic and operational plans.

GAHAR standards don't 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. Implementation of the standards should be in accordance with applicable Egyptian laws and regulations.

During the GAHAR survey, surveyors are going to meet 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 main objective is to ensure the following:

1. Effective performance improvement program.
2. Effective performance measurement and data management
3. Effective improvement sustainability

### 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. MOH Quality and Safety Guide, 2019
2. Hospital Performance Indicators Guide by HIO, 2013
3. National EFQM based excellence award
4. Law 35/1960 National census and statistics
5. Law 2915/1964 Establishment of CAPMAS
6. Law 3/1985 for physical therapy profession practice

## **Availability of appropriate, effective quality management program**

### **QPI.01 The physical therapy center has an organizational- wide quality management program.**

Effectiveness

#### **Keyword:**

Quality management program.

#### **Intent:**

It is essential for organizations to have a framework for its quality management system to support continuous improvement. quality management program shall be aligned with both strategic and departmental operational plans. To initiate and maintain effective quality management program leadership planning and commitment is essential. The center director with assigned personnel are included in the planning process whenever possible.

The Physical therapy center's program for quality management shall be integrated, comprehensive and adequate to the size, complexity and the scope of services addresses at least the following:

- a) The commitment to regulatory requirements and accreditation standards.
- b) The goals of the quality management program
- c) The quality measures (technical and managerial)
- d) The quality management activities
- e) The quality tools
- f) Periodic review and update (at least annually).

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

GAHAR surveyor may perform an interactive session with physical therapy centre leaders to identify leadership's approach for developing the quality management system and continuous improvement, the discussion may cover the role of leaders and department heads in 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 physical therapy centre.

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

1. The physical therapy center leaders participate in planning a program for quality management.
2. The physical therapy center has a documented, updated and approved quality management program containing the items in intent from a) to f).
3. The physical therapy center leaders participate in implementing and monitoring a program for quality management.
4. Quality management program's elements and activities is communicated to all staff.



**Related standards:**

APC.03 Accreditation process value, OGM.01 Governing body, QPI.02 Performance measures

**QPI.02 Performance measures are identified, defined, and monitored for all significant processes.**

Effectiveness

**Keywords:**

Performance measures.

**Intent:**

Performance measures are values which demonstrate a physical therapy center performance, strengths, and opportunities for improvement. Effective design and clarity of scope are fundamentals in establishing and maintaining value added business indicators.

The physical therapy center 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 the following:

- a) Patient's medical record completeness
- b) National safety requirements
- c) Patient outcome and adverse events
- d) Patient complaints.
- e) Patient and family satisfaction rates.
- f) Staff satisfaction.

An assigned staff member having appropriate knowledge and skills shall be responsible of data management related to performance improvement and improvement projects. The required knowledge is covering revision of data, aggregation, analysis, trending, properly displaying and transforming (language mistake) into useful information Results of measures analysis shall be regularly reported to the governing body in order to reach conclusions and to make decisions.

The physical therapy center uses different charts to track the improvement progress and decides the next step in the improvement plan. physical therapy center leaders are expected to understand data trends and charts to make decision based on the provided information. The physical therapy center uses different charts to track the improvement progress and decides the next step in the improvement plan. physical therapy center leaders are expected to understand data trends and charts to make decision based on the provided information.

**Survey process guide:**

- GAHAR surveyor may perform a document review for the selected measures, and assess the criteria of selection, prioritization, data management skills that were used in the selected measures followed by an interactive session to assess the implementation of the measures.
- GAHAR surveyor may interview staff members and ask them about performance measurement.

**Evidence of compliance:**

1. The physical therapy center selects and implement appropriate performance measures according to its scope of services and addressed in item from a) to f) in the intent
2. There is a written process of data management includes the aggregation and analysis.
3. Responsible staff members for data aggregation and analysis are aware of their roles.
4. Performance measures are monitored regularly and used by physical therapy center leaders to make decisions and improvement.
5. The physical therapy center makes its performance results/data publicly available at least annually.

**Related standards:**

APC.03 Accreditation process value, PCC.09 Patient and family feedback, complaints and suggestions, IPC.02 Evidence-based hand hygiene guidelines, OGM.04 Supply chain management, OGM.06 Positive workplace culture, QPI.01 Quality management program, QPI.04 Incident reporting system, PTC.04 Physical therapy home program performance measures.

**Efficient risk management program**

**QPI.03 A risk management plan/program is developed and implemented.**

Safety

**Keywords:**

Risk management plan.

**Intent:**

Risk management is designed to identify potential events that may affect the physical therapy center and to protect and minimize risks to the physical therapy center property, services, and employees. Effective risk management ensures the continuity of physical therapy center operations. An important step of risk management is risk analysis where you can assess the high-risk processes.

The physical therapy center needs to adopt a proactive approach to risk management that includes developing risk mitigation strategies. physical therapy center 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 assigned responsibilities and functions
- c) Staff training on risk management concepts and tools
- d) Risk identification and risk register.
- e) Clinical risk assessment to Identify the high risk patients, such as:
  - i) Patients with a communicable disease
  - ii) Immunosuppressed patients

- iii) Patients with emotional or psychiatric disorders
- iv) Vulnerable patient populations, including frail elderly, dependent children, and patients at risk for abuse and/or neglect.
- v) Patients at high risk of fall.
- f) Risk prioritization and categorization (i.e. strategic, operational, reputational, financial, other)
- g) Risk reporting to governing body and communication with stakeholder
- h) 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 physical therapy centre as a proactive approach.

**Survey process guide:**

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 physical therapy center identifies clinical and managerial risks, followed by an interactive session to evaluate the implementation of risk control measures.

**Evidence of compliance:**

1. The physical therapy center has a risk management program that includes all the elements from a) to h).
2. A plan, policies, procedures, a risk register and processes support the risk management framework.
3. High-risk processes are redesigned based on the result of the analysis.
4. The physical therapy center develops and implements a proactive risk reduction tool for at least one high-risk process annually.

**Related standards:**

EFS.06 Emergency preparedness plan, IPC.01 IPC program, risk assessment, guidelines, IPC.05 Demolition, renovation, construction, OGM.01 Governing body.

**QPI.04 Incident-reporting system is developed.**

Safety

**Keywords:**

Incident reporting system

**Intent:**

Strong risk management is supported by efficient incident reporting systems that defined by any event that affects patient or employee safety. In most healthcare facilities, injuries, patient complaints, equipment failure, adverse reactions, or errors in patient care must be included and reported.

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 physical therapy center level.

Incident reports help to detect, monitor, assess, reduce, and prevent risks.

Incident-reporting system includes at least the following:

- a) List of reportable incidents, near misses, adverse events and sentinel events.
- b) The 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:**

GAHAR surveyor may perform an interactive quality management program review session to check the physical center incident reporting, management system and review system activities in the center including identification, analysis, and correction of gaps to prevent future reoccurrence followed by an interactive discussion with staff during center's tours and tracers to assess staff members' awareness.

**Evidence of compliance:**

1. The physical therapy center has an approved policy and procedure defines the incident reporting system that addresses at least a) to e) in the intent.
2. All staff is aware of the incident-reporting system.
3. Reports are investigated and gaps in services are identified.
4. physical therapy center 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:**

QPI.01 Quality management program, QPI.03 Risk management plan, QPI.05 Sentinel event

**QPI.05 The physical therapy center defines investigates, analyzes and reports sentinel events, and takes corrective actions to prevent harm and recurrence.**

Effectiveness

**Keywords:**

Sentinel event.

**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 physical therapy center is required to develop a policy for sentinel event management that includes at least the following:

- a) Definition of sentinel events.
- 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:**

- GAHAR surveyor may perform an interactive quality management program review session to check the physical center incident reporting results of sentinel incidents, 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 will be followed up during the survey to check compliance with corrective actions.

**Evidence of compliance:**

1. The physical therapy center has a sentinel events management policy covering the intent from a) through f).
2. Staff and leaders are aware of the policy requirements.
3. 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.
4. All sentinel events are communicated to GAHAR within seven days of the event or becoming aware of the event.
5. The root cause analysis identifies the main reason(s) behind the event and the leaders take corrective action plans to prevent recurrence in the future.

**Related standards:**

QPI.01 Quality management program, QPI.03 Risk management plan, QPI.04 Incident reporting system

**Sustaining improvement**

**QPI.06 There is a physical therapy center-wide performance improvement plan.**

Effectiveness

**Keywords:**

Performance improvement plan.

**Intent:**

The physical therapy center uses the information from data analysis to identify potential improvements or reduce (or prevent) adverse events. Routine monitoring data, as well as

data from intensive assessments, contribute to the understanding of where improvement will be planned and what priority is to be given to the improvement. In particular, improvements are planned for the priority data collection areas identified. Documentation of improvement activities is an essential element of the process to ensure that improvement was done.

The plan shall at least address the following:

- a) The goal(s) (managerial and technical goals) that fulfil centre's mission.
- b) Organization structure and improvement reporting channels.
- c) Roles and responsibilities of leaders
- d) Define Organizational Priorities
- e) Performance measures road map selection
- f) Data collection, data analysis tools.
- g) Defined criteria for prioritization and selection of performance improvement projects
- h) Defined improvement activities
- i) Quality Improvement model(s) used.
- j) Information flow and reporting frequency
- k) Annual evaluation of the plan

Participation of all staff in performance improvement activities is highly important for increasing service quality, boosting productivity, and improving communication, reducing stress and building a stronger working community. The plan shall be communicated to the relevant stakeholders.

**Survey process guide:**

- GAHAR surveyor may perform a document review for the center plan, then followed by an interactive session with the leader(s) of the physical therapy center to identify leadership's approach for improving the quality of care and continuous improvement.
- GAHAR surveyor may interview staff to check their involvement and awareness of the centers' improvement activities

**Evidence of compliance:**

1. The physical therapy center has an a current and approved performance improvement plan that defines at least items from a) to k) in the intent.
2. The physical therapy center director actively participates in the planning, supporting, and monitoring of performance improvement plan.
3. Quality improvement activities are monitored and results are reported to the governing body.
4. The plan is implemented facility-wide, according to the timetable and plan of improvement.
5. 5. The plan is implemented, reviewed, evaluated and updated annually.

**Related standards:**

QPI.01 Quality management program, QPI.02 Performance measures



## **SECTION 4**

### **PHYSICAL THERAPY HOME CARE**





## Section 4: Physical Therapy Home Care

### Chapter Intent:

Physical therapy provides care for different vulnerable categories of the community, including the elderly and people with disabilities. In this case, coverage may include physical therapy home program if specific eligibility criteria are met, such as if the patient is homebound or has a physical therapy care need based on a patient request.

Physical therapy home program aims to maximize the patient's independent functioning according to a plan of care developed by the responsible physical therapists. Patients remain safe in familiar surroundings while family members can be involved.

These standards developed for patients eligible for physical therapy home program to promote patient's optimal level of well-being; and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions.

### Chapter Purpose:

Ensure that the physical therapy center provides effective physical therapy home care services.

Define patients eligible for physical therapy home program

Develop a documentation process related to physical therapy home care.

Reduce or eliminate barriers to patient/client access to physical therapist services.

Encourage members to routinely identify, apply, and integrate evidence-based practice principles in physical therapist practice at home.

### Implementing 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. American Physical Therapy Association, home health section, (2020)
2. Celerian Group of Companies and Providers, home health and hospice.
3. National Institute for Health and Care Excellence, home care, (2015)
4. Center of Medicare and Medicaid services, Medicare and home health care

## **Effective physical therapy home program and services.**

### **PTC.01 Patient physical therapy home program is identified and developed in accordance to defined pre-set eligibility criteria.**

Patient -centered

#### **Keywords:**

Physical therapy home program.

#### **Intent:**

A physical therapy home program does not have to be bedridden to be considered physical therapy home program. A patient will generally be subjected to physical therapy home program. if leaving the home is medically contraindicated or upon patient request. The physical therapy center shall develop a clear process for proper identification and dealing with physical therapy home program.

“Physical therapy home program” refers to the following:

- a) The patient who have extreme difficulty leaving home without considerable and taxing effort (i.e. requires an assistive device or the assistance of another person to leave home).
- b) Patient who cannot leave home due to a medical condition, chronic disease, injury, suffering from a psychological illness; or
- c) Patient advised by a treating provider not to leave home for various reasons (e.g. safety, need special transportation, ongoing medical treatment needs, etc.)
- d) Patient who choose to receive the physical therapy services at home instead of receiving care in the physical therapy center for any other reason.

The physical therapy center that provides physical therapy home program shall ensure performing this process by a qualified, licensed physical therapist.

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

- GAHAR surveyor may review and observe process for proper identification and dealing with the physical therapy home program patient.
- GAHAR surveyor may interview the physical therapy center staff and assess their awareness of process for identification and dealing with physical therapy home program.

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

1. The physical therapy center has a clear process for proper identification and dealing with the physical therapy home program and address at least items a) to d) in the intent.
2. The staff is aware of the process for proper identification and dealing with physical therapy home program.
3. Physical therapy home program is performed by a qualified, licensed physical therapist.

#### **Related standards:**

PTC.02 Physical therapy home program documentation, WFM.02 Job descriptions.

**PTC.02 The physical therapy center continually evaluates and documents the care provision of a physical therapy home program.**

Effectiveness

**Keywords:**

Physical therapy home program documentation.

**Intent:**

The physical therapy center shall evaluate the care provision of physical therapy home program. The responsible physical therapist shall plan the document of physical therapy home program. The plan shall include at least the following items:

- a) Types of health services/care needed
- b) Frequency of needed services
- c) The predicted outcomes of physical therapy home program.

The responsible physical therapist must sign the plan of physical therapy home program at the start of patient care or soon after it starts. The plan of physical therapy home program is often paired with the home healthcare agreement form that the treating physician must sign to determine patient clinical needs.

After the treating physician firstly certifies on patient eligibility for home care, the initial plan of physical therapy home program is developed by the responsible physical therapist.

The initial plan of physical therapy home program and agreement form will last 60 days. If patient needs additional care, the home healthcare agreement form and plan of care can be renewed for another 60-day periods as necessary.

Documentation of physical therapy home program shall include at least the following:

- a) Frequency, duration and the purpose of the physical therapy program.
- b) Patient eligibility criteria for physical therapy home program .
- c) Agreement form validity

**Survey process guide:**

GAHAR surveyor may perform a review of an appropriate number of physical therapy home program patients' medical records and check the relevant documentation.

During the survey, GAHAR surveyors may check the home healthcare agreement form and patients' plan of care.

**Evidence of compliance:**

1. The physical therapy center develops an individualized plan for home care patients that include items from a) to c)
2. The physical therapy has standardized forms and files for physical therapy home program.
3. Home health care providers are aware of the documentation process.
4. The responsible physical therapist performs medical record review that includes timeliness, accuracy completeness, and legibility of the home care patient's medical records.

**Related standards:**

PTC.01 Physical therapy home program; PTC.03 Physical therapy home program assessment and plan of care.

**PTC.03 Physical therapy home program, assessment and plan of care are documented.**

Patient-centeredness

**Keywords:**

Physical therapy home program assessment and plan of care.

**Intent:**

The physical therapy center has a defined process for physical therapy assessment/evaluation, and plan of care. The first visit shall evaluate the patient's list of problems and therapeutic needs. The physical therapist is responsible to perform the full physical therapy assessment /evaluation of the case and develop a physical therapy care plan. the responsible physical therapist shall update the plan of care according to the patient's progress and every 60 days.

**Survey process guide:**

- GAHAR surveyor may review appropriate samples of patient's medical records and check physical therapy assessment/reassessment and plan of care forms completeness.
- GAHAR surveyor may interview home health care providers to assess their awareness about the physical therapy assessment/reassessment and plan of home care process.

**Evidence of compliance:**

1. The physical therapy center has a defined process for physical therapy assessment/reassessment and plan of home care.
2. Home health care providers are aware of the process.
3. Process of physical therapy assessment/reassessment and plan of care is performed by a qualified, licensed physical therapist.

**Related standards:**

PTC.02 Physical therapy home program documentation, WFM.02 Job descriptions.

**Integration of evidence-based practice principles and guidelines in physical therapist practice at home.**

**PTC.04 Evidence-based clinical guidelines for home care patient's assessment and care management are developed.**

Effectiveness

**Keywords:**

Physical therapy home program clinical guidelines.

**Intent:**

One of the most important home health care goals is providing home care with optimal well-being and better outcomes. Standards for effective practices that conducted during home

health care, is necessary to support excellent and evidence-based care.

Any physical therapy center that provide home care shall ensure that all patients needs are met safely and shall make sure that evidence-based clinical guidelines are available and used to define the assessment and care management of those patients. These clinical guidelines shall be reviewed and updated at least once annually.

**Survey process guide:**

- The GAHAR surveyor may review relevant documents describing the process of physical therapy home program ' assessments and care management including approved physical therapy guidelines and protocols.
- The GAHAR surveyor may interview responsible staff to assess their awareness about the process of physical therapy home program' assessments and care management and their awareness of approved guidelines and protocols.

**Evidence of compliance:**

1. The physical therapy center evidence-based clinical guidelines for home care are available.
2. Staff is educated and trained on how to use evidence-based clinical guidelines in assessment and management of home care patients.
3. The clinical guidelines are reviewed and updated once annually.

**Related standards:**

ICD.04 Evidence based guidelines and protocols, WFM.05 Continuous education program.

**PTC.05 The physical therapy center identifies and develops a set of performance measures to maintain the effectiveness of the provided home care.**

Effectiveness

**Keywords:**

Physical therapy home program performance measures.

**Intent:**

Home health care providers seek to provide high quality, safe care in ways that honor patient preferences. There are many similar concerns about patient safety and care quality in home care such as in physical therapy centers. For example, patient falls may occur both in homes and in centers, and some measures aimed at preventing falls are equally applicable to both settings. However, the significant differences between home health care and other types of health care often require plan of care tailored to the home health care setting.

The physical therapy center shall develop a set of performance measures on promoting patient safety and health care quality. These measures are developed in relation to problems frequently seen in home health care. Other are developed to monitor and measure the Physical therapy home program. The home care performance measures shall include at least the following areas:

- a) Completeness of patient medical records

- b) Timeliness of patient reassessment
- c) Related adverse events

Each performance indicator is Specific, Measurable, Achievable, Relevant, Time-bounded, evaluated at regular interval and Recognized/ Rewarded when achieved (SMARTER). To define an indicator properly, a description of at least the following is needed:

- i. Definition
- ii. Specified frequency
- iii. Sampling techniques
- iv. Formula
- v. Methodology of data collection and analysis

**Survey process guide:**

- GAHAR surveyor may review performance measures to evaluate the process of selection of the performance measures and the fulfilment of the data needed for defining each measure.
- GAHAR surveyors may interview the responsible staff to evaluate the process of data collection and monitoring in order to assess aspects of the structure, process, or outcome of physical therapy processes.

**Evidence of compliance:**

1. The physical therapy center has an approved process that define a set of performance measures on promoting patient safety and health care quality for providing home care.
2. A standardized data analysis report with specific definition criteria for each selected performance measure are available and include all elements mentioned in the intent from i) through v).
3. Results of measures analysis are regularly monitored and acted upon.
4. The centre makes its performance results/data publicly available at least quarterly.

**Related standards:**

QPI.02 Performance measures

## Survey Activities and Readiness

### Introduction:

- GAHAR survey process involves performing building tours, observations of patient's medical records, staff member files, credential files, and interviews with staff and patients.
- The survey is an information gathering activity to determine 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 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	40-30 minutes	upon arrival
2	Opening Conference	15 minutes	as early as possible
3	Survey Planning	30 minutes	as early as possible
4	Document Review Session	60-40 minutes	
5	Patient/individual Tracer	60-40 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals who surveyors trace varies by organization
6	Break	30 minutes	At a time negotiated with the organization Team Meeting/Surveyor Planning
7	Staff members file review	60-30 minutes	After some individual tracer activity has occurred; at a time negotiated with the physical therapy centre



8	Environment and facility safety plans review	90-45 minutes	After some individual tracer activity has occurred; at a time negotiated with the physical therapy centre
9	Environment and facility safety tour	120-60 minutes	After document review
10	Leadership interview	90 minutes	During early or middle of survey
11	Patient centred care activities review	60 minutes	Towards the end of survey
12	Infection Prevention and Control Review	120-60 minutes	In the middle of survey
13	Quality Program\ plan Review	40 minutes	Towards the end of survey
14	Report Preparation	120-60 minutes	At the end of survey
15	Executive Report	15 minutes	At the end of survey
16	Exit Conference	30 minutes	Final activity of survey

## Arrival and coordination

### Why will it happen?

To start survey process on time, GAHAR surveyors shall use the time to review the focus of the survey in the light of submitted application

### What will happen?

GAHAR surveyors shall arrive to the physical therapy center and present themselves to the Physical therapy center staff, survey coordinator shall be available to welcome GAHAR surveyors

### How to prepare?

Surveyors need a workspace they can use as their base during 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 physical therapy center staff, director and leaders

## Opening conference

### Why will it happen?

This is an opportunity to share 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 centers' director and senior leadership.

**Survey planning**

Why will it happen?

To ensure efficiency of survey time

What will happen?

Surveyors shall begin selecting patients for tracers based on the care and services the physical therapy center provides

How to prepare?

Survey coordinator need to ensure that the Center's scope of services is available for surveyors

Who should collaborate?

GAHAR surveyors only.

**Document review session**

Why will it happen?

To help GAHAR surveyors understand physical therapy centre operations

What will happen?

GAHAR surveyors shall review required policies (or other quality management system documents) and policy components based on GAHAR standards

How to prepare?

Survey coordinator shall ensure that all valid current and approved quality management system documents are available for review either in paper or electronic format (approval should be visible, clear and authentic)

Use of bookmarks or notes is advisable to help surveyors find the elements being looked for

1. Performance improvement data according to the applicable look back period.
2. High-risk process data
3. Annual risk assessment and Annual Review of the Program
4. Infection Control surveillance data according to the applicable look back period.

Who should collaborate?

Survey coordinator and policy stakeholders.

**Patient\individual tracer**

Why will it happen?

GAHAR surveyors shall follow course of care and services provided to the patient to assess relationships among the important functions and evaluate performance of processes

relevant to the individual's care or services.

What will happen?

- The tracer process takes surveyors across a wide variety of services.
- The tracer methodology's use of face-to-face discussions with staff members and patients, combined with review of patient's medical records and the observations of surveyors.
- This shall help guide surveyors as they trace a patient's provided care or services.
- The individual tracer begins in the location where the patient is registered for service. The surveyor starts the tracer by reviewing a file of care with the staff person responsible for the individual's care or services. The surveyor then begins the tracer by following the course of care, or services provided to the patient from registration through post discharge, assessing the interrelationships between disciplines, departments, programs, services (where applicable), and the important functions in the care or services provided which may lead to identifying issues related to care processes.
- Most of GAHAR standards can be triggered during a patient\individual tracer activity which may also include interviewing staff, patients or family members.

How to prepare?

- Assure confidentiality and privacy of patients during tracers including no video or audio recording and no crowdedness
- All efforts will be done 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 surveyor and for physical therapy centre staff to have a break and use the information learned.

What will happen?

GAHAR surveyor shall meet in their base alone.

How to prepare?

Use separate place.

Who should collaborate?

GAHAR surveyors only.

**Staff members file review**

Why will it happen?

The surveyor shall verify process-related information that recorded in staff member's files. The surveyor shall identify specific staff whose files they would like to review.

What will happen?

GAHAR surveyor may ensure that a random sample of staff files is reviewed.

The minimum number of records selected for review is 5 staff member files

If findings are observed during the file review, the survey team may request additional file samples to substantiate the findings recorded from the initial sample.

Throughout the review process, if a big number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance

#### How to prepare?

The physical therapy center shall produce a complete list of all staff members including outsourced, contracted, full-timers, fixed-timers, part-timers,

#### Who should collaborate?

Physical therapy centre directors and the most senior leaders.

### **Environment and facility safety plans review**

#### Why will it happen?

GAHAR surveyor may assess the physical therapy center degree of compliance with relevant standards and identify vulnerabilities and strengths in the environment and facility safety plans.

#### What will happen?

The surveyor shall review the Environment of Care risk categories as indicated in the physical therapy center risk assessment and safety data analysis and actions taken by the physical therapy center leaders.

#### 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:

- Physical therapy center licenses, or equivalent
- A map of the organization, if available
- Environment and facility safety Plans and annual evaluations
- Emergency\disaster preparedness Plan and documented annual review and update, including communications plans
- Annual staff training

#### Who should collaborate?

Environment and facility safety responsible staff members.

### **Environment and facility safety tour**

#### Why will it happen?

GAHAR surveyor observes and evaluate the physical therapy center actual performance in managing environment and facility risks.

#### What will happen?

- GAHAR surveyor may begin where the risk is encountered, first occurs or take a top-down/bottom-up approach.
- GAHAR surveyor may interview staff to describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs,

and how to report the problem or incident

- GAHAR surveyor may assess any physical controls for minimizing the risk (i.e., equipment, alarms, building features), Assess the emergency plan for responding to utility system disruptions or failures(e.g., alternative source of utilities, notifying staff, how and utility systems fail preventive measures, and obtaining repair services), assess If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- GAHAR surveyor may also assess hazardous materials management, waste management, safety or security measures.

#### How to prepare?

Ensure that keys, communication tools and contacts are available, so GAHAR surveyor able to access all physical therapy centre facilities smoothly.

#### Who should collaborate?

Environment and facility safety responsible staff members.

### **Leadership interview**

#### Why will it happen?

The surveyor will learn about physical therapy center governance and management structure.

#### What will happen?

GAHAR surveyor addresses the following issues:

- Composition of the governing body
- The functioning, participation, and involvement of the governing body in the oversight and operation
- The governing body's perception and implementation of its role in the physical therapy center
- Governing body members understanding of performance improvement approaches and methods
- Leadership commitment to improvement of quality and safety, creating a culture of safety, Robust process improvement and Observations that may be indicative of system-level concerns

#### How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with physical therapy center leaders

The following documents may be reviewed during this session

- Physical therapy center strategic plan
- Physical therapy centres ethical framework
- Governing body minutes according to the applicable lookback period.
- Patient centeredness initiatives

#### Who should collaborate?

Required participants include at least the following: physical therapy center director, governing body representative.

## **Patient centered care activities review**

### Why will it happen?

The surveyor will assess patient centeredness initiatives and related activities.

### What will happen?

GAHAR surveyor addresses the following issues:

- The GAHAR surveyor may receive information about the patient-centered initiatives and culture support.
- GAHAR surveyor may review the related terms of references and meeting minutes with responsible staff members.
- GAHAR surveyor may ask questions to explore the mechanisms taken to plan, assist, and maintain patient-centered practices. GAHAR surveyor may interview staff to check their awareness about patient-centered initiatives.
- GAHAR surveyor may review patient assessment/reassessment forms

### How to prepare?

Assure confidentiality of documents during the review including no video or audio recording of any documents.

The following documents may be reviewed during this session:

- Patient family rights and responsibilities policy
- Patient family rights and responsibilities posters, brochures, flyers.
- Patient and family educational materials.
- Patient initial assessment and re assessment forms
- Patients suggestions and complaint and feedback.

### Who should collaborate?

Required participants include at least the following: physical therapy center director, physical therapy center leaders and quality coordinator\director (if applicable).

## **Infection prevention and control program review**

### Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of infection prevention and control program, identify who is responsible for its day-to-day implementation, evaluate its outcome and Understand the processes used by the physical therapy center to reduce infection

### What will happen?

GAHAR surveyor will evaluate physical therapy centre IPC systems by performing system tracers.

Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities and communication among staff/units involved in the process; How individuals with infections are identified, Staff orientation and training activities, Current and past surveillance activity

- Strengths in the processes and possible actions to be taken in areas needing improvement; Analysis of infection control data, Reporting of infection control data, Prevention and control activities (for example, staff training, staff vaccinations and other health-related requirements, housekeeping procedures, organization-wide hand hygiene and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment), staff exposure, Physical facility changes that can impact infection control and Actions taken as a result of surveillance and outcomes of those actions.

#### How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with staff who oversee the infection prevention and control process. Then time is spent where the care is provided. The following documents may be reviewed during this session:

- Infection prevention and control policies
- Infection control education and training records
- Infection control measures data

#### Who should collaborate?

Suggested participants include the infection control coordinator; physician member of the infection control personnel, Safety management staff and staff involved in the direct provision of care or services.

### **Quality program\plan review**

#### Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of quality management program, identify who is responsible for its day-to-day implementation, evaluate its outcome and Understand the processes used by the physical therapy center to reduce risks.

#### What will happen?

Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities and communication among staff/units involved in the process;
- Strengths in the processes and possible actions to be taken in areas needing improvement; Use of data
- Issues requiring further exploration in other survey activities;
- A baseline assessment of standards compliance.

#### How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with staff who oversee the quality management program.

The following documents may be reviewed during this session:

- Quality management program
- Performance management measures
- Risk Management registers, records and logs

### Who should collaborate?

Suggested staff members include quality coordinator\director (if applicable), staff involved in data collection, aggregation and interpretation.

### **Report preparation**

#### Why will it happen?

To provide an opportunity of clarification and consolidation of any findings.

#### What will happen?

Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting the physical therapy center compliance with the standards. Surveyors may also ask organization representatives for additional information during this session.

#### How to prepare?

GAHAR surveyors may need a room that includes a conference table, power outlets, telephone, and internet coverage.

#### Who should collaborate?

GAHAR surveyors only.

### **Executive report**

#### Why will it happen?

To give an opportunity to brief the most relevant outcomes of the survey and help prioritization of post-accreditation activities

#### What will happen?

GAHAR surveyors will review the survey findings with the center director and the most senior leader and discuss any concerns about the report

#### How to prepare?

GAHAR surveyor may need a quiet private area for brief interactive discussion with the center director and the most senior leaders

#### Who should collaborate?

Physical therapy centres available most senior leader and others at his/her discretion

### **Exit conference**

#### Why will it happen?

To thank the physical therapy centre team for participation and share the important findings in the accreditation journey

#### What will happen?

Surveyors will verbally review the survey findings summary, if desired by the most senior leader and review identified standards compliance issues

#### How to prepare?

Physical therapy centre 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 physical therapy center available most senior leader (or designee), senior leaders and staff as identified by the most senior leader or design

## GLOSSARY

**Adverse event** an unanticipated, undesirable, or potentially dangerous occurrence in a health care physical therapy center.

**Antiseptics** an agent that eliminates many or all pathogenic microorganisms, except bacterial spores, on human skin.

**Appointment** The process of reviewing an initial applicant's credentials to decide if the applicant is qualified to provide patient care services that the patient needs and the physical therapy center can support with qualified staff and technical capabilities.

**Aseptic technique** Using practices and procedures to prevent contamination from pathogens. It involves applying the strictest rules to minimize the risk of infection.

**Clinical guidelines** Statements that help physical therapist and patients choose appropriate health care for specific clinical conditions. The physical therapist is guided through all steps of consultation (questions to ask, physical signs to look for, assessment of the situation, and care to prescribe).

**Hazardous materials and waste plan** The physical therapy center's written document that describes the process it would implement for managing the hazardous materials and waste from source to disposal. The plan describes activities selected and implemented by the physical therapy center to assess and control occupational and environmental hazards of materials and waste (anything that can cause harm, injury, ill-health, or damage) that require special handling. Hazardous materials include radioactive or chemical materials. Hazardous wastes include the biologic waste that can transmit disease (for example, blood).

**Plan** A detailed method, formulated beforehand that identifies needs, lists, and strategies to meet those needs, and sets goals and objectives. The format of the plan may include narratives, policies, and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

**Plan of care** A plan that identifies the patient's care needs, lists the strategy to meet those needs, records care goals and objectives, develops defined criteria for ending interventions, and records the patient's progress in meeting specified goals and objectives. It is based on data gathered during patient assessment.

**Policy** Is a guiding principle used to set direction in a physical therapy center.

**Procedure** Is 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 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.

**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** Planned set of interrelated tasks to be executed over a fixed period and within certain cost and other limitations.

**Protocol** Detailed scientific care plan for using a new care.

**Referral** The sending of a patient from one clinician to another clinician or specialist or from one setting or service to another or other resources.

**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 causes 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. Scope (care or services): The range and type of services offered by the physical therapy center and any conditions or limits to the service coverage.

**Staff** Personal who provide patient care, care, and/ or services in the physical therapy center, for example (medical staff, nurses, and others).

**Sterilization** The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

**Stock** A quantity of something accumulated, as for future use, regularly kept on hand, as for use or sale; staple; standard.

**Storage** Space or 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** The ongoing systematic collection and analysis of data and the provision of information, which leads to action, being taken to prevent and control disease, usually one of an infectious nature.

**Timeliness** The time between the occurrence of an event and the availability of data about the event. Timeliness is related to the use of the data.

**Utilization** The use, patterns of use, or rates of use of a specified health care service. Overuse occurs when a health care service is provided when its potential for harm exceeds the possible benefits. Underuse is the failure to use a necessary health care service when it would have produced a favorable outcome for a patient. Misuse occurs when an appropriate service has been selected, but a preventable complication occurs. All three reflect a problem in the quality of health care. 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.

**Physical Therapy Program** Is a program that start by patient physical therapy Initial assessment and determination of the desired goals of provided care with appropriate plan of care and description of methods and procedures required to obtain those goals. The program shall include follow up strategies.

**Medical Staff** All physicians, dentists, and other professionals who are licensed to practice independently (without supervision) and who provide preventive, curative, restorative, surgical, rehabilitative, or other medical or dental services to patients; or who provide interpretative services for patients, such as pathology, radiology, or laboratory services, regardless of the organization's classification.

**Incident Report** An event, or condition that could have resulted or did result in harm to a patient.

Any deviation from normal process that may cause harm.

**Near Miss** A patient safety event that did not reach the patient. also called a close call.

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