GAHAR Handbook for

PRIMARY HEALTHCARE ACCREDITATION STANDARDS

2025 Edition

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Foreword

In our dedicated pursuit of healthcare reform excellence, we strive to build a safety culture expressed in internationally recognized quality standards. The General Authority for Healthcare Accreditation and Regulation (GAHAR) is proud to present the second edition of GAHAR Handbook for Primary Healthcare Accreditation Standards 2025. This updated edition reflects the latest advancements in patient safety practices and concepts, offering both accredited and non-accredited organizations valuable insights to identify pressing safety risks and pursue continuous quality improvement.

Healthcare quality is gaining increasing attention in the global context, particularly in light of the Sustainable Development Goals (SDGs). The SDGs underscore the necessity to “achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.” This imperative is highlighted in World Health Organization (WHO) reports published in 2018.

GAHAR Handbook for Primary Healthcare Accreditation Standards 2025 incorporates the latest advancements in quality improvement science and patient safety, addressing emerging trends and best practices in healthcare. As we continue this journey to elevate healthcare delivery, we remain unwavering in our commitment to upholding the highest standards of quality, safety, and patient-centered care.

We trust that this revised edition of GAHAR PHC accreditation standards will serve as both a significant challenge and a clear roadmap for every Primary Healthcare facility in Egypt, the Middle East, and Africa as they embark on their quality journey, ensuring safer healthcare for all.

Introduction

Welcome to the second edition of GAHAR Handbook for Primary Healthcare Accreditation Standards, 2025, a comprehensive guide designed to support healthcare organizations in their pursuit of excellence. This revision reflects our commitment to enhancing healthcare delivery by providing clear, actionable standards that empower PHCs to achieve the highest levels of quality, safety, and patient-centered care.

This edition has been thoughtfully developed based on feedback from our customers and the consensus of experts. We have drawn on valuable insights gained from the implementation of the first edition, GAHAR Handbook for Primary Healthcare Accreditation Standards 2021. The development process was a collaborative effort involving representatives from various health sectors, including the Ministry of Health and Population, the private sector, university faculty, and professional syndicates. Each chapter has been meticulously reviewed and updated to address the evolving needs of today's healthcare environment.

The handbook approaches healthcare delivery from two key perspectives:

- Patient-Centered Perspective: This adopts Picker's model for patient-centered care, ensuring that healthcare organizations are responsive to patients' needs.
- Organization-Centered Perspective: This highlights the essential aspects of creating a safe and efficient workplace that supports high-quality care.

The handbook is organized into three major sections:

1. Accreditation Prerequisites and Conditions
2. Patient-Centered Standards
3. Organization-Centered Standards

These sections are divided into 14 chapters, each focusing on critical aspects of PHC operations. The structure is designed to ensure that healthcare organizations not only meet the needs and preferences of patients but also create a safe, efficient, and supportive environment for healthcare providers.

This handbook encompasses the full spectrum of quality as defined by the Institute of Medicine, which prioritizes patient safety and encompasses the six STEEEP dimensions of quality: Safe, Timely, Effective, Efficient, Equitable, and Patient-Centered. By adhering to these principles, we aim to foster a healthcare system that consistently delivers high-quality care.

Central to this handbook are the 21 GAHAR Safety Requirements (GSRs), which serve as a roadmap for creating a safer healthcare environment. These requirements are foundational to improving patient safety and are integral to the accreditation process.

This version aims to streamline the content and improving clarity and focus while retaining the essential details.

Scope of this Handbook

These standards apply to Primary Healthcare organizations (PHCs) as whole organizations (whether centers or units) seeking to be accredited by the General Authority for Healthcare Accreditation and Regulation (GAHAR):

Inclusions

These standards are applicable to:

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

Exclusions

These standards are not applicable to:

- Ambulatory care organizations.
- Nursing homes or rehabilitation centers.

Purpose

GAHAR standards describe the competent level of care in each phase of the patient care process. They reflect a desired and achievable level of performance against which a PHC's actual performance can be compared. The main purpose of accreditation standards is to direct and maintain safe healthcare practice through these standards. Additionally, they foster continuous improvement through the identification and rectification of performance gaps.

These standards also promote and guide organization management. They assist staff, management team, and the Primary Healthcare facility 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 PHC accountability for its decisions and actions. Many standards are patient-centered and safety-focused to promote the best possible outcome and minimize exposure to the risk of harm. These standards encourage PHC staff to persistently enhance their knowledge base through experience, continuing education, and the latest guidelines. Ultimately, the handbook seeks to elevate the overall standard of healthcare delivery by providing a structured approach to accreditation, ensuring patient-centered care, and promoting accountability among healthcare providers.

Reading and Interpretation of the Book

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

Standard Components

- Standard Statement:
  - In this handbook, each standard is written as a standard statement preceded by a code.
  - Each standard is followed by a *non-black-scripted statement* that describes the essential quality dimension(s) addressed by the standard.

- Keywords
  - To help organizations understand the most important element of standard statements, as these are words or concepts of great significance. It answers the question of WHAT the standard is intended to measure.
- Intent:
  - Standard intent is meant to help organizations understand the full meaning of the standard.
  - The intent is usually divided into two parts:
    - Normative: that describes the purpose and rationale of the standard and 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 by the phrase "at least the following", followed by a numbered/lettered list of requirements. Hence, these elements are considered essential, indivisible parts of compliance with the minimum acceptable standard.
- Evidence of compliance (EOCs):
  - Evidence of compliance with a standard indicates what is reviewed and assigned a score during the on-site survey process.
  - The EOCs for each standard identify the requirements for full compliance with the standard as scoring is done in relation to "Met EOCs".
- Survey process guide:
  - Facilitates and assists the surveyors in the standard 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:
  - 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.

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 PHCs to interpret the standards: Process, Policy, Procedure, Program, Plan, Guideline, and Protocol.

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

- 'Process'
  A series of actions or steps taken in order to achieve a particular end.

- 'Documented Process'
  A document that describes the process and can be in the form of policy, procedure, program, plan, guideline, or protocol.

- Policy:
  - A principle of action adopted by an organization.
  - It usually answers the question of what the process is.
  - It is stricter than guidelines or protocols.
  - It does not include objectives that need to be met in a certain timeframe.

- Procedure:
  - An established or official way of doing something.
  - It usually answers the question of how the process happens.
  - It is stricter than guidelines or protocols.
  - It does not include objectives that need to be met in a certain timeframe.

- Plan:
  - A detailed proposal for doing or achieving something.
  - It usually answers the question of what the goal is, why, how it is going to be achieved, and when.
  - It includes objectives that need to be met in a certain timeframe.

- Guideline:
  - A general rule, principle, or piece of advice.
  - It usually answers the question of what the process is and how it should happen.
  - Usually, it is more narrative than protocol.

- Clinical care program:
  - A structured and coordinated approach to providing healthcare services and managing the care of patients or individuals with specific medical conditions according to clinical guidelines and protocols.

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

1. Document versus Record
   - Document:
     Created by planning what needs to be done.

- Record:
  Created when something is done.

2. Physician Versus Medical staff member
   - Physician:
     A professional who practices medicine

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

Accreditation Overview

This chapter aims to set the rules and requirements to obtain GAHAR accreditation for the PHC, which includes, but is not limited to, the following:

1. Compliance with licensure requirements for licensing the PHC as mandated by laws and regulations.
2. The PHC must be operational for at least six months before it can apply for accreditation.
3. Compliance with the GAHAR Safety Requirements for PHCs (herein included) to ensure the safety of the patients/ patients' families, visitors, and staff.
4. Compliance with the requirements of the standards according to the Accreditation Decision Rules in this handbook.

A) General rules:

The accredited PHC has to inform GAHAR of any change in the field of services provided (adding a new service, canceling an existing service, or increasing the volume of an existing service by more than 20%) in writing to the e-mail **reg@gahar.gov.eg** at least one month prior to the actual implementation of this change.

- The PHC shall ensure the validity of the documents and data provided at all stages of the accreditation process. If there is evidence that the submitted documents are proven to be inaccurate, the PHC is at risk for rejection of accreditation.
- The accreditation may be withdrawn or at risk of rejection, if there is evidence that the facility has falsified or withheld or intentionally misleading the information submitted to GAHAR.
- The facility is not permitted to use GAHAR's certificate or logo in a misleading manner.
- GAHAR shall inform the facility about the accreditation decision within a period not exceeding 30 working days starting from the date of completion of the survey visit.
- GAHAR has the right to publish the end result of survey visit, accreditation suspension or rejection, according to the requirements.
- The accredited PHC has to communicate all sentinel events to GAHAR within 48 hours of the event or becoming aware of the event via email notification using the following link: Sentinel.Event@gahar.gov.eg. The root cause analysis shall be submitted no later than 45 days starting from the date of the occurrence or its notification with the appropriate corrective plan to prevent/reduce its recurrence according to the nature of the event (Refer to standard no. QPI.07 for more information).

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

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

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

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

- The facility fails to pass follow-up surveys in case of conditioned accreditation.

- GAHAR team discovers any falsification, withholding, or intentionally misleading the information submitted during or after the survey visit, or it is proven that the attached and submitted documents are inaccurate.
- The facility prevents GAHAR regulatory team/inspectors from doing their duties, such as refusal or preventing them from reviewing documents and data related to the scope of their duties.
- The facility refuses to meet the auditors' team or GAHAR surveyors in the announced / unannounced evaluation visits.
- A legal document issued by an administrative agency or Supreme Court rules against the facility either by permanent or temporary closure.
- Moving the facility from its actual place mentioned in the application form or when the facility is demolished, reconstructed, or rebuilt without any pre-notification to GAHAR.
- Exceeding the period prescribed for suspension of accreditation without correcting the reasons for this suspension.

How to apply for a GAHAR survey?

A Primary Healthcare facility seeking GAHAR accreditation begins by:

- Log in to the online platform (Portal) of the General Authority for Health Accreditation and Regulation to register the data of the PHC, via the following link https://eportal.gahar.gov.eg.
- Create a new account.
- Choose the type of service, type of facility, and user's data.
- Complete the basic data of the application (the electronic registration application).
- Complete the contact information, the applicant's data, and the healthcare facility data and upload the required documents.
- Print the application request, fill in the declaration, and get it sealed with the facility's seal, re-upload, and click on "Issue application".
- You can browse the system anytime to follow up on the status of the request and implement the required requests of GAHAR.
- GAHAR will determine the survey financial fees, and bank account details will be shared.
- The PHC 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 PHC.
- GAHAR's surveyors team will evaluate your PHC according to GAHAR handbook for PHC accreditation standards.
- The survey report is submitted to the accreditation committee for review and decision-making based on decision rules.
- The PHC is notified of the decision of the accreditation committee. The PHC 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.

Lookback period

- Surveyors are required to review standards' requirements and evaluate organization compliance with them over a lookback period.
- Lookback period: It is the period before the survey visit during which any PHC, is obliged to comply with the GAHAR accreditation standards. Failure to comply with this rule affects the accreditation decision.
- The Lookback period varies from one PHC to another, depending on the PHC's accreditation status.

- A PHC seeking accreditation will:
  - Comply with the GAHAR Handbook for Primary Healthcare Accreditation Standards as applicable for at least **four months** before the actual accreditation survey visit.

- A PHC seeking re-accreditation:
  - For GAHAR-accredited PHCs, compliance with GAHAR Handbook for PHCs Accreditation Standards from receiving the approval of the previous accreditation till the next accreditation survey visit.

Scoring Guide

During the survey visit, each standard is scored for evidence of compliance (EOC).
These are mathematical rules that depend on the summation and percentage calculation of scores of each applicable EOC as follows:

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

Scoring of each standard

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

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

Accreditation Decision Rules

A PHC 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.

1st Decision: Status of Accreditation for a PHC (3 years).
- Overall compliance of 80% and more, and
- Each chapter should score not less than 70%, and
- Only one whole standard is scored as not met, and
- No single not met GSR standard.

2nd Decision: Status of Conditioned Accreditation for a PHC (2 years).
- Overall compliance of 70% to less than 80%, or
- Each chapter should score not less than 60%, or
- Up to one standard not met per chapter, and
- No single not met GSR standard.

3rd Decision: Status of Conditioned Accreditation for a PHC (1 year).
- Overall compliance of 60% to less than 70%, or
- Each chapter should score not less than 50%, or
- Up to two standards not met per chapter, and
- No single not met GSR standard.

4th Decision: Rejection of Accreditation
- Overall compliance of less than 60%, or
- One chapter scored less than 50%, or
- More than two standards not met per chapter, or
- Not met GSR standard.

PHCs having the status of accreditation or conditioned accreditation with elements of noncompliance 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.
- Apply and pass the accreditation survey in 2 years for 2nd Decision and 1 year for 3rd Decision.

Accreditation is valid for 3 years. Accreditation may be suspended or withdrawn if:
- The PHC fails to pass follow-up surveys in case of conditioned accreditation.
- The PHC fails to submit corrective action plans in case of the presence of not met EOC(s).
- The PHC fails to pass the unannounced survey.
- The PHC fails to comply with GAHAR circulars when applicable.

List of Acronyms

acronym	Explanation
ACT	Access, Continuity, and Transition of Care
AED	Automated External Defibrillator
AMR	Antimicrobial resistance
APC	Accreditation Prerequisites and Conditions
APIC	Association for Professionals in Infection Control and Epidemiology
ASP	Antimicrobial stewardship program
BMI	Body mass index
BPMH	Best possible medication history
CAI	Community Assessment and Involvement
CCTV	Closed-circuit television
CDC	Centers for Disease Control and Prevention
COPD	Chronic obstructive pulmonary disease
DAS	Diagnostic and Ancillary Services.
DC	Direct Current
DDD	Defined daily doses
DTC	Drug and Therapeutic Committee
EFS	Environmental and Facility Safety
EPI	Expanded Program of Immunization
FMEA	Failure Mode and Effects Analysis
GHS	Globally Harmonized System
HEPA	High-efficiency particulate air
HVA	Hazards Vulnerability Analysis
ICD	Integrated Care Delivery
IFIC	International Federation of Infection Control
IMT	Information Management and Technology
IPC	Infection prevention and control
ISMP	Institute of Safe Medication Practice
LASA	Look-alike sound-alike
MMS	Medication Management and Safety
MSDS	Material Safety Data Sheet
OGM	Organization Governance and Management
OPPE	Ongoing professional practice evaluation
OTC	Over-the-counter
PASS	Pull, Aim, Squeeze and Sweep
PCC	Patient-centeredness culture
PCRA	Pre-construction risk assessment
PDCA	Plan-Do-Check-Act
PHC	Primary Healthcare
PHI	Protected health information
POCT	Point-of-Care Testing
POE	Physician order entry
PPE	Personal Protective Equipment
PRN	As needed (pro re nata)
PTC	Pharmacy and Therapeutic Committee
QPI	Quality and Performance Improvement
RACE	Rescue, Alarm, Confine, Extinguish/Evacuate

RTI	Reproductive tract infections
SDS	Safety Data Sheets
SIP	Surgery and Invasive Procedures
SMART	Specific, Measurable, Achievable, Relevant, and Time-Bound
STD	Sexually transmitted diseases
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TAT	Turnaround time
TLD	Thermos-luminescent dosimeter
WFM	Workforce Management
WHO	World Health Organization

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Section 1: Accreditation Prerequisites and Conditions

Section Intent

This section aims at providing a clear and ethical framework that a PHC must follow in order to comply with the GAHAR survey process. Scores of these standards must be *met* in order to continue the survey process. One *partially met* or *not met* evidence of compliance is to be dealt with on GAHAR accreditation committee level and may result in denial or suspension of accreditation.

Chapter purpose:

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

1- To ensure a transparent and ethical relationships during the accreditation process.
2- To Sustain compliance with accreditation standards.

APC Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
APC.01 **KW: Accurate and complete information**	**APC.03** **KW:** Accurate and complete information	- **Modified** EOC: (**EOC.01**: The PHC reports accurate and complete information to GAHAR during the accreditation process). - **Modified** EOC: (**EOC.02**: The PHC reports accurate and complete information to GAHAR in between accreditation visits). - **Modified** EOC: (**EOC.03:** The PHC reports within 30 days any structural changes in the PHC, scope of work of addition or deletion of medical services by more than 20% of its scope, building expansions, or demolitions).
APC.02 **KW: Professional standards during surveys**	**APC.05** **KW:** Professional standards during surveys	- **Modified Standard statement: (**The PHC maintains professional standards before and during surveys). - **Modified** EOC: (**EOC.01:** The PHC reports any conflict of interest to GAHAR with evidence before or during surveys). - **Added new** EOC**: (EOC.05:** The PHC Displays GAHAR Gold Seal prominently (e.g., at facility entrance, website, external official documents, and advertisements).
APC.03 **KW: Sustaining compliance with accreditation standards**	**APC.01** **KW:** Sustaining registration requirements	- **Modified Standard statement: (**The GAHAR-accredited PHC ensures continuous compliance with the standards). - **Modified** EOC: (**EOC.01:** The PHC establishes a process for assessment of compliance with provisional accreditation/accreditation standards at least quarterly). - **Modified** EOC: (**EOC.02:** The PHC acts on all feedback and reports received from GAHAR during the provisional accreditation/accreditation period). - **Updated** EOC: (**EOC.04**) by merging two EOCs (**EOC.04** and **EOC.05**) in PHC edition 2021.

Transparent and ethical relationships

APC.01 The PHC provides GAHAR with accurate and complete information throughout all phases of the accreditation processes.

Effectiveness

Keywords:

Accurate and complete information

Intent:

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

Survey process guide:

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

Evidence of compliance:

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

Related standards:

IMT.01 Information management plan, IMT.02 Document control system

APC.02 The PHC maintains professional standards before and during surveys.

Equity

Keywords:

Professional standards during surveys

Intent:

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

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

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

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

Survey process guide:

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

Evidence of compliance:

1. The PHC reports any conflict of interest to GAHAR with evidence before or during surveys.
2. During surveys, the PHC maintains professional standards on dealing with surveyors.
3. During surveys, the PHC ensures that the environment does not pose any safety or security risks to surveyors.
4. During surveys, the PHC avoids media or social media releases without GAHAR's approval.
5. The PHC Displays GAHAR Gold Seal prominently (e.g., at facility entrance, website, external official documents, and advertisements).

Related standards:

OGM.10 Ethical management.

Sustaining compliance with accreditation standards

APC.03 The GAHAR-accredited PHC ensures continuous compliance with the standards.

Effectiveness

Keywords:
Sustaining compliance with accreditation standards

Intent:
Accreditation requirements are considered the minimum level of quality, safety, and compliance for any PHC aiming at being enrolled in the Universal Health Insurance system. When the PHC is accredited, it is expected that the PHC sustains or improves the same level of quality scored during all subsequent accreditation visits. This standard is not applicable in the first visit of provisional accreditation.

Survey process guide:

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

Evidence of compliance:

1. The PHC establishes a process for assessment of compliance with provisional accreditation/accreditation standards at least quarterly.
2. The PHC acts on all feedback and reports received from GAHAR during the provisional accreditation/accreditation period.
3. The PHC reacts to all GAHAR requirements and reports in a timely manner.
4. The PHC demonstrates (using monitoring tools) the compliance with GAHAR Safety Requirements and acts on identified gaps.

Related standards:
QPI.01 Quality improvement Plan, QPI.02 Performance Measures, QPI.07 Sustained Improvement activities.

Section 2: Patient-Centered Standards

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

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

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

1. The experience level refers to an individual patient's experience of their care. Care should be provided in a way that is respectful, informative, and supportive for the participation of patients and families.
2. The clinical micro-system level refers to the service, or program level of care. Patients and family should participate in the overall design of the service or program.
3. The PHC level refers to the PHC as a whole. Patients and families should participate as full members of key PHC committees.
4. The environment level refers to the regulatory level of the health system. Patients and families can inform local authorities.

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

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

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

1. Patients' preferences

   At every step, patients should be given the needed information to make thoughtful decisions about their care. Those preferences should always be considered when determining the best course of action for that patient. The expertise and authority of healthcare professionals should complement and enhance the patient perspective. Assessment and care should be in a way that maintains patients' dignity and demonstrates sensitivity to their cultural values healthcare

professionals need to focus on the person's quality of life, which may be affected by their illness and treatment. Everyone involved is always on the same team, working toward the same goal.

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

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

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

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

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

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

8. Involvement of family and friends
   Patient-centered care encourages keeping patients involved and integrated with their families, their communities, and their everyday lives by:

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

GAHAR Safety Requirements

Chapter intent:

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

Chapter purpose:

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

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

Summary of GSR Changes

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

GAHAR Safety Requirements Keywords

Code		Code in this book
	GENERAL PATIENT SAFETY	
GSR.01	Patient identification	**ACT.03**
GSR.02	Verbal and telephone orders	**ICD.11**
GSR.03	Critical results	**ICD.22**
GSR.04	Fall screening and prevention	**ICD.07**
	Diagnostic and Ancillary Services	
GSR.05	Radiation Safety Program	**DAS.04**
GSR.06	Laboratory Safety Program	**DAS.09**
	SURGICAL AND INVASIVE PROCEDURAL SAFETY	
GSR.07	Surgical site marking	**SIP.03**
GSR.08	Pre-operative checklist	**SIP.04**
GSR.09	Timeout	**SIP.05**
	MEDICATION MANAGEMENT AND SAFETY	
GSR.10	High-risk medications	**MMS.06**
GSR.11	Look-alike and sound-alike medication	**MMS.07**
GSR.12	Medication reconciliation, best possible medication history (BPMH)	**MMS.09**
GSR.13	Medication storage, medication labelling, multiple dosing medication	**MMS.04**
	ENVIRONMENTAL AND FACILITY SAFETY	
GSR.14	Fire and smoke safety	**EFS.03**
GSR.15	Fire drills	**EFS.04**
GSR.16	Hazardous materials safety	**EFS.06**
GSR.17	Safety Management Plan	**EFS.07**
GSR.18	Medical Equipment Plan	**EFS.10**
GSR.19	Utilities Management Plan	**EFS.11**
	INFECTION PREVENTION AND CONTROL	
GSR.20	Hand Hygiene	**IPC.04**
	INFORMATION MANAGEMENT AND TECHNOLOGY	
GSR.21	Use of symbols, and abbreviations	**IMT.03**

Patient-Centeredness Culture

Chapter Intent:

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

Developing a patient-centered culture in primary healthcare facilities (PHCs) demands a thorough strategy that engages all organizational levels. This includes training healthcare professionals in effective communication and interpersonal skills, developing care protocols that prioritize patient preferences, and cultivating an environment that values patient autonomy.
Healthcare providers must recognize and respect each patient's unique needs, preferences, and values, taking into account cultural, spiritual, and personal factors that affect their decisions and overall well-being.
It is essential that patients receive complete information regarding their health status, available treatment options, and potential outcomes. Clear transparent communication is vital for empowering patients to make informed decisions about their care.
Primary Healthcare Centers (PHCs) can further advance patient-centred care by enhancing the physical care environment. Establishing a welcoming and comfortable atmosphere can greatly improve a patient's experience. By encouraging respectful communication, engaging patients and their families in the care process, and coordinating efforts across various disciplines, facilities can increase patient satisfaction, improve health outcomes, and elevate the overall quality of care.
During the GAHAR Survey, surveyors will evaluate how PHCs define and sustain their patient-centred culture. This assessment will involve reviewing relevant documents, observing the implementation of direct patient care during patient tracers, and interviewing staff. Additionally, this topic may be discussed during the leadership interview session.

Chapter Purpose:

1. To provide strategies for healthcare leaders and staff to develop, implement, and sustain a patient-centered culture.
2. To outline the fundamental rights and responsibilities of patients.
3. To emphasize the role of a patient-centered culture in increasing patient satisfaction and engagement.
4. To illustrate how fostering a patient-centered culture leads to improved care quality and patient outcomes.

PCC Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
PCC.01 **KW: Multidisciplinary patient-centeredness**	**PCC.02** **KW:** interdisciplinary patient-centeredness	- **Modified** Standard statement: (Patient-centered culture is developed and supported by the PHC staff and leaders). - **Added new** EOCs: • **(EOC.01:** The PHC has a multidisciplinary committee with clear terms of reference). • **(EOC.02:** The committee meets at least quarterly, and meeting minutes are recorded). - **Modified** EOCs: • **(EOC.03:** Responsible staff are aware of patient-centered culture. - **Updated** EOC: (**EOC.05)** by merging three EOCs (**EOC.02**, **EOC.03**, and **EOC.05**) in PHC edition 2021.
PCC.02 **KW: Patient and family rights**	**PCC.03** **KW:** Patient and family rights	- **Rephrasing** EOC: **(EOC.05:** Patients and families are informed of their rights in a manner they can understand). - **Modified** EOCs: **(EOC.03:** Patients' rights are posted and visible to patients, families, and staff). - **Added new** EOC: (**EOC.06:** Violations against patients' rights are reported and analyzed, and corrective action is taken).
PCC.03 **KW: Patient and family responsibilities**	**PCC.04** **KW:** Patient and family responsibilities	- **Modified** EOC: **(EOC.03:** Patients' responsibilities are posted and visible to patients, families, and staff). - **Rephrasing** EOC: (**EOC.04:** Patients are informed of their responsibilities in a manner they can understand). - **Added new** EOC: (**EOC.05:** Violations against patients' responsibilities are reported and analyzed, and corrective action is taken).
PCC.04 **KW: Patient and family education process**	**PCC.05** **KW:** Patient and family education process	- **Modified** Standard statement: (Patient and family education is clearly provided). - **Modified** EOCs: • **(EOC.01:** The PHC has a patient and family education policy guiding the process of patient and family education that

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		includes at least the points mentioned in the intent from a) through d). • **(EOC.02:** Responsible staff members are aware of patients' and families' education process and recording). - **Rephrasing** EOC: (**EOC.04**: Patient education activities are recorded in the patient's medical record).
PCC.05 **KW: Recorded informed consent**	**PCC.07** **KW:** Recorded informed consent	- **Modified** Standard statement: (The PHC has a defined process to obtain informed consent for certain medical processes). - **Rephrasing** EOC: **(EOC.05:** Healthcare professional obtaining the informed consent signs the form with the patient). - **Modified** EOC**: (EOC.01:** The PHC has an approved informed consent policy guiding the process of obtaining informed consent that includes all elements mentioned in the intent from a) through b).
PCC.06 **KW: Waiting spaces**	**PCC.08** **KW:** Waiting spaces	- **No change.**
PCC.07 **KW: Patient's dignity and privacy**	**PCC.09** **KW:** Patient's dignity and privacy	- **Rephrasing** Standard statement: (The patient's dignity and privacy are protected during all medical care processes). - **Rephrasing** EOCs: • (**EOC.01**: Staff members provide care with respect for the patient's dignity and sense of self-worth). • (**EOC.03**: Patients are allowed to decide who can attend their screening, assessment, or management processes).
PCC.08 **KW: Patient belongings**	**PCC.10** **KW:** Patient belongings	- **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved policy guiding PHC responsibilities for patient belongings as mentioned in the intent from a) to e). • **(EOC.02:** Responsible staff members are aware of the PHC's patient belongings policy).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Added new** EOC: (**EOC.04:** The patient's belongings are protected and recorded according to the policy).
PCC.09 **KW: Patient and family feedback**	**PCC.11** **KW:** Patient and family feedback	- **Rephrasing** EOC: • (**EOC.02**: Feedback from patients and families is received, analyzed and interpreted). • (**EOC.03**: The feedback is shared with the concerned staff members). - **Modified** EOC**: (EOC.04:** The PHC monitors the reported data on patients' and families' feedback and takes actions to control or improve the process as appropriate).
PCC.10 **KW: Complaints and suggestions**	**PCC.12** **KW:** Complaints and suggestions	- **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved policy guiding the process of managing patients' complaints and suggestions as mentioned in the intent from a) through e). • **(EOC.05:** Complaints and suggestions are investigated & analyzed by the PHC and resolved in a defined timeframe). - **Added new** EOC: (**EOC.02:** Staff is aware of the complaints policy).
PCC.11 **KW: Patient's needs**	**PCC.13** **KW:** Patient's needs	- **Modified** EOC**: (EOC.01:** Healthcare providers identify patients' emotional, religious, and spiritual needs). - **Added new** EOC: (**EOC.02:** Patient needs and preferences are documented in the patient's medical record).

Establishing patient-centered culture

PCC.01 Patient-centered culture is developed and supported by the PHC staff and leaders.

Patient-Centeredness

Keywords:

Multidisciplinary patient-centeredness

Intent:

Patient-centered culture development and maintenance require careful planning, agile implementation, and close monitoring. Patient-centeredness culture sustainability requires informing and engaging staff on how to be patient-centered. The PHC shall establish a multidisciplinary committee with clear responsibilities and terms of reference. The committee shall discuss all issues related to patient-centered care, like patient experience, satisfaction, complaints, suggestions, and related policies, procedures, or practices, which is crucial to implementing a patient-centered culture.

The PHC leadership should develop patient-centered initiatives, but it requires staff adoption and implementation. The PHC team shall create a vision of establishing a patient-centred culture with clear steps to achieve it, education and training of the staff to ensure that they understand and can implement patient-centered care practices including empowerment of patients to make an informed choice/decision, identify potential obstacles and resistance, then work to remove these obstacles and ease down resistance. The team may also go for quick wins till the culture change matures up and becomes an integrated part of daily processes.

Survey process guide:

- GAHAR surveyor may interview PHC leaders to inquire about the strategies and measures in place to plan, assist, and maintain patient-centered practices.
- GAHAR surveyor may interview staff members to ask about patient-centered initiatives.
- GAHAR surveyor may review the terms of references, meeting minutes, and meeting notes of the PHC patient-centered culture committee.

Evidence of compliance:

1. The PHC has a multidisciplinary committee with clear terms of reference.
2. The committee meets at least quarterly, and meeting minutes are recorded.
3. Responsible staff are aware of patient-centered culture.
4. PHC leadership takes actions to encourage staff participation in patient-centeredness initiatives.
5. Patient-centered care initiatives are evaluated, and lessons are learned to improve patient-centered care delivery.

Related standards:

PCC.02 Patient and family rights, PCC.04 Patient and family education process, PCC.05 Recorded informed consent, PCC.09 Patient and family feedback, OGM.02 PHC Director.

PCC.02 Patient and family rights are protected and informed.

Patient-Centeredness

Keywords:

Patient and family rights

Intent:

Seeking and receiving care and treatment at a PHC can be overwhelming for patients, making it difficult for them to act on their rights and understand their responsibilities in the care process. Patients should be able to understand their rights and know how to use them. If for any reason a patient does not understand their right, the PHC is committed to helping him gain knowledge of his rights. The PHC empowered staff members, patients, and families are able to report violations of any patient's or family's rights.

The PHC provides directions to staff regarding their role in protecting the rights of patients and families to ensure staff respect those rights. Patients' cultural context, emotional, religious, spiritual needs, and other preferences shall be addressed and recognized. Whenever appropriate, provide separate facilities and services for women and men according to their cultural needs. The PHC shall develop and implement a policy and procedures to ensure that all staff members are aware of and respond to patient and family rights issues when they interact with and care for patients throughout the PHC. The policy addresses at least the following:

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding patient and family rights.
- GAHAR surveyor may interview staff members to ensure their awareness of the PHC policy.
- GAHAR surveyor may observe that patient rights statements are visibly displayed in the PHC.
- GAHAR surveyor may observe how patients receive information about their rights.
- GAHAR surveyor may observe conditions under which patient rights are protected.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of defining patient and family rights as mentioned in the intent from a) through j).
2. All staff members are aware of patients and families' rights and their roles to protect these rights.
3. Patients' rights are posted and visible to patients, families, and staff.
4. Patient and family rights are protected in all areas and at all times.
5. Patients and families are informed of their rights in a manner they can understand.
6. Violations against patients' rights are reported and analyzed, and corrective action is taken.

Related standards:

PCC.01 Multidisciplinary patient-centeredness, PCC.05 Recorded Informed consent, PCC.07 Patient's dignity and privacy, ACT.01 Granting access (before patient's registration), ICD.01 Uniform care, ICD.10 Plan of care, OGM.08 Billing System, PCC.10 Complaints and suggestions.

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

Equity

Keywords:

Patient and family responsibilities

Intent:

Patients and their families should be able to assume responsibilities related to the care process. If, for any reason, a patient/family does not understand their responsibilities, the PHC is committed to helping them gain relevant knowledge. Inability to assume these responsibilities might affect the care or the management processes of the patients themselves, their families, other patients or staff members. The PHC is responsible for making the patients' responsibilities visible to patients and staff members at all times. The PHC empowered staff members, patients, and families are able to report violations of any patient's or family's rights and responsibilities.

The PHC shall develop and implement a policy and procedures to ensure that patients are aware of their responsibilities. The policy shall address at least the following:

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding patient and family responsibilities.
- GAHAR surveyor may interview staff members to ensure their awareness of the PHC policy.
- GAHAR surveyor may observe that patient responsibilities statements are visibly displayed in the PHC.
- GAHAR surveyor may observe how patients receive information about their responsibilities.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of defining patient and family responsibilities as mentioned in the intent from a) through e).
2. All staff members are aware of patients and families' responsibilities.
3. Patients' responsibilities are posted and visible to patients, families, and staff.
4. Patients are informed of their responsibilities in a manner they can understand.
5. Violations against patients' responsibilities are reported and analyzed, and corrective action is taken.

Related standards:

PCC.05 Recorded informed consent, OGM.08 Billing System, ICD.07 Plan of Care.

Ensuring patient and family empowerment

PCC.04 Patient and family education is clearly provided.

Patient-Centeredness

Keywords:

Patient and family education process

Intent:

Patient and family education helps to understand the care process and empower patients and families to make informed decisions. Multiple disciplines, such as physicians, nurses, pharmacists, and medical technicians, not only the assigned health educators or social workers, contribute to the process of educating patients and families during care processes.

The PHC shall develop and implement a policy and procedures to define the process of patient and family education. The policy shall address at least the following:

a) Identify patient and family needs that may vary from one patient to another. However, at least the following needs are to be addressed for all patients:
    i. Diagnosis and condition
    ii. Plan of care
    iii. Referral information
b) Multidisciplinary responsibility to educate patients and families
c) Method for education is provided according to patient and family values and level of learning and in a language and format that they understand.
d) The education process is recorded, including patient education needs, health educators, and method used.

Survey process guide:

- GAHAR surveyor may review PHC policy guiding the patient and family education process.
- GAHAR surveyor may interview staff members to ensure their awareness of patients' and families' education process and recording.
- GAHAR surveyor may review a sample of patients' medical records to check the completion of patient and family education records.

Evidence of compliance:

1. The PHC has a patient and family education policy guiding the process of patient and family education that includes at least the points mentioned in the intent from a) through d).
2. Responsible staff members are aware of patients' and families' education process and recording.
3. Patients receive education relevant to their condition.
4. Patient education activities are recorded in the patient's medical record.

Related standards:

PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, ICD.07 Plan of Care, ICD.07 Fall screening and prevention, ICD.14 Immunization program, ICD.15 Pediatric immunization program, ICD.16 Adult immunization program, PCC.05 Recorded informed consent, MMS.12 Medication preparation, labelling of medications, medication dispensing, medication administration.

PCC.05 The PHC has a defined process to obtain informed consent for certain medical processes.

Patient-Centeredness

Keywords:

Recorded informed consent

Intent:

One of the main pillars to ensure patients' involvement in their care decisions is by obtaining informed consent. To give consent, a patient should be informed of many factors related to the planned care. These factors are required to make an informed decision. Informed consent is a process for getting permission before performing a healthcare intervention on a person or for disclosing personal information. Informed consent should be valid during the time or procedure it is intended to cover. The PHC shall develop and implement a policy and procedures to describe how and where informed consent is used and documented as required by applicable laws and regulations. The policy shall include at least the following:

a) Informed consent for certain medical processes
    I. The list of medical processes when informed consent is needed; this list shall include:
        i. Simple invasive procedures.
        ii. Dental extractions.
        iii. Family planning interventions.
        iv. Photographic and promotional activities, for which the consent could be for a specific time or purpose.
        v. Pregnant women in case of radiological examination in medical necessity that justifies radiological examinations.
    II. The likelihood of success and the risk of not doing the procedure or intervention, benefits, and alternatives to performing that particular medical process.
    III. Certain situations when consent can be given by someone other than the patient, and mechanisms for obtaining and recording it according to applicable laws and regulations and approved PHC policies.
    IV. Required staff training on obtaining informed consent.
    V. Consent forms are available in all relevant locations.
    VI. Consent validity.
b) Informed consent in case of refusing care or discontinuing treatment against medical advice (AMA).
    I. Patient and family refusal of medical care process is documented.
    II. Patient and family are informed about current medical condition.
    III. Patient and families are informed of the consequences of their decision.
    IV. Patient and families are informed about available care and treatment alternatives.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the process of obtaining informed patient consent.
- GAHAR surveyor may review the list of medical processes when informed consent is needed.
- GAHAR surveyor may review a sample of patients' medical records to check informed patient consent completion and validity.
- GAHAR surveyor may observe the distribution and availability of informed consent forms by visiting areas where they are most needed, such as the dental clinic, family planning clinic, and others.

Evidence of compliance:

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

Related standards:

PCC.02 Patient and family rights, PCC.04 Patient and family education process, WFM.06 Continuous Education Program

Ensuring patient comfort

PCC.06 Patient-centered waiting spaces are available for various services.

Patient-Centeredness

Keywords:

Waiting spaces

Intent:

Waiting spaces are a major pain point in the patient experience. Patients waiting for medical services often experience heightened emotions like anxiety, fear, confusion, and frustration. These feelings are further intensified by environmental stressors such as uncomfortable seating, insufficient basic amenities, and overcrowded waiting areas. The PHC shall ensure that waiting spaces are comfortable and suitable for patient's and family's needs.

Survey process guide:

- GAHAR surveyor may ensure comfortable spaces and equipment through waiting areas.
- GAHAR surveyor may check toilets and potable water availability through waiting areas.

Evidence of compliance:

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

Related standards:

PCC.02 Patient and family rights, PCC.07 Patient's dignity and privacy, EFS.07 Safety Management Plan, EFS.01 PHC environment and facility safety, EFS.09 Security plan.

Responding to patient's needs:

PCC.07 The patient's dignity and privacy are protected during all medical care processes.

Patient-Centeredness

Keywords:

Patient's dignity and privacy

Intent:

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

Survey process guide:

- GAHAR surveyors may observe situations, such as patient's examination and procedures to ensure that patient's privacy is maintained.

Evidence of compliance:

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

Related standards:

PCC.02 Patient and family rights, PCC.11 Patient's needs, IMT.04 Confidentiality and Security of data and information.

PCC.08 The PHC's responsibility towards patient belongings is defined.

Patient-Centeredness

Keywords:

Patient belongings

Intent:

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

a) Determine the PHC's level of responsibility for patient belongings.
b) How patients and families are informed about the PHC's responsibility for belongings.
c) Staff who are responsible for managing patient belongings.
d) The process in place to manage patient's property, including how are the belongings recorded and protected? for how long? how and when patient' property is returned?
e) How the PHC will manage lost and found situations. The PHC shall define a clear process to follow when items are not returned within a defined timeframe.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding PHC responsibilities for patient's belongings.
- GAHAR surveyor may interview responsible staff members to check their awareness of the PHC policy.
- GAHAR surveyor may observe posters, brochures, or other means of communication that inform patients about PHC responsibility.
- GAHAR surveyor may review security records, other records, and cabinets where patient belongings are kept and recorded.

Evidence of compliance:

1. The PHC has an approved policy guiding PHC responsibilities for patient belongings as mentioned in the intent from a) to e).
2. Responsible staff members are aware of the PHC's patient belongings policy.
3. Information about the PHC responsibility for belongings is given to the patient or family, as applicable.
4. The patient's belongings are protected and recorded according to the policy.
5. Lost and found items are recorded, protected and returned when possible.

Related standards:

PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, EFS.09 Security plan.

PCC.09 The PHC improves provided services based on measured patient and family feedback.

Patient-Centeredness

Keywords:

Patient and family feedback

Intent:

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

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

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the process of managing patient and family feedback.
- GAHAR surveyor may interview PHC leaders to ensure the usage of patient and family feedback for performance improvement.

Evidence of compliance:

1. The PHC has an approved policy guiding the process of patient and family feedback measurement and use as mentioned in the intent from a) through b).
2. Feedback from patients and families is received, analyzed and interpreted.
3. The feedback is shared with the concerned staff members.
4. The PHC monitors the reported data on patients' and families' feedback and takes actions to control or improve the process as appropriate.

Related standards:

PCC.01 Multidisciplinary patient-centeredness, PCC.02 Patient and family rights, PCC.10 Complaints and suggestions, QPI.02 Performance Measures, QPI.08 Sustained Improvement activities.

PCC.10 Patients and families are able to make oral written complaints or suggestions through a defined process.

Patient-Centeredness

Keywords:

Complaints and suggestions

Intent:

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

a) Mechanisms to inform patients and families of communication channels to voice their complaints and suggestions.
b) Tracking processes for patient and family complaints and suggestions.
c) Responsibility for responding to patient complaints and suggestions.
d) Timeframe for giving feedback to patients and families about voiced complaints or suggestions.
e) Monitor the reported data on patients' complaints and take actions to control or improve the process.

Survey process guide:

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

Evidence of compliance:

1. The PHC has an approved policy guiding the process of managing patients' complaints and suggestions as mentioned in the intent from a) through e).

2. Staff is aware of the complaints policy.
3. The PHC allows the complaining process to be publicly available.
4. Patients and families are allowed to provide suggestions and complaints.
5. Complaints and suggestions are investigated & analyzed by the PHC and resolved in a defined timeframe.
6. Patients and families receive feedback about their complaints or suggestions within approved timeframes and according to the level of urgency of the complaint.

Related standards:

PCC.01 Multidisciplinary patient-centeredness, PCC.02 Patient and family rights, PCC.09 Patient and family feedback.

PCC.11 The PHC identifies and addresses the patient's emotional, religious, spiritual needs, and other preferences.

Patient-Centeredness

Keywords:
Patient's needs

Intent:
Research has indicated communication during medical interactions can influence patients' emotional experiences and potentially have positive impacts on psychosocial health outcomes. The comprehensive approach to patient care encompasses not only the physical aspects of health but also the emotional and spiritual well-being of individuals. Healthcare providers should receive training in cultural competence with a focus on sensitivity to religious and spiritual beliefs to promote respectful and effective interactions with patients from diverse backgrounds.

Survey process guide:

- GAHAR surveyor may interview staff or patients to inquire about emotional, religious, and spiritual needs and how some routine functions may be adjusted based on these needs.
- GAHAR surveyor may review a sample of the patient's medical record to assess documentation of patient needs and preferences.

Evidence of compliance:

1. Healthcare providers identify patients' emotional, religious, and spiritual needs.
2. Patient needs and preferences are documented in the patient's medical record.
3. Plans of care are modified to honor emotional, religious, and spiritual needs.
4. Traditional schedules are modified in response to patient preferences.

Related standards:

PCC.01 Multidisciplinary patient-centeredness, PCC.02 Patient and family rights, ICD.07 Plan of Care.

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 command appropriate healthcare resources 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, which develops multiple morbidities and complex problems or includes more patients who become socially or psychologically vulnerable.

Transitional care refers to the coordination and continuity of healthcare during patient's movement either from one healthcare setting to another one or from one level of care to another level and between healthcare professionals, as their condition and care needs change during the course of illness.

WHO presented the global framework for access to care, announcing that all people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient, and acceptable; and all careers are motivated, skilled, and operate in a supportive environment.
Primary healthcare facilities shall consider all aspects of access to services. Establishing organization policies on patient flows and studying flow bottlenecks helps organizations better use available resources and safely handle patient journeys. Effective referral and transfer processes are crucial for seamless patient transitions, ensuring timely and appropriate care. This structured approach helps optimize resources and improve patient outcomes.

Telemedicine is the remote diagnosis and treatment of patients using telecommunications technology. It allows healthcare professionals to evaluate, diagnose, and treat patients at a distance and enables patients to receive medical care without physically visiting a healthcare facility.
The use of telemedicine as a viable mobility to deliver quality services steadily increases at various levels of the health system. Despite the increasing use of telemedicine in secondary and tertiary healthcare services, there is a long way to go in the use of this technology in primary healthcare (PHC).

Telehealth has various benefits in primary healthcare (PHC), ranging from seamless access to health services for people in remote places to self-management promotion, patient empowerment, cost reduction of unnecessary referrals, and decreasing the need for commuting to seek medical care.
During a GAHAR survey, GAHAR surveyor will assess the smooth flow of patients to/from the PHC facility and the process and its implementation. In addition, they will interview staff and review documents related to the standards to ensure that equity, effectiveness, and an efficient process are in place.

Chapter Purpose:

1. Ensure Equitable and Efficient Access to Care.
2. Facilitate Smooth Care Transitions.
3. Minimize Risks During Patient Transfers.
4. Enhance Information Sharing and Record-Keeping

ACT Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
ACT.01 **KW: Granting access (before patient registration)**	**ACT.01** **KW:** Granting access (before patient registration)	- **Modified** EOC: (**EOC.01**: The PHC has an approved policy for granting access to patients that addresses all elements mentioned in the intent from a) through d).
ACT.02 **KW: Registration process**	**ACT.02** **KW:** Registration process	- **Modified** EOC: (**EOC.01:** The PHC has an approved policy guiding PHC registration that addresses all elements mentioned in the intent from a) through d).
ACT.03 **KW: Patient identification**	**ACT.03** **KW:** Patient identification	- **Rephrasing of standard statement** to be (Accurate patient identification using at least two identifiers to identify the patient). - **Updated** EOC: (**EOC.05)** by merging two EOCs (**EOC.05 and EOC.06**) in PHC 2021.
ACT.04 **KW: Patient flow risks**	**ACT.04** **KW:** Patient flow risks	- **Modified standard statement** to be: (There is a process in place to manage patient flow through PHC).
ACT.05 **KW: Patient care responsibility**	**ACT.05** **KW:** Patient care responsibility	- **Rephrasing of standard statement** to be: (The PHC has a process guiding the assignment of patient care responsibility). - **Added a new** EOC: (EOC.02: The medical staff are aware of the contents of the policy.
ACT.06 **KW: Physical access and comfort**	**ACT.06** **KW:** Physical access and comfort	- **No change**.
ACT.07 **KW: Wayfinding signage**	**ACT.07** **KW:** Wayfinding signage	- **No change**.
ACT.08 **KW: Patient transportation**	**ACT.08** **KW:** Patient transportation	- **Rephrasing of standard statement** to be: (The PHC coordinates and provides patient transportation to meet patients' needs).
ACT.09 **KW: Referral process**	**ACT.09** **KW:** Referral process	- **Rephrasing of standard statement** to be: (Processes of patient referral is defined). - **Rephrasing EOC.04**: The referral sheets are complete with all the required elements from i) to viii) in the intent and kept in the medical record).
ACT.10 **KW: Telemedicine**		**New Standard.**

Effective patient flow into the PHC

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

Patient-Centeredness

Keywords:

Granting access (before patient registration)

Intent:

While WHO member countries embraced the concept of universal health coverage as early as 2005, few have yet achieved the objective. This is mainly due to numerous barriers that hinder access to needed health services. If services are available and there is a continuous supply of services, then the opportunity to obtain healthcare exists, and a population may 'have access' to services. The extent to which a population 'gains access' also depends on social or cultural barriers that limit the utilization of services. Thus, access measured in terms of utilization is dependent on the affordability, physical accessibility, and acceptability of services and not merely the adequacy of supply.
The availability of services and barriers to access, like physical barriers, have to be considered in the context of the differing perspectives, to improve accessibility to the PHC services, patients and families should be informed about the available services and the eligibility criteria to receive these services.

These eligibility criteria are usually pre-set by healthcare payers and guided by laws, regulations, and PHC policies. Pre-set criteria need to be available for those responsible for granting access to patients.
The PHC shall develop and implement a policy and procedures to guide the process of granting access that addresses at least the following:

a) The process of screening patients to determine that the PHC scope of services can meet their healthcare needs.
b) Access through emergency areas should be safe and appropriate for patients' conditions.
c) Access through ambulatory areas includes a clearly defined scheduling and queuing process.
d) Actions to be taken when PHC's scope of service does not match patients' healthcare needs

Survey process guide:

- GAHAR surveyor may review the PHC policy and related documents guiding the process of granting access.
- GAHAR surveyor may observe the process of granting access by visiting the point of first contact in the PHC, such as service desks, receptions, call centers, emergency rooms, and outpatient areas.
- GAHAR surveyor may interview patients to assess their awareness of the information given concerning available services, operating hours, the cost of each service, and the access path.

Evidence of compliance:

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

Related standards:

PCC.02 Patient and family rights, ACT.02 Registration process, ACT.06 Physical access and comfort, ACT.09 Referral process, CAI.03 PHC advertisement.

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

Patient-Centeredness

Keywords:

Registration process

Intent:

Patient registration is a starting point for community members to benefit from the healthcare system services. The process is often complex and requires substantial preliminary input of patient data, including demographic details such as personal and contact information, patient referrals, appointment scheduling, and family health history. The PHC shall offer its services to patients whose medical needs can be met within its capabilities. The PHC shall develop and implement a policy and procedures to guide the registration process. The policy shall include at least the following:

a) Establishing a PHC-wide scope of service that meets the universal health insurance package of services.
b) Minimum information needed to register the patient, such as demographic data.
c) Registration process and flow of patients are visible to patients and families at the point of the first contact and in public areas.
d) Registration procedures.

Survey process guide:

- GAHAR surveyor may review the PHC policy and related documents guiding the registration process.
- GAHAR surveyor may interview involved staff members to ensure their awareness of the PHC policy.
- GAHAR surveyor may observe patient registration areas in the PHC, such as service desks, receptions, call centers, registration offices, nurse stations, emergency rooms, or outpatient areas to assess compliance with the PHC policy.
- GAHAR surveyor may observe the availability of information related to the registration process and patient flow in registration areas, either in the form of brochures, posters, digital or verbal messages, or any other means.
- GAHAR surveyor may also trace different patients to ensure that their registration processes are uniform.

Evidence of compliance:

1. The PHC has an approved policy guiding PHC registration that addresses all elements mentioned in the intent from a) through d).
2. All staff members involved in patient registration and flow pathway are aware of the PHC policy.
3. The registration process and patient flow information are available and visible to patients and families at the point of the first contact and in public areas.
4. Patient registration and flow processes are uniform for all patients.
5. The PHC receives and keeps in the patient's medical record all the patient's medical external reports and data to ensure the continuity of care.

Related standards:

PCC.02 Patient and family rights, ACT.04 Patient Flow Risks, ACT.07 Wayfinding signage, EFS.01 PHC environment and facility safety, IMT. 07 Patient's Medical record Management.

ACT.03 GSR.01 Accurate patient identification using at least two identifiers to identify the patient

Safety

Keywords:

Patient identification

Intent:

Providing care or performing interventions on the wrong patient are significant errors which may have grave consequences.
Using two unique identifiers for each patient is the key driver in minimizing such preventable errors, which is especially important with the administration of medication or dealing with clinical specimens, radiological, and invasive procedures.
The PHC shall develop and implement a policy and procedures to guide the process of patient identification. The policy shall address at least the following:

a) Two unique identifiers (personal).
b) Occasions when verification of patient identification is required.
c) Special situations when patient identification may not follow the same process, such as for unidentified victims of accidents in emergency situations.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the process of patient identification.
- GAHAR surveyor may interview healthcare professionals to check their awareness of the PHC policy and ensure their usage of at least two unique patient identifiers before procedures such as invasive procedures.
- GAHAR surveyor may review a sample of medical records to check the presence of the two identifiers mentioned in the policy in each sheet.

Evidence of compliance:

1. The PHC has an approved policy guiding patient identification that addresses all elements mentioned in the intent from a) through c).
2. All healthcare professionals are aware of the PHC policy.
3. Patient identification occurs according to the policy.
4. Patient identifiers are recorded in the patient's medical record.
5. The PHC monitors the reported data on patient's identification process and takes actions to control or improve the process as appropriate.

Related standards:

ACT.09 Referral process, ICD.03 First visit health assessment, ICD.08 Orders and requests, DAS.03 Medical imaging results, SIP.05 Timeout, MMS.04 Medication storage, Medication labelling, Multiple dosing medication, MMS.12 Medication preparation, labelling of medications, dispensing, and administration, IMT. 07 Patient's Medical record Management.

Safe patient flow within the PHC

ACT.04 There is a process in place to manage patient flow through PHC.

Effectiveness

Keywords:

Patient flow risks

Intent:

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

Risk assessment is a systematic process of evaluating and analyzing potential hazards and threats, that could lead to negative consequences. A proper risk assessment for patient flow addresses locations, timings, and conditions that lead to peak occupancies and peak flows.

PHCs shall perform a risk assessment to identify areas in the PHC where bottlenecks exist then to create a systematic, standardised, and shared approach for enhancing patient flow, putting patients' needs and opinions at the centre of care strategies; through redesign processes of care, support access to care in an approved timeframe, and optimize the use of healthcare resources.

Survey process guide:

- GAHAR surveyor may review the PHC’s risk assessment documents to ensure coverage of all PHC areas.
- GAHAR surveyor may interview involved staff members to inquire about the steps taken to improve patient flow.
- GAHAR surveyor may observe the PHC's existing bottlenecks or crowding places and then compare them with the PHC's risk assessment to ensure its comprehensiveness.

Evidence of compliance:

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

Related standards:

QPI.05 Risk management program, ACT.01 Granting access (before patient registration), ACT.02 Registration process, PCC.02 Patient and family rights.

ACT.05 The PHC has a process guiding the assignment of patient care responsibility.

Safety

Keywords:

Patient care responsibility

Intent:

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

a) A list of families assigned to the PHC unit as per laws and regulations.
b) Each family is assigned to one family health physician.
c) Rules to be followed in case of absence/inability to assign a family health physician to every family.
d) Conditions to request and grant transfer of care responsibility.
e) How information about patient's condition and care plan shall be transferred from one physician to the next one.
f) The process to ensure clear identification of responsibility between "transfer of responsibility" parties.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the process of assigning patient care responsibility.
- GAHAR surveyor may interview medical staff members to ensure their awareness of the PHC policy.
- GAHAR surveyor may review a sample of patients' medical records to identify who is the most responsible physician for checked patients. Identified gaps may be assessed by interviewing other healthcare professionals to check the consistency.
- GAHAR surveyor may observe the process of transfer of care responsibility.

Evidence of compliance:

1. There is a policy and procedures for assigning care responsibility that cover all components mentioned in the intent from a) through f).
2. The medical staff is aware of the contents of the policy.
3. There is a logbook specifying the number of families assigned to each physician.
4. The responsible physician is identified in the patient's medical record.
5. Each patient and family is made aware of the assigned responsible physicians.
6. The clear handover process is performed in cases of transfer of care responsibility.

Related standards:

PCC.02 Patient and family rights, ACT.09 Referral process, ICD.02 Screening and assessment by qualified staff, IMT. 07 Patient's Medical record Management.

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

Patient-Centeredness

Keywords:
Physical access and comfort

Intent:

Community members often encounter barriers to healthcare that limit their ability to obtain the care they need. In order to have sufficient access, necessary and appropriate healthcare services should be available and obtainable in a defined timeframe manner. Even when an adequate supply of healthcare services exists in the community, there are other factors to consider in terms of healthcare access. For instance, to have good healthcare access, a patient should also have the means to reach and use

services, such as transportation to services that may be located at a distance. PHCs aiming at achieving accreditation may work with authorities or community members to ensure the availability of public transportation access, ramps and paths for wheelchairs and trollies, and adequate access pathways.

Survey process guide:

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

Evidence of compliance:

1. A needs assessment analysis is performed to identify patient needs for easy physical access and comfort.
2. The PHC ensures the availability of wheelchairs and trollies for needed patients.
3. PHC services are accessible to patients with disabilities.
4. When services are not readily accessible for some patients with various types of disabilities, actions are taken to ensure the availability of these services when required.

Related standards:

ACT.01 Granting access (before patient registration), PCC.04 Patient Flow Risks, PCC.06 Waiting spaces, ACT.07 Wayfinding signage, ACT.02 Registration process.

ACT.07 Wayfinding signage is used to help patients and families reach their destination inside the PHC.

Effectiveness

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

Survey process guide:

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

Evidence of compliance:

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

Related standards:

PCC.02 Patient and family rights, EFS.01 PHC environment and facility safety, ACT.02 Registration process, ACT.06 Physical access and comfort.

ACT.08 The PHC coordinates and provides patient transportation to meet patients' needs.

Safety

Keywords:

Patient transportation

Intent:

Patient transportation in PHC is a critical aspect of care. Transportation in this standard, refers to the act of lifting, maneuvering, positioning, and moving patients from one point to another point under the custody of PHC staff members. The PHC should coordinate patient transportation to meet patient needs within an approved timeframe. Patient transportation should be facilitated and coordinated within the available services and resources. The PHC shall develop and implement a policy and procedures for managing patient transportation. The policy shall address at least the following:

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

Survey process guide:

- GAHAR surveyor may review the PHC policy for managing patient transportation.
- GAHAR surveyor may interview healthcare professionals to ensure their awareness of the PHC policy.
- GAHAR surveyor may observe the mechanisms of lifting, handling, and/or transporting patients.
- GAHAR surveyor may observe equipment used for lifting, handling, and/or transporting patients.

Evidence of compliance:

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

Related standards:

ACT.09 Referral process, ICD.07 Fall screening and prevention, EFS.01 PHC environment and facility safety, WFM.07 Staff performance Evaluation.

Safe patient flow out of the PHC

ACT.09 Processes of patient referral are defined.

Safety

Keywords:

Referral process

Intent:

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

Recording and responding to referral feedback ensures continuity of care and completes the cycle of referral.

The PHC shall develop and implement a policy and procedures to guarantee the appropriate patient referral within approved timeframe, which is based on identified patient's needs and guided by clinical guidelines/protocols.

The policy shall address at least the following:

a) Planning for referral begins once diagnosis or assessment is settled and, when appropriate, includes the patient and family.
b) Responsible staff member for ordering and executing the referral of patients.
c) Defined criteria determine the appropriateness of referral on the approved scope of service and the patient's needs for continuing care.
d) Coordination with referral agencies, when possible, other levels of health service, and other organizations.
e) The referral sheet shall include at least the following:
    i. Patient identification.
    ii. Reason for referral.
    iii. Collected information through assessments and care.
    iv. Medications and provided treatments.
    v. Transportation means and required monitoring, when applicable.
    vi. Condition on referral.
    vii. Destination on referral.
    viii. Name of the medical staff member who decided the patient referral.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

ACT.01 Granting access (before patient's registration), ACT.08 Patient transportation, IMT. 07 Patient's Medical record Management, ICD.01 Uniform care.

ACT.10 The PHC defines the access and scope of clinical telemedicine services delivered and the associated technological modalities used for various types of patient encounters.

Effectiveness

Keywords

Telemedicine

Intent

Telemedicine refers to the remote diagnosis and treatment of patients using telecommunications technology. It allows healthcare professionals to evaluate, diagnose, and treat patients at a distance, typically through video conferencing, phone calls, secure messaging platforms, or other virtual communication tools. Telemedicine enables patients to receive medical care without physically visiting a healthcare facility, which can be especially beneficial for individuals with limited mobility, those living in remote areas, or those seeking more convenient access to healthcare services.

In addition to direct patient care, telemedicine platforms can be utilized for consultations between specialists and general practitioners, mentorship programs where experienced physicians provide guidance to less experienced colleagues, and case discussions among interdisciplinary teams. This standard is applicable only when the PHC scope of services includes telemedicine service.

To ensure consistency, quality, and efficiency in the delivery of telemedicine services, the facility should develop a program that is overseen by a qualified director and experienced clinical director to provide appropriate leadership and oversight for the selection, integration, interoperability, and effectiveness of equipment and health information systems used in the delivery of telemedicine services. The program addresses at least the following:

a) Define the scope of services and the technological modalities used.
b) The appropriate telemedicine platforms, mobile or internet–based applications, and other peripheral devices to be used in accordance with recommended industry guidelines.
c) The resources required to sustain the planned telemedicine clinical services based on program goals.
d) The training required for employees, participating providers, and other technical personals specific to telemedicine services.
e) The process of overseeing outsourced telemedicine services or functions.
f) The facility provides a clear method for the patient to initiate an encounter for telemedicine services.
g) The process to verify and document patient/provider identities and physical locations for each telemedicine encounter.
h) Adheres to generally accepted evidence-based guidelines relevant to the clinical services used for patient encounters.
i) The process for referring patients to direct patient care, if indicated, based on objective and physiologically based criteria.
j) The process of ensuring the privacy and cybersecurity of protected health information (PHI) in accordance with applicable laws and regulations.
k) Periodical evaluation of telemedicine services based on quality indicators, including access, effectiveness, and satisfaction.

Survey process guide:

- If applicable According to the scope of PHC, GAHAR surveyor may review the PHC program guiding telemedicine.
- GAHAR surveyor may interview and review the staff file of the telemedicine services clinical director to check his qualifications.

- GAHAR surveyor may interview involved staff members to ensure their awareness of the PHC program.
- GAHAR surveyor may observe the availability of the resources required to sustain the planned telemedicine clinical services.

Evidence of compliance

1. The PHC has a program for telemedicine addresses items from a) through k) in the intent.
2. The PHC has the resources required to sustain the planned telemedicine clinical services based on program goals.
3. The delivery of telemedicine services is overseen by a trained medical staff.
4. All involved staff are aware of the program and received the required training.
5. The telemedicine services are periodically evaluated.

Related standards:

IMT. 01 Information Management Processes, IMT. 07 Patient's Medical record Management, ACT.01 Granting access (before patient's registration), PCC.07 Patient's dignity and privacy, EFS.10 Medical Equipment Plan.

Integrated Care Delivery

Chapter intent

Primary healthcare facilities are often the first point of contact for patients within the healthcare system, making them ideally positioned to coordinate care across various settings. This make comprehensive, team-based approaches to health management in such health care facilities is crucial.
Optimal health and personal care rely on universally recognized approaches to identify and address complex issues. These approaches can be categorized in various ways. In this handbook, they are outlined within the framework of integrated care delivery, encompassing screening, assessment, reassessment, referral, and consultation. Following these steps, care plans are developed, which may include surgery, invasive procedures, medication, interventions, or other forms of integrated care.

This approach ensures a comprehensive and coordinated response to individual health needs, promoting seamless patient-centered care.
Screening serves as a preliminary strategy to identify the potential presence of an undiagnosed disease in patients who do not yet exhibit symptoms.

This high-level evaluation helps determine whether a more in-depth assessment is needed, thus conserving resources and time. In contrast, assessment is a more comprehensive and structured process involving a holistic patient examination. This includes listening to the patient's complaints, gathering detailed information about their medical history, and employing techniques such as observation, inspection, palpation, percussion, and auscultation. Clinical judgment plays a critical role in determining the scope of the assessment required. The process involves collecting sufficient relevant information to enable healthcare professionals to make informed conclusions about the patient's strengths, deficits, risks, and health issues.

Individualized care plans are created by a multidisciplinary team of all relevant disciplines providing care in the PHC facility under the supervision of the family physician after their assessments of the patient and gathering his needs. Research indicates that this approach enhances care coordination, optimizes healthcare service utilization, and reduces PHC facility costs. Additionally, it increases patient satisfaction and engagement.
The Child and Maternal Health Program within a primary healthcare facility plays a vital role in promoting the health and well-being of mothers and their children. the Child and Maternal Health Program aims to reduce maternal and infant morbidity and mortality rates, empower families with knowledge about health practices, and enhance the overall quality of life for mothers and children in the community.

This chapter covers several key topics, including a focus on uniformity of care, a description of the initial screening, assessment, and care provided in the family health clinic as the patient's first point of contact with the PHC facility, and an outline of the fundamental processes for screening, assessment, reassessment, and care.

Immunization Programs, Maternal and Child Health Programs, and Reproductive Health Programs are also addressed in this chapter.

Chapter Purpose:
1. Standardize the Care Delivery.
2. Enhance Primary Care Services.
3. Reinforce Preventive Health Programs.

ICD Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
ICD.01 **KW: Uniform care**	**ICD.01** **KW:** Uniform care	- **Modified** Standard Statement: (Care delivery is uniform when similar services are needed based on the clinical guidelines). - **Added new** EOCs: • **(EOC.01:** The PHC has a policy to ensure its commitment to providing uniform care to all patients when a similar service is needed). • (**EOC.02:** Responsible staff members are aware of the PHC policy). • (**EOC.04:** Patients, based on the acuity of their condition, equally receive the same level of care regardless of any barriers such as patient background, location, or the timing of care). - **Modified** EOC: **(EOC.03:** The PHC has clinical guidelines to guide the uniformity of care all over the PHC).
ICD.02 **KW: Screening and assessment by qualified staff**	**ICD.02** **KW:** Collaborative care	- **Modified** Standard Statement: (The PHC defines who is permitted to screen and assess the patients according to laws and regulations). - **Modified** EOC: **(EOC.02:** The scope of screening and assessment for each staff category is defined).
ICD.03 **KW: First visit health assessment**	**ICD.05** **KW:** First visit health screening	- **Modified** Standard Statement: (First visit health assessment is performed).
ICD.04	**ICD.06**	- **Modified** Standard Statement: (Medical assessment and care

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
KW: Patient medical assessments, family health clinic visit's sheet	**KW:** Patient medical assessments	provided in family health clinics are according to national guidelines and protocols). - **Added a new** EOC: **(EOC.02:** Responsible Staff is aware of the policy). - **Modified** EOCs: • **(EOC.01**: The PHC has a patient medical assessment policy and procedures to define the contents of the family health clinic visit sheet, including items from a) through g). • **(EOC.03:** Significant findings and investigations are documented in the family health clinic visit sheet). • **(EOC.04:** The name and signature of the physician are documented in the family health clinic visit sheet).
ICD.05 **KW: Patient nursing assessment**	**ICD.09** **KW:** Patient nursing assessment	- **Modified** Standard Statement: (Nursing assessments are performed according to the national professional practice guidelines). - **Modified** EOC: **(EOC.03:** Nursing assessments are performed within a time frame according to the PHC policy).
ICD.06 **KW: Oral healthcare**	**ICD.08** **KW:** Oral healthcare	- **Rephrasing** of EOCs:**(EOC.01:** The PHC has an oral healthcare policy to guide oral healthcare services, addressing the elements from a) through e) in the intent). - **Modified** EOC: **(EOC.03:** Oral health services are performed according to the policy).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
ICD.07 **KW: Fall screening and prevention**	**ICD.10** **KW:** Fall screening and prevention	- **Rephrasing** of Standard Statement: (Patient's risk of falling is screened, assessed, and managed)**.** - **Rephrasing of EOC**: **(EOC.02:** Responsible staff is aware of the elements of approved policy).
ICD.08 **KW: Orders and requests**	**ICD.11** **KW:** Orders and requests	- **Modified** EOCs: • **(EOC.02:** Medical orders follow all the required elements mentioned in the intent from a) through h). • **(EOC.03:** There is a process to evaluate the completeness and accuracy of orders and requests. - **Added a new** EOC: **(EOC.04:** Communication with medical staff members is done when an order or request is not clear, not complete, or needs more information).
ICD.09 **KW: Pain screening, assessment, and management**	**ICD.13** **KW:** Pain screening, assessment, and management	- **Modified** EOCs: • **(EOC.02:** Responsible staff members are aware of the policy). • **(EOC.03:** All patients are screened for pain). - **Added a new** EOC: **(EOC.04:** A comprehensive pain assessment is performed when pain is identified from the screening).
ICD.10 **KW: Plan of Care**	**ICD.07** **KW:** Plan of Care	- **Modified** EOCs: • **(EOC.01:** The plan of care is developed by all relevant disciplines based on their assessments).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.03:** The plan of care is developed with the participation of the patient and/or family in decision-making). - **Added new** EOCs: • **(EOC.02:** The plan of care is documented in the patient's medical record and addresses all the elements mentioned in the intent from a) through g). • **(EOC.05:** The achievement of treatment goals is followed up and evaluated). - **Rephrasing** of EOC:**(EOC.04:** The plan of care is changed / updated, as appropriate, based on a reassessment of the patient's changing condition.)
ICD.11 **KW: Verbal and telephone orders**	**ICD.12** **KW:** Verbal and telephone orders	- **Modified** Standard Statement: (Verbal or telephone orders are communicated and documented according to a defined process**).** - **Modified** EOC: **(EOC.01:** The PHC has an approved policy for guiding the communication of verbal and telephone orders that addresses at least all elements mentioned in the intent from a) through e). - **Updated** EOC (**EOC.04)** by merging two EOCs (**EOC.04** and **EOC.05**) in PHC edition 2021.
ICD.12 **KW: Emergency services**	**ICD.14** **KW:** Emergency services	- **Added a new** EOC: **(EOC.01:** The PHC has an approved policy for emergency services as mentioned in the intent from a) to d).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Modified** EOCs: • **(EOC.02:** Trained staff members offer emergency services). • **(EOC.05:** Medical records of emergency patients include Items from i) to viii) in the intent).
ICD.13 **KW: Cardiopulmonary resuscitation**	**ICD.15** **KW:** Cardiopulmonary resuscitation and medical emergencies **ICD.16** **KW:** Emergency equipment and supplies	- **Updated** standard by merging two standards **(ICD.15 and ICD.16)** in PHC edition 2021.
ICD.14 **KW: Immunization program**	**ICD.17** **KW: I**mmunization program	- **No change.**
ICD.15 **KW: Pediatric immunization program**	**ICD.18** **KW:** Pediatric immunization program	- **No change.**
ICD.16 **KW: Adult immunization program**	**ICD.19** **KW:** Adult immunization program	- **No change.**
ICD.17 **KW: Child health program**	**ICD.20** **KW:** Child health program	- **Modified** Standard Statement: (The child health program is effective and covers all newborns, infants, preschool, and school-age children, according to national guidelines).
ICD.18 **KW: Maternity health program**	**ICD.21** **KW:** Maternity health program	- **Modified** EOC: **(EOC.06:** The PHC monitors the reported data of antenatal and postnatal visits and takes actions to control or improve the process, as appropriate).
ICD.19 **KW: Reproductive health program**	**ICD.22** **KW:** Reproductive health program	- **Modified** EOC: **(EOC.04:** Reproductive Health education needed messages, material, and tools are available).
ICD.20 **KW: Non-communicable diseases**	**ICD.23** **KW:** Non-communicable diseases	- **Modified** Standard Statement: (Management of non-

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		communicable diseases is performed according to laws and regulations and clinical guidelines).
ICD.21 **KW: Special-needs patient populations**	**ICD.24** **KW:** Special-needs patient populations	- **Added a new** EOC: **(EOC.02:** Responsible staff members are aware of the policy).
ICD.22 **KW: Critical results**	**ICD.25** **KW:** Critical results	- **Modified** Standard Statement: (Critical results are communicated in time and documented according to the defined process). - **Updated** EOC (**EOC.04)** by merging two EOCs (**EOC.04** and **EOC.05**) in PHC edition 2021.

Sustaining uniform care

ICD.01 Care delivery is uniform when similar services are needed based on the clinical guidelines.

Equity

Keywords:

Uniform care

Intent:

PHCs treat similar patients in similar way regardless of their different backgrounds (such as religion, economic class, literacy level, race, language, etc.). PHCs are not expected to discriminate between patients and provide them a uniform medical care per their clinical requirement.
To ensure this, PHCs should have a policy that specifies what constitutes uniform care and what practices shall be followed to ensure that patients are not discriminated against based on their background or category of their accommodation. The policy, in addition to clinical guidelines, will guide the provision of the same level of care throughout the PHC. The clinical guideline will present evidence-based information to support a clinician in the management of a specific clinical problem. A professional guideline reflects a recommended course of action established based on the values, principles, and duties of the medical profession.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding uniform care provision for all patients.
- GAHAR surveyor may interview involved staff members to check their awareness of the PHC policy.
- GAHAR surveyor may observe to ensure compliance with the PHC policy.
- GAHAR surveyor may interview physicians to ask about the national clinical guidelines guiding the uniform standards of care all over the PHC.
- GAHAR surveyor may review discrimination events' reports and/or related investigations

Evidence of compliance:

1. The PHC has a policy to ensure its commitment to providing uniform care to all patients when a similar service is needed.
2. Responsible staff members are aware of the PHC policy.
3. The PHC has clinical guidelines to guide the uniformity of care all over the PHC.
4. Patients, based on the acuity of their condition, equally receive the same level of care regardless of any barriers such as patient background, location, or the timing of care.

Related standards:

PCC.02 Patient and family rights, OGM.03 Clinical governance program, OGM.10 Ethical management, ACT.01 Granting access, PCC.09 Patient and family feedback, PCC.10 Complaints and suggestions.

ICD.02 The PHC defines who is permitted to screen and assess the patients according to laws and regulations.

Effectiveness

Keywords:

Screening and assessment by qualified staff

Intent:

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

Survey process guide:

- GAHAR surveyor may review the PHC policy /document guiding patient Screening and assessment responsibilities.
- GAHAR surveyor may interview staff members to check their awareness of the policy.
- GAHAR surveyor may review a patient's medical record to evaluate compliance with patient assessment.

Evidence of compliance:

1. The PHC defines who is permitted to screen and assess the patient as allowed by licensure, laws, and regulations.
2. The scope of screening and assessment for each staff category is defined.
3. Collaborative care is demonstrated in the patient's medical record.

Related standards:

ACT.05 Patient Care Responsibility; ICD.03 First visit health assessment, ICD.10 Plan of care, ICD.04 Patient medical assessments, ICD.05 Patient nursing assessment.

Effective patient assessment and management

ICD.03 First visit health assessment is performed.

Effectiveness

Keywords:

First visit health assessment

Intent:

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

a) Patient demographics
b) Social screening
c) Family data

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the initial assessment.
- GAHAR surveyor may interview related staff members to check their awareness of the policy.
- GAHAR surveyor may trace a patient journey and assess implementation.
- GAHAR surveyor may review a Patient's medical record to evaluate compliance with initial assessment items.

Evidence of compliance:

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

Related standards:

ACT.03 Patient identification, ICD.04 Patient medical assessments, ICD.10 Plan of care, ICD.08 Orders and requests, ICD.09 Pain screening, assessment, and management, SIP.02 Assessment before surgery and invasive procedures, IMT.08 Patient's medical record usage process.

ICD.04 Medical assessment and care provided in family health clinics are according to national guidelines and protocols.

Effectiveness

Keywords:

Patient medical assessments, family health clinic visit's sheet

Intent:

The family health clinic visit sheet should contain comprehensive and detailed information to achieve several key objectives such as supporting accurate diagnosis, justifying treatments, ensuring continuity of care, recording the progress and outcomes of each treatment, and complying with requirements of law and regulations. Reassessment is performed to re-evaluate patient health status and change/update the plan of care; identify changes since the initial or most recent assessment; determine new or ongoing needs. The PHC shall develop and implement a policy and procedures to define the minimum acceptable contents of the family health clinic visit sheet and the frequency of needed follow-up visits. The visit assessment shall include at least the following:

a) Chief complaint.
b) Details of the present illness.
c) Past history of medications; adverse drug reactions; allergies; social, emotional, behavioral, and family history; previous hospitalizations; surgery; and invasive procedures.

d) Any diagnosis made.
e) Investigations.
f) Significant findings.
g) The name and signature of the physician.

Survey process guide:

- GAHAR surveyor may review the patient medical assessment policy.
- GAHAR surveyor may interview related staff members to check their awareness of the policy.
- GAHAR surveyor may review a patient's medical record to evaluate medical assessment and re-assessment records in compliance with policy requirements.

Evidence of compliance:

1. The PHC has a patient medical assessment policy and procedures to define the contents of the family health clinic visit sheet, including items from a) through g).
2. Responsible Staff is aware of the policy.
3. Significant findings and investigations are documented in the family health clinic visit sheet.
4. The name and signature of the physician are documented in the family health clinic visit sheet.

Related standards:

ICD.03 First visit health assessment, ICD.10 Plan of care, ICD.08 Orders and requests, MMS.09 Medication reconciliation, best possible medication history (BPMH), ICD.21 Special-needs patient populations, IMT.08 Patient's medical record usage.

ICD.05 Nursing assessments are performed according to the national professional practice guidelines

Effectiveness

Keywords:

Patient nursing assessment

Intent:

Nursing assessment is the gathering of information about a patient's physiological, psychological, sociological, and spiritual status by a licensed nurse. Nursing assessment is the first step in the nursing process. Nursing reassessments may vary according to the patient's condition, the specialty of treatment, level of care, or diagnosis. The PHC shall develop and implement a policy to define the minimum acceptable contents of nursing assessments. The initial nursing assessment record shall include at least the following:

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

Survey process guide:

- GAHAR surveyor may review the policy guiding patient nursing assessment.
- GAHAR surveyor may interview related staff members to check their awareness of the policy.
- GAHAR surveyor may observe compliance with the PHC policy.

- GAHAR surveyor may review a patient's medical record to evaluate compliance of initial nursing assessment records with the PHC policy.

Evidence of compliance:

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

Related standards:

ACT.03 Patient identification, ICD.09 Pain screening, assessment, and management, ICD.10 Plan of care, SIP.02 Assessment before surgery and invasive procedures, IMT.08 Patient's medical record usage.

ICD.06 Oral healthcare is performed according to the patient's condition.

Safety

Keywords:

Oral healthcare

Intent:

Oral health is a key indicator of overall health, well-being, and quality of life.
It encompasses a range of diseases and conditions that include dental caries, periodontal disease, tooth loss, oral manifestations of infections and diseases and oro-dental trauma. The PHC shall develop and implement a policy to define the minimum acceptable contents of safe oral healthcare.
The policy shall address at least the following:

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

Survey process guide:

- GAHAR surveyor may review the oral healthcare policy.
- GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.
- GAHAR surveyor may interview related staff members to check their awareness of the policy.
- GAHAR surveyor may observe oral health services within PHC.

Evidence of compliance:

1. The PHC has an oral healthcare policy to guide oral healthcare services, addressing the elements from a) through e) in the intent.
2. Oral health staff are aware of the elements of the PHC policy.
3. Oral health services are performed according to the policy.
4. Oral health services are recorded in the patient's medical record.

Related standards:

ICD.04 Patient medical assessments, ICD.10 Plan of care; ICD.09 Pain screening, assessment, and management, IMT.08 Patient's medical record usage.

ICD.07 GSR.04 Patient's risk of falling is screened, assessed, and managed.

Safety

Keywords:

Fall screening and prevention

Intent:

All patients are liable to fall; however, some are more prone to. Identifying the more prone is usually done through a risk assessment process in order to offer tailored preventative measures against falling. Effective preventive measures to minimize falling are those that are tailored to each patient and directed towards the risks being identified from risk assessment. The PHC shall develop and implement a policy and procedures to guide the fall screening and prevention process. The policy shall address at least the following:

a) Patient fall risk screening using appropriate tool.
b) Risks include medication review and other risk factors.
c) Timeframe to complete fall screening and assessment based on guidelines.
d) Frequency of reassessment of risk of fall when the patient stays in the PHC to receive further services.
e) General measures are used to reduce risk of falling such as lighting, corridor bars, bathroom bars, wheelchairs, or trolleys with locks.
f) Tailored care plans based on individual patient fall risk assessment.

Survey process guide:

- GAHAR surveyor may review the policy guiding the fall screening and prevention process.
- GAHAR surveyor may review a sample of patients' medical records, to check general measures and tailored care plans recording based on individual patient fall risk assessment.
- GAHAR surveyor may review medical records for fall risk assessment including medication review, fall prevention care plan forms, patient and family education material.
- GAHAR surveyor may interview healthcare professionals to check their awareness of PHC policy.
- GAHAR surveyor may interview patients and their families to check their understanding and implementation of fall risk assessment and prevention measures
- GAHAR surveyor may observe PHC- wide general preventive measures such as lighting, corridor bars, bathroom bars, wheelchairs and trolleys with locks.

Evidence of compliance:

1. The PHC has an approved fall screening and prevention policy to guide screening for patient's risk for fall includes all elements in the intent from a) through f).
2. Responsible staff is aware of the elements of approved policy.
3. Patients who have a higher level of fall risk and their families are aware of and involved in fall prevention measures.
4. All fall risk screening / assessments are completed and recorded in the patient medical record.
5. General measures and tailored care plans are recorded in the patient's medical record.

Related standards:

APC.03 Sustaining compliance with accreditation standards, ICD.05 Patient nursing assessment, MMS.09 Medication reconciliation, best possible medication history (BPMH), ACT.08 Patient transportation, IMT.08 Patient's medical record usage.

ICD.08 Information is available to support medical staff member orders and requests.

Safety

Keywords:

Orders and requests

Intent:

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

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

Survey process guide:

- GAHAR surveyor may review a sample of the patient's medical record to evaluate compliance with the full medical order/request requirements and assess completeness and accuracy.
- GAHAR surveyor may interview medical staff members to check their awareness of the full medical order/request requirements.

Evidence of compliance:

1. All medical staff members are aware of the full order requirements.
2. Medical orders follow all the required elements mentioned in the intent from a) through h).
3. There is a process to evaluate the completeness and accuracy of orders and requests.
4. Communication with medical staff members is done when an order or request is not clear, not complete, or needs more information.

Related standards:

ACT.03 Patient Identification, ACT.05 Patient care responsibility, ICD.11 Verbal and telephone orders, IMT.08 Patient's medical record usage.

ICD.09 Patients are screened for pain, assessed, and managed accordingly.

Patient-Centeredness

Keywords:

Pain screening, assessment, and management

Intent:

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

a) Pain screening tool(s).
b) Complete pain assessment elements that include nature, site, and severity.
c) Frequency of pain reassessments.
d) Pain management protocols.

Survey process guide:

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

Evidence of compliance:

1. The PHC has a pain screening, assessment, and management policy to guide pain management processes, that addresses all elements mentioned in the intent from a) through d).
2. Responsible staff members are aware of the policy.
3. All patients are screened for pain.
4. A comprehensive pain assessment is performed when pain is identified from the screening.
5. Pain assessment, reassessment, and management plans are recorded in the patient's medical record.

Related standards:

ICD.03 First visit health assessment**,** ICD.04 Patient medical assessments, ICD.05 Patient nursing assessments, ICD.10 Plan of Care.

ICD.10 An individualized plan of care is developed for every patient.

Patient-centeredness

Keywords:
Plan of Care

Intent:

A plan of care provides direction on the type of healthcare the patient/family/community may need. The focus of a plan is to facilitate standardized, evidence-based, and holistic care. Recording a plan of care shall ensure medical staff members, nurses, and other healthcare professionals integrate their findings

and work together with a common understanding of the best approach toward the patient's condition.
The plan of care is:

a) Developed by all relevant disciplines providing care under the supervision of the family physician
b) Based on assessments and results of needed investigations of the patient performed by the various healthcare disciplines and healthcare professionals.
c) Developed with the involvement of the patient and/or family through shared decision-making with discussion of benefits and risks and may involve decision aids.
d) Developed and updated according to guidelines and patient needs and preferences.
e) Includes identified needs, interventions, and desired outcomes with timeframes.
f) Updated as appropriate based on the patient's reassessment.
g) The progress of the patient/service user in achieving the goals or desired results of treatment, care, or service is monitored.

The established plan of care, which outlines specific interventions, treatments, and actions tailored to meet the patient's needs and goals, shall be implemented as intended to ensure continuity and consistency in the delivery of care.

Survey process guide:

- GAHAR surveyor may review a sample of patients' medical records to check plan of care documentation in compliance with plan of care requirements.
- GAHAR surveyor may interview patients and their families to ensure their participation in the decision-making of their plan of care development.

Evidence of compliance:

1. The plan of care is developed by all relevant disciplines based on their assessments.
2. The plan of care is documented in the patient's medical record and addresses all the elements mentioned in the intent from a) through g)
3. The plan of care is developed with the participation of the patient and/or family in decision-making.
4. The plan of care is changed/updated, as appropriate, based on a reassessment of the patient's changing condition.
5. The achievement of treatment goals is followed up and evaluated.

Related standards:
ICD.04 Patient medical assessments, ICD.05 Patient nursing assessments; ICD.07 Fall screening and prevention; ACT.09 Referral process, PCC.04 Patients and family education process, OGM.03 Clinical governance program, IMT.07 Patient's medical record management.

ICD.11 GSR.02 Verbal or telephone orders are communicated and documented according to a defined process.

Safety

Keywords:
Verbal and telephone orders

Intent:

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

a) When verbal and telephone orders may be used.

b) Verbal orders and telephone orders are documented by the receiver.
c) Verbal orders and telephone orders are read back by the receiver.
d) Confirmed by the ordering physician.
e) Documentation and authentication requirements.

Survey process guide:

- GAHAR surveyor may review the policy guiding the communication of verbal and telephone orders.
- GAHAR surveyor may interview healthcare professionals to check their awareness of the PHC policy.
- GAHAR surveyor may review a sample of patients' medical records and/or used registers to check verbal and telephone orders recording.

Evidence of compliance:

1. The PHC has an approved policy for guiding the communication of verbal and telephone orders that addresses at least all elements mentioned in the intent from a) through e).
2. Healthcare professionals are aware of the elements of the policy.
3. All verbal orders and telephone orders are recorded in the patient's medical record within a predefined timeframe.
4. The PHC monitors the reported data of verbal and telephone orders and takes actions to control or improve the process as appropriate.

Related standards:

APC.03 Sustaining compliance with accreditation standards, ICD.13 Cardiopulmonary resuscitation, ICD.22 Critical results, MMS.10 Medication ordering, medication prescribing.

Effective and safe management of medical emergency situations

ICD.12 Urgent and emergency services are delivered according to applicable laws and regulations.

Effectiveness

Keywords:
Emergency services

Intent:

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

a) Trained staff members are available during working hours.
b) Defined criteria are developed to determine the priority of care according to a recognized triage process.
c) Assessment, reassessment, and care management follow approved clinical guidelines.
d) The medical records of emergency patients should include at least the following:
    i. Time of arrival and time of departure
    ii. The medical and nurses' assessment and reassessment
    iii. The care provided
    iv. Conclusions at the termination of treatment
    v. Patient's condition at departure
    vi. Patient's disposition at departure

vii. Follow-up care instructions
viii. Departure order by the treating medical staff member

Survey process guide:

- GAHAR surveyor may review emergency room records to check the registration of emergency patients.
- GAHAR surveyor may review a sample of emergency staff members' files to check their competency assessment.
- GAHAR surveyor may review a sample of emergency patients' medical records to ensure compliance with PHC policy requirements.
- GAHAR surveyor may interview patients or family members to assess their engagement.

Evidence of compliance:

1. The PHC has an approved policy for emergency services as mentioned in the intent from a) to d).
2. Trained staff members offer emergency services.
3. Patients and families are informed of their priority level and expected time to wait before being assessed by a medical staff member.
4. Evidence of registration of all emergency patients treated in the emergency room.
5. Medical records of emergency patients include Items from i) to viii) in the intent.

Related standards:

ACT.01 Granting access (before patient registration), MMS.05 Life-supporting medications, ICD.13 Cardiopulmonary resuscitation, ICD.22 Critical results, DAS.08 Laboratory turnaround time, ACT.08 Patient transportation, WFM.08 Clinical Privileges.

ICD.13 Response to cardio-pulmonary arrest in the PHC is managed for both adult and pediatric patients.

Safety

Keywords:

Cardiopulmonary resuscitation

Intent:

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

a) Defined criteria for recognition of cardio-pulmonary arrest, including adults and pediatrics.
b) Training of staff members on the defined criteria.
c) Identification of involved staff members to respond.
d) Mechanisms to call staff members to respond, including the code(s) that may be used for calling emergency.
e) The time frame of response.
f) The response is uniform at all working hours.
g) Recording of response and management.
h) Management of emergency equipment and supplies, including:

i. Identification of required emergency equipment and supplies list according to laws, regulations, and standards of practice that include at least automatic external defibrillator, sphygmomanometer, stethoscope, and bag valve masks in different sizes.
ii. Emergency equipment and supplies are age-appropriate.
iii. Emergency equipment and supplies are replaced immediately after use or when expired or damaged.
iv. Emergency equipment and supplies are available throughout the PHC and checked daily for readiness.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

MMS.05 Life supporting medications, WFM.08 Clinical Privileges, WFM.06 Continuous education program.

Effective primary healthcare services

ICD.14 The immunization program is performed according to laws, regulations, and guidelines.

Effectiveness

Keywords:
Immunization program

Intent:
To ensure client safety and prevent errors, the PHC has to follow a predetermined vaccination procedure.
This standard is applicable only when the PHC scope of services includes a vaccination program, which is prepared on the base of the Expanded Program of Immunization (EPI) guidelines. The PHC has to follow up on the immunization defaulters/dropouts in order to complete the required vaccinations and determine the root causes to eliminate them in the future. The vaccination room shall follow MOHP

regulations; location, structure, and equipment are suitable for services provided to children and clients. Vaccination procedures are appropriately done according to EPI guidelines, including checking the timetable, correct dose, appropriate route, and child position.

Survey process guide:

- When applicable according to the scope of PHC, GAHAR surveyor may review the PHC Immunization program and instructions guiding the follow-up of immunization defaulters.
- GAHAR surveyor may interview staff members to check their awareness of the policy.
- GAHAR surveyor may observe vaccination room location, doors, presence of hand hygiene facilities, necessary equipment and supplies.
- GAHAR surveyor may review the rate of immunization defaulters.

Evidence of compliance:

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

Related standards:

PCC.03 Patient and family responsibilities, ICD.15 Pediatric immunization program, ICD.16 Adult immunization program, CAI.04 Health education.

ICD.15 The pediatric immunization program is performed according to laws, regulations, and guidelines.

Safety

Keywords:

Pediatric immunization program

Intent:

Immunization services should be designed to meet the needs of patients. Relying only on appointment-based systems can create barriers to access in both public and private healthcare settings. To ensure accessibility, immunization services should be available on a walk-in basis at all times for both routine patients and those newly registered. Children coming only for vaccinations should be rapidly and efficiently screened without requiring other comprehensive health services. If the PHC isn't providing this service, it is mandatory to ensure that the community in the catchment area receives it, even if other organizations are providing it. The PHC needs to demonstrate efforts to ensure that community needs are responded to. The PHC shall develop and implement a policy and procedures to guide the pediatric immunization program. The policy shall address at least the following:

a) A pre-vaccination assessment may include observing the child's general state of health, asking the parent if the child is well, and questioning the parent about potential contraindications.
b) Each encounter with a healthcare professional, including an emergency room visit, is an opportunity to screen vaccination status and, if indicated, administer needed vaccines.
c) Professionals should educate parents in a culturally sensitive way about the importance of immunizations, the diseases they prevent, the recommended vaccination schedules, the need to

receive vaccinations at recommended ages, and the importance of bringing their child's immunization record to each visit.

d) Minimally acceptable screening procedures for precautions and contraindications include asking questions to elicit a possible history of adverse events following prior immunizations and determining any existing precautions or contraindications.
e) Accepting conditions that are not true contraindications often results in the needless deferment of indicated immunizations.
f) The simultaneous administration of childhood vaccinations is safe and effective.
g) Providers use accurate and complete recording procedures.
h) Providers of immunization-only services that require an appointment should co-schedule immunization appointments with other needed health-care services such as well baby clinic visits, dental examinations, or developmental screening, provided such scheduling does not create a barrier by delaying needed immunizations.
i) Providers should encourage parents to inform them of adverse events following immunization.

Survey process guide:

- When applicable according to PHC scope of services, GAHAR surveyor may review policy and procedures guiding the pediatric immunization program.
- GAHAR surveyor may review reported adverse events following vaccination.
- GAHAR surveyor may observe pediatric vaccination records.
- GAHAR surveyor may interview parents to assess their experience and education they received about pediatric immunization.

Evidence of compliance:

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

Related standards:

ICD.14 Immunization program, CAI.04 Health education, QPI.06 Incident reporting system.

ICD.16 The adult immunization program is performed according to laws, regulations, and guidelines.

Effectiveness

Keywords:
Adult immunization program

Intent:

Globally, adult vaccination rates are extremely low, and research shows that there are many missed opportunities for vaccination of adult patients during clinical encounters. A global trend of recommending and offering vaccines at the same visit is initiated. Usually, patients need empowerment by being

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

Survey process guide:

- When applicable according to PHC scope of services, GAHAR surveyor may review policy and procedures guiding the adult immunization program.
- GAHAR surveyor may review vaccination protocols at all locations where vaccines are administered.
- GAHAR surveyor may observe adult vaccination records and pregnant vaccination records.
- GAHAR surveyor may interview patients to assess their experience and the education they received about the adult immunization program.

Evidence of compliance:

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

Related standards:

ICD.14 Immunization program; CAI.04 Health education.

ICD.17 The child health program is effective and covers all newborns, infants, preschool, and school-age children, according to national guidelines.

Effectiveness

Keywords:
Child health program

Intent:
Childhood is the most critical period of life associated with morbidity and mortality. Optimum health is a basic child right. Focusing on child health promotion is important to achieve sustainable development goals. Physicians play an important role in the identification of neonatal health problems (congenital abnormalities, hypothyroidism, conjunctivitis) and followup. Furthermore, the proper assessment and

care of children play an important role in the prevention of unnecessary consultation, reduced hospitalization, and inappropriate referral. Every child needs to be assessed regularly for growth and development to ensure they are within the normal limits.

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

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

Survey process guide:

- GAHAR surveyor may review the child health program inside the PHC.
- GAHAR surveyor may review medical records to check that child growth charts and results are recorded.
- GAHAR surveyor may review a sample of children medical records to evaluate compliance with growth and development assessment, immunization status recording.

Evidence of compliance:

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

Related standards:

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

ICD.18 The maternal health program is performed according to laws, regulations, and national guidelines.

Effectiveness

Keywords:
Maternity health program

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

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding maternity health.
- GAHAR surveyor may interview responsible staff to check their awareness of policy and risk factors detection.
- GAHAR surveyor may review a sample of pregnant medical records to evaluate compliance with high-risk pregnancy management/ or referral.
- GAHAR surveyor may review antenatal and postnatal visits tracking and records.

Evidence of compliance:

1. The PHC maternity health program policy and procedure to ensure safe and effective maternal health care that covers items mentioned from a) through f).
2. All staff are trained in maternal health programs and risk factors detection.
3. Recurrent antenatal visits schedule and care are performed, tracked, and recorded.
4. High-risk pregnancies are managed or referred according to clinical guidelines.
5. Postpartum care is given to both mother and newborn, and recorded.
6. The PHC monitors the reported data of antenatal and postnatal visits and takes actions to control or improve the process, as appropriate.

Related standards:

PCC.03 Patient and family responsibilities, CAI.04 Health education, ACT.09 Referral process.

ICD.19 The reproductive health program is performed according to laws, regulations, and guidelines.

Effectiveness

Keywords:
Reproductive health program

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

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding reproductive health.
- GAHAR surveyor may review a patient's medical record to evaluate compliance with reproductive health and family planning policy.
- GAHAR surveyor may interview responsible staff to check their awareness of the policy.
- GAHAR surveyor may interview patients or family members to assess their experience.
- GAHAR surveyor may observe the area for reproductive health and family planning counseling and ask about education materials, and tools availability.

Evidence of compliance:

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

Related standards:

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

ICD.20 Management of non-communicable diseases is performed according to laws and regulations and clinical guidelines.

Effectiveness

Keywords:
Non-communicable diseases

Intent:

Screening and early detection can diagnose the disease while it is asymptomatic, with no signs or symptoms. The earlier detection of disease may lead to better and more effective curing or longer

survival. Public health programs and presidential initiatives recommend populations to have periodic screening examinations for detecting specific chronic diseases, for example, cancer, diabetes, hypertension, dyslipidemia, hearing problems, neonatal hypothyroidism and/or congenital anomalies.
The PHC shall develop and implement a policy and procedures to guide the process of management of non-communicable diseases in the community. The policy shall address at least the following:

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

Survey process guide:

- GAHAR surveyor may review PHC policy and procedure guiding program for the management of non-communicable diseases.
- GAHAR surveyor may observe patients-at-risk screening for non-communicable diseases.
- GAHAR surveyor may interview patients or family members to assess their experience.
- GAHAR surveyor may review a patient's medical record to evaluate compliance with PHC policy.
- GAHAR surveyor may review the evaluation of non-communicable disease management program.

Evidence of compliance:

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

Related standards:

CAI.02 Planning for community involvement, CAI.04 Health education.

ICD.21 Special screening, assessment, reassessment, and care components for special patient populations are defined.

Patient-centeredness

Keywords:
Special-needs patient populations

Intent:

The greater need for healthcare services among special needs populations is generally costlier to the system, especially if care is not managed appropriately. Members with Special Healthcare needs may also have unique challenges in accessing care and are often overlooked with the context of broader services. The

PHC develops and implements a policy and procedures for assessment, reassessment, and management of special-needs patient populations.
The policy addresses at least the following:

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding special-needs patient population assessment, reassessment, and management.
- GAHAR surveyor may interview medical staff members to check their awareness of the policy.
- GAHAR surveyor may review a patient's medical record to check special patient populations' needs assessment and management is recorded.

Evidence of compliance:

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

Related standards:

ICD.04 Patient medical assessments, ICD.10 Plan of care, ICD.05 Patient nursing assessments.

Safe management of critical results

ICD.22 GSR.03 Critical results are communicated in time and documented according to the defined process.

Safety

Keywords:
Critical results

Intent

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

and procedures to guide the process of identifying and reporting critical results. The policy shall address at least the following:

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

Survey process guide:

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

Evidence of compliance:

1. The PHC has an approved policy to guide critical results communications and to define its content that addresses at least all elements mentioned in the intent from a) through d).
2. Healthcare professionals are aware of the elements of the policy.
3. All critical results are recorded in the patient’s medical record within a predefined timeframe, including all elements in the intent from i) through vii).
4. The PHC monitors the reported data of critical results and takes actions to control or improve the process as appropriate.

Related standards:

APC.03 Sustaining compliance with accreditation standards, ACT.05 Patient care responsibility, ICD.11 Verbal and telephone orders; ICD.12 Emergency services.

Diagnostic and Ancillary Services

Chapter intent

Diagnostic and ancillary services in the Primary Healthcare Facilities (PHCs) play a vital role in enhancing the overall quality of patient care and ensuring comprehensive health management.

These services encompass a wide range of support functions, including diagnostic testing, laboratory and radiology services. These services are essential for accurate diagnosis and effective treatment planning.

By providing timely and accessible diagnostic services, primary healthcare facilities can streamline patient pathways, reduce waiting times, and improve health outcomes.

Radiology and laboratory services are vital components of preventive care, a fundamental aspect of primary healthcare.

Routine screenings and laboratory tests are essential for identifying risk factors for various diseases before they escalate into more serious health problems, facilitating the early detection of diseases, such as anaemia, parasitic infestation and enabling the implementation of preventive and proactive strategies.

Thyroid gland screening for newborn babies in primary healthcare facilities is an essential practice for early detection and management of thyroid disorders. By implementing screening programs in primary care settings, healthcare providers can identify potential thyroid issues, such as hypothyroidism or hyperthyroidism, which may affect a child's physical and cognitive development. Early diagnosis and intervention can lead to better health outcomes, prevent complications, and ensure that children reach their full developmental potential. Additionally, educating parents and caregivers about the signs and symptoms of thyroid dysfunction can empower them to seek timely medical advice. Overall, integrating thyroid screening into primary healthcare services is vital for promoting the overall health and well-being of children.

Screening tests for parasitic infestations in children within primary healthcare facilities are important for early detection and treatment of these conditions, which can affect a child's growth, development, and overall health.

Implementation of safety programs in such care services are essential aspects of the primary healthcare facilities, safeguarding patients, staff, and the environment from the potential dangers related to ionizing radiation and laboratory chemicals. These programs implement thorough protocols for the safe handling, storage, and disposal of hazardous materials, significantly reducing the risk of exposure and contamination. Furthermore, they foster a culture of safety by providing training and education for staff, empowering healthcare professionals to effectively identify and address risks.

The scope of this chapter covers the following diagnostic and ancillary services.

- Diagnostic Imaging.
- Radiological Imaging, including Dental imaging.
- Ultrasound imaging.
- Laboratory Medicine.
- Sample collection.
- Chemistry.
- Hematology.
- Para cytology.
- Point-of-care testing.

There are generally three phases in the process of diagnostic investigation:

1. **Before doing the investigation:** comprises the time and all processes for the preparation of a patient for a diagnostic investigation to the moment when the investigation is performed.
2. **During the investigation:** comprises the time and all processes of a diagnostic investigation.

3. **After doing the investigation:** The post-analytical phase comprises the time and all processes for reporting the results of the diagnostic investigation to the person who then provides care to the patient.

Made errors during each phase influence the clinical relevance of a diagnostic report, and precautions should be taken to avoid results that are misleading or provide false information.
The diagnostic services familiarize the clinician with the value of the information obtained from an investigation, including its diagnostic specificity. This requires constant communication between clinical staff and the diagnostic service.

Diagnostic reports are valuable only when the information can be used for patient management.
It is, therefore, an obligation for the diagnostic service to provide the results to the clinician in a timely manner so that the results can be interpreted together with the clinical findings for the patient.
GAHAR surveyors may be focusing on the communication of the patient information to ensure correct and effective patient management plans. The accuracy and precision of the results reported to clinicians are one of the main targets of the survey together with the safety of the patients, staff, and facility since significant organization hazards are present in these areas.

Chapter purpose:
To ensure the safe and effective delivery of diagnostic services, this chapter focuses on the following objectives:

1. Safe and effective medical imaging services.
2. Safe and effective clinical laboratory services.

DAS Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
DAS.01 **KW: Planning medical imaging services**	**DAS.01** **KW:** Planning medical imaging services	- **Updated** EOC (**EOC.01)** by merging two EOCs (**EOC.01 and EOC.02)** in PHC edition 2021.
DAS.02 **KW: Technical standards (practice parameters)**	**DAS.02** **KW:** Technical standards (practice parameters)	- **No change.**
DAS.03 **KW: Medical imaging results**	**DAS.03** **KW**: Medical imaging results	- **Rephrasing** of EOC: (**EOC.02**: Competent staff members are involved in interpreting and reporting results). - **Modified** EOCs: • (**EOC.04**: Medical imaging and Ultrasound findings are recorded in the patient's medical record). • (**EOC.05**: When reports are not complete, there is a process to inform the reporting medical staff member and corrective action taken).
DAS.04 **KW: Radiation safety program**	**DAS.04** **KW:** Radiation safety program	- **Modified** EOCs: • (**EOC.01:** The PHC has a written, updated, and approved radiation safety program that addresses all elements mentioned in the intent from a) through f). • **(EOC.04:** The PHC ensures that exposed patients do not exceed the approved maximum level according to local laws and regulations. - **Added a new** EOC: **(EOC.05:** The PHC monitors the reported data on the radiation safety program, and it takes actions to control or improve the process as appropriate, at least quarterly).
DAS.05	**DAS.05**	- **Rephrasing** of EOCs:

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
KW: Laboratory services planning and management	**KW:** Laboratory services planning and management	• (**EOC.04**: Regular competency assessment of staff is implemented and recorded in their files). • (**EOC.05**: PHC has a process to ensure the safety and reliability of point-of-care testing results).
DAS.06 **KW: Reagent management**	**DAS.06** **KW:** Reagent management	- **Rephrasing** of Standard statement: (The PHC has a process to manage reagents and other laboratory supplies). - **Modified** EOCs: • (**EOC.02:** An updated list of all reagents and supplies that are used for all testing processes). • (**EOC.04:** Reagent quality is evaluated to ensure its validity before use.
DAS.07 **KW: Technical Procedures**	**DAS.07** **KW:** Technical Procedures	- **Modified** EOCs: • (**EOC.01:** The laboratory has a written procedure available to relevant staff for each analytical test method that addresses all elements mentioned in the intent from a) through e). • **(EOC.02:** Laboratory staff are trained and updated about the technical laboratory procedure). • **(EOC.06:** Internal and external quality control measures are performed and periodically reviewed, and appropriate corrective action is taken).
DAS.08 **KW: Laboratory turnaround time.**	**DAS.08** **KW:** Laboratory turnaround time.	- **Modified** EOCs: • (**EOC.01:** The PHC has a process defining each laboratory test's total turnaround time and means of measuring it). • (**EOC.03:** Reference interval updated in the laboratory report at least annually).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Updated** EOC: (**EOC:4**) by merging two EOCs (**EOC.05** and **EOC.06)** in PHC 2021. - **Added a new** EOC: (**EOC.05:** Delays in turnaround time are notified to requestors/end-users).
DAS.09 **KW: Laboratory safety program**	**DAS.09** **KW:** Laboratory safety program	- **Modified** EOCs: • (**EOC.01:** A written updated program that describes safety measures for laboratory and laboratory services includes the items in the intent from a) through i). • (**EOC.03:** Staff are compliant with safety precautions according to the program). • (**EOC.05:** The PHC monitors the reported data on the laboratory safety program and takes actions to control or improve the process as appropriate). - **Rephrasing** of EOC: (**EOC.02:** Laboratory staff are trained on the laboratory safety program).

Effective and safe medical imaging planning, management, and processes

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

Effectiveness

Keywords:
Planning medical imaging services

Intent:

An effective, high-quality, run medical imaging service increases patient satisfaction as a result of its ability to improve patient care. The location of medical imaging is important for easy access by patients. The PHC plans and designs a system for providing Medical Imaging services required by its patient population, clinical services offered, and healthcare practitioner needs.
The PHC can provide some or all the services onsite or can refer to/ contract with other providers for some or all the services. The Medical Imaging services meet laws, regulations, and applicable guidelines. Medical Imaging services results from onsite or outside sources are available within an approved timeframe to the patient's health care providers as defined by the primary health care center. Medical imaging services may exist in the form of dental imaging, ultrasound imaging, or other types of imaging. When a medical imaging service is provided outside the designated radiology service area, it should follow the same laws, regulations, protocols, guidelines, and safety procedures as the PHC main radiology service area.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

DAS.02 Technical standards (practice parameters), EFS.01 PHC environment and facility safety, OGM.09 Contract Management, DAS.04 Radiation Safety Program, ICD.01 Uniform Care.

DAS.02 Performance of medical imaging studies is standardized.

Effectiveness

Keywords:
Technical standards (practice parameters)

Intent:

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

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

Survey process guide:

- GAHAR surveyors may review a sample of medical imaging procedure manuals and check for their availability.
- GAHAR surveyors may interview staff to check their awareness of the procedure manual.
- GAHAR surveyor may visit areas where medical imaging services are provided to assess compliance with standard requirements.

Evidence of compliance:

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

Related standards:

DAS.01 Planning medical imaging services, WFM.06 Continuous Education Program, WFM.05 Orientation Program, EFS.10 Medical equipment management plan.

Safe radiological studies

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

Safety

Keywords:
Medical imaging results

Intent:

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

a) The PHC's name.
b) Patient identifiers on each page.
c) Type of the investigation.
d) Results of the investigations.
e) Time of reporting.
f) Name and signature of the reporting medical staff member.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

ACT.03 Patient identification, ICD.22 Critical results, IMT.07 Patient's Medical record Management, IMT.08 Patient's medical record usage.

DAS.04 GSR.05 **The radiation safety program is developed and implemented.**

Safety

Keywords:

Radiation safety program

Intent:

Radiation safety program provides information and training on the hazards, biological effects, and protective measures; develops policies by which radiological equipment are used safely; ensures compliance with regulations; and provides emergency response assistance. In specific cases, such as pregnant patients in the

first trimester, even a single or slight exposure to radiation could be extremely harmful to the embryo. In pregnancy, radiological exposure could cause anomalies. Accordingly, radiation exposure is avoided unless there is no other way that could be used for diagnosis. The International Atomic Energy Authority standards affirm on highlighting the standards for imaging pregnant patients separately from the regular radiation protection standards. Warning signs in Arabic language and/or other warning symbols and warning red lights on the plain x-ray room shall be available in different areas for warning against accidental exposure to ionizing radiation for all, especially pregnant females or children.

When Medical Imaging services are provided on-site, environmental radiation safety measures, personal monitoring device results, and regular CBC results are available and monitored. The PHC shall develop and implement a program to guide the process of radiation safety to ensure the PHC environment, staff, patients, families, and vendors are safe from radiation hazards. It should be implemented, reviewed, and updated annually.

The program shall address at least the following:

a) Compliance with laws, regulations and guidelines.
b) All radiation equipment is maintained and calibrated.
c) Staff self-monitoring tools.
d) Staff suitable personal protective equipment.
e) Patients' radiation safety precautions.
f) Warning signs are posted clearly in different areas to avoid accidental exposure to ionizing radiation.

Survey process guide:

- GAHAR surveyor may review the radiation safety program to check compliance with laws and regulations, shielding methods, and safety requirements for both staff members and patients.
- GAHAR surveyor may review environmental radiation measures, thermos-luminescent dosimeter (TLD) and/or badge films of the staff results, CBC results, and lead aprons inspection.
- GAHAR surveyor may interview staff to check their awareness.
- GAHAR surveyor may observe medical imaging services inside the medical imaging area to check compliance with radiation safety precautions.

Evidence of compliance:

1. The PHC has a written, updated, and approved radiation safety program that addresses all elements mentioned in the intent from a) through f).
2. Staff members involved in medical imaging are aware of radiation safety precautions and receive ongoing training for new procedures and equipment.
3. Identified radiation safety risks are mitigated through processes, safety protective equipment, and devices for both staff and patients.
4. The PHC ensures that exposed patients do not exceed the approved maximum level according to local laws and regulations.
5. The PHC monitors the reported data on the radiation safety program, and it takes actions to control or improve the process as appropriate, at least quarterly.

Related standards:

APC.03 Sustaining compliance with accreditation standards, PCC.05 Recorded informed consent, DAS.01 Planning medical imaging services, EFS.01 PHC environment and facility safety, EFS.10 Medical Equipment Plan, OGM.13 Staff Health program, WFM.06 Continuous Education Program, EFS.07 Safety management plan, EFS.06 Hazardous materials safety.

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

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

Effectiveness

Keywords:
Laboratory services planning and management

Intent:

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

Survey process guide:

- GAHAR surveyor may review the laboratory's scope of services and match it with related laws and regulations.
- GAHAR surveyor may review the competency assessment of lab staff in their personnel file.

Evidence of compliance:

1. Laboratory services comply with national laws and regulations.
2. Laboratory services are available to meet the needs related to the PHC mission and patient population.
3. The designated laboratory area is available and separated from any other activities with a specific area for sample collection.
4. Regular competency assessment of staff is implemented and recorded in their files.
5. PHC has a process to ensure the safety and reliability of point-of-care testing results.

Related standards:

DAS.07 Technical Procedures, EFS.01 PHC environment and facility safety, APC.03 Sustaining compliance with accreditation standards, WFM.07 Staff Performance Evaluation.

DAS.06 The PHC has a process to manage reagents and other laboratory supplies.

Efficiency

Keywords:

Reagent management

Intent:

Managing laboratory reagents and supplies is important for reducing substantial costs and ensuring a high quality of reagents as direct contributors to test results. It also enables laboratory management to run the laboratory efficiently and increase productivity.

The PHC shall develop and implement a policy and procedures that guide the process of management of laboratory reagents and other supplies. The policy shall include at least the following:

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

Survey process guide:

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

Evidence of compliance:

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

Related standards:

OGM.07 Stock management, OGM.04 PHC leaders, DAS.07 Technical Procedures, DAS.09 Laboratory safety program, EFS.06 Hazardous materials safety.

DAS.07 Performance of laboratory technical procedures is standardized.

Effectiveness

Keywords:

Technical Procedures

Intent:

Laboratory service encompasses different techniques and processes to analyze services and therefore, plays an important role in initiatives to improve public health for all population groups. Furthermore, laboratory service is frequently justified in the follow-up of a disease already diagnosed and/or treated. A prepared procedure

manual provides a foundation for the laboratory's quality assurance program. Its purpose is to ensure consistency while striving for quality. The procedure manual may be used to document how tests are performed, Train new staff members, remind staff members of how to perform infrequently ordered tests, troubleshoot testing problems and measure acceptable test performance when evaluating staff. The laboratory shall develop technical procedures for all test methods. The technical laboratory procedures should be written in a language commonly understood by the working staff and available in an appropriate location. It could be in a paper-based, electronic, or web-based format.

The Laboratory technical procedures are consistently followed and regularly reviewed. They include at least the following:

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

Survey process guide:

- GAHAR surveyor may review laboratory procedures.
- GAHAR surveyor may trace and observe a patient undergoing a laboratory service and review preparation processes.
- GAHAR surveyor may interview laboratory staff members to check their awareness of analytic procedures.
- GAHAR surveyor may visit areas laboratory service areas to observe medical calibration, reagent use, ranges, and results.
- GAHAR surveyor may review quality control procedures and records, documented regular review of the quality control data, and the action taken for outliers or trends.

Evidence of compliance:

1. The laboratory has a written procedure available to relevant staff for each analytical test method that addresses all elements mentioned in the intent from a) through e).
2. Laboratory staff are trained and updated about the technical laboratory procedure.
3. Appropriate pre-examination processes are implemented, including complete requesting forms, proper patient identification, proper sampling techniques, proper sample labeling and proper sample transportation.
4. Appropriate examination processes are implemented, including documentation of examination procedures and identification of biological reference intervals.
5. Appropriate post examination processes are implemented including the process of sample storage, defined retention time of laboratory results, and release of reports to the authorized recipients.
6. Internal and external quality control measures are performed and periodically reviewed, and appropriate corrective action is taken.

Related standards:

DAS.05 Laboratory services planning and management, WFM.06 Continuous Education Program, WFM.05 Orientation Program.

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

Timeliness

Keywords:

Laboratory turnaround time.

Intent:

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

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

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

Survey process guide:

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

Evidence of compliance:

1. The PHC has a process defining each laboratory test's total turnaround time and means of measuring it.
2. The laboratory final report includes all items mentioned in the intent from a) to j).
3. Reference interval updated in the laboratory report at least annually.
4. The PHC monitors the reported data on reporting times for laboratory tests and takes actions to control or improve the process as appropriate.
5. Delays in turnaround time are notified to requestors/end-users.

Related standards:

ICD.12 Emergency services, ICD.22 Critical results, QPI.02 Performance Measures, QPI.08 Sustained improvement activities, IMT.07 Patient's Medical record Management.

DAS.09 GSR.06 A comprehensive laboratory safety program is developed and implemented.

Safety

Keywords:

Laboratory safety program

Intent:

The laboratory environment is a high-risk area where Laboratory staff members are exposed to numerous potential hazards, including chemical, biological, and physical hazards, as well as musculoskeletal stresses. Laboratory safety is governed by numerous regulations and best practices. Over the years, multiple guides were published to make laboratories increasingly safe for staff members. Laboratory management should design a safety program that maintains a safe environment for all laboratory staff, patients, and families. Laboratory safety program and laboratory risk assessment are performed, reviewed, and updated at least annually or upon introduction of new equipment, service, or change in lab procedures**.** The laboratory should have a documented program that describes the safety measures for laboratory facilities according to the national requirements. This program should be implemented, reviewed, and updated annually.

The program shall include at least the following:

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

Survey process guide:

- The GAHAR surveyor may review the laboratory safety program, which should include at least: a list of chemicals and hazardous materials, dealing with spills, safety requirements, suitable PPE, Laboratory risk assessment, (SDS) requirements, maintenance and calibration of medical equipment, and proper waste disposal.
- The GAHAR surveyor may review laboratory safety reports, lab equipment safety, storage of chemicals, labelling and waste disposal process.
- GAHAR surveyor may interview laboratory staff to check their awareness regarding the laboratory safety Program.

Evidence of compliance:

1. A written updated program that describes safety measures for laboratory and laboratory services includes the items in the intent from a) through i).
2. Laboratory staff are trained on the laboratory safety program.
3. Staff are compliant with safety precautions according to the program**.**
4. Laboratory risk assessment is performed.
5. The PHC monitors the reported data on the laboratory safety program and takes actions to control or improve the process as appropriate.

Related standards:

EFS.01 PHC environment and facility safety, EFS.07 Safety Management Plan, EFS.10 Medical Equipment Plan, OGM.13 Staff Health, WFM.06 Continuous Education Program, EFS.06 Hazardous materials safety, IPC.02 IPC program, risk assessment, guidelines, IPC.05 Standard precaution measures

Surgery and Invasive Procedures

Chapter intent

In General, Surgery and invasive procedure are medical procedures consisting of a physical intervention on human tissues. including those procedures that investigate and/or treat diseases and disorders of the human body, usually by cutting or puncturing the skin or by inserting instruments into the body.

Minor surgical procedures, including suturing, incision and drainage of abscesses (for removing pus or fluid), tooth extractions, and the insertion of intrauterine devices (IUDs), are among the most frequently performed invasive procedures in primary healthcare facilities.

The capability to conduct these procedures in the primary health care facility minimizes the necessity for referrals to other level of care, enhancing access to healthcare and enabling patients to obtain thorough treatment in their local area. In conclusion, minor invasive procedures are essential tools that allow primary healthcare providers to efficiently tackle common health concerns, thereby resulting in better health outcomes for the community.

The scope of this chapter covers any surgical or invasive procedures performed in any unit / clinic of the PHC facility, either with or without anaesthesia.

GAHAR surveyors shall survey all areas were surgery or invasive procedures are taking place; such as, dental clinics, emergency room, family planning clinics, specialized clinics or others, to ensure patient safety, staff competency, and effective utilization of these areas.

Chapter purpose:

1. Ensure the Safety of Surgical and Invasive Procedures.
2. Optimize Resource Utilization.

SIP Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
SIP.01 **KW: Surgery and invasive procedure services**	**SIP.01** **KW:** Surgery and invasive procedure services	- **Modified** EOC: **(EOC.01**: All units providing surgery and invasive procedure services have appropriate spacing, ventilation, and infrastructure. - **Rephrasing** of EOC: **(EOC.03**: All surgical and invasive procedure staff are qualified and competent.
SIP.02 **KW: Assessment before surgery and invasive procedures**	**SIP.02** **KW:** Assessment before surgery and invasive procedures	- **Rephrasing** of Standard statement: (Complete medical and nursing assessment is performed before surgical and invasive procedures). - **Modified** EOCS: • (EOC.01 A complete medical assessment is performed for all patients going for any surgery or invasive procedure). • (EOC.02 Complete nursing assessment is performed for all patients going for any surgery or invasive procedure). • (EOC.03 Results of investigations are available for healthcare professionals before surgery or invasive procedure).
SIP.03 **KW: Surgical site marking**	**SIP.03** **KW:** Surgical site marking	- **Modified** Standard statement: (The precise site where surgery or invasive procedure shall be performed is clearly marked by the physician, along with the patient and/or family involvement). - **Modified** EOCs: • **(EOC.01**: The PHC has an approved policy guiding the site marking process that includes at least elements from a) through g) mentioned in the intent). • **(EOC.02**: Responsible staff are aware of the implementation of site marking).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Updated** EOC (**EOC.04)** by merging two EOCs (**EOC.04 and EOC.05)** in PHC edition 2021.
SIP.04 **KW: Pre-operative checklist**	**SIP.04** **KW:** Pre-operative checklist	- **Modified** EOCs: • **(EOC.01**: The PHC has an approved process for preoperative verification of all needed documents and equipment). • **(EOC.02**: Responsible staff are trained on the PHC process for preoperative verification). • **(EOC.03**: Recorded evidence of preoperative verification of all needed documents and equipment before each surgery or invasive procedure exists. - **Updated** EOC (**EOC.04)** by merging two EOCs (**EOC.04 and EOC.05)** in PHC edition 2021.
SIP.05 **KW: Timeout**	**SIP.05** **KW:** Timeout	- **Modified** EOCs: • **(EOC.01**: The PHC has an approved policy to ensure the correct patient, procedure, and body part before surgical or invasive procedures). • **(EOC.02**: Time out is implemented before surgery or invasive procedure starts).

Safe and effective surgical and invasive procedures care

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

Safety

Keywords:

Surgery and invasive procedure services

Intent:

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

Survey process guide:

- GAHAR surveyor may observe the place, infrastructure supplies, medications, and equipment available by visiting dental clinics, emergency room, family planning clinics, specialized clinics or others. Where surgery or invasive procedures are performed.
- GAHAR surveyor may interview staff members to ask about patient flow and clean and waste flow.
- GAHAR surveyor may review the corresponding staff files for those who performed surgeries and invasive procedures to check their qualifications and competencies.

Evidence of compliance:

1. All units providing surgery and invasive procedure services have appropriate spacing, ventilation, and infrastructure.
2. All units providing surgical and invasive procedure services have appropriate equipment, medical supplies and medication.
3. All surgical and invasive procedure staff are qualified and competent.

Related standards:

WFM.08 Clinical Privileges, ICD.01 Uniform care, EFS.01 PHC environment and facility safety.

SIP.02 Complete medical and nursing assessment is performed before surgical and invasive procedures.

Safety

Keywords:

Assessment before surgery and invasive procedures

Intent:

Completed patient assessment before surgery with requesting the needed investigations either for ensuring the diagnosis, revealing risk factors, assessing patient medical condition, or determining baseline patient condition followed by proper management of all identified diagnoses and risk factors.
Accordingly, risk assessment of the patient's condition is needed for all surgeries to determine the precautions needed and informing the patient and family about the expected outcome of the surgery.
Patient assessment should be reviewed and repeated if a surgery/invasive procedure postponed or cancelled to maintain the validity of the patient assessment

The PHC is required to perform a complete patient assessment before any invasive procedure supported by the results of the required investigations.

Survey process guide:

- GAHAR surveyor may review a sample of medical records of patients who underwent surgery or invasive procedure to ensure compliance with a complete assessment of the patient, availability of results of requested investigations, risk classification before surgery or invasive procedure, informed consent, and appropriate management of the risk factors.
- GAHAR surveyor may interview involved medical and nursing staff members to check their awareness.

Evidence of compliance:

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

Related standards:

ICD.04 Patient medical assessments, ICD.05 Patient nursing assessments, ICD.03 First visit health assessment.

SIP.03 GSR.07 **The precise site where surgery or invasive procedure shall be performed is clearly marked by the physician, along with the patient and/or family involvement.**

Safety

Keywords:

Surgical site marking

Intent:

Performing the right surgery on the right patient and the right side is the main objective of surgical safety. Surgical Site Marking is an error reduction strategy. Establishing related policies and procedures, known as the universal protocol, is the initial step for offering safe surgery. The PHC shall develop and implement a policy and procedures for the site marking process that includes at least the following:

a) Unified mark on the nearest surgical site.
b) Indication of site marking.
c) The physician who will perform the surgery / invasive procedure is responsible for site marking.
d) Involvement of the patient and/or family
e) Surgeries and procedures exempted from site marking.
f) Appropriate time for surgical site marking before surgery / invasive procedure.
g) Monitoring compliance with the process.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the site marking process.
- GAHAR surveyor may interview involved staff members to check their awareness of the PHC policy.
- GAHAR surveyor may observe to check the presence of a clear, approved, non-washable mark on the surgery / invasive procedure site (when applicable).

Evidence of compliance:

1. The PHC has an approved policy guiding the site marking process that includes at least elements from a) through g) mentioned in the intent.
2. Responsible staff are aware of the implementation of site marking.
3. Site marking is a unified mark all over the PHC and performed by the responsible physician for the invasive procedure.
4. The PHC monitors the reported data on site marking process and takes actions to control or improve the process as appropriate.

Related standards:

APC.03 Sustaining registration requirements, SIP.05 Timeout, QPI.03 Data collection, review, aggregation, and analysis.

SIP.04 GSR.08 Documents and equipment needed for procedures are verified to be on hand, correct, and properly functioning before calling for the patient

Safety

Keywords:

Pre-operative checklist

Intent:

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

Survey process guide:

- GAHAR surveyor may interview involved staff to check their awareness of the PHC preoperative verification process, followed by tracing the patient who underwent or is going to undergo surgery / invasive procedure to ensure the correct verification process for needed documents and other requested orders, such as investigations.
- GAHAR surveyor may review the document of endorsement and the checklist showing the availability and functioning of needed equipment.

Evidence of compliance:

1. The PHC has an approved process for preoperative verification of all needed documents and equipment
2. Responsible staff are trained on the PHC process for preoperative verification.
3. Recorded evidence of preoperative verification of all needed documents and equipment before each surgery or invasive procedure exists.
4. The PHC monitors the reported data on preoperative verification process and takes actions to control or improve the process as appropriate.

Related standards:

APC.03 Sustaining registration requirements, SIP.02 Assessment before surgery and invasive procedures, PCC.05 Recorded informed consents.

SIP.05 GSR.09 Correct patient, procedure, and body part is confirmed preoperatively and just before starting a surgical or invasive procedure (timeout).

Safety

Keywords:
Timeout

Intent:

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

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the time-out process and interview involved staff members to ensure their awareness.
- GAHAR surveyor may observe a case during the time-out process and ensure process conduction before starting surgical or invasive procedure (if applicable).
- GAHAR surveyor may review a sample of patients' medical records for those who underwent surgery/invasive procedure and related documents to check time-out process.

Evidence of compliance:

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

Related standards:

ACT.03 Patient identification, SIP.03: Surgical site marking, APC.03 Sustaining registration requirements, IMT.08 Patient’s medical record usage.

Medication Management and Safety

Chapter intent

Maximizing the effectiveness of medications for both patients and society is becoming increasingly crucial as the number of people taking medications continues to rise. Health services worldwide provide these medications, which play a vital role in preventing, treating, and managing numerous illnesses and conditions. Medications are the most prevalent interventions in healthcare.

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

Medication management is a critical responsibility in any PHC facility. This complex process involves multiple phases: planning, procurement, storage, prescribing, transcribing, ordering, dispensing, administration, monitoring of medications, and program evaluation.

Antibiotic stewardship in a primary healthcare facility is a critical initiative aimed at optimizing the use of antibiotics to combat antibiotic resistance while ensuring effective treatment of infections. Healthcare providers are encouraged to assess the necessity of antibiotic treatment for each patient, considering alternative treatments whenever possible and utilizing diagnostic tools to differentiate between bacterial and viral infections. Education and training for healthcare professionals and patients about the risks of misuse and overuse of antibiotics play a vital role in this strategy. By fostering a culture of stewardship, primary healthcare facilities can contribute to the preservation of antibiotic efficacy, improve patient outcomes, and reduce healthcare costs associated with antibiotic-resistant infections. Effective antibiotic stewardship is essential for safeguarding public health and ensuring that these vital medications remain effective for future generations.

Evidence indicates that errors occur at each phase of the medication management cycle, adversely affecting patient safety, which is a top priority in modern healthcare. The substantial and increasing use of medications, coupled with the need to prescribe for special populations and the introduction of many new medications, brings a heightened risk of harm. This risk underscores the critical need for medication safety in the healthcare system.

Medication errors are among the most common errors in healthcare institutions, occurring at any stage of the medication management process. These errors lead to significant morbidity, resulting in high financial costs for healthcare facilities and negatively impacting patients' quality of life. Preventing medication errors is a top priority in the healthcare system, with many international organizations, including the WHO, incorporating medication safety into their global patient safety initiatives.

GAHAR sets rigorous standards for medication management to ensure safe and rational medication use in PHCs. These standards are designed to promote best practices, ensure proper medication handling, and facilitate continuous quality improvement in medication management processes.

Chapter purpose:

1. To ensure that medications are appropriately and effectively used during every step of the cycle, maximizing patient benefits.
2. To implement systems for monitoring, evaluating, and enhancing practices at each stage of the medication management cycle, fostering a culture of ongoing quality improvement.
3. To identify and reduce risks at each phase of the medication management cycle, thereby minimizing medication errors and adverse drug events.

MMS Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
MMS.01 **KW: Medication management, Pharmacy and Therapeutic Committee (PTC).**	**MMS.01** **KW:** Medication management program	- **Rephrasing** of Standard statement: (Medications are managed and used in a way to meet patient's needs in alignment with the PHC scope of services and according to the applicable laws and regulations). - **Modified** EOCs**:** • **(EOC.02:** A licensed pharmacist supervises all medication management activities according to law and regulations).
MMS.02 **KW: Antimicrobial stewardship program**	**MMS.02** **KW:** Antimicrobial stewardship program	- **Modified** Standard statement: (Antimicrobial stewardship program is developed and implemented to enhance the rational use of antimicrobial agents). - **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved multidisciplinary antimicrobial stewardship program based on national and/or international protocols, guidelines, and regulations). • **(EOC.03:** The antimicrobial stewardship program uses PHC-approved scientifically based protocols). - **Updated** EOC: **(EOC.04)** by merging two EOCs (**EOC.04** and **EOC.05**) in PHC edition 2021.
MMS.03 **KW: Medication procurement, formulary, medication shortage**	**MMS.03** **KW:** Medication procurement, formulary	- **Modified** EOCs**:** • **(EOC.01:** The PHC has an updated list of the approved medications (often referred to as a formulary), which includes at least items from a) to e) in the intent. • **(EOC.03:** There is a process for overseeing medication use in the PHC to monitor, maintain, and update the medication list at least annually).
MMS.04 **KW: Medication storage, medication**	**MMS.04** **KW:** Medication labelling	- **Modified** Standard statement: (Medications are stored in a manner to maintain their security and quality). - **Modified** EOCs**:**

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
labelling, multiple dosing medication		• **(EOC.02:** The PHC has an approved process for the use and storage of multi-dose medications to ensure their stability and safety)**.** • **(EOC.05:** All medications, medication containers, and other solutions in the PHC are clearly labeled (if not clearly shown on the original package/box/container/ampoule/vial) in a standardized manner with at least the elements from a) to f) in the intent).
MMS.05 **KW: Life-supporting medications**	**MMS.05** **KW:** Emergency medications	- **Rephrasing** of Standard statement to be: (Life-supporting medications are available, accessible, and secured at all times). - **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved policy to guide life supporting medications availability that addresses at least all elements mentioned in the intent from a) through c). • **(EOC.02:** Life-supporting medications are appropriately available and accessible when required. - **Rephrasing** of EOCs: • **(EOC.03:** Life-supporting medications are uniformly stored in all locations). • **(EOC.04:** Life-supporting medications are replaced within a predefined timeframe when used, damaged, or outdated).
MMS.06 **KW: High-risk medications**	**MMS.06** **KW:** High-risk medications, concentrated electrolytes	- **Modified** Standard statement: (High-risk medications are identified, stored, and dispensed in a way that assures the risk is minimized). - **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved high-risk medication management policy that addresses elements a) and b) in the intent). • **(EOC.02:** The PHC provides training to the healthcare professionals involved in the management and use of high-risk medications.

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.03:** The PHC has an approved and annually updated list(s) of high-risk medications) . • **(EOC.04:** The PHC implements process(es) to prevent inadvertent use of high-risk medications) . • **(EOC.05:** The PHC monitors the reported data on management of high-risk medications and takes actions to control or improve the process as appropriate) .
MMS 07 **KW: Look-alike and sound-alike medication**	**MMS.07** **KW:** Look-alike and sound-alike medication	- **Modified** Standard statement: (Look-alike and sound-alike medications are identified, stored, and dispensed in a way that assures that risk is minimized) . - **Rephrasing** of EOC: (**EOC.01:** The PHC has an approved policy for managing look-alike and sound-alike medications that addresses all elements in the standard intent from a) through d). - **Modified** EOCs**:** • **(EOC.02:** The PHC has an approved and annually updated list(s) of look-alike and sound-alike medications). • **(EOC.03:** The PHC provides training to the healthcare professionals involved in the management and use of LASA). • **(EOC.04:** The PHC implements process(es) to prevent inadvertent use of LASA medications). • **(EOC.05:** The PHC monitors the reported data on the management of LASA and takes actions to control or improve the process as appropriate).
MMS.08 **KW: Medication recall, expired medications, outdated medications.**	**MMS.08** **KW:** Drug recall, expired and outdated medication	- **Modified** Standard statement: (The PHC has a system in place for medication recall). - **Modified** EOC**: (EOC.01:** The PHC has an approved policy to guide drug recall process that includes all elements from a) through d) in the intent).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Rephrasing** of EOCs: • **(EOC.03:** Recalled medication(s) is/are retrieved, labeled, separated, and disposed of (or removed) according to the policy). • **(EOC.04:** Expired, outdated, damaged, and/or contaminated medications are stored separately and disposed or removed safely according to the PHC policy).
MMS.09 **KW: Medication reconciliation, best possible medication history (BPMH)**	**MMS.10** **KW:** Best possible medication history	- **Modified** Standard statement: (Medications are reconciled across all interfaces of care in the PHC). - **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved policy for obtaining best possible medication history that includes all elements mentioned in the intent from a) through d). • **(EOC.02:** Staff responsible for reconciling medications are trained to take the best possible medication history (BPMH) and reconcile medications). • **(EOC.03:** Medication prescriber identified by the PHC compares the list of current medications with the list of medications to be prescribed). - **Rephrasing** of EOC: **(EOC.04:** Reconciled medications are clearly recorded, and related information is clearly communicated to healthcare professionals involved in the patient's medication prescribing).
MMS.10 **KW: Medication ordering, medication prescribing**	**MMS.09** **KW:** Ordering, prescribing, transcribing, abbreviations, and symbols	- **Modified** Standard statement: (PHC Medication ordering and prescribing in the PHC are safe and follow laws and regulation). - **Modified** EOCs**:** • **(EOC.01:** The PHC has an approved policy to guide the processes of ordering and prescribing medications that addresses all elements mentioned in the intent from a) through g).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• (EOC.02: The PHC is responsible for identifying those healthcare professionals permitted by law and regulation, qualification, training, experience, and job description to order medications). • **(EOC.03:** Medication prescriptions are complete and include items from i) to xi) in element d) in the intent. • **(EOC.04:** Refills of chronic medication occur according to PHC policy).
MMS.11 **KW: Medication appropriateness review**	**MMS.11** **KW:** Medication appropriateness review, competent pharmacist	- **Rephrasing** of EOCs: • (**EOC.01:** The patient-specific information required for an effective review process and the source(s) of this information are always available and accessible). • **(EOC.02:** Each prescription is reviewed for appropriateness by a licensed pharmacist prior to dispensing and the review process includes elements a) through h) in the intent). • **(EOC.03:** When an on-site licensed pharmacist is not available, a trained healthcare professional is identified by the PHC to perform a review of critical elements f) through h) in the intent).
MMS.12 **KW: Medication preparation, labelling of medications, medication dispensing, medication administration.**	**MMS.12** **KW:** Medication preparation, labelling of medications, dispensing, and administration	- **Rephrasing** of Standard statement: (Medications are safely and accurately prepared, dispensed, and administered). - **Rephrasing** of EOC: **(EOC.03:** The PHC has a uniform medication dispensing process). - **Modified** EOCs**:** • **(EOC.01:** The PHC identifies those healthcare professionals, by law and regulation, qualification, training, experience, and job description, authorized to prepare, dispense, and administer medications and admixtures, with or without supervision). • **(EOC.05:** Medication administered is verified according to points from a)

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		through j) in the intent and recorded in the patient's medical record. - **Added new** EOCs: • **(EOC.04:** Dispensed medication(s) is/are clearly labeled (electronically or manually through handwriting) with necessary medication-related use information). • **(EOC.06:** Patient and/or family are provided with necessary information (verbal and/or written) about the proper use and handling of dispensed medication(s).
MMS.13 **KW: Medication errors, near miss, medication therapy problems, adverse drug effects/events.**	**MMS.13** **KW:** Medication errors, near miss, medication therapy problems, adverse drug reactions	- No change.

Effective and safe medication management planning

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

Effectiveness

Keywords

Medication management, Pharmacy and Therapeutic Committee (PTC)

Intent

The unsafe use of medication is not the only safety problem in the healthcare system, but it is also one of the most significant issues. Ensuring a safer medication management program in any PHC is a major challenge. Medication management processes should be implemented according to the applicable national laws and regulations. The PHC shall develop and implement a safe medication management program that addresses at least the following:

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

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

For the medication management program to be able to function effectively, updated and appropriate medication-related information sources should be available either in electronic or in paper-based format to all healthcare providers involved in medication management.

Survey process guide

- GAHAR surveyor may review the medication management program document, interview healthcare professionals involved in medication management, and inquire about all steps of the medication management process.
- GAHAR surveyor may review the DTC terms of reference, the meeting minutes, and the medication management program annual report.

Evidence of compliance

1. The PHC develops medication management and safety program according to the applicable laws and regulations. The program addresses all elements from a) through g) in the intent.
2. A licensed pharmacist supervises all medication management activities according to law and regulations.
3. The PHC has a pharmacy and therapeutic committee (PTC) with a clear term of reference.
4. The committee is involved in the development and ongoing evaluation of medication management and safety program.
5. Updated and appropriate medication-related information source(s) is/are available either in electronic or in paper-based format to any health care providers involved in the medication use.

6. There is an annual documented review of the medication management and safety program, addressing elements from a) through g) in the intent.

Related standards

MMS.03 Medication Procurement, Formulary, Medication shortage, MMS.04 Medication storage, labelling and multiple dosing medication, MMS.10 Medication Ordering, Medication prescribing, MMS.12 Medication preparation, labeling of medications, medication dispensing, medication administration, OGM.02 PHC director, WFM.04 Job Description

MMS.02 Antimicrobial stewardship program is developed and implemented to enhance the rational use of antimicrobial agents.

Safety

Keywords

Antimicrobial stewardship program

Intent

Treatment with antimicrobial agents seems so effective and safe that they are sometimes prescribed for dubious indications and for longer than necessary. As more resistance is acquired, the world will eventually be left without any effective medication therapies. Thus, antimicrobial resistance (AMR) can have a negative impact on patient outcomes and poses a major threat to patient safety. Implementing an antimicrobial stewardship program (ASP) will help reach the goal of providing patients requiring antimicrobial treatment with the right antimicrobial, at the right time, at the right dose, and for the right duration. Also, it will reduce the development and spread of resistant bacteria and deliver better patient outcomes.

ASP shall be one of the PHC's priorities with leadership commitment and support. Examples of leadership support include accountability documents, dedicating necessary human resources, budget plans, infection prevention plans, and performance improvement and strategic plans. This program can be developed internally in the PHC or can be designed and developed through higher authority outside the PHC.

An effective ASP will implement at least one intervention that meets a need within the PHC and in accordance with the national and/or international guidance (e.g., WHO and CDC). Using a stepwise implementation shall help to familiarize staff with the new policies and procedures, and to lessen any overwhelming affects.

Examples of interventions where one or more of them can be implemented in PHCs include:

- Development and implementation of clinical guidelines based on either local, national, or international data accessible for use (e.g., management respiratory tract infections, management of urinary tract infections, etc.).
- The development of clinical criteria and guidelines for prescribing parenteral antimicrobial agents.
- Identification of one or more high-priority conditions for intervention (for example)
    - Conditions for which antibiotics are overprescribed such as conditions for which antibiotics are not indicated (e.g., acute bronchitis, non-specific upper respiratory tract infections, or viral pharyngitis).
    - Conditions for which antibiotics might be appropriate but are overdiagnosed, such as a condition that is diagnosed without fulfilling the diagnosis criteria (e.g., diagnosing streptococcal pharyngitis and prescribing antibiotics without testing for group A Streptococcus).

  - Conditions for which antibiotics might be indicated but for which the wrong agent, dose, or duration are often selected (e.g., selecting azithromycin rather than amoxicillin or amoxicillin/clavulanate for acute uncomplicated bacterial sinusitis).
  - Conditions for which a watchful waiting approach or delayed prescribing is appropriate but underused (e.g., acute otitis media or acute uncomplicated sinusitis).
- Prioritization of dental treatment over using antibiotics as first-line therapy.
- Provision of thorough counseling to patients when antimicrobials are prescribed.

The decision to select which intervention to be implemented shall be based on staffing, patient population, as well as the available resources.

Tracking the effectiveness of the ASP program is important to assess, monitor, and improve the program. Examples of program evaluation include:

- Monitoring of antibiotics use using methods such as control charts to identify trends in prescribing and may signal that inappropriate prescribing of specific medications is occurring.
- Evidence of a decrease in the inappropriate use of antimicrobials.
- Collecting data on adherence to antibiotic prescribing policies and antibiotic use.
- Measurement of antimicrobial use, consumption, and cost (e.g., using defined daily doses (DDD), or days of therapy (DoT)).

It is important to ensure that antimicrobial stewardship reports are available to leadership, and healthcare providers. Educating healthcare providers who use antimicrobials on optimal antimicrobial use, antimicrobial resistance, and antimicrobial stewardship practices, and educating patients and families on appropriate use of antimicrobials are another element.

Survey process guide

- GAHAR surveyor may review the antimicrobial stewardship program documents.
- GAHAR surveyor may interview healthcare providers about any activity related to the antimicrobial stewardship program.
- GAHAR surveyor may review the antimicrobial stewardship report.

Evidence of compliance

1. The PHC has an approved multidisciplinary antimicrobial stewardship program based on national and/or international protocols, guidelines, and regulations.
2. The PHC educates staff, patients, and their families about antimicrobial stewardship practices and the appropriate use of antimicrobials.
3. The antimicrobial stewardship program uses PHC-approved scientifically based protocols.
4. The PHC monitors the reported data on its antimicrobial stewardship program and takes actions to control or improve the process as appropriate.

Related standards

MMS.01 Medication management, Pharmacy and Therapeutic Committee (PTC), IPC.02 IPC program, risk assessment, guidelines, MMS.11 Medication appropriateness review, PCC.04 Patient and family education process.

Efficient Medication selection and procurement

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

Efficiency

Keywords

Medication procurement, formulary, medication shortage.

Intent:

Medication selection and procurement are multidisciplinary processes and involve (if not being done through higher authority outside the PHC) efforts to quantify medication requirements, select appropriate procurement methods, and prequalify suppliers, and products. The PHC shall develop a list (known as a formulary) of all the medications it stocks. Formulary is selected based on disease prevalence, evidence of efficacy, safety, and comparative cost-effectiveness. Laws and regulations may determine the medications on the list. The formulary shall include, but not be limited to, the following:

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

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

Survey process guide

- GAHAR surveyor may review the PHC formulary.
- GAHAR surveyor may interview the PTC members about the process of medication procurement and the addition/deletion of medication to/from the formulary.
- GAHAR surveyor may interview those involved in the medication selection (If any) process to learn about the process and its variants, such as procuring a medication that is not listed in the formulary or procuring a medication for a temporary period.

Evidence of compliance

1. The PHC has an updated list of the approved medications (often referred to as a formulary), which includes at least items from a) to e) in the intent.
2. A printed and/or electronic formulary copy of the approved medications list is readily available and accessible to all health care provider involved in medication management.
3. There is a process for overseeing medication use in the PHC to monitor, maintain, and update the medication list at least annually.
4. The PHC has a process for proper communication about medication shortages and outages to prescribers and other healthcare professionals.

Related standards

MMS.01 Medication management, Pharmacy and Therapeutic Committee (PTC), MMS.04 Medication storage, medication labelling, multiple dosing medication, MMS.08 Medication recall, expired medications, outdated medications, OGM.07 Stock management.

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

MMS.04 GSR.13 Medications are stored in a manner to maintain their security and quality

Safety

Keywords

Medication storage, medication labelling, multiple dosing medication

Intent

The stability/effectiveness of medications depends on storing them according to the manufacturer's recommendations at the correct conditions such as light, humidity and temperature. The PHC shall maintain appropriate storage conditions (temperature, light, humidity) in medication storage areas to protect the stability of medications during all time. This includes the storage and handling of multiple dosing medications.

The PHC shall limit access to medication storage areas with the level of security required to protect it against loss or theft, depending on the types of medications stored and to carry a regular inspection process to ensure the compliance with the required storage conditions.

Medications or other solutions in unlabelled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions being removed from their original containers and placed into unlabelled containers. Ensuring the labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications. Medications shall be labeled in a standardized manner. This requirement shall apply to any medication that is prepared but not administered immediately (this requirement does not apply to a medication prepared and administered immediately, e.g., in the emergency situations). At a minimum, labels shall include the following (if not apparent from the original package/box/container/ampoule/vial):

a) Medication name
b) Strength/concentration
c) Amount/quantity.
d) Expiration date
e) Beyond use date
f) Batch number.

Survey process guide

- GAHAR surveyor may observe the medication storage areas to assess storage conditions and labeling.
- GAHAR surveyor may observe at the labeling of multiple dosing medications (e.g., vaccines) showing the beyond use date.

Evidence of compliance

1. Medications are safely and securely stored according to manufacturer/marketing authorization holder recommendations in a clean, organized area.
2. The PHC has an approved process for the use and storage of multi-dose medications to ensure their stability and safety.
3. The PHC has a clear process to deal with an electric power outage to ensure the integrity of any affected medications before use.
4. Medication storage areas are periodically (at least monthly) inspected to confirm compliance with proper storage conditions.
5. All medications, medication containers, and other solutions in the PHC are clearly labeled (if not clearly shown on the original package/box/container/ampoule/vial) in a standardized manner with at least the elements from a) to f) in the intent.

Related standards

MMS.01 Medication management, Pharmacy and Therapeutic Committee (PTC), MMS.06 High-alert medications, MMS.07 Look-alike and Sound like medications, MMS.08 Medication recall, expired medications, outdated medications, EFS.11 Utilities Management plan.

MMS.05 Life-supporting medications are available, accessible, and secured at all times.

Safety

Keywords
Life supporting medications

Intent

In situations when a patient emergency occurs, quick access to life supporting medications is critical and may be lifesaving. Life supporting medications shall be readily accessible and uniformly stored to facilitate quick access to the right medication to meet emergency needs.
The PHC develops and implements policy and procedures to ensure the availability of life-supporting medications that address at least the following:

a) The availability, accessibility, and distribution of life-supporting medications to facilitate quick access to the right medication and to meet emergency needs for all categories of patients including pediatrics.
b) Prevention of abuse, loss, or theft of life-supporting medications to ensure their availability when needed.
c)Replacement of life-supporting medication at the most appropriate time when used, damaged, or outdated.

Survey process guide

- GAHAR surveyor may review the PHC policy for lifesaving medication management.
- GAHAR Surveyor may observe lifesaving medications storage areas.
- GAHAR surveyor may interview staff members who are responsible for lifesaving medications storage to inquire about storage conditions, accessibility, storage security and replacement of medications when needed.

Evidence of compliance

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

Related standards

ICD.13 Cardiopulmonary resuscitation, Medication management, Pharmacy and Therapeutic Committee (PTC), MMS.03 Medication procurement, formulary, medication shortage, MMS.04 Medication storage, medication labelling, multiple dosing medication.

MMS.06 GSR.10 High-risk medications are identified, stored, and dispensed in a way that assures the risk is minimized.

Safety

Keywords
High-risk medications

Intent

High-risk medications are those bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these medications, the consequences of an error are clearly more devastating to patients. Examples of high-risk medications include, but not limited to, hypoglycemic agents, medications with narrow therapeutic range, and inotropic agents, etc.

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

a) Lists of high-risk medications based on its own data and both nationally and internationally recognized organizations (e.g., Institute of Safe Medication Practice (ISMP) and the World Health Organization (WHO)).

b) Strategies are in place to prevent the inadvertent use of these medications, including those that ensure the absence of concentrated electrolytes in PHC.

Examples of strategies to prevent errors may include:

- Separation from all other medications stored in the area.
- A system for regular checking and restocking at par level by pharmacy staff.
- The use of prominent warning labels/labeling system.

Survey process guide

- GAHAR surveyor may review the PHC policy that guides the process of safe use of high-alert medications.
- GAHAR surveyor may review the PHC high-risk list and check its availability.
- GAHAR surveyor may observe clinics and medication storage areas and assess measures/strategies implemented to ensure the safe storage of high-risk medications.
- GAHAR surveyor may interview staff members to assess their understanding of preventive strategies for managing these medications.

Evidence of compliance

1. The PHC has an approved high-risk medication management policy that addresses elements a) and b) in the intent.
2. The PHC provides training to the healthcare professionals involved in the management and use of high-risk medications.
3. The PHC has an approved and annually updated list(s) of high-risk medications.
4. The PHC implements process(es) to prevent inadvertent use of high-risk medications.
5. The PHC monitors the reported data on management of high-risk medications and takes actions to control or improve the process as appropriate.

Related standards

MMS.04 Medication storage, medication labelling, multiple dosing medication, MMS.12 Medication preparation, labelling of medications, medication dispensing, medication administration, MMS.13 Medication errors, near miss, medication therapy problems, adverse drug effects/events.

MMS.07 GSR.11 **Look-alike and sound-alike medications are identified, stored, and dispensed in a way that assures that risk is minimized.**

Safety

Keywords
Look-alike and sound-alike medication

Intent

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

a) List of Look-alike Sound-alike medications
b) Storage requirements
c) Labelling requirements
d) Dispensing requirements

Survey process guide

- GAHAR surveyor may review the PHC policy and the updated list of look–alike and sound-alike medications.
- GAHAR surveyor may interview healthcare providers to inquire about processes to minimize the risk associated with using look-alike sound-alike medications.
- GAHAR surveyor may observe the LASA medications segregation and labeling of different medication storage areas inside or outside the pharmacy.

Evidence of compliance

1. The PHC has an approved policy for managing look-alike and sound-alike medications that addresses all elements in the standard intent from a) through d).
2. The PHC has an approved and annually updated list(s) of look-alike and sound-alike medications.
3. The PHC provides training to the healthcare professionals involved in the management and use of LASA.
4. The PHC implements process(es) to prevent inadvertent use of LASA medications.
5. The PHC monitors the reported data on the management of LASA and takes actions to control or improve the process as appropriate.

Related standards

MMS.04 Medication storage, medication labelling, multiple dosing medication, MMS.12 Medication preparation, labelling of medications, medication dispensing, medication administration, MMS.13 Medication errors, near miss, medication therapy problems, adverse drug effects/events.

MMS.08 The PHC has a system in place for medication recall.

Safety

Keywords

Medication recall, expired medications, outdated medications.

Intent

The great benefits derived from medications are also accompanied by many risks, which may be derived from the properties of the medication substance, the quality of the medications, or, in some cases, the defectiveness of the product itself.

A medication recall is required when safety issues arise and defective products are required to be returned to the manufacturer/distributor. This includes expired, outdated, damaged, dispensed but not used, and/or contaminated medications. It also includes sterile and non-sterile compounded preparations in which recalled medications/ingredients have been used in their preparation.

Medication recalls can be extremely costly and can damage consumer confidence in the product or company, so naturally all companies try the maximum to avoid such scenarios.

The PHC must have a process in place for the proper identification and retrieval of medications recalled by the local health authorities, the manufacturer, or other recognized bodies. The PHC shall develop and implement a policy and procedures to guide the process of managing recalled medication. It also ensures that expired medications cannot be inadvertently distributed, dispensed, or administered. The policy shall address at least the following:

a) The process to retrieve recalled medications.
b) Labeling and separation of recalled medications.
c) Patient notification (when applicable).
d) Disposal or removal.

Survey process guide

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

Evidence of compliance

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

Related standards

MMS.01 Medication management, Pharmacy and Therapeutic Committee (PTC), MMS.04 Medication storage, medication labelling, multiple dosing medication.

MMS.09 GSR.12 Medications are reconciled across all interfaces of care in the PHC.

Safety

Keywords

Medication reconciliation, best possible medication history (BPMH)

Intent

Patients often receive new medications or have changes made to their existing medications at times of transitions in care where new medication(s) is/are ordered or existing order(s) is/are rewritten.
As a result, the new medication regimen prescribed at the time of receiving the service may inadvertently omit needed medications, unnecessarily duplicate existing therapies, or contain incorrect dosages. These discrepancies place patients at risk for adverse drug events (ADEs).
Medication reconciliation refers to the process of avoiding such inadvertent inconsistencies across transitions in care by reviewing the patient's complete medication regimen at the time of transition of care and comparing it with the regimen being considered (if any) for the new setting of care within predefined time frame.

The PHC develops and implements a policy and procedures to guide medication reconciliation process that addresses at least at least the following.

a) Situations where medication reconciliation is required.
b) Time frame within which medication reconciliation is done.
c) Determination of the responsibility of the healthcare professional involved in medication reconciliation.
d) Steps of the medication reconciliation process
    i. Developing/collecting and documenting a complete list of patient's current medications (both prescribed and non-prescribed (e.g., vitamins, nutritional supplements, over-the-counter medications, and vaccines) including those taken at scheduled time and those taken on as needed basis) at the beginning of the episode of care.
    ii. Developing a list of medications to be prescribed during episodes of care in the PHC.
    iii. Comparing the medications on both lists and making necessary decision(s) based on this comparison (whether the medications in the prescribed list and their dosages are appropriate) to avoid medication errors such as omissions, dosing errors, continuation of incorrect medications and duplications.

Survey process guide

- GAHAR surveyor may review the PHC policy, followed by interviewing healthcare providers to inquire about the medication reconciliation process.
- GAHAR surveyor may review a number of patient's medical records to assess the recording of current medication.
- GAHAR surveyor may interview with an appropriate number of patients to inquire about medication history assessment.
- GAHAR surveyor may check if patient's own medications are matching the recorded current medications and are included in the medication reconciliation process.

Evidence of compliance

1. The PHC has an approved policy for obtaining best possible medication history that includes all elements mentioned in the intent from a) through d).
2. Staff responsible for reconciling medications are trained to take the best possible medicationhistory (BPMH) and reconcile medications.
3. Medication prescriber identified by the PHC compares the list of current medications with the list of medications to be prescribed.
4. Reconciled medications are clearly recorded, and related information is clearly communicated to healthcare professionals involved in the patient's medication prescribing.

Related standards

ACT.05 Patient's care responsibility, ICD.04 Patient medical assessments, ACT.09 referral process.

MMS.10 PHC Medication ordering and prescribing in the PHC are safe and follow laws and regulation

Safety

Keywords
Medication ordering, medication prescribing

Intent

When prescribed and used effectively medications have the potential to significantly improve the quality of lives and improve patient's safety and outcomes. However, the challenges associated with prescribing the right medications, and supporting patients to use them effectively should not be underestimated.
Treating a patient with medication(s) requires specific knowledge and experience. Each PHC is responsible for identifying those individuals by experience and who are permitted by licensure, certification, laws, or regulations to prescribe and order medications.
PHCs spend significant time managing non-visit activities, including processing requests for prescription renewal. Delays in processing refills may lead to patient dissatisfaction and impact provider productivity. Having non-clinicians process refills can be more efficient and time-saving.
The PHC shall develop and implement a policy and procedures to guide the processes of ordering and prescribing medications. The policy addresses at least the following:

a) The healthcare provider(s) who is/are authorized to prescribe medications.
b) The uniform location in the patient's medical record to order and prescribe medications.
c) The prohibition of the transcription process.
d) Listing of prescribed medications including the following.
    i. Patient's identifications
    ii. Patient's demographics
    iii. Medication name.
    iv. Dosage form
    v. Strength or concentration
    vi. Dosage and frequency
    vii. Route of administration
    viii. Rates of administration (when intravenous infusions are ordered for emergency use)
    ix. Indications for use for PRN medications
    x. Date and time of the order.
    xi. Prescriber's identification
e) The process to manage special types of orders, such as weight-based dosing, emergency order, or orders needs titration, tapering orders.
f) The process to manage medication orders that are incomplete, illegible, or unclear medication orders.
g) The process to manage prescription refills of chronic medications.

Implementation of a multidisciplinary refill protocol significantly improved time and predictability of refill completion.

Survey process guide

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

Evidence of compliance

1. The PHC has an approved policy to guide the processes of ordering and prescribing medications that addresses all elements mentioned in the intent from a) through g).

2. The PHC is responsible for identifying those healthcare professionals permitted by law and regulation, qualification, training, experience, and job description to order medications.
3. Medication prescriptions are complete and include items from i) to xi) in element d in the intent.
4. Refills of chronic medication occur according to PHC policy.

Related standards

MMS.04 Medication storage, medication labelling, multiple dosing medication, ACT.03 Patient identification, IMT.03 Use of symbols, and abbreviations, ICD.08 Orders and requests, WFM.02 job description.

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

safety

Keywords

Medication appropriateness review

Intent

Dispensing is a core clinical activity that enables pharmacists to ensure the safety and effectiveness of medications. All medication orders shall be reviewed for accuracy and appropriateness before dispensing or removal from floor stock. The appropriateness review is performed by a licensed pharmacist.

Each newly prescribed medication is reviewed for the following elements:

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

The PHC defines the patient-specific information that is required for the appropriateness review of the prescription.

Appropriateness reviews should be conducted even when circumstances are not ideal. For example, when the medication to be dispensed from stock in the nursing unit.

Survey process guide

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

Evidence of compliance

1. The patient-specific information required for an effective review process and the source(s) of this information are always available and accessible.
2. Each prescription is reviewed for appropriateness by a licensed pharmacist prior to dispensing and the review process includes elements a) through h) in the intent.
3. When an on-site licensed pharmacist is not available, a trained healthcare professional is identified by the PHC to perform a review of critical elements f) through h) in the intent.
4. There is a process for the reviewer to contact the prescriber when questions or concerns arise.

Related standards

MMS.10 Medication ordering, medication prescribing, MMS 12 Medication preparation, labelling of medications, medication dispensing, medication administration.

MMS.12 Medications are safely and accurately prepared, dispensed, and administered.

Safety

Keywords

Medication preparation, labeling of medications, medication dispensing, medication administration.

Intent

Dispensing medications within the PHC follows standardized processes to ensure patient safety. A uniform system for dispensing medications can help to reduce the risk of medication errors. A safe, clean, and organized working environment provides the basis for good dispensing practice. This includes qualified/trained staff, appropriate physical surroundings, adequate shelving, proper work surfaces, suitable equipment, and necessary packaging materials.

The PHC identifies the standards of practice for a safe medication preparation environment, the dispensing and administration requirements, including the healthcare providers authorized to perform these processes.

Healthcare professionals who prepare medications are requested to use techniques to ensure accuracy (e.g., double-checking calculations), and avoid contamination, include using clean or aseptic technique as appropriate, maintaining clean, and uncluttered areas for product preparation.

Medications shall be dispensed in quantities enough to meet patient's needs but at the same time to minimize diversion (i.e., quantities dispensed are not excessive to permit diversion).

The PHC educates patients and their families so that they have the knowledge and skills to participate and make decisions related to patient care processes. This education includes but not limited to verbal explanation and instructions by a pharmacist to patients and/or their families on the storage, safe and effective use, and administration of the prescribed medications.

Medication administration to manage a patient requires specific knowledge and experience. In addition, medications administered within the PHC follow standardized processes to ensure the appropriateness, effectiveness, and safety of medication based on prescription or order.

The safe administration of medications shall include verifying the following:

a) Presence of medication order.
b) Patient identifications.
c) Right medication.
d) Reasons/indication of medication therapy.
e) Right dosage amount and regimen.
f) Right route of administration.
g) Right time of administration.
h) Review if the patient is allergic to any medication in the prescription or order.
i) Action(s) taken when medication administration is refused.
j) Recording of the administered medication in patient's record.

Survey process guide

- GAHAR surveyor may observe medication preparation, labelling, and dispensing processes.
- GAHAR surveyor may interview pharmacists, nurses, and other healthcare professionals involved in preparation of medications to inquire about processes of preparation and may observe the process.
- GAHAR surveyor may observe the process of medication administration.

- GAHAR surveyor may interview a patient and/or a family member to inquire about the medication education process

Evidence of compliance

1. The PHC identifies those healthcare professionals, by law and regulation, qualification, training, experience, and job description, authorized to prepare, dispense, and administer medications and admixtures, with or without supervision.
2. Medications are prepared in clean and uncluttered areas, provided with medical equipment and supplies and adhering to professional standards of practice.
3. The PHC has a uniform medication dispensing process.
4. Dispensed medication(s) is/are clearly labeled (electronically or manually through handwriting) with necessary medication-related use information.
5. Medication administered is verified according to points from a) through j) in the intent and recorded in the patient's medical record.
6. Patient and/or family are provided with necessary information (verbal and/or written) about the proper use and handling of dispensed medication(s).

Related standards

ACT.03 Patient identification, MMS.11 MMS.10 Medication ordering, medication prescribing, EFS.07 Safety Management Plan, IPC.04 Hand Hygiene, IPC.05 Standard precaution measures, MMS.04 Medication storage, medication labelling, multiple dosing medication.

Safe medication monitoring

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

Safety

Keywords

Medication errors, near miss, medication therapy problems, adverse drug effects/events.

Intent

Medication errors and near misses are particularly important, given the large and growing global volume of medication use. Medication errors can occur at several different stages of the medication prescription and use process. Although serious errors are relatively rare, the absolute number is sizeable, with the potential for considerable adverse health consequences.

Each PHC shall have a medication error, near miss, and medication-related problems (also known as drug therapy problems) detecting and reporting system. This system focuses on preventing and managing medication errors and near misses, or any other safety issues, including but not limited to overdose, toxicity, misuse, abuse, occupational exposure, medication exposure during pregnancy, and lactation).

Monitoring medication effects includes observing and documenting any adverse effects. This is done using a standardized reporting format and staff are educated on the process and the importance of reporting. Reporting to the authorized institutions is done at the most appropriate time without any delay as per national/international regulations. It is important that, the PHC shall develop a process to identify and report on medication errors, near misses, medication therapy problems and adverse drug events.

Definitions and processes are developed through a collaborative process that includes all those involved in the different steps in medication management. The reporting process shall be part of the PHC quality improvement and patient safety program. Medication errors, near misses, medication therapy problems, and adverse drug events shall be identified and reported to:

a) Prescriber and/or other healthcare professional (as required).
b) Pharmacy and therapeutics committee.
c) Quality unit/department/committee.
d) Leaders of the PHC, if not being represented in points b) or c).
e) Authorized institutions according to national/international regulations (e.g., pharmacovigilance unit)

Survey process guide

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

Evidence of compliance

1. The PHC has an approved policy to guide the process of defining, reporting, analyzing and acting on medication error(s), near miss(es), and medication therapy problem(s) based on national/international references.
2. The PHC implements a process for detecting and reporting to bodies, including items from a) to e) identified in the intent and acting on medication errors, near misses, and medication therapy problems.

3. The PHC utilizes reported medication errors, near misses, and medication therapy problems to improve medication management and use programs.
4. Medication adverse effects on patients are monitored and recorded in the patient's medical record, including the action(s) to be taken in response.
5. Adverse drug effects/events are reported in a manner consistent with national and international guidelines.

Related standards

ACT.05 Patient's care responsibility, QPI.06 Incident Reporting System, QPI.07 Sentinel events.

Section 3: Organization-Centered Standards

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

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

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

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

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

Thus, this section shall focus on some of the newer ideas about healthcare workplace suitability to provide a safe, efficient, and improving environment for healthcare service.
One of the tools used to design this section is called 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 Health WISE 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. Health WISE puts the health workforce in focus and addresses topics that are key to delivering quality care. It encourages everyone to participate in making their workplace not only a good place to work but a quality healthcare environment appreciated by patients and the community.

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

Environmental and Facility Safety

Chapter intent

Primary Healthcare facilities (PHCs) are complex environments that demand meticulous attention to both environmental and facility management to ensure the safety and well-being of patients, staff, and visitors.

Environmental and Facility Safety (EFS) in PHCs is a multifaceted discipline aimed at minimizing risks and creating a safe, secure, and compliant healthcare environment. This involves adherence to local laws, regulations, fire and building codes, and the implementation of best practices in environmental management.
The scope of EFS includes everything from waste management and environmental safety to the prevention of accidents and the training of healthcare staff in emergency preparedness and safety procedures.

Primary Healthcare centers (PHCs) safety involves the establishment of organized efforts and procedures to identify workplace hazards and reduce the risk of accidents and exposure to harmful situations. This includes maintaining the structural integrity of the facility building, ensuring compliance with fire and building codes, and conducting regular inspections to identify and address potential hazards.
A critical component of such healthcare facility safety is the development and implementation of emergency preparedness plans, enabling the facility to respond effectively to a wide range of emergencies, from natural disasters to man-made crises.

Training PHC facility staff is essential for both environmental and facility safety. Staff members must be thoroughly trained in accident prevention, emergency response, and the use of protective equipment. This training should be ongoing and cover various important topics, such as handling hazardous materials, responding to fires or chemical spills, and safely evacuating patients during emergencies.

Additionally, implementing energy-efficient systems, using sustainable materials, and reducing water consumption are key aspects of the Primary HealthCare (PHC) facility's environmental management strategy. These practices contribute not only to the safety of the facility environment but also to the broader goal of environmental sustainability.

Chapter Purpose:

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

- **Fire Safety:** strategies for fire prevention, early detection, appropriate response, and safe evacuation in case of a fire.
- **Hazardous Materials:** measures for the safe handling, storage, transportation, use, and disposal of hazardous materials and waste.
- **Safety:** Ensuring a safe work environment for all occupants by maintaining PHC buildings, construction areas, and equipment so they do not pose hazards or risks to patients, staff, and visitors.

- **Security:** Protecting the property of all occupants from loss, theft, destruction, tampering, or unauthorized access or use.
- **Medical Equipment:** Processes for selecting, inspecting, testing, maintaining, and safely using medical equipment.
- **Utility Systems:** Ensuring the efficiency and effectiveness of all utilities through regular inspection, maintenance, testing, and repair to minimize the risk of operational failures.
- **Disaster Preparedness:** Preparing for and responding to disasters and emergencies that may occur within the PHC's geographical area, including evaluating the structural integrity of the patient care environment.
- **Environmental sustainability:** Implement sustainable practices within healthcare operations to reduce environmental impact and enhance resource efficiency, promoting healthcare staff engagement and accountability in sustainable initiatives.

EFS Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
EFS.01 **KW: PHC environment and facility safety**	**EFS.01** **KW:** PHC environment and facility safety structure	- **Modified** Standard Statement: (PHC facilities comply with laws, regulations, and civil defence requirements). - **Modified** EOC: • **(EOC.01:** The PHC complies with laws, regulations, and civil defence requirements as required). - **Rephrasing** of EOC: **(EOC.02:** The PHC leadership responds to external inspection reports within the required timeframe). - **Added new** EOCs: • (**EOC.03:** The PHC leadership works with the governing body to maintain the environment of care). • (**EOC.04:** PHC leadership ensures the availability of current and updated work permits when required). • (**EOC.05:** PHC leadership ensures that all environmental and facility safety plans are evaluated and updated annually with improvement when required).
EFS.02 **KW: Environment and facility safety program monitoring**	**EFS.01** **KW: PHC environment and facility safety structure**	- **New standard statement:** (PHC environment and facility safety program is overseen and monitored by a trained staff). - **Added new EOCs:** • **(EOC.02:** The PHC ensures that multidisciplinary environment and facility surveillance rounds are performed across all PHC areas and services at least quarterly. And corrective actions are taken when indicated.)

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.03:** There is a quarterly report submitted to the PHC leadership about the significant observations during the surveillance rounds and the corrective actions taken when needed.)
EFS.03 **KW: Fire and smoke safety**	**EFS.02** **KW:** Fire and smoke safety	- **Rephrasing of** Standard Statement: (Fire and smoke safety plan addresses prevention, alarm system response, and safe evacuation in case of fire and/or other internal emergencies). - **Modified** EOC: **(EOC.01:** The PHC has an approved, updated fire and smoke safety plan that includes all elements from a) through e) in the intent). - **Added new** EOCs: • (**EOC.02:** All staff are trained on fire safety plans and can demonstrate their rules during fire or non-fire internal emergencies at least annually). • (**EOC.03:** Fire risk assessment with risk mitigation measures are in place with corrective action when required). • (**EOC.04:** The PHC fire alarm system is available, functioning, inspected, tested and maintained on a regular basis). • (**EOC.05:** The PHC fire suppression system is available, functioning, inspected, tested and maintained on a regular basis). • (**EOC.06:** Emergency exit doors and corridors are clearly signed and not obstructed.
EFS.04 **KW: Fire drills**	**EFS.02** **KW:** Fire and smoke safety	- **New standard statement:** (Fire drills are performed in different PHC areas).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Modified** EOCs: • **(EOC.01:** Fire drills are performed at least quarterly, including one unannounced drill.) • **(EOC.02:** All staff members participate in fire drills at least once annually.) • **(EOC.05:** The PHC staff guarantee Safe evacuation of patients, staff and visitors.) - **Added new** EOCs: • **(EOC.03** Fire drill results are recorded from a) through d) in the intent). • **(EOC.04:** Fire drill results evaluation is performed after each drill and corrective action plan when indicated.)
EFS.05 **KW: Smoking-Free Environment**	**EFS.03** **KW:** Smoking-free environment	- **Rephrasing of** Standard Statement: (The PHC clinical and non-clinical areas are smoking-free). - **Modified** EOC: **(EOC.03:** Occupants, according to laws and regulations, do not smoke in all areas inside the buildings).
EFS.06 **KW: Hazardous materials safety**	**EFS.04** **KW:** Hazardous materials and waste management	- **Modified** Standard Statement: (The PHC plans safe handling, storage, usage and transportation of hazardous materials and waste management). - **Modified** EOCs: • **(EOC.01:** The PHC has a hazardous material and waste management plan that addresses all elements from a) through k) in the intent). • **(EOC.03:** The PHC ensures safe usage, handling, storage, availability of SDS and labelling of hazardous materials).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Added new** EOCs: • **(EOC.02:** Staff is trained on hazards material and waste management). • **(EOC.04:** The PHC ensures safe handling, storage, and labelling of waste according to laws and regulations).
EFS.07 **KW: Safety Management Plan**	**EFS.05** **KW:** Safety management plan	- **Modified** Standard Statement: (A safe work environment plan addresses high-risk areas, procedures, risk mitigation requirements, tools, and responsibilities). - **Modified** EOCs: • **(EOC.01:** The PHC has an approved and updated plan to ensure a safe work environment that includes all elements from a) through g) in the intent). • **(EOC.02:** Staff are trained on safety measures based on their jobs). • **(EOC.04:** Safety measures and PPEs are available and used whenever indicated). - **Added a new** EOC: **(EOC.03:** Risk mitigation is conducted based on risk assessment).
EFS.08 **KW: Pre-Construction risk assessment**	**IPC.09** **KW:** Demolition, renovation, construction	• **Modified** Standard Statement: (The PHC performs a pre-construction risk assessment when planning for construction or renovation). • **Added a new** EOCs: • (**EOC.01:** The PHC performs a pre-construction risk assessment before any construction or renovation). • (**EOC.02:** All affected services are involved in the risk assessment).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• (**EOC.04:** If a contractor is used, contractor's compliance is monitored and evaluated by the PHC).

EFS.09
KW: Security Plan
	EFS.06
	KW: Security plan
		• **Modified** Standard Statement: (Security plan addresses the security of all occupants and properties).
		• **Modified** EOCs:
		  • **(EOC.01:** The PHC has an approved updated security plan that includes items a) through l) in the intent).
		  • **(EOC.02:** All staff are trained on the security plan).
		• **Added new** EOCs:
		  • **(EOC.03:** Risk mitigation is conducted based on risk assessment).
		  • **(EOC.04:** Staff and vendors/ contractors' identification is implemented).
		  • **(EOC.06:** Drill for child abduction at least bi-annually).
		• **Rephrasing of EOC: (EOC.05:** Occupants are protected from harm at all times).

EFS.10
KW: Medical Equipment Plan
	EFS.07
	KW: Medical equipment management plan
		- **Rephrasing for** Standard Statement: (Medical equipment plan ensures selection, inspection, testing, maintenance, and safe use of medical equipment).
		- **Modified** EOCs:
		  • **(EOC.01:** The PHC has an approved updated medical equipment management plan that addresses all elements from a) through k) in the intent).
		  • **(EOC.02:** The PHC has a qualified individual to oversee medical equipment management).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Added a new** EOC: **(EOC.06:** Equipment adverse incidents are reported, and actions are taken.
EFS.11 **KW: Utilities Management Plan**	**EFS.08** **KW:** Utilities management plan	- **Modified** EOCs: • **(EOC.01:** PHC has an approved updated plan for utility management that includes items a) through j) in the intent). • **(EOC.02:** Staff are trained to oversee utility management).
EFS.12 **KW: Disaster Plan**	**EFS.09** **KW:** Disaster plan	- **Rephrasing of** Standard Statement (Emergency preparedness plan addresses responding to disasters that have the potential of occurring within the geographical area of the PHC). - **Modified** EOCs: • **(EOC.01:** There is an approved PHC emergency preparedness plan that includes items a) through g) in the intent). • **(EOC.02:** Staff members are trained on the plan). • **(EOC.03:** The PHC performs at least one drill biannually that includes items from (i) through (v) in the intent). • **(EOC.04:** The PHC demonstrates preparedness for identified emergencies based on risk assessment.)
EFS.13 **KW: Environmental Sustainability, Green Healthcare**		- **New Standard.**

Effective leadership and planning of environment and facility safety

EFS.01 PHC facilities comply with laws, regulations, and civil defence requirements.

Safety

Keywords:

PHC environment and facility safety

Intent:

The safe physical environment of primary health care (PHC) is Crucial to ensuring the well-being of both patients and healthcare providers.
The PHC should comply with relevant laws, regulations, and civil defence requirements to ensure the safety of patients, staff, visitors, vendors, and the environment.
While PHCs are meant to provide healing and comfort, they also include certain dangers. PHC contain hazardous chemicals, wastes, and infectious matter, among other threatening items. There are also dangers from fire and smoke that can be threatening to PHC patients, staff, visitors and vendors. Safe evacuation and traffic inside the facility are directly related to the design as exits, width of corridors, and waiting areas; otherwise, the facility should have a safe alternative.
For this reason, governmental authorities enforce laws and regulations to ensure protection against these exposures.
If an external authority, such as civil defence & other local authorities, reported an observation during inspection, the PHC leadership is responsible for providing a corrective action plan and follow up of any non-compliance within the required timeframe.
The PHC should have a current permits, licenses and design drawings, in addition to budget availability for upgrading and/or replacement of instruments or systems to keep environmental safety and/or to expand services provided when required. environmental and facility safety plans are evaluated and updated with improvement when required.

Survey process guide:

- GAHAR surveyor may review documents demonstrating PHC drawings, budget, and external authorities reports with action plans.
- During PHC tours and tracers, GAHAR surveyor may observe compliance with laws and regulations and the matching of allocated spaces to departmental functions.

Evidence of compliance:

1. The PHC complies with laws, regulations, and civil defence requirements as required.
2. The PHC leadership responds to external inspection reports within the required timeframe.
3. The PHC leadership works with the governing body to maintain the environment of care.
4. PHC leadership ensures the availability of current and updated work permits when required.
5. PHC leadership ensures that all environmental and facility safety plans are evaluated and updated annually with improvement when required.

Related standards:

EFS02 Environment and facility safety program monitoring, OGM.04 PHC leaders.

EFS.02 PHC environment and facility safety program is overseen and monitored by a trained staff.

Safety

Keywords:

Environment and facility safety program monitoring

Intent:

Maintaining an active environment and facility safety program requires special skills to measure performance, identify gaps and take corrective actions.

The PHC ensures the availability of qualified staff according to the scope of the provided services, local laws, and regulations, such as training on safety requirements and civil defence.

The PHC should have a committee overseeing environmental safety activities and training through regular meetings; the committee could be held urgently if needed.

The committee's role should include a review of aggregated essential data, incident reports, drill reports, safety plan observations, and recommended actions,

The committee should report to the PHC leadership quarterly, and feedback from PHC leadership should be received.

The PHC should create continuous monitoring mechanisms for environmental and facility safety.

Environment and Facility safety supervisors are responsible for inspecting buildings to identify maintenance and safety issues, such as clogged drains, leaky ceilings, and faulty electrical switches.

A multidisciplinary environment and facility surveillance team is formed from all stakeholders, e.g., (safety officer, utility responsible, quality, infection control,…)

The team shall perform surveillance rounds across all PHC areas and services at least quarterly. Different tools could be used like inspection checklist that cover different components of the program. Risk assessment to identify high risk observations that require appropriate intervention is required.

environment and facility surveillance rounds reports should be submitted to the concerned stakeholders, environment and facility safety committee and PHC leadership.

When independent entities or contracted vendors are located inside the PHC, they should comply with related environmental safety requirements.

Survey process guide:

- GAHAR surveyor may review documents that demonstrate environment and facility surveillance rounds schedule, plan, agenda, notes or reports.
- the surveyor may review environment and facility safety committee meeting notes to verify if the round report observation were discussed or not.
- GAHAR surveyor may interview responsible staff members to ensure their awareness of environmental safety requirements.
- GAHAR surveyor may review responsible staff members' files to check their qualifications.

Evidence of compliance:

1. The PHC ensures the availability of qualified staff that matches the needs of the PHC's scope of services, laws, and regulations.
2. The PHC ensures that multidisciplinary environment and facility surveillance rounds are performed across all PHC areas and services at least quarterly. And corrective actions are taken when indicated.
3. There is a quarterly report submitted to the PHC leadership about the significant observations during the surveillance rounds and the corrective actions taken when needed.
4. The PHC has an environment and facility safety committee and regular meetings according to terms of reference, laws and regulations.

Related standards:

OGM.02 PHC director, OGM.04 PHC leaders, EFS.07 Safety Management Plan, DAS.04 Radiation safety program, DAS.09 Laboratory safety program.

Safe fire planning

EFS.03 GSR.14 Fire and smoke safety plan addresses prevention, alarm system response, and safe evacuation in case of fire and/or other internal emergencies.

Safety

Keywords:
Fire and smoke safety

Intent:

One of the critical considerations in the design for PHC is the prevention of fire, particularly with respect to the combustibility of construction and furnishing materials and the spread of fire and smoke.
In the event of either accidental or malicious fires; early detection (alarm system) and suppression equipment needs to be readily accessible to combat these fires.
Staff members of the PHC must be knowledgeable about equipment usage and communicate effectively based on previous arrangements and training.
Other internal emergencies may affect staff, patients, families, and vendors safety that may require evacuation when required and include but not limited to gas cylinder explosion, building collapse and swage leakage.
The PHC should perform Ongoing risk assessment of the PHC environment that include fire and smoke separation, areas under construction and other high-risk areas for example stores, laundry, oxygen supply storage areas, electrical control panels, medical records room, garbage room, etc. Risk mitigation measures are taken based on the fire risk assessment which should be updated annually.
The last resort, failing the ability to completely suppress the fire, is to evacuate the PHC. Moving all patients, visitors, and staff out of dangerous and/or damaged facilities as safely as possible is always the goal of an evacuation. With respect to priorities of evacuation of independent cases, then dependent cases by use of simple and available tools like mattresses, bed sheets, trolleys, wheelchairs, or other tools.
It is important to recognize that people's attention to detail and processes will not be optimal in an evacuation scenario. To that end, understanding key principles will help staff members make good decisions during a chaotic event.
The PHC develops a fire, smoke and non-fire safety plan based on environmental safety risk assessment that addresses at least the following:

a) Preventive measures that include at least the following:
    I. Assesses compliance with Civil Defence requirements and related laws and regulations.
    II. Safe storage and handling of highly flammable materials.
    III. Comply with no smoking policy according to laws &regulations.
    IV. Safe management of high-risk areas such as electric panels, and connections storage areas, fuel tanks and others.
b) fire alarm system, including the central control panel connected to all areas in PHC according to its functionality, and ensure continuous monitoring 24/7.
c) Regular inspection testing of early detection system & fire suppression systems.

d) Safe evacuation through availability of safe, unobstructed fire exits, with clear signage to assembly areas and emergency light, in addition to other related signages like how to activate the fire alarm, using a fire extinguisher and hose reel.
e) The PHC should perform proper training of all staff annually in a practical manner to make sure that everyone in the PHC can demonstrate RACE and PASS and other activities that keep the safety of all during fire and non-fire emergencies with documentation of all results regularly.

Survey process guide:

- GAHAR surveyor may review the fire safety plan, facility 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 defence requirements.
- GAHAR surveyor may review the plan of testing (drills) and staff training (all staff should be trained on fire safety).

Evidence of compliance:

1. The PHC has an approved, updated fire and smoke safety plan that includes all elements from a) through e) in the intent.
2. All staff are trained on fire safety plans and can demonstrate their rules during fire or non-fire internal emergencies at least annually.
3. Fire risk assessment with risk mitigation measures are in place with corrective action when required.
4. The PHC fire alarm system is available, functioning, inspected, tested and maintained on a regular basis.
5. The PHC fire suppression system is available, functioning, inspected, tested and maintained on a regular basis.
6. Emergency exit doors and corridors are clearly signed and not obstructed.

Related standards:

EFS.01 PHC environment and facility safety, EFS.04 Fire drills, EFS.05 Smoking-Free Environment, QPI.05 Risk management program, EFS.07 Safety Management Plan, WFM.06 Continuous education program.

EFS.04 GSR.15 Fire drills are performed in different PHC areas.

Safety

Keywords

Fire drills

Intent:

Fire drills are regular training exercises and simulations, aiming that all staff will gain a thorough understanding of the fire safety plan, enabling them to respond swiftly, safely, and in an orderly, confident manner during an emergency, including safely evacuating patients through the designated emergency exits.
To ensure staff preparedness for fire and other internal emergencies, regular drills are conducted at least quarterly, one of them at least is unannounced.
The PHC records fire drills details including, but are not limited to, the following:

a) Dates and timings consider Staff who participated in the drill.
b) Involved areas.
c) Shifts.
d) Corrective actions

Survey process guide:

- GAHAR surveyor may review the records of fire and evacuation drills with dates, timings, staff who participated, the involved areas in the PHC 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 RACE and PASS (Rescue, Alarm, Confine, Extinguish/Evacuate and Pull, Aim, Squeeze, Sweep).

Evidence of compliance:

1. Fire drills are performed at least quarterly, including one unannounced drill.
2. All staff members participate in fire drills at least once annually.
3. Fire drill results are recorded from a) through d) in the intent.
4. Fire drill results evaluation is performed after each drill and corrective action plan when indicated.
5. The PHC staff guarantee Safe evacuation of patients, staff and visitors.

Related standards:

EFS.01 PHC environment and facility safety, EFS.03 Fire and smoke safety, WFM.06 Continuous education program.

EFS.05 The PHC clinical and non-clinical areas are smoking-free.

Safety

Keywords:
Smoking-Free Environment

Intent:

According to the Centers for Disease Control (CDC), smoking causes about 90% (or 9 out of 10) of all lung cancer deaths. More women die from lung cancer each year than from breast cancer. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD). Cigarette smoking increases the risk of death from all causes in men and women. Literature shows that although PHC restricts smoking inside, many people continue to smoke outside, creating problems with second-hand smoke, litter, fire hazards and negative role modelling. Smoke-free policies are an important component of an ecological and social-cognitive approach to reducing tobacco use and tobacco-related disease.
Regulations prohibit smoking inside healthcare facilities according to law and regulations.
Smoking-free policies were reported to have numerous positive effects on employee performance and retention, in addition to the prevention of fires inside different healthcare facilities.
The PHC ensures a smoking-free environment for patients and environmental safety through the availability of smoking-free environment policy and procedure, and proper signage.
The policy should include any exceptions, penalties, and the designated smoking area outside the building.
All staff should be oriented about the smoking-free environment policy.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

EFS.03 Fire and smoke safety, EFS.02 Environment and facility safety program monitoring, WFM.06 Continuous education program.

Safe hazardous materials and waste management plan

EFS.06 GSR.16 The PHC plans safe handling, storage, usage and transportation of hazardous materials and waste management.

Safety

Keywords:
Hazardous materials safety

Intent:
Hazardous materials are substances, which, if released or misused, can pose a threat to the environment, life or health. Industry, agriculture, medicine, research, and consumer goods use these chemicals.
Hazardous materials come in the form of explosives, flammable and combustible substances, poisons. These substances are most often released because of transportation accidents or chemical accidents in PHCs.
Because the effects of hazardous materials can be devastating and far-reaching, it is important that PHCs plan their safe use and establish a safe working environment.
PHC waste is any waste which is generated in the diagnosis, treatment, or immunization of human beings or in research in a PHC
Healthcare waste includes infectious, chemical, expired pharmaceutical and radioactive items and sharps. These items can be pathogenic and environmentally adverse. Other waste items generated through healthcare but not hazardous include medication boxes, the packaging of medical items and food, remains of food, and waste from offices.
PHC Waste Management means the management of waste produced by PHCs using such techniques that will help to check the spread of diseases.
The PHC should identify and control hazardous material and waste all over the PHC to ensure that staff, patients, families, and vendors, and the environment are safe.
Waste materials are categorized into the following categories according to the WHO classification:

I. Infectious
II. Pathological and anatomical
III. Pharmaceutical

IV. Chemical
V. Heavy metals
VI. Pressurized containers
VII. Sharps

Hazardous materials are classified according to the classification of hazardous chemicals. The Globally Harmonized System (GHS) categorizes chemicals into nine hazard classes in this following:

I. Flammable liquids
II. Oxidizers
III. Corrosives
IV. Toxic substances
V. Carcinogens
VI. Mutagens
VII. Reproductive toxins
VIII. Asphyxiants
IX. Explosives

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

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

Survey process guide:

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

Evidence of compliance:

1. The PHC has a hazardous material and waste management plan that addresses all elements from a) through k) in the intent.
2. Staff is trained on hazards material and waste management.
3. The PHC ensures safe usage, handling, storage, availability of SDS and labelling of hazardous materials.

4. The PHC ensures safe handling, storage, and labelling of waste according to laws and regulations.
5. The PHC has a document for spill management, Investigation, and recording of different incidents related to hazardous materials.

Related standards:

EFS.01 PHC environment and facility safety, EFS.02 Environment and facility safety program monitoring, DAS.09 Laboratory safety program, DAS.04 Radiation safety program, WFM.06 Continuous education program.

Safety and security planning

EFS.07 GSR.17 A safe work environment plan addresses high-risk areas, procedures, risk mitigation requirements, tools, and responsibilities.

Safety

Keywords:
Safety Management Plan

Intent:
Health services are committed to providing a safe environment for staff, patients, families, and vendors. PHC safety arrangements keep patients, staff, and visitors safe from inappropriate risks such as electricity and from inappropriate behaviour such as violence and aggression.
The risk assessment shall be in place to identify potential risks because of system failure and/or staff behaviour, for example: wet floor; water leakage from the ceiling beside electrical compartments; unsecured electric panels, dealing with high voltage improper handling of sharps; non-compliance to personal protective equipment in a case dealing hazardous materials or exposure to spills or splash, availability of eye washer in high-risk area like the laboratory, and unsafe storage.

The PHC must have a safety plan with safety mitigation measures based on the risk assessment that covers the building, property, medical equipment, and systems to ensure a safe physical environment for patients, families, staff, visitors, and vendors.
The safety plan based on an environmental safety risk assessment that addresses at least the following:

a) Safety measures based on risk assessment, for example, infectious agents' exposure, electric, radioactive hazards, vibration and noise exposure.
b) Effective planning to prevent accidents and injuries and minimize potential risks, to maintain safe conditions for all occupants to reduce and control risks.
c) Processes for pest and rodent control.
d) Regular inspection with documentation of results, performing corrective actions, and appropriate follow-up.
e) Responsibilities according to laws and regulations.
f) Safety training on a general safety plan.
g) The plan is evaluated and updated annually and/or when required.

Survey process guide:

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

- GAHAR surveyor may observe the safety measures implementation in all areas and safety instructions posters in all high-risk areas.
- GAHAR surveyor may inspect workers in different areas like workshops and waste collection areas to check usage of suitable personal protective equipment (PPE).

Evidence of compliance:

1. The PHC has an approved and updated plan to ensure a safe work environment that includes all elements from a) through g) in the intent.
2. Staff are trained on safety measures based on their jobs.
3. Risk mitigation is conducted based on risk assessment
4. Safety measures and PPEs are available and used whenever indicated.
5. Safety instructions are posted in all high-risk areas.

Related standards:

EFS.01 PHC environment and facility safety, DAS.04 Laboratory safety program, DAS.09 Radiation safety program, OGM.13 Staff health, WFM.06 Continuous education program, QPI.05 Risk management program.

EFS.08 The PHC performs a pre-construction risk assessment when planning for construction or renovation.

Safety

Keywords:

Pre-Construction risk assessment

Intent:

New construction or renovation in a PHC has an impact on all occupants, who could suffer from changing air quality by dust or odours, noise, vibration, and wreckage.

Upon new construction or renovation in the PHC, a pre-construction risk assessment (PCRA) should be performed and evaluated to develop a plan that will minimize associated risks. The PHC ensures the involvement of all departments affected by construction or renovation, including project management, infection control, safety, security, housekeeping, information technology, engineering, clinical departments, and external constructors. The pre-construction risk assessment includes, but is not limited to, the following:

I. Noise level.
II. Vibration
III. Infection control risk assessment (ICRA)
IV. Air quality
V. Fire risk
VI. Hazardous materials
VII. Waste and wreckage
VIII. Any other hazards related to construction and renovation.

The PHC ensures monitoring and documentation of all activities and all risks related to construction and renovation.

Survey process guide:

- GAHAR surveyor may review pre-construction risk assessment documents and check the implementation of risk assessment recommendations.
- GAHAR surveyor may interview staff, patients, or contractors in the construction area to check if they are aware of required precautions.

Evidence of compliance:

1. The PHC performs a pre-construction risk assessment before any construction or renovation.
2. All affected services are involved in the risk assessment.
3. There is a mechanism, such as work permission, to perform preventive and corrective actions whenever risks are identified.
4. If a contractor is used, contractor's compliance is monitored and evaluated by the PHC.

Related standards:

EFS.01PHC environment and facility safety, EFS.02 Environment and facility safety program monitoring, QPI.05 Risk management program.

EFS.09 Security plan addresses the security of all occupants and properties.

Safety

Keywords:
Security Plan

Intent:
Security issues such as violence, aggression, thefts, harassment, suicide, bomb threats, terrorism, gunshots, and child abduction are common in PHC.
Usually, PHCs enforce a code of behaviour that does not tolerate physical or verbal aggression or abuse towards staff, patients, families, visitors, and vendors.
To keep all occupants safe, PHCs may use a range of security measures, including the use of (closed-circuit television) CCTV cameras, and electronic access control systems for doorways. Some PHCs also employ security staff. The PHC ensures protection of all occupants from violence, aggression, thefts, harassment, suicide, medical records, Cybersecurity, and child abduction.
Security plan based on risk assessment. For identification of high-risk areas and measures for keeping staff, vendors, and patients secured all the time.

The security plan includes, but is not limited to, the following:

a) Security risk assessment.
b) Identification of staff, patients, families, visitors, and vendors with the restriction of their movement within the PHC
c) Identification of restricted areas
d) Vulnerable patients such as the elderly, infants, those with mental disorders, and handicapped should be protected from abuse and the above-mentioned harms.
e) Drills for child abduction should be performed at least bi-annually to ensure child protection.
f) Monitoring of remote and isolated areas.
g) Workplace violence management (Any harm, such as violence, aggression, infant/child abduction)
h) Staff training as regards security requirements.
i) The plan is evaluated and updated annually and/or when required.

Survey process guide:

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

Evidence of compliance:

1. The PHC has an approved updated security plan that includes items a) through l) in the intent.
2. All staff are trained on the security plan.
3. Risk mitigation is conducted based on risk assessment
4. Staff and vendors/ contractors' identification is implemented.
5. Occupants are protected from harm at all times.
6. Drill for child abduction at least bi-annually

Related standards:

EFS.01 PHC environment and facility safety, QPI.05 Risk management program, WFM.05Orientation program, WFM.06 Continuous education program, PCC.08 Patient's belongings.

Safe medical equipment

EFS.10 GSR.18 **Medical equipment plan ensures selection, inspection, testing, maintenance, and safe use of medical equipment.**

Safety

Keywords:
Medical Equipment Plan

Intent:

Medical equipment is critical to the diagnosis and treatment of patients.
In most PHCs, a trained biomedical staff manage the entire medical inventory and is responsible for dealing with medical equipment hazards. Not only does improper monitoring and management lead to inefficiency, but it can also seriously harm patient outcomes. As an example, poor maintenance increases the chances of downtime, and inadequate servicing and sterilization can be harmful to both doctors and patients. This is why it is crucial to establish some basic equipment safety and service procedures according to the manual or contracted agent of the equipment.
The PHC develops a plan for medical equipment management that addresses at least the following:

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

f) Periodic preventive maintenance according to the manufacturer's recommendations which usually recommends using tagging systems by tagging dates and due dates of periodic preventive maintenance or labelling malfunctioned equipment.
g) Calibration of medical equipment according to the manufacturer's recommendations and/or its usage.
h) Malfunction and repair of medical equipment.
i) Dealing with equipment adverse incidents, including actions taken, backup system, and reporting.
j) Updating, retiring and/or replacing medical equipment in a planned and systematic way.
k) The plan is evaluated and updated annually and/or when required.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

EFS.01 PHC environment and facility safety, EFS.02 Environment and facility safety program monitoring, WFM.05 Orientation program, WFM.06 continuous education program, QPI.06 Incident reporting system.

Safe utility plan

EFS.11 GSR.19 **Essential utilities plan addresses regular inspection, maintenance, testing and repair.**

Safety

Keywords:
Utilities Management Plan

Intent:
PHCs are expected to provide safe and reliable healthcare to their patients. Planning appropriate response and recovery activities for a failure of the PHC utility systems is essential to satisfy this expectation.
These systems constitute the operational infrastructure that permits safe patient care to be performed.
Some of the most important utilities include mechanical (e.g., heating, ventilation and cooling); electrical (i.e., normal power and emergency power); domestic hot and cold water as well as other plumbing

systems; sewage technology systems, including communications systems and data transfer systems; fire alarm, refrigerators, vertical transportation utilities; fuel systems; access control, and surveillance systems; medical gases, air and vacuum systems. The PHC must have a utility management plan to ensure the efficiency and effectiveness of all utilities that includes at least the following:

a) Inventory of all utility key systems, for example, electricity, water supply, medical gases, heating, ventilation and air conditioning, communication systems, sewage, fuel sources, fire alarms, and elevators.
b) Layout of the utility system.
c) Staff training on utility plan.
d) Regular inspection, testing, and corrective maintenance of utilities.
e) Testing of the electric generator with and without a load on a regular basis.
f) Providing fuel required to operate the generator in case of an emergency.
g) Cleaning and disinfecting water tanks and testing water quality with regular sampling according to laws and regulations.
h) Preventive maintenance plan according to the manufacturer's recommendations.
i) The PHC performs regular, accurate data aggregation, and analysis for example, frequency of failure, and preventive maintenance compliance for proper monitoring, updating, and improvement of the different systems.
j) The plan is evaluated and updated annually and/or when required.

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 of generators, tanks, and/or another key system to ensure of facility coverage 24/7.

Evidence of compliance:

1. PHC has an approved updated plan for utility management that includes items a) through j) in the intent.
2. Staff are trained to oversee utility management.
3. Records are maintained for utility systems inventory, testing, periodic preventive maintenance, and malfunction history.
4. Critical utility systems are identified, and backup availability is ensured.

Related standards:

EFS.02 Environment and facility safety program monitoring, WFM.06 continuous education program, QPI.05 Risk management program.

Safe emergency preparedness plan

EFS.12 Emergency preparedness plan addresses responding to disasters that have the potential of occurring within the geographical area of the PHC.

Safety

Keywords:
Disaster Plan

Intent:

With climate changes, increased pollution and advancement of technologies, Earth is becoming vulnerable to natural disasters. Floods, droughts, cyclones, earthquakes, and landslides are common. The last few decades have witnessed an increased frequency of 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, their impact can be minimized by effective planning. Equally important are the peripheral emergencies like road, rail and air accidents, fire, drowning and stampedes in mass gatherings, industrial accidents, explosions and terrorist attacks that have an inherent potential to convert into mass casualty incidents. The loss of life and disability is compounded by the lack of adequate medical preparedness both qualitatively and quantitatively across the country.

The PHC must have a risk assessment tool to prioritize potential emergencies based on probability and impact.

The PHC has an emergency preparedness plan that includes at least the following:

a) Communication strategies:

Internal communication may be in the form of Clear call tree that includes staff titles and contact numbers, and External communication channels may include civil defence, ambulance centre, police.

b) Clear duties and responsibilities for PHC leaders and staff.
c) Identification of required resources such as utilities, medical equipment, medical, and nonmedical supplies, including alternative resources.
d) Business Continuity:
    i. Triaging.
    ii. Staff's main task is maintained in case of emergencies: management of clinical activities during disaster, such as basic daily activities.
    iii. Alternative care sites and backup utilities.
    iv. Safe patient transportation in case of emergency is arranged by the PHC
e) Risk assessment of potential emergencies, internal and external disasters, such as heavy rains, earthquakes, floods, hot weather, wars, bomb threats, terrorist attacks, traffic accidents, power failure, fire, and gas leakage.
f) Drill schedule

The PHC must have a drill schedule for emergencies at least biannually. Focused drills: each drill targets a specific area / function of the emergency response plan.

Through using varied Scenarios, different areas are covered over time, ensuring comprehensive practice. And ensure the attendance of staff.

Proper evaluation and recording of the drill include, but is not limited to:

i. Scenario of the drill
ii. Observations on code announcement, timing, staff attendance, response, communication, triaging, and clinical management.
iii. Clear corrective actions if needed.
iv. Feedback to the environmental safety committee.
v. Debriefing.

g) The plan is evaluated and updated annually and/or when required.

The degree of preparedness shall be assessed according to the level of risk; different tools could be used, like hazards vulnerability analysis (HVA).

Survey process guide:

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

Evidence of compliance:

1. There is an approved PHC emergency preparedness plan that includes items a) through g) in the intent.
2. Staff members are trained on the plan.
3. The PHC performs at least one drill biannually that includes items from (i) through (v) in the intent.
4. The PHC demonstrates preparedness for identified emergencies based on risk assessment.

Related standards:

WFM.06 Continuous education program, QPI.05 Risk management program, OGM.04 PHC leaders, OGM.07 Stock management,

EFS.13: PHC Leadership supports green and sustainable activities.

Efficiency

Keywords:

Environmental Sustainability, Green Healthcare

Intent**:**

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

Primary healthcare facilities (PHCs) strive to minimize their environmental impact while delivering quality care. PHC leaders ensures to integrate environmental strategies into operations and governance, employee engagement and resource reduction.

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

PHC shall develop policy and procedures guiding environmental Sustainability activities, policy includes at least the following:

a) Leadership Commitment: Leaders demonstrate commitment to environmental sustainability by including it in PHC policies, and PHC leadership ensures resource allocation.
b) Employee Engagement: including activities to raise awareness, train staff on climate change and environmental practices, and encourage participation in eco-friendly initiatives.

c) Proper resource allocation: develop and implement a plan to monitor and reduce the use of materials and environmental resources like energy and water and reduce unnecessary supplies use.
d) Waste Management: establish a comprehensive waste management hierarchy that prioritizes waste reduction and proper segregation.
e) Green Infrastructure: considers opportunities for green infrastructure solutions through prioritizing natural lighting, avoiding unnecessary outside lighting, using efficient LED bulbs, use lighting with motion sensors. Optimizes energy use through efficient use of air conditioning system on (24°C) and after-working hours' equipment shutdowns if applicable. Water-saving fixtures further enhance sustainability.
f) Monitoring through Regular rounds to check the commitment to environmental Sustainability activities and evaluating the effectiveness of implemented strategies and activities.

Survey Process Guide:

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

Evidence of Compliance:

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

Related standards:

EFS.01 PHC environment and facility safety, EFS.06 Hazardous materials safety, WFM.06 Continuous education program.

Infection Prevention and Control

Chapter intent

Infection Prevention and Control (IPC) is a scientific framework and practical methodology aimed at safeguarding patients and healthcare workers from infection-related harm. It draws upon principles from infectious diseases, epidemiology, social sciences, and health system enhancement.
IPC holds a distinctive role in patient safety and the quality of universal health coverage, as it is applicable to every interaction between healthcare workers and patients.

The IPC program is designed to identify and mitigate or eliminate the risks associated with the acquisition and transmission of infections among patients, healthcare workers, volunteers, visitors, and the broader community.

Typically, the IPC program is risk-based, which entails conducting a risk assessment to quickly identify and proactively address potential infection hazards within individuals and their environments. Solutions are then customized by developing relevant policies and procedures alongside appropriate staff training.

Consequently, IPC activities may vary from one healthcare facility to another, depending on the clinical activities of primary healthcare (PHC), the scope of services offered, and the patient population served.
It is the responsibility of the IPC team members to manage the IPC program, and each member should have clearly defined job descriptions. Staff members must possess qualifications that align with the needs of the PHC, which are influenced by the size of the facility, the complexity of its operations, the level of risk, and the program's overall scope. These qualifications may include education, training, experience, and certification.

The IPC program and its activities are grounded in the latest scientific evidence, national guidelines, and recognized international practice standards (such as those from the CDC, APIC, and IFIC), as well as relevant laws and regulations. The program must be carefully planned, communicated, implemented, and monitored.

Envision a world where healthcare goes beyond merely addressing illnesses to actively preventing their spread. That’s the essence of Infection Prevention and Control (IPC)! It acts as a scientific safeguard, protecting patients, healthcare workers, and visitors from harmful infections.
Infection Prevention and Control (IPC) is crucial because it draws on a wealth of knowledge from various fields, including infectious diseases, epidemiology, and social science. It operates like a multifaceted superhero, tirelessly working to ensure high-quality healthcare for all.

The IPC program is not a generic solution; rather, it is tailored to fit the unique characteristics of each Primary Healthcare (PHC) facility, which may have different services and patient populations.
The program is specifically designed to tackle particular risks by identifying vulnerabilities through risk assessments. Following this, it develops targeted strategies to address these issues, which may involve implementing new policies, training staff, or overhauling existing procedures.

At the forefront of the IPC initiative is a committed team akin to the masterminds behind a superhero operation. Their expertise is a combination of education, experience, and certifications, all tailored to meet the specific requirements of each Primary Healthcare (PHC) facility. Factors such as size, complexity, and patient demographics influence the type of IPC expertise necessary.

Knowledge truly is power, and the IPC program harnesses its strength from the latest research, national guidelines, and global best practices. Imagine it as a dynamically updated playbook that ensures infection control strategies are always effective. This playbook is meticulously developed, shared with all stakeholders, and regularly assessed to ensure its effectiveness.
So, as you read this chapter or visit a PHC facility, take a moment to appreciate the unsung heroes of IPC working tirelessly behind the scenes. They are the reason you can concentrate on your recovery, secure in the knowledge that you are in a safe and healthy environment.

Chapter purpose:

1. To ensure efficient structure of the infection prevention and control program.
2. To ensure safe standard precautions.
3. To ensure safe transmission-based precautions for immunocompromised hosts.
4. To ensure safe laundry and healthcare textile management.

IPC Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
IPC.01 **KW: Infection prevention and control (IPC) team**	**IPC.01** **KW:** IPC team, IPC committee	- **Modified** Standard Statement: (An Assigned team of healthcare professionals oversees the infection prevention and control activities according to applicable laws and regulations and national and international guidelines). - **Modified** EOC: **(EOC.02:** The IPC team leader is a trained healthcare professional). - **Added new** EOC: **(EOC.03:** The IPC team members are trained). - **Rephrasing of EOC:** • **(EOC.01**: There is a responsible IPC team) • **(EOC.04:** The IPC team member(s) has the ability to communicate with the PHC leaders and all functioning units).
IPC.02 **KW: IPC program, risk assessment, guidelines**	**IPC.02** **KW:** IPC program, risk assessment, guidelines	- **Added a new** EOC: • (**EOC.01:** PHC has an infection control program that addresses all the elements mentioned in the intent from a) through h). • (**EOC.02:** The healthcare professionals involved in infection control are aware of the contents of the program). - **Modified** EOC: • **(EOC.04:** The program is implemented in all PHC areas and covers patients, visitors, and staff).
IPC.03 **KW: IPC committee, meetings**	**IPC.01** **KW:** IPC team, IPC committee	**Modified** Standard Statement: (The PHC establishes a functioning multidisciplinary IPC committee according to laws and regulations). **Modified** EOCs:

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.01**: There are clear terms of reference for the infection control committee that includes at least from a) through d) in the intent). • **(EOC.03:** The committee meets on a regular basis).
IPC.04 **KW: Hand hygiene**	**IPC.03** **KW:** Hand hygiene	- **Added a new** EOC: (**EOC.01:** The PHC has a Hand hygiene policy, and procedures based on current guidelines that address all the elements mentioned in the intent from a) through f). - **Modified** EOC: • **(EOC.02:** Related staff is trained on the policy and procedures). • **(EOC.03:** Hand hygiene is implemented according to the policy). - **Updated** EOC (**EOC.06)** by merging two EOCs **(EOC.05 and EOC.06)** in PHC edition 2021**.**
IPC.05 **KW: Standard precaution measures**	**IPC.04** **KW:** Standard precaution measures	- **Added a new** EOC: (**EOC.06:** Related staff receive training on the standard precaution measures).
IPC.06 **KW: Suspected communicable disease**	**IPC.05** **KW:** Suspected communicable disease	- **No change.**
IPC.07 **KW: Disinfection, sterilization**	**IPC.06** Disinfection, sterilization	- **Modified** EOC: **(EOC.02:** Responsible staff is trained on approved policy).
IPC.08 **KW: Disinfection/sterilization quality control program**	**IPC.07** **KW:** Disinfection/sterilization quality control program	- **No change.**
IPC.09 **KW: Laundry service, textile**	**IPC.08** **KW:** Laundry service, textile	- **Rephrasing** of EOCs:

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.02:** Responsible staff is aware of the laundry service policy). • **(EOC.03:** Contaminated textile is collected, stored, and transported according to the laundry service and healthcare textile management policy).

Efficient structure of the infection prevention and control program

IPC.01 An Assigned team of healthcare professionals oversees the infection prevention and control activities according to applicable laws and regulations, national and international guidelines.

Effectiveness

Keywords:

Infection prevention and control (IPC) team

Intent:

The presence of a trained and assigned IPC team in the PHC ensures increased effectiveness of the IPC program in all its phases, including development, implementation, and monitoring.
To ensure the infection prevention and control program effectiveness, the trained team develops a program, supervise it, and put an action plan to implement this program, and educate all staff members on their roles in it. The team leader should be a trained healthcare professional, and the team members' training and numbers meet the PHC needs. These needs are driven by the PHC size, complexity of activities, and level of risks, as well as the program's scope.

Survey process guide:

- GAHAR surveyor may review the infection control structure in the organization chart.
- GAHAR surveyor may interview assigned staff.
- GAHAR surveyor may review staff files of Infection prevention and control (IPC) dedicated team to check their job descriptions, training records.

Evidence of compliance:

1. There is a responsible IPC team.
2. The IPC team leader is a trained healthcare professional.
3. The IPC team members are trained.
4. The IPC team member(s) has the ability to communicate with the PHC leaders and all functioning units.

Related standards:

WFM.02 Job description, WFM.04 Staff files, WFM.06 Continuous education program.

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

Safety

Keywords:
IPC program, risk assessment, guidelines

Intent:
Healthcare associated infections are common risks encountered in any PHC. Therefore, constructing a comprehensive infection prevention and control (IPC) program is of utmost importance in order to effectively reduce these risks.
The program development requires a multidisciplinary approach that is carried on by trained staff members and based on the annual PHC risk assessment plan, national and international guidelines

and applicable laws and regulations. The program should include all areas of the PHC and cover patients, staff, and visitors.
The PHC establishes and implements an infection control program that addresses at least the following:

a) Scope and objectives.
b) Infection control policies and procedures such as hand hygiene.
c) Risk assessment to identify units and services with increased potential risk of infection.
d) Staff education and training on infection control principles and practices.
e) Outbreak management.
f) Staff immunization.
g) Antimicrobial stewardship program to promote the appropriate use of antimicrobial agents.
h) The program is evaluated and updated regularly and when needed, at least annually.

Survey process guide:

- GAHAR surveyor may review the infection control program to evaluate the presence of a risk assessment, an IPC program that is based on the risk assessment and covers all PHC areas and includes all relevant individuals, a training plan or an annual evaluation report and update of the IPC program.
- GAHAR surveyor may review the documentation of monitoring of data, performance measures, data analysis reports, recommendations for improvement, and observe their implementation.

Evidence of compliance:

1. PHC has an infection control program that addresses all the elements mentioned in the intent from a) through h).
2. The healthcare professionals involved in infection control are aware of the contents of the program.
3. The program is based on risk assessment, current scientific knowledge, accepted practice guidelines, and applicable laws and regulations.
4. The program is implemented in all PHC areas and covers patients, visitors, and staff.
5. The PHC monitors the reported data on the infection control program and takes actions to control and/ or improve the program as appropriate.

Related standards:

WFM.05 Orientation program, WFM.06 Continuous education program, QPI.02 Performance measures, QPI.05 Risk management plan, IPC.01 Infection prevention and control (IPC) team, IPC.04 Hand hygiene, IPC.05 Standard precaution measures, EFS.07 Safety Management Plan.

IPC.03 The PHC establishes a functioning multidisciplinary IPC committee according to laws and regulations.

Effectiveness

Keywords:
IPC committee, meetings

Intent:
IPC challenges continuously arise in the different PHC disciplines, which in turn provide input for the IPC team for their continuous evaluation of the situation.

Stakeholders and process owners are then involved in the decision-making stage; thus the presence of a multidisciplinary IPC committee is crucial in order to provide the continuous link between the upper managerial level, IPC team and all other PHC units and services.
There is a structured infection control committee; all relevant disciplines should be represented in the committee, for example but not limited to, the medical department,
nursing services, housekeeping, laboratory, pharmacy, sterilization services, etc., and the committee should have the authority to summon anyone it considers necessary.
The IPC committee is responsible for at least the following.

a) Strategies to prevent infection and control risks.
b) Reporting infection prevention and control activities
c) Collaborating with relevant departments to ensure compliance with infection control standards and regulations.
d) Annual reviewing and evaluation of the program.

Survey process guide:

- GAHAR surveyor may review an infection control program to assess the presence of an approved IPC committee formation decision, recorded monthly meetings of the previous six months, recommendations as well as records to prove follow-up

Evidence of compliance:

1. There are clear terms of reference for the infection control committee that includes at least from a) through d) in the intent.
2. All relevant disciplines are represented in the committee.
3. The committee meets on a regular basis.
4. The committee minutes are recorded.
5. Implementation of the decisions taken by the committee at the end of each meeting is followedup.

Related standards:

IPC.01 Infection prevention and control (IPC) team, IPC.02 IPC program, risk assessment, guidelines, OGM.02 PHC director

Safe and effective infection prevention practices

IPC.04 GSR.20 Evidence-based hand hygiene guidelines are adopted and implemented throughout the PHC in order to prevent healthcare-associated infections.

Safety

Keywords:

Hand hygiene

Intent:

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

- Handwashing: washing hands with plain or antimicrobial soap and water.
- Hygienic handrub: treatment of hands with an antiseptic handrub to reduce the transient flora without necessarily affecting the resident skin flora. These preparations are broad spectrum and fast-acting, and persistent activity is not necessary.

- Choosing the type of hand hygiene based on the type of procedure and risk assessment.
- Functional hand hygiene stations (sinks, clean single use towels, hand hygiene posters, general waste basket, and appropriate detergent) must be present in appropriate numbers and places, according to national building codes. Alcohol-based hand rubs may replace hand wash in healthcare facilities unless hands are visibly soiled to overcome the shortage in sinks.

The PHC has a hand hygiene policy that includes at least the following:

a) Hand hygiene techniques
b) Indications for hand hygiene
c) Accessibility of hand hygiene facilities
d) Nail Care and Jewellery
e) Hand hygiene education and training
f) Monitoring and compliance

Survey process guide:

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

Evidence of compliance:

1. The PHC has a Hand hygiene policy and procedures based on current guidelines that address all the elements mentioned in the intent from a) through f).
2. Related staff is trained on the policy and procedures.
3. Hand hygiene is implemented according to the policy.
4. Hand hygiene posters are displayed in required areas
5. Hand hygiene facilities are present in the required numbers and places.
6. The PHC monitors the reported data on the hand hygiene process and takes actions to control or improve the process as appropriate.

Related standards:

APC.03 Sustaining registration requirement, IPC.02 IPC program, risk assessment, guidelines, IPC.03 IPC committee, meetings, IPC.05 Standard precaution measures, QPI.02 Performance measures, ICD.14 Immunization program.

IPC.05 Standard precautions measures are implemented.

Safety

Keywords:
Standard precaution measures

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

I. Use of personal protective equipment (PPE) (e.g., gloves, masks, eyewear).
II. Use of soap, washing detergents, antiseptics, and disinfectants.
III. Respiratory hygiene / cough etiquette.
IV. Sharps safety (engineering and work practice controls).
V. Safe injection practices (i.e., an aseptic technique for parenteral medications).
VI. Sterile instruments and devices.
VII. Clean and disinfect 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.
Respiratory hygiene interventions should focus on patients and accompanying individuals exhibiting respiratory symptoms. Healthcare professionals shall always use a sterile, single-use disposable syringe or needle for each injection given, and ensure that all injection equipment and vials remain free from contamination.
Training shall be performed in the proper way and sequence of donning and doffing of various personal protective equipment to maintain maximum protection throughout the process. PHC shall have a clear method and schedule for environmental cleaning and disinfection including walls, floors, ceilings, and furniture; this shall be performed according to the classification of areas.

The schedule shall address environmental cleaning activities for each area as follows:

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

Survey process guide:

- 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 respiratory hygiene /cough etiquette posters in appropriate places.

Evidence of compliance:

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

Related standards:

IPC.02 IPC program, risk assessment, guidelines, WFM.05 Orientation program, WFM.06 Continuous education program, EFS.01 PHC environment and facility safety.

IPC.06 The PHC has a process to deal with patients who have a suspected communicable disease.

Safety

Keywords:

Suspected communicable disease

Intent:

Patients identified as having a higher risk of transmitting microorganisms should, when possible, be placed in a separate waiting room or area. When a separate waiting room/area is not available, patient spacing should be maintained at a minimum of three feet or more. Patients who present with clinical respiratory syndromes should be instructed in the practice of respiratory hygiene and cough etiquette and given surgical masks to wear until an examination room can be provided. Place patients requiring droplet precautions in an examination room as soon as possible. Healthcare providers should wear surgical masks at room entry.
The PHC shall develop protocols to identify patients with known or suspected airborne infections. Place the patient requiring airborne precautions in a negative pressure room. If a negative pressure room is not available, place the patient in an examination room with a portable high-efficiency particulate air (HEPA) filter. If no portable HEPA filter is available, ensure that the patient wears a surgical mask. Regardless of the type of room the patient is in, the staff should always carry out appropriate respiratory protection.
Environmental measures: Routine cleaning of high-touch surfaces is standard. The environmental services personnel should wear an N95 respirator on room entry. After the patient has left, the examination room should remain unoccupied for enough time (about one hour).

Survey process guide:

- GAHAR surveyor may observe at least one assigned area for patient placing according to the PHC capacity.
- GAHAR surveyor may interview staff to assess their adherence to the PPE and hand hygiene practices with patients with a suspected communicable disease.

Evidence of compliance:

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

Related standards:

IPC.05 Standard precaution measures, EFS.07 Safety Management Plan.

IPC.07 Patient care equipment is disinfected/sterilized based on evidence-based guidelines and manufacturer recommendations.

Safety

Keywords:

Disinfection, sterilization

Intent:

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

a) Receiving and cleaning of used items.
b) Preparation and processing.
    i. Processing method to be chosen according to Spaulding classification:
    Disinfection of medical equipment and devices involves low, intermediate, and high-level techniques. High-level disinfection is used (if sterilization is not possible) for only semi-critical items that come in contact with mucous membranes or non-intact skin. Chemical disinfectants approved for high-level disinfection include glutaraldehyde, orthophtaldehyde, and hydrogen peroxide.
    ii. Sterilization shall be used for all critical and heat-stable semi-critical items.
    iii. Low-level disinfection (for only non-critical items) shall be used for items such as stethoscopes and other equipment touching intact skin. In contrast to critical and some semi-critical items, most non-critical reusable items may be decontaminated where they are used and do not need to be transported to a central processing area.
c) Labeling of sterile packs.
d) Storage of clean and sterile supplies: properly stored in designated storage areas that are clean, dry and protected from dust, moisture, and temperature extremes. Ideally, sterile supplies are stored separately from clean supplies, and sterile storage areas shall have limited access.
e) Logbooks are used to record the sterilization process.
f) Inventory levels.
g) Expiration dates for sterilized items.

Survey process guide:

- GAHAR surveyor may observe the number of functioning pre-vacuum class B sterilizers, the presence of physically separated areas according to the standard with unidirectional airflow, and the presence of storage areas that meet the standard criteria.
- GAHAR surveyor may observe the ability of the staff to perform the sterilization process properly.

Evidence of compliance:

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

Related standards:

IPC.02 IPC program, risk assessment, guidelines, IPC.08 Disinfection/sterilization quality control program, WFM.06 Continuous education program.

IPC.08 A disinfection/sterilization quality control program is developed and implemented.

Safety

Keywords:

Disinfection/sterilization quality control program

Intent:

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

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

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

d) Class 2 internal chemical indicators.
e) Process challenge devices which are either of the following:
    I. Porous challenge device or Hollow challenge device. Porous challenge pack: Bowie-Dick Sheets (class 2 indicator) inside a porous challenge pack (every load) or
    II. Hollow load challenge (Helix test): a class 2 chemical indicator (strip) inside a helix (every load)

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

Survey process guide:

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

Evidence of compliance:

1. The quality of packaging material, as chemical and biological indicators, is determined based on standardized product specifications.
2. Healthcare professionals involved in sterilization/disinfection are competent in quality control performance.
3. Quality control tests for monitoring sterilization and high-level disinfectants are done regularly.
4. Quality control processes are recorded.

5. Corrective action is taken whenever results are not satisfactory.

Related standards:

IPC.02 IPC program, risk assessment, IPC.07 Disinfection, sterilization, WFM.06 Continuous education program.

IPC.09 The PHC has a laundry service and healthcare textile management process.

Safety

Keywords:

Laundry service, textile

Intent:

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

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

Survey process guide:

- GAHAR surveyor may review approved PHC policy to guide the safe laundry and healthcare textile services management.
- GAHAR surveyor may interview involved staff members to check their awareness of the PHC policy.
- GAHAR surveyor may observe areas where laundry and health textile management are performed to observe its design, the presence of functioning washing machine/s, recorded water temperatures and quality control records.

Evidence of compliance:

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

Related standards:

IPC.02 IPC program, risk assessment, guidelines, IPC.05 Standard precaution measures, EFS.11 Utilities Management Plan

Organization Governance and Management

Chapter intent

This chapter examines the various governance and accountability structures that can vary based on the PHC facility's size, mandate, and whether public or private.
Potential governance structures include an individual or group owner, a government committee or ministry, or a board of directors. A clearly defined governing body structure offers clarity to all members of the PHC facility, including managers, clinical leadership, and staff, by specifying who holds the ultimate decision-making authority and oversee of the facility's overall direction. While governance provides oversight and support, the effective management of the PHC facility relies on the dedication and planning efforts of facility leadership, as well as the leaders of its units and services.

Effective planning begins with identifying the needs of stakeholders and designing services to meet those needs. The facility's plans should be continuously aligned with government-initiated campaigns that address preventive prophylactic, therapeutic, social and other aspects of healthcare. This chapter guides assigning duties to various management levels and ensuring effective communication to achieve the PHC facility's goals and objectives.
The healthcare landscape is increasingly moving toward a fully quality-driven future and a pay-for-performance model.
This chapter focuses on the financial aspects of healthcare, affecting both patients and providers. As value-based care and higher efficiency levels gain prominence, the keys to success in medical practice are evolving swiftly.

The chapter handles various organization-wide topics such as contracted services, ethical management, and staff engagement, which may reflect efficient and effective collaborative management efforts.
GAHAR surveyors, through leadership/ staff interviews, observations, and process evaluation, shall assess the efficiency and effectiveness of the governing body and leadership structure. The ability of leaders to motivate and drive the staff is instrumental to the success of a PHC facility and can be assessed throughout the survey.

Chapter purpose:

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

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

OGM Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
OGM.01 **KW: Governing body structure and responsibilities**	**OGM.01** **KW:** Governance structure	- **Modified** Standard statement: (The PHC has a defined governing body structure, responsibilities, and accountabilities)**.** - **Modified EOC**: (EOC.04The governing body has defined its responsibilities and accountabilities towards the PHC's principal stakeholders as mentioned in the intent from a) to f) and has a process for resource allocation that includes clear criteria for selection and prioritization).
OGM.02 **KW: PHC director**	**OGM.02** **KW:** PHC management	- **Modified** Standard statement: (A full-time qualified director is appointed by the governing body to manage the PHC according to applicable laws and regulations). - **Modified** EOC**:** - **(EOC.02:** There is a job description for the PHC director covering the standard requirements from a) through i) as in the intent). - **(EOC.04:** The PHC ensures process of coordination and communication through established committees with defined terms of references, documented minutes, and annual reviews). - **Added new EOCs:** • **(EOC.05:** The governing body receives a periodic report from the PHC leadership about quality, patient safety, and performance measures at least annually). • **(EOC.06**: There is evidence of delegation of authority when needed).
OGM.03 **KW: Clinical governance program.**		- **New Standard.**
OGM.04 **KW: PHC leaders**	**OGM.03** **KW:** PHC leaders	- **Modified** EOC**:**

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.02:** The responsibilities of the PHC leaders include at least a) through d) in the intent). • **(EOC.03:** PHC leaders are aware of and perform their responsibilities).
OGM.05 **KW: Strategic Planning**	**OGM.04** **KW:** Strategic Planning	- **Rephrasing** of EOC**:** • **(EOC.01:** The PHC has a strategic plan with goals and defined objectives). - **Modified EOC: (EOC.03:** The strategic plan is reviewed annually).
OGM.06 **KW: Operational Planning**	**OGM.05** **KW:** Operational Planning	- **Rephrasing** of Standard statement: (Operational plans are developed to achieve the strategic plan goals and objectives). - **Rephrasing** of EOC: • (**EOC.02:** Staff is involved in developing the related operational plans). • (**EOC.04:** Leaders evaluate the operational plans annually, with inputs considered for a new cycle of planning. - **Modified** EOC**: (EOC.03:** Operational plans progress/analysis reports are done quarterly).
OGM.07 **KW: Stock management**	**OGM.06** **KW:** Stock management	- **No change**.
OGM.08 **KW: Billing system**	**OGM.07** **KW:** Billing system	- **No change**.
OGM.09 **KW: Contract management**	**OGM.08** **KW:** Contract management	- **Rephrasing** of EOC: (**EOC.02:** There is a list of all contracted services, including provided services.
OGM.10	**OGM.09**	- **Modified** EOC**:**

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
KW: Ethical management	**KW:** Ethical management	• **(EOC.01:** The PHC has an approved policy for ethical management that addresses at least a) to g) in the intent). • **(EOC.03:** Ethical issues are discussed and managed according to the approved code of ethics and resolved within a defined time frame.
OGM.11 **KW: Positive Workplace Culture**	**OGM.10** **KW:** Positive Workplace Culture	- **No change**.
OGM.12 **KW: Staff rest areas**	**OGM.11** **KW:** Staff working conditions	- **No change**.
OGM.13 **KW: Staff health**	**OGM.12** **KW:** Staff health	- **Modified** EOC**:** • **(EOC.01:** There is a staff health program according to laws and regulations that cover items a) to k) in the intent). • **(EOC.03:** Staff members are educated about the risks within the PHC environment, their specific job-related hazards, positive health promotion strategies, and periodic medical examinations).

Effective governing body

OGM.01 The PHC has a defined governing body structure, responsibilities, and accountabilities.

Effectiveness

Keywords:
Governing body structure and responsibilities

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

a) Defining the PHC's mission, vision and values.
b) Support, promotion, and monitoring of performance improvement, patient safety, risk management efforts, and safety culture.
c) Setting priorities for activities to be executed by the PHC; The process of prioritization among selected activities follows this process of selection.
d) Prioritization criteria should be known to all to ensure a fair and transparent resource allocation process.
e) Reviewing the clinical governance activities and receives regular reports.
f) Approval of:
    I. The PHC's strategic plan.
    II. The operational plan and budget, capital investments.
    III. The quality improvement, patient safety, and risk management programs.
    IV. Community assessment and involvement program.

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

Survey process guide:

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

Evidence of compliance:

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

Related standards:

OGM.04 PHC Leaders, OGM.05 Strategic Planning, OGM.06 Operational Planning, QPI.01 Quality improvement plan, CAI.02 Planning for community involvement, QPI.02 Performance measures, QPI.05 Risk management program, QPI.08 Sustained improvement activities.

Effective organization direction

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

Effectiveness

Keywords:
PHC director

Intent:

Any PHC needs an executive who is responsible and accountable for implementing the governing board's decisions and acting as a link between the governing board and the PHC staff. Such a position requires a dedicated full-time qualified director guided by relevant laws and regulations and/or as further defined by the governing body. The PHC shall appoint a full-time qualified director and define any leadership delegation authority for managing the PHC in the absence of the PHC director. The PHC director shall have appropriate training and/or experience in healthcare management, as defined in the job description.
The job description shall cover at least the following:

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

Achieving the mission of primary healthcare (PHC) depends on collaboration and active participation. This involves sharing knowledge and engaging staff in decision-making. Committees serve as a means to combine the diverse knowledge and skills from various parts of the PHC, enabling effective decision-making. Selecting multidisciplinary members for each committee and holding regular meetings can significantly enhance their productivity.

Survey process guide:

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

Evidence of compliance:

1. There is an appointment letter for the PHC director according to applicable laws and regulations.
2. There is a job description for the PHC director covering the standard requirements from a) through i) as in the intent.
3. The PHC director has appropriate training and/or experience in healthcare management, as defined in the job description.
4. The PHC ensures process of coordination and communication through established committees with defined terms of references, documented minutes, and annual reviews.
5. The governing body receives a periodic report from the PHC leadership about quality, patient safety, and performance measures at least annually.
6. There is evidence of delegation of authority when needed.

Related standards:

WFM.02 Job description, QPI.01 Quality improvement plan, QPI.02 performance measures, QPI.05 Risk management program, QPI.08 Sustained improvement activities, OGM.06 Operational Planning, IPC.01 Infection prevention and control (IPC) team, EFS.01 PHC environment and facility safety, EFS.12 Disaster plan.

OGM.03 The PHC develops clinical governance program.

Effectiveness

Keywords:

Clinical governance program

Intent:

Clinical governance is a framework through which healthcare organizations are accountable for improving service quality and maintaining high care standards, focusing on following key pillars: clinical effectiveness, risk management, patient involvement, communication, clinical audit, staff continuous professional development.
Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria.

Clinical governance in primary health care (PHC) is a system that ensures everyone in the clinical service understands their role, shares responsibility, and is accountable for maintaining quality clinical care, clinical outcomes and safety for each patient.

The PHC shall establish a Clinical Governance program. This program aims to ensure the effective implementation and ongoing maintenance of clinical governance practices, address challenges, and promote continuous improvement across key areas such as immunization, chronic diseases prevention, child health, maternity health, and reproductive health programs. PHC shall assign a qualified staff to supervise and ensure clinical governance implementation.
The clinical governance program shall cover at least the following:

a) Clinical services based on clinical programs and guidelines.
b) Clinical audit.
c) The incident reporting system.
d) Clinical risk management strategies.
e) Encouraging a patient-centered culture.
f) Staff training and ensuring their competence in clinical practices.

The PHC shall submit a quarterly report to the governing body on how clinical governance requirements are being fulfilled.

Survey process guide:

- GAHAR surveyor may review the PHC clinical governance program.
- GAHAR surveyor may interview the assigned staff member for supervising the clinical governance program and related staff to check their awareness of the program.
- GAHAR surveyor may observe that the provided clinical services are aligned with clinical guidelines.

Evidence of compliance:

1. The PHC has a clinical governance program that covers all the elements mentioned in the intent from a) through f).
2. The PHC has an assigned qualified staff member to supervise the clinical governance program.
3. Related staff members are aware of the PHC's clinical governance program.
4. Clinical governance activities are reported to the governing body at least quarterly.
5. The clinical services are provided according to guidelines and protocols.
6. The clinical governance program is updated and evaluated annually.

Related standards:

ICD.01 Uniform care, ICD.10 Plan of care, OGM.01 Governing body structure and responsibilities, WFM.06 Continuous education program, WFM.07 Staff performance evaluation, WFM.08 Clinical privilege.

Effective organization leadership

OGM.04 Responsibilities and accountabilities of the PHC leaders are identified.

Effectiveness

Keywords:

PHC leaders

Intent:

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

a) Sustaining a firm PHC structure:
    i. Collaboratively developing a plan for staffing the PHC that identifies the numbers, types, and desired qualifications of staff.
    ii. Providing appropriate facilities and time for staff education and training which should be tailored to serve both the PHC and staff needs through an iterative process of need assessment, planning, implementation, and evaluation.
    iii. Ensuring all required policies, procedures, and plans have been developed and implemented.
    iv. Selecting equipment and supplies based on strategic and operational plans and needed services that include quality and cost-effectiveness.
b) Running smooth directed operations:
    i. Creating a safe and just culture for reporting errors, near misses, and complaints, and use the information to improve the safety of processes and systems; a safety culture within the PHC is essential where staff feel confident when reporting on a safety incident that they will be treated fairly, in a confidential manner, and that the information they provide will be used to improve the care process and environment.
    ii. Designing and implementing processes that support continuity, coordination of care, and risk reduction.
    iii. Ensuring that services are developed and delivered safely according to applicable laws and regulations and approved strategic plans with input from the users/staff.
c) Continuous monitoring and evaluation:
    i. Ensuring that all quality control monitoring is implemented and monitored and that action is taken when necessary.
    ii. Ensuring that the PHC meets the conditions of facility inspection reports or citations.
    iii. Annually assessing the operational plans of the services provided to determine the required facility and equipment needs for the next operational cycle.
    iv. Annually reporting to the PHC governing body or authority on system or process failures and near misses, and actions are taken to improve safety, both proactively and in response to actual occurrences. The PHC data are reviewed, analyzed, and used by management for decision-making.
d) Continuous Improvement.

Survey process guide:

- GAHAR surveyor may interview PHC leaders to check their awareness of their roles and responsibilities.
- GAHAR surveyor may review PHC leaders' job description in their staff files.

Evidence of compliance:

1. There is a job description for each PHC leader to identify the required qualifications and responsibilities.
2. The responsibilities of the PHC leaders include at least a) through d) in the intent.
3. PHC leaders are aware of and perform their responsibilities.
4. Leaders participate in staff education and training.

5. Leaders participate in safety rounds and enhance a just culture to encourage reporting errors and near misses.
6. Leaders support quality and patient safety initiatives, monitoring, and improvement activities.

Related standards:

WFM.02 Job description, WFM.01 Staffing plan, WFM.06 Continuous Education Program, QPI.01 Quality improvement plan, QPI.02 performance measures, QPI.05 Risk management program, QPI.06 Incident reporting system, QPI.08 Sustained improvement activities, EFS.12 Disaster plan.

OGM.05 A strategic plan is developed under the oversight and guidance of the governing body.

Effectiveness

Keywords:

Strategic Planning

Intent:

Strategic planning is a process of establishing a long-term plan to achieve a PHC's specified vision and mission through the attainment of high-level strategic goals.
A strategic plan looks out over an extended time horizon. The plan establishes where the PHC is currently, where leadership wants to go, how they will get there, and how they will know when they have arrived.
The strategic plan provides an overall framework within which all stakeholders can find their appropriate roles and make their appropriate contributions.
It is essential that stakeholders are involved in developing the plan to ensure legitimacy, ownership, and commitment to the plan.
A strategic plan might be established on a higher level (governing body) with the involvement of PHC leaders.

Survey process guide:

- GAHAR surveyor may review the PHC’s strategic plan.
- GAHAR surveyor may review the PHC’s strategic plan monitoring reports.
- GAHAR surveyor may interview the PHC leaders to check their involvement and participation in the development and monitoring of the strategic plan**.**

Evidence of compliance:

1. The PHC has a strategic plan with goals and defined objectives.
2. Participation of staff, PHC leaders, and other identified stakeholders in the strategic plan.
3. The strategic plan is reviewed annually.

Related standards:

OGM.01 Governing body structure and responsibilities, OGM.02 PHC director, OGM.04 PHC Leaders, PCC.01 Multidisciplinary patient-centeredness.

OGM.06 Operational plans are developed to achieve the strategic plan goals and objectives.

Efficiency

Keywords:
Operational Planning
Intent:
Operational plans are the means through which organization fulfil their mission. They are detailed, containing specific information regarding targets and related activities and needed resources within a timed framework. Leaders establish operational plans that include at least the following:

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

Leaders regularly evaluate the annual operational plans for the services provided to identify the facility and equipment needs for the upcoming operational cycle.

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

Survey process guide:

- GAHAR surveyor may interview staff and leaders to check their awareness of the operational plan and participation in developing related operational plans and give them the opportunity to talk about their inputs and how they are communicated.
- GAHAR surveyor may review the evidence of monitoring operational plan progress/ progress reports, and actions taken to improve performance.

Evidence of compliance:

1. The PHC has an approved operational plan that includes the elements from a) through e) in the intent.
2. Staff is involved in developing the related operational plans.
3. Operational plans progress/analysis reports are done quarterly.
4. Leaders evaluate the operational plans annually, with inputs considered for a new cycle of planning.

Related standards:

OGM.01 Governing body structure and responsibilities, OGM.02 PHC director, OGM.04 PHC Leaders, OGM.05 Strategic planning.

Efficient financial stewardship

OGM.07 The PHC manages its storage, stock, and inventory according to laws and regulations

Efficiency

Keywords:
Stock management
Intent:
Inventory is the stock of any item or resource used in a PHC, while storage refers to the physical space where items are kept or preserved for future use.

An inventory system comprises policies and controls designed to monitor inventory levels, determine optimal stock levels, decide when to replenish items, and establish the appropriate order quantities.

Inventory control is essential to achieve the aim of the right materials in the right quantity, at the right price, and at the right place, and it is essential for the appropriate utilization of existing resources.

The unavailability of the needed medical supplies can adversely affect the PHC operation. Inventory control helps in efficient and optimum use of scarce financial resources, avoiding the shortage of medical materials and elimination of out-of-stock situations. The PHC should identify its “critical” resources and ensures their continuous availability.
Effective management of medical stores entails priority setting in the purchase and distribution of medical materials. The PHC shall develop a policy and procedures for managing storage, stock, and inventory that addresses at least the following:

a) Compliance to storage laws, regulations, and organization policies.
b) Management of stocks safely and efficiently.
c) Inventory management and tracking the use of critical resources.
d) Recording stock items that should at least have the following (unless stated otherwise by laws and regulations):
    i. Date received.
    ii. LOT number and expiration date.
    iii. Whether or not acceptance criteria were met and if any follow-up.
    iv. Date placed in service or disposition, if not used.

Survey process guide:

- GAHAR surveyor may review the PHC policy guiding the management storage, stock, and inventory.
- GAHAR surveyors may interview the responsible staff to check their awareness of the policy.
- GAHAR surveyors may review a sample of storage, stock, and inventory records to check the process.

Evidence of compliance:

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

Related standards:

DAS.06 Reagent management, MMS.04 Medication storage, medication labelling, multiple dosing medication, MMS.05 Life supporting medications, MMS.08 Medication recall, expired medications, outdated medications, EFS.12 Disaster plan.

OGM.08 The PHC manages a patient billing system.

Efficiency

Keywords:

Billing system

Intent:

The billing process is a crucial component of PHC management. Due to the complexity of the billing processes, billing errors may result in costly financial losses, for example, billing errors due to lack of or inappropriate invoices of medical materials used by the missing barcode due to missing or inappropriate result reports. The billing process includes that all of the services and items provided to the patient are recorded in the patient's account, then all information and charges are processed for billing. For third-party payer systems, the process for billing is based on the requirements of insurance companies/agencies, which generally have reimbursement rules. The PHC shall develop a policy and procedures for the billing process. The policy of the patient billing process that addresses at least the following:

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

Survey process guide:

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

Evidence of compliance:

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

Related standards:

CAI.03 PHC advertisement, PCC.02 Patient and family rights, IMT.03 Use of symbols and abbreviations.

OGM.09 The PHC has a process for selection, evaluation, and continuously monitoring contracted services.

Effectiveness

Keywords:
Contract management

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

Survey process guide:

- GAHAR surveyor may review the approved documents for contracted services.
- GAHAR surveyor may review the documents of selection criteria for each service.
- GAHAR surveyor may review evidence of monitoring contracted services.
- GAHAR surveyor may interview the head of departments/services and responsible staff to check/determine contract monitoring, evaluation, and renewal processes.

Evidence of compliance:

1. The PHC has an approved policy and procedures for the selection, evaluation, and continuous monitoring of contracted services.
2. There is a list of all contracted services, including provided services.
3. The heads of units/services participate in the selection, evaluation, and monitoring of contracted services.
4. Each contract is evaluated at least annually to determine if it should be renewed or terminated.

Related standards:

OGM.04 PHC leaders, EFS.11 Utilities management plan, EFS.08 Pre-Construction risk assessment, EFS.03 Fire and smoke safety, EFS.06 Hazardous materials safety.

Safe, ethical, and positive organization culture

OGM.10 The PHC has an ethical management process.

Effectiveness

Keywords:

Ethical management

Intent:

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

a) Developing and implementing the code of ethics.
b) Developing and implementing PHC values.
c) Handling Medical errors and medico-legal cases.
d) Identifying and disclosing conflict of interest.
e) Management of discrimination and harassment.
f) Management of ethical dilemma that may arise, including reporting methods, resolving timeframe and communicating the results to impacted stakeholders.
g) Ensuring gender equality.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

APC.02 Professional standards during surveys, PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, WFM.05 Orientation program.

OGM.11 The PHC ensures a positive workplace culture.

Effectiveness

Keywords:
Positive Workplace Culture

Intent:

Studies highlighted the importance of paying attention to healthcare professionals' needs for a safe and comfortable work environment.
The PHC has an approved policy and procedures for a positive workplace culture.
The policy addresses at least the following:

a) Workplace cleanliness, safety, and security measures.
b) Management of workplace violence, discrimination, and harassment.
c) Communication channels between staff and PHC leaders.
d) Staff feedback measurement, including suggestions for provided services improvement.
e) Planning for staff development.

Survey process guide:

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

Evidence of compliance:

1. The PHC has an approved policy for positive workplace culture; the policy addresses at least a) through e) in the intent.
2. The workplace is clean and safe, and security measures are implemented.
3. Measures of workplace violence, discrimination, and harassment are implemented.
4. There are communication channels between staff and PHC leaders.
5. Staff feedback and staff satisfaction are measured.

Related standards:

EFS.09 Security plan, OGM.10 Ethical management, OGM.13 Staff health, QPI.02 Performance measures, WFM.06 Continuous education program, OGM.12 Staff rest areas.

Effective staff engagement, safety, and health

OGM.12 The PHC ensures that there are spaces matching required staff working conditions.

Effectiveness

Keywords:
Staff rest areas

Intent:

Staff rest areas, including spaces that are used solely by employees for hygiene needs, clothes change, rest, and eating when applicable, such as staff lounge and sleeping areas. Providing a comfortable and ergonomically supportive setting for workers has become a priority to punch up staff productivity as well as recruitment and retention. Studies highlighted the importance of attention to caregiver needs for a safe and comfortable work environment.

Staff rest areas should be ventilated, lit, and clean, not overcrowded, reachable through communication tools, and secure.

Survey process guide:

- GAHAR surveyor may observe one or two staff resting areas to check the availability of communications means, security, and ventilation.

Evidence of compliance:

1. Staff rest areas are ventilated, lit, and clean.
2. Staff rest areas are not overcrowded.
3. Staff rest areas are reachable through communication tools.
4. Staff rest areas are secured and not readily accessible to non-staff members.

Related standards:

EFS.09 Security plan, OGM.13 Staff health, OGM.02 PHC director.

OGM.13 The PHC has a staff health program that is monitored and evaluated annually according to laws and regulations.

Safety

Keywords:

Staff health

Intent:

The PHC shall implement a staff health program to ensure the safety of the staff according to workplace exposures. A cornerstone of the staff occupational health program is the hazard/risk assessment, which identifies the hazards and risks related to each occupation. This is done in order to take the necessary steps to control these hazards, minimize possible harm arising and, if not possible, lessen its negative sequelae. This is achieved through a PHC-wide risk assessment program that identifies high-risk areas and processes. The program scope covers all staff and addresses at least the following:

a) Pre-employment medical evaluation of new staff.
b) Periodic medical evaluation of staff members.
c) Screening for exposure and/or immunity to infectious diseases.
d) Exposure control and management to work-related hazards, such as:
    i. Ergonomic hazards that arise from the lifting and transfer of patients or equipment, strain, repetitive movements, and poor posture.
    ii. Physical hazards such as lighting, noise, ventilation, electrical, and others.
    iii. Biological hazards from blood borne and airborne pathogens and others.
e) Staff education on the risks within the PHC environment as well as on their specific job-related hazards.
f) Positive health promotion strategies, such as smoking cessation or encouraging physical activity.
g) Scheduling of regular staff vaccination (on a regular basis and as indicated).
h) Recording and management of staff incidents (e.g., injuries or illnesses, taking corrective actions, and setting measures in place to prevent recurrences).
i) Periodic specific medical evaluation (tests and examinations) is required for staff members (as indicated) to evaluate their appropriateness for safe performance. The situational examination

may be required in case of exposure to specific substances. Results of the medical evaluation are recorded in staff health records, and action is taken when there are positive results, including employee awareness of these results and provision of counseling and interventions as might be needed.

j) Infection control staff shall be involved in the development and implementation of the staff health program as the transmission of infection is a common and serious risk for both staff and patients in healthcare facilities.

k) All staff occupational health program-related results (medical evaluation, immunization, work injuries) shall be recorded and kept according to laws and regulations.

Survey process guide:

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

Evidence of compliance:

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

Related standards:

WFM.05 Orientation Program, IPC.02 IPC program, risk assessment, guidelines, QPI.05 Risk management program, EFS.07 Safety Management Plan, DAS.04 Radiation Safety Program DAS.09 laboratory safety program.

Community Assessment and Involvement

Chapter intent

Community assessment and involvement are crucial aspects of healthcare delivery, particularly within PHC facilities. These processes enable healthcare institutions to tailor their services to the specific needs of the communities they serve, ensuring that care is accessible, equitable, and effective. Establishing a community involvement program is vital for The PHC facilities to build strong relationships with the populations they serve. Such programs help identify community health needs, address service delivery gaps, and uncover collaboration opportunities. Developing and implementing a successful community involvement program involves identifying various stakeholders and community partners, including healthcare providers, patients and families, local government and public health agencies, non-profit organizations, and educational institutions. PHC facilities can engage with the community through various communication channels, such as surveys, focus groups, community meetings, forums, social media, and websites.

A comprehensive community health assessment enables such facilities to design a scope of services that meets the specific health needs of the population. This involves collecting and analyzing data on disease prevalence, health behaviors, and social determinants of health within the community.
PHC facilities can further enhance their impact by participating in community health initiatives, such as public health campaigns covering smoking cessation, life cycle approach to nutrition, healthy lifestyle, sexual and reproductive health, and mental health, including depression and addiction.
Implementation of the nutritional promotion program in the Primary Health Care (PHC) facilities is crucial in addressing the diverse nutritional needs of local community groups. By focusing on essential topics such as breastfeeding, micronutrient and food supplementation, and healthy eating practices, these programs play a significant role in enhancing the overall health and well-being of the population.

Promoting breastfeeding is vital for infant nutrition, as it provides essential nutrients and antibodies that support children's growth and immune function.
Additionally, micronutrient supplementation addresses specific deficiencies that can lead to serious health issues, particularly among vulnerable groups like pregnant women and young children.
The emphasis on healthy eating fosters a culture of informed food choices, empowering individuals and families to adopt balanced diets that contribute to long-term health. Ultimately, the holistic approach of the PHC's nutritional promotion program not only mitigates malnutrition but also lays the foundation for healthier communities, improved child development, and reduced healthcare costs in the long run.

Regular evaluation of community involvement programs is essential to ensure they remain effective and responsive to evolving needs.
Promoting a culture of accreditation within the PHC facility and the broader community encourages a commitment to quality, safety, and continuous improvement. Accreditation processes require PHC facilities to regularly evaluate their practices, engage the community in feedback mechanisms, and ensure that their services adhere to established standards. During the GAHAR survey, surveyors will assess the efficiency of the PHC's community assessment and involvement program.

Chapter purpose:

1. Understand the Role of Community Assessment.
2. Identify Key Stakeholders and Partners.
3. Build Effective Communication Channels.
4. Promoting a Culture of Accreditation and Quality.

CAI Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
CAI.01 **KW: Community profile**	**CAI.01** **KW:** Community profile	- **No change.**
CAI.02 **KW: Planning for community involvement**	**CAI.02** **KW:** Planning for community involvement	- **Modified** Standard Statement: (The PHC establishes a community involvement program). - **Modified** EOC: • **(EOC.01:** There is a program for community involvement that covers all components from a) through g) in the intent). • **(EOC.03:** There is evidence that health needs assessment and improvement activities are done in collaboration with community members).
CAI.03 **KW: PHC advertisement**	**PCC.01** **KW:** PHC advertisement	- **No change.**
CAI.04 **KW: Health education**	**CAI.03** **KW:** Health education	- **Rephrasing** of EOCs: • **(EOC.02:** Responsible staff member for providing community health education is competent). • **(EOC.05:** All activities of health education program are recorded).
CAI.05 **KW: Proper nutrition**	**CAI.04** **KW:** Proper nutrition	- **Modified** EOC: **(EOC.01:** The PHC has a structured nutrition promotion program that covers all items mentioned in the intent from a) through g). - **Rephrasing** of EOC: **(EOC.05:** The program outcomes are evaluated).
CAI.06 **KW: Surveillance and reporting**	**CAI.05** **KW:** Surveillance and reporting	- **Modified** EOC: • **(EOC.02:** Responsible Staff is aware of the list of communicable diseases and trained on their detection).

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		- **Rephrasing** of EOCs: **(EOC.01:** The PHC has a policy of surveillance of communicable and endemic diseases that covers all elements in the intent from a) through e). • **(EOC.03:** Responsible staff is trained in outbreaks management protocols).
CAI.07 **KW: Safe water supply**	**CAI.06** **KW:** Safe water supply	- **No change.**
CAI.08 **KW: Community involvement program evaluation**	**CAI.07** **KW:** Community involvement program evaluation	- **No change.**

Ensuring alignment with healthcare eco-system changes

CAI.01 The PHC defines its community profile.

Effectiveness

Keywords:

Community profile

Intent:

A community is a group of individuals, families, facilities, or organizations that interact with one another cooperate in common activities, solve mutual concerns, usually within the geographic area served by an organization. However, a community cannot be defined in a manner that excludes disadvantaged groups, low-income, or minority populations. Availability of population information that is updated regularly as defined by the policy and when new data is available promotes evidence-based decisions and optimizes health program utilization. Local population data may include demographics, health status, health determinants. Profiling a community means recording information on a broad range of factors (such as environmental/natural features and management, sociodemographic characteristics, political and economic structures, local institutions, economic activities and livelihoods, basic household and community facilities, and social organization). The PHC should define the community catchment area it serves to be able to address its health needs. Then, the PHC should identify the community partners taken in consideration staff, patients and their families and build agreements with them on collaboration on health-related matters.

Survey process guide:

- GAHAR surveyor may review the documents that defining the PHC catchment area.
- GAHAR surveyor may review the related documents (written agreement or official request letter of collaboration) for community collaboration.
- GAHAR surveyor may interview responsible staff to check their awareness of community profile.

Evidence of compliance:

1. The catchment area of the PHC is defined.
2. The PHC has a documented method for acquiring and updating data on community profiles.
3. Sources of community profile data are defined.
4. The PHC has a written agreement or official request letter of collaboration with those agencies that can make changes happen.
5. All community collaboration activities such as programs or projects are recorded.

Related standards:

CAI.02 Planning for community involvement.

Effective community services

CAI.02 The PHC establishes a community involvement program.

Patient-Centeredness

Keywords:

Planning for community involvement

Intent:

Community participation is essential for good governance. At its best, healthcare organizations support communities to shape their own health. Involving community members in the governance of a PHC in terms of policy formulation, decision-making, and oversight is important for ensuring the relevance of services offered to the community. Furthermore, involving community members in the PHC committees ensures the relevance of decisions at the community level. A community health needs assessment should be followed with a community health improvement plan. The PHCs should align their services with community health needs that is expressed in the PHC strategic plan. Such approach accomplishes the PHC responsibility towards its community, However, to ensure an effect that is reasonable in magnitude and sustainable, frequently, several PHCs work collaboratively on certain priority community health needs. Data sources could be primary or secondary. Primary data is data directly collected through surveys of citizens and providers, interviews, focus groups, etc. Secondary data is data obtained from other entities as vital statistics, cancer registry, censuses, etc. The PHC may decide to perform multiple activities to achieve a certain health improvement goal. These activities may be in the form of educational, cultural, recreational, outreach, or other activities. There may be performed in collaboration with nearby schools, factories, markets, malls, police stations, or other community players. Topics of social activities may cover smoking cessation, stress management advice, life cycle approach to nutrition, exercise, healthy lifestyle, sexual and reproductive health, and mental health, including depression and addiction. The PHC shall develop a program for community involvement that addresses at least the following:

a) Identification and description of the catchment area.
b) Health needs assessment should include:
    i. Accessibility and timeliness of services.
    ii. Risk assessment of the community hazards including environmental problems.
    iii. Healthcare needs.
    iv. Healthcare education needs.
    v. Healthcare expectation.
c) Planning to provide or update the package of services provided based on needs assessment.
d) Planning for interventions.
e) Identifying potential solutions.
f) Announcing or posting selected solutions to the community.
g) Training tools and information provided for the community activities.

Survey process guide:

- GAHAR surveyor may review community assessment and involvement program to check that it defines community health needs, potential partners and collaborators.
- GAHAR surveyor may interview PHC leader and relevant staff to inquire about community assessment and involvement program.
- GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. There is a program for community involvement that covers all components from a) through g) in the intent.
2. A designated person coordinates community involvement activities and public relations.
3. There is evidence that health needs assessment and improvement activities are done in collaboration with community members.
4. Selected solutions are announced and/or posted to the community.
5. There is evidence of performed community involvement activities.

Related standards:

CAI.01 Community profile, CAI.04 Health education, CAI.08 Community involvement program evaluation.

CAI.03 PHC advertisements are clear and comply with applicable laws, regulations, and ethical codes of the healthcare professionals' syndicates.

Patient-Centeredness

Keywords:

PHC advertisement

Intent:

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

Survey process guide:

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

Evidence of compliance:

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

Related standards:

PCC.02 Patient and family rights, OGM.10 Ethical Management, ACT.01 Granting access (before patient's registration)

CAI.04 The PHC has a health education program.

Effectiveness

Keywords:
Health education.

Intent:

Health education programs in PHCs play a crucial role in promoting community well-being by providing individuals with the knowledge and skills needed to prevent diseases and maintain a healthy lifestyle. These programs focus on various topics, including nutrition, physical activity, vaccination awareness, chronic disease management, and hygiene practices.

Health education programs could be delivered through workshops, counseling sessions, and community outreach, they empower individuals to make informed health decisions. Performing health education through a pre-planned program ensures better coverage of both the topics and the target individuals and groups. By addressing local health concerns and encouraging preventive care, health education in PHCs contributes to reducing healthcare burdens and improving overall public health outcomes. The PHC shall develop a health education program that identifies at least the following:

a) Heath education needs and problems.
b) Target groups for health education.
c) Methods of health education.
d) Health messages.
e) Health educators and supportive groups.
f) Timetables.
g) Communication channels with local community
h) How the program be conducted inside and outside the PHC.
i) Evaluation tool.

Personnel involved in health education are competent. Health education shall be provided in an easy to reach, suitable area and number of seats for the clients, lit, and ventilated with a supply of basic human needs. A teaching tool is a device designed to help in presenting the teaching materials; (blackboards, computers, and data show devices). Teaching materials used to help people understand and remember more quickly and more sustainably (wall-charts, pictures, television programs, recorded sound, and videos).

Survey process guide:

- GAHAR surveyor may review Health education program to check that it addresses all required elements.
- GAHAR surveyor may interview staff to check their awareness.
- GAHAR surveyor may review the recorded activities for Health education program.
- GAHAR surveyor may observe teaching tools provided by the PHC.

Evidence of compliance:

1. There is a structured health education program includes items from a) through i) that is provided to all target groups, whether inside or outside the PHC.
2. Responsible staff member for providing community health education is competent.
3. There is evidence that health education activities are performed.
4. Health education program effectiveness is evaluated.
5. All activities of health education program are recorded.

Related standards:

CAI.02 Planning for community involvement, CAI.05 Proper nutrition, ICD.16 Adult immunization program, ICD.17 Child health program, ICD.18 Maternity health program, ICD.19 Reproductive health program, IPC.04 Hand hygiene, QPI.02 performance measures.

CAI.05 The PHC uses a nutritional promotion program that covers different local community groups.

Effectiveness

Keywords:

Proper nutrition

Intent:

The promotion of good nutrition aims at improving the nutrition knowledge, attitudes, and practices of the community food consumption to maintain its health and reduce chronic disease risk. Nutrition promotion programs are usually targeted at special community groups. They usually cover areas such as breastfeeding, micronutrient and food supplementation, and healthy eating. The PHC shall develop a nutrition promotion program that includes:

a) Identification of local nutritional problems and priority needs.
b) Target groups.
c) Promotion of breastfeeding.
d) Micronutrients and food supplementation.
e) Nutritional education needs.
f) Required training for the involved staff.
g) Monitoring of the program outcomes using key outcome indicators (BMI, cholesterol level, blood pressure, etc.).

Survey process guide:

- GAHAR surveyor may review proper nutrition program to check that it addresses all required elements.
- GAHAR surveyor may interview staff to check their awareness of proper nutrition program.

Evidence of compliance:

1. The PHC has a structured nutrition promotion program that covers all items mentioned in the intent from a) through g).
2. There is a process to assess local community nutritional problems, including data sources, data collection methods, and tools, and defined nutritional problems.
3. The PHC prioritizes the nutritional problems of the community.
4. Pregnant and lactating women are informed and counseled about the benefits and management of breastfeeding.
5. The program outcomes are evaluated.

Related standards:

CAI.01 Community profile, CAI.04 Health education.

CAI.06 Surveillance of communicable and endemic diseases and reporting of its results to higher authorities is done according to MOHP/WHO recommendations.

Effectiveness

Keywords:

Surveillance and reporting

Intent:

The PHC should have a process of data collection, analysis, and interpretation of the occurrence of communicable and endemic diseases. The primary objective of disease surveillance is to determine the extent of infections and the risk of disease transmission, so that prevention and control measures can be applied both effectively and efficiently to minimize the burden of illness. Early detection and response systems to potential outbreaks facilitate the effectiveness of communicable disease control. Timely intervention minimizes morbidity and mortality due to communicable diseases. Contact identification and tracking are the primary means of controlling infectious diseases. The PHC shall develop and implement a policy and procedures that guide the process of surveillance and reporting of community communicable diseases. The policy addresses at least the following:

a) List of communicable and endemic reportable diseases.
b) Case definitions of communicable and endemic diseases.
c) Detection of signs and symptoms of disease in exposed persons.
d) Management protocols and reporting requirements.
e) Early isolation, evaluation, and treatment of secondary cases to ensure effective control of disease and prevention of its further transmission.

Survey process guide:

- When applicable according to PHC scope of services, GAHAR surveyor may review the proper surveillance program documentation and recording to check that it addresses all required elements.
- GAHAR surveyor may interview staff to check their awareness of proper surveillance program.

Evidence of compliance:

1. The PHC has a policy of surveillance of communicable and endemic diseases that covers all elements in the intent from a) through e).
2. responsible Staff is aware of the list of communicable diseases and trained on their detection.
3. Responsible staff is trained in outbreaks management protocols.
4. Patients with communicable and endemic diseases are identified and managed according to approved guidelines.
5. Patients with communicable and endemic diseases are reported as required by laws and regulations.
6. The PHC has a process of contact identification, screening, tracking, and control.

Related standards:

IPC.06 suspected communicable disease, ICD.21 Special need population, QPI.02 Performance measures.

CAI.07 Community environmental sanitation and safe water supply are supervised effectively according to laws and regulations.

Effectiveness

Keywords:
Safe water supply

Intent:

Safe water and basic sanitation are of crucial importance to the preservation of human health, especially among children. Water-related diseases are the most common cause of illness and death among the poor of developing countries. According to the World Health Organization, It is a great priority to focus on safe water supply and basic sanitation. Indeed, it is imperative to respect human values; it provides good health and ensures economic benefits. Water safety and quality are fundamental to human development, health, and wellbeing. Environmental health including water, air, food, swage sanitation of the global health priorities. Identification of any environmental Health problem is the first step to resolve it. The PHC shall ensure that there is safe water assessment system in place by collecting water samples periodically from public places and analyzing them bacteriology and chemically in accordance with MOHP and/or WHO recommendations.

Survey process guide:

- When applicable according to PHC scope of services, GAHAR surveyor may review documentation and recording for community environment sanitation to check that it addresses all required elements.
- GAHAR surveyor may interview staff to check their awareness of proper community environment sanitation program.

Evidence of compliance:

1. There is a written procedure that defines how to monitor safe water supply and environmental sanitation including collaboration with other authorities to maintain safe water supply and environmental sanitation.
2. The responsible staff member is qualified by education and experience.
3. Environmental health problems are identified.
4. Water samples are collected and analyzed from public places in the catchment area.
5. The PHC maintains the original or a copy of water analysis reports.
6. Actions are taken in response to positive results with relevant authorities.

Related standards:

EFS.11 Utilities management plan.

CAI.08 Outcomes of community assessment and involvement program are monitored and evaluated.

Effectiveness

Keywords:

Community involvement program evaluation

Intent:

Assessment of the community health needs ensures alignment of PHC mission and services with community health problems leading to better resource utilization and improved community health. Evaluation of the

program activities is important to validate the effectiveness of the activities and identify the learned lessons. Acting upon community suggestions and complaints is an important pillar of responsive healthcare. Organizations should ensure the availability of a transparent, visible, two-way communication process for its community to express their concerns and for the PHC to show its adequate and caring response. PHCs may perform an evaluation of the community involvement program as follows:

a) Reassessment of community needs and risks at least every two years.
b) Effectiveness of interventions.
c) Community satisfaction of provided social activities is measured.
d) Complaints from the community and external customers are addressed.
e) Handling difficult situations during community involvement activities such as managing aggressive behaviours.
f) Media management.

Survey process guide:

- GAHAR surveyor may review community assessment and involvement plan to check that it measures its outcomes.
- GAHAR surveyor may inquire about community assessment and involvement plan during leadership interview session.
- GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. The PHC performs an evaluation of community needs and risks at least every two years.
2. The PHC compares community status before and after interventions.
3. The PHC measure community satisfaction of provided social activities using a variety of methods.
4. The PHC handles and manages complaints from the community and external customers.
5. Measures are in place to handle aggressive situations, including calling the police when needed.
6. There is a process for dealing with media and social media.

Related standards:

CAI.02 Planning for community involvement, PCC.09 Patient and family feedback.

Workforce Management

Chapter intent

To fulfil its mission and meet patient needs, the PHC facility requires a diverse range of skilled and qualified personnel. The PHC facility workforce includes all the staff members within such facility. Effective workforce planning, which includes determining the appropriate number and skill mix of employees, is crucial.

Developing clear job descriptions, comprehensive orientation programs, and robust training initiatives is essential to support staff in providing quality healthcare.
This chapter outlines the roles and responsibilities of medical staff leaders in areas such as: credentialing, privileging, bylaws development, committee and units / services management, and performance improvement.

Ensuring the medical staff's credentials and competencies through ongoing education and certification processes is crucial for maintaining high standards of care.
Additionally, PHCs must provide opportunities for professional development and support the well-being of their staff, as they represent a significant investment and are essential to the PHC facility's success.

Globally, a shortage of healthcare professionals is evident in many regions. In some countries, professional licenses are renewable, requiring physicians, nurses, and other healthcare professionals to periodically undergo a renewal process to demonstrate their competence and ongoing development. National bodies overseeing medical and nursing education are established in various countries. There is an increasing trend towards national performance evaluation and ranking of healthcare professionals, with many healthcare systems adopting the pay-for-performance model.

GAHAR surveyors shall review the implementation of laws and regulations, medical bylaws, nursing bylaws, policies, procedures, and plans reflecting the processes of the human resources department through interviews with leadership and staff and review of different healthcare professionals' staff files.

Chapter purpose:

The main objective is to ensure that PHCs maintain an effective Workforce Management program. The chapter addresses the following objectives:

1. Efficient workforce planning.
2. Effective orientation, continuous medical education, and training programs.
3. An efficient mix of staff.
4. Periodic evaluation of staff performance.

WFM Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
WFM.01 **KW: Staffing plan**	**WFM.01** **KW:** Staffing plan	- **No change.**
WFM.02 **KW: Job description**	**WFM.02** **KW:** Job description	- **No change.**
WFM.03 **KW: Recruitment**	**WFM.03** **KW:** Recruitment	- **Rephrasing** of Standard statement: (The PHC implements a uniform recruitment process with the participation of service/unit leaders). - **Rephrasing** of EOC: **(EOC.02:** Staff involved in the recruitment process are aware of the PHC policy).
WFM.04 **KW: Staff files**	**WFM.04** **KW:** Staff files	- **Rephrasing** of EOC: **(EOC.04:** Staff files include all the required records, including from i) through viii), as mentioned in the intent).
WFM.05 **KW: Orientation program**	**WFM.05** **KW:** Orientation program	- **Rephrasing** of Standard statement: (All PHC staff undergo a formal orientation program). - **Modified** EOCs: • **(EOC.01:** The general orientation program is performed, and it includes at least the elements from a) through e) in the intent. • **(EOC.03:** Job specific orientation program is performed, and it includes at least the elements from i) through l) in the intent. • **(EOC.04:** All new staff members, including contracted and outsourced staff, attend the orientation program regardless of employment terms.
WFM.06 **KW: Continuous education program**	**WFM.06** **KW:** Continuous education program	- **No change.**
WFM.07 **KW: Staff performance evaluation**	**WFM.07** **KW:** Staff performance evaluation	- **Modified** EOCs: • **(EOC.01:** Performance and competency evaluati performed at least annually for each staff member • **(EOC.02:** Performance and competency evaluati performed based on the job description and kept i staff files.)

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• **(EOC.03:** There is evidence of employee feedback on performance and competency evaluation).
WFM.08 **KW: Clinical Privileges**	**WFM.08** **KW:** Clinical Privileges	- **Modified** EOCs: **(EOC.01:** The PHC has an approved policy that addresses at least all elements from a) through g) in the intent).

Efficient workforce planning

WFM.01 The PHC staffing plan matches the PHC's mission and professional practice recommendations.

Efficiency

Keywords:
Staffing plan

Intent:

Staff planning is the process of making sure that a PHC has the right people to carry out the work needed for business successfully through matching up detailed staff data including number of staff, skills, potential, aspirations and location with business plans. The staffing plan sets the number of staff and defines the desired skill mix, education, knowledge, and other requirements of staff members**.**
The shortage of competent healthcare professionals in multiple areas is an alarming sign. The PHC shall comply with laws, regulations and recommendations of professional practices that define desired education levels, skills, or other requirements of individual staff members or that define staffing numbers or mix of staff for the PHC. The plan is reviewed on a regular basis and updated as necessary. The leaders of each clinical or managerial area define the individual requirements of each staff position. The PHC should maintain a safe level of staff members' numbers and skill levels. Leaders consider the following factors to project staffing needs:

a) The PHC mission, strategic and operational plans.
b) Complexity and severity mix of patients served by the PHC.
c) Services provided by the PHC.
d) Technology and equipment used in patient care.
e) Workload during working hours and different shifts.

Survey process guide:

- GAHAR surveyor may review the staffing plan.
- GAHAR surveyor may review staff files to check compliance of staffing plan to laws, regulations and professional practices recommendations.

Evidence of compliance:

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

Related standards:

OGM.01 Governing body structure and responsibilities, OGM.02 PHC director, OGM.04 PHC leaders.

WFM.02 PHC job descriptions address each position's requirements and responsibilities.

Effectiveness

Keywords:

Job description

Intent:

The job description is a broad, general, and written statement of a specific job based on the findings of a job analysis and complies with laws and regulations.
It generally includes duties, purpose, knowledge, and experience, responsibilities, scope, and working conditions of a job.
The PHC should start by building a job description template that includes a description of the job.
The PHC should ensure that results of staff planning process, such as skill mix, are aligned with job requirements mentioned in the job description.
Job descriptions are required for all clinical, non-clinical, full-time, and part-time, temporary staff, and those who are under training.
Credentials, are documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements, such as a diploma from a medical school, specialty training (residency) completion letter or certificate, completion of the requirements of a medical professional organization, a license to practice, or recognition of registration with a medical or dental council.
When staff members are hired by the PHC, there is a process of matching credentials and evaluating the qualifications in relation to the requirements of the position.

Survey process guide:

- GAHAR surveyor may check a sample of staff files of different positions to check for the signed job description and credentials if required.
- GAHAR surveyor may interview staff to check their awareness of their job description.
- GAHAR surveyor may interview staff members who are involved in the credentialing process to assess compliance with standard requirements.

Evidence of compliance:

1. There is a job description for every position.
2. Job descriptions include the requirements (license, certification or registration, education, skills, knowledge, and experience) and responsibilities of each position.
3. Job descriptions are discussed with staff members, and this discussion is recorded in the staff file.
4. Required credentials for each position are kept in staff files. The process is uniformly applied to assess medical staff members' credentials.
5. There is a process for verifying credentials and evaluating qualifications in the PHC.

Related standards:

OGM.02 PHC director, OGM.04 PHC leaders, WFM.04 Staff Files, WFM.05 Orientation Program, WFM.07 Staff Performance Evaluation, QPI.01 Quality improvement plan, IPC.01 Infection prevention and control (IPC) team, MMS.10 Medication ordering, medication prescribing, MMS.12 Medication preparation, labelling of medications, medication dispensing, medication administration.

WFM.03 The PHC implements a uniform recruitment process with the participation of service/unit leaders.

Equity

Keywords:
Recruitment

Intent:

Recruitment and selection is the process of advertising a vacant position and choosing the most appropriate person for the job.
The PHC shall provide an efficient process for recruiting and hiring staff members for available positions. The process shall address at least the following:

a) Collaboration with service/unit leaders to identify the need for a job.
b) Communicating available vacancies to potential candidates.
c) Announcing criteria of selection.
d) Application process.
e) Recruitment procedures.

Survey process guide:

- If the recruitment is managed by the PHC, GAHAR surveyor may review a policy describing the recruitment process.
- GAHAR surveyor may review a sample of staff files to assess compliance with the PHC policy.
- GAHAR surveyor may interview staff members who are involved in the recruitment process to assess the process.

Evidence of compliance:

1. The PHC has an approved policy to recruit staff that addresses all the elements from a) through e) in the intent.
2. Staff involved in the recruitment process are aware of the PHC policy.
3. The recruitment process is uniform across the PHC for similar types of staff.
4. The recruitment process occurs in compliance with laws and regulations.
5. The PHC leaders participate in the recruitment process.
6. Selection criteria are recorded in the staff file.

Related standards:

WFM.01 Staffing Plan, WFM.02 job description, OGM.04 PHC leaders.

WFM.04 The PHC has a staff file for each workforce member.

Efficiency

Keywords:
Staff files

Intent:

It is important for the PHC to maintain a staff file for each staff member. An accurate staff file provides recording of staff knowledge, skill, competency, and training required for carrying out job responsibilities. In addition, the record shows evidence of staff performance and whether they are meeting job expectations.

Each staff member in the PHC, including independent practitioners, 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 ongoing in-service and continuing education; results of evaluations, including staff member performance of job responsibilities and competencies, and work history. The records shall be standardized and kept current according to the PHC policy. Staff files may contain sensitive information and thus should be kept confidential. The PHC should develop a policy and procedures that guide the management of staff files. The policy shall address at least the following:

a) Staff file initiation.
b) Standardized Contents such as:
    i. Qualifications, including education, training, licensure, and registration, as applicable.
    ii. Work history and experience.
    iii. Documentation of credentials evaluation and primary source verification.
    iv. Current job description.
    v. Evidence of initial evaluation of the staff member's ability to perform the assigned job.
    vi. Recorded evidence of newly hired general, departmental, and job-specific orientation.
    vii. Ongoing in-service and professional education received.
    viii. Copies of 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 review the PHC policy guiding staff file management.
- GAHAR surveyor may interview the staff involved in creating, using, and storing staff files to assess their awareness.
- GAHAR surveyor may review a sample of staff files to assess the standardized contents.
- GAHAR surveyor may observe the area where staff files are kept and assess storage conditions, retention, confidentiality and disposal mechanism.

Evidence of compliance:

1. The PHC has an approved policy that addresses at least elements from a) through f) in the intent.
2. Staff members who are involved in creation, storage, and use of staff files are aware of the management of staff files policy.
3. Staff files are confidential and protected.
4. Staff files include all the required records, including from i) through viii), as mentioned in the intent.
5. Staff files are disposed of as per the management of staff files policy.

Related standards:

WFM.02 Job Description, WFM.05 Orientation Program, WFM.06 Continuous Education Program, WFM.07 Staff Performance Evaluation, IMT.04 Confidentiality and security of data, IMT.06 Retention of Data and Information.

Effective orientation, training and education programs

WFM.05 All PHC staff undergo a formal orientation program.

Effectiveness

Keywords:
Orientation program

Intent:

A new staff members need to understand the entire PHC structure and how their specific clinical or non-clinical responsibilities contribute to the PHC mission. This is accomplished through a general orientation to the PHC and their role and a specific orientation to the job responsibilities of their position. Staff orientation, especially when first employed, with the PHC policies, shall ensure alignment between PHC mission and staff activities. It also helps to create a healthy PHC culture where all staff work with a shared mental model and towards agreed-upon objectives.

Staff orientation also facilitates the integration of new staff with the already available to rapidly form effective teams that offer safe and quality care. The PHC shall build a comprehensive orientation program that is provided to all staff members regardless of their terms of employment. Staff orientation shall occur on three levels: General orientation, service/unit orientation, and job-specific orientation.

The general orientation program shall address at least the following:

a) Review of the PHC mission, vision and values.
b) PHC structure.
c) PHC policies for the environment of care, infection control, and performance improvement.
d) Patient safety and risk management.
e) Ethical framework and code of conduct.

The Service/Unit orientation program shall address at least the following:

f) Review of relevant policies and procedures.
g) Operational processes.
h) Work relations.

Job Specific orientation shall address at least:

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

The PHC shall develop a staff manual that describe processes of staff appointment and reappointment, staff appraisal, staff complaints management, staff satisfaction measurement, code of ethics, disciplinary actions, and termination.

Survey process guide:

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

Evidence of compliance:

1. The general orientation program is performed, and it includes at least the elements from a) through e) in the intent.
2. Service/unit orientation program is performed, and it includes at least the elements from f) through h) in the intent.

3. Job specific orientation program is performed, and it includes at least the elements from i) through l) in the intent.
4. All new staff members, including contracted and outsourced staff, attend the orientation program regardless of employment terms.
5. Orientation program completion is recorded in the staff file.

Related standards:

WFM.02 Job Description, WFM.04 Staff Files, WFM.06 Continuous Education Program, IPC.04 Hand Hygiene, IPC.05 Standard precaution measures, EFS.03 Fire and smoke safety, EFS.06 Hazardous materials safety, EFS.07 Safety Management Plan, EFS.12 Disaster Plan, QPI.05 Risk Management Program, OGM.10 Ethical Management, PPC.02 Patient and family rights.

WFM.06 The PHC has a continuous education and training program.

Effectiveness

Keywords:
Continuous education program

Intent:

For any PHC to fulfil its mission, it has to ensure that its human resources have the capacity to deliver its services over time. Continuous education and training programs help guarantee that, especially if designed to satisfy staff needs necessary to deliver the PHC mission.
The program should be designed in a flexible manner that satisfies all staff categories based on a process of need assessment, tailored training plan, delivery, and reflection.
The program is designed based on services provided, new information, and evaluation of the staff needs. Evidence-based medical and nursing practices, guidelines, and other resources are accessible to all staff. The PHC ensures that education and training are provided and recorded according to the staff member's relevant job responsibilities and needs, which may include the following:

a) Patient assessment.
b) Infection control policy and procedures, needle stick injuries, and exposures.
c) Environment safety plans.
d) Occupational health hazards and safety procedures, including the use of personal protective equipment.
e) Information management, including patient's medical record requirements as appropriate to responsibilities or job description.
f) Pain assessment and treatment.
g) Clinical guidelines used in the PHC.
h) Basic cardiopulmonary resuscitation training at least every two years for all staff that provide direct patient care.
i) Quality concept, performance improvement, patient safety, and risk management.
j) Patient rights, patient satisfaction, and the complaint/ suggestion process.
k) Provision of integrated care, shared decision-making, informed consent, interpersonal communication between patients and other staff, cultural beliefs, needs and activities of different groups served.
l) Defined abuse and neglect criteria.
m) Medical equipment and utility systems operations and maintenance.

Survey process guide:

- 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 in the attendance of education and training program.

Evidence of compliance:

1. There is a continuing education and training program for all staff categories that may include elements in the intent from a) through m).
2. Resources (human and non-human) are available to deliver the program.
3. The educational program is based on the needs assessment of all staff categories.
4. The results of a performance review are integrated into program design.

Related standards:

WFM.02 Job Description, WFM.07 Staff Performance Evaluation, WFM.04 Staff Files, PCC.02 Patient and family rights, ICD.04 Patient medical assessments, ICD.13 Cardiopulmonary resuscitation, EFS.07 Safety Management Plan, QPI.05 Risk Management Program, IPC.02 IPC program, risk assessment, guidelines, OGM.03 Clinical governance program.

Equitable staff performance evaluation

WFM.07 Staff performance and competency are regularly evaluated.

Efficiency

Keywords:

Staff performance evaluation

Intent:

Staff performance evaluation is an ongoing process that is also called performance appraisal or performance review which is a formal assessment for managers to evaluate an employee's work performance, identify strengths and weaknesses, offer feedback and set goals for future performance.
Competency is the process of determining the ability of staff to fulfil the primary responsibilities of their position. Performance evaluation effectively contributes to individual, team, and PHC improvement when based on a defined transparent process with clear declared criteria relevant to the job functions.
Performance evaluation also promotes communication between employees and leaders, enabling them to make informed decisions about staff planning, selection, incentives, training and education, and career planning. Performance appraisals provide an opportunity to give staff feedback on their strengths and areas for improvement in a confidential and respectful way, promoting a culture of learning within the PHC. The PHC shall use a performance evaluation tool to ensure staff have the required criteria for doing jobs and achieving objectives.
Recorded the process of employees' performance evaluation, including performance review methods, tools, evaluation dimensions, criteria, time interval, appeal process, and person responsible for each staff category.
Performance evaluation of medical staff members addresses certain criteria that include those related to patient's medical record documentation and medication use, such as:

a) Reviewing patient's medical record for completeness and timeliness.
b) Utilization practice and medication use.
c) Compliance with approved clinical guidelines.
d) Complications, outcomes of care, mortality, and morbidity.
e) Professional development.

Survey process guide:

- GAHAR surveyor may interview service/unit or PHC leaders and inquire about tools used for staff performance evaluation.
- GAHAR surveyor may check a sample of staff files to assess completion of performance and competency evaluations.

Evidence of compliance:

1. Performance and competency evaluation is performed at least annually for each staff member.
2. Performance and competency evaluation is performed based on the job description and kept in staff files.
3. There is evidence of employee feedback on performance and competency evaluation.
4. Clear procedures for the effective management of underperformance.
5. Medical staff performance evaluation records include at least all elements from a) through e) in the intent.

Related standards:

WFM.02 Job Description, WFM.06 Continuous Education Program, WFM.08 Clinical Privileges, OGM.04 PHC leaders, OGM.03 Clinical governance program.

WFM.08 Medical staff members have current and specific delineated clinical privileges approved.

Safety

Keywords:

Clinical Privileges

Intent:

Clinical privilege is the specific authorization granted to a healthcare provider, such as a physician or licensed practitioner, by a medical facility or healthcare institution based on the evaluation of the individual's credentials and performance.

Clinical privilege delineation in Primary Healthcare Centers (PHCs) involves defining the specific medical procedures, treatments, and services that a healthcare provider is authorized to perform within the facility. This process ensures that providers practice within the scope of their qualifications, training, and experience, promoting patient safety and maintaining high standards of care. Regular review and updates of these privileges are essential to align with evolving medical practices and the provider's competencies.

The PHC shall develop and implement a policy guiding clinical privileges delineation. The policy shall address the following:

a) Medical staff members and independent practitioners with clinical privileges are subject to bylaws.
b) Privileges indicate if the medical staff can treat patients.
c) Privileges define the scope of patient care services and the types of procedures they may provide in the PHC.
d) Privileges are determined based on documented evidence of competency (experience-qualifications – certifications-skills) that are reviewed and renewed at least every three years.
e) Privileges are available in areas where medical staff provides services pertinent to granted privileges.
f) Medical staff members with privileges do not practice outside the scope of their privileges.
g) When medical staff are granted a privilege under supervision, clinical privileges address the accountable supervisors, mode, and frequency of supervision.

Survey process guide:

- GAHAR surveyor may review the clinical privileges delineation policy.
- GAHAR surveyor may interview medical staff to check their awareness of the clinical privilege delineation policy.
- GAHAR surveyor may review medical staff files to check for the recording of clinical privilege.

Evidence of compliance:

1. The PHC has an approved policy that addresses at least all elements from a) through g) in the intent.
2. Medical staff members are aware of the process of clinical privileges delineation and what to do when they need to work outside their approved clinical privileges.

3. Clinical privileges are delineated to medical staff members based on defined criteria.
4. Physicians' and dentists' files contain personalized recorded clinical privileges, including renewal when applicable.
5. Physicians and dentists comply with their clinical privileges.

Related standards:

OGM.03 Clinical governance program, WFM.02 Job Description, WFM.07 Staff Performance Evaluation.

Information Management and Technology

Chapter intent:
Information Management and Technology (IMT) has emerged as a cornerstone of modern healthcare delivery. Its efficacy in providing timely, relevant information to decision-makers is indispensable for optimizing patient care. At the heart of IMT lies the management of clinical, administrative, and regulatory data. While IMT offers immense potential for improving healthcare outcomes, it also introduces significant challenges, primarily centered around patient confidentiality and the potential for errors due to misinterpretations. Patient confidentiality is paramount in healthcare. The disclosure of personal and medical information without explicit patient consent constitutes a severe ethical and legal breach. The integration of technology in healthcare has exacerbated this concern due to the increased vulnerability of sensitive data.

Robust security measures must be in place to safeguard patient information. Another critical issue is the use of abbreviations in medical documentation. These can lead to misunderstandings and potentially catastrophic errors. To mitigate this risk, PHC must adhere to standardized abbreviation lists, such as those provided by the Institute for Safe Medication Practices (ISMP). Importantly, these lists should be translated into local languages to ensure universal understanding. The healthcare landscape is rapidly evolving with the adoption of technologies like telehealth, artificial intelligence, and clinical decision support systems. These advancements hold the promise of enhanced patient care, improved efficiency, and better outcomes. However, their successful implementation necessitates substantial resource allocation to ensure patient safety, continuity of care, and data security.

During GAHAR survey, surveyors shall be able to measure how PHC implements information management systems and technologies through reviewing documents pertinent to this chapter and doing patient tracers and interviews with staff. The leadership interview session may touch on this topic, as well.

Chapter purpose:

1. To address Effective Information Management Processes
2. To maintain Information Confidentiality and Security
3. To ensure the availability of patients' medical records
4. To describe effective Information Technology in healthcare

Standards included in this chapter apply to paper and electronic data and information.

IMT Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
IMT.01 **KW: Information management plan**	**IMT.01** **KW:** Information management planning	- **Modified** EOCs: • **(EOC.01:** The PHC leadership performs information needs assessment). • **(EOC.02** The PHC has an approved information management plan that includes items from a) through f) in the intent.
IMT.02 **KW: Document control system**	**IMT.02** **KW:** Quality management system documents	- **Rephrasing** of standard statement to be: (The PHC establishes a document control system for its key functions). - **Modified** EOCs: **(EOC.01:** The PHC has a policy that addresses items from a) through g) in the intent.
IMT.03 **KW: Use of symbols, and abbreviations**	**IMT.03** **KW:** Use of codes, symbols, and abbreviations	- **Modified** Standard statement**: (**The PHC defines standardized symbols and abbreviations). - **Modified** EOCs: • **(EOC.02:** All staff who record in the patient's medical record are trained on the policy requirements). • **(EOC.03:** Symbols and abbreviations, including the approved list, are used according to the policy. • **(EOC.04:** Violations of the list of not-to-use symbols/abbreviations are monitored, and corrective actions are taken).
IMT.04 **KW: Confidentiality and security of data**	**IMT.04** **KW**: Confidentiality and security of data and information	- **Modified** Standard statement**:** (The PHC maintains data and information confidentiality and security). - **Modified** EOCs: **(EOC.01:** The PHC has a confidentiality and security of data

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		and information policy that includes all the points in the intent from a) through f).
IMT.05 **KW: Integrity of data and information**	**IMT.05** **KW:** Integrity of data and information	- **No change.**
IMT.06 **KW: Retention of data and information**	**IMT.06** **KW:** Retention of data and information	- **No change.**
IMT.07 **KW: Medical record management**	**IMT.07** **KW**: Patient's medical record management	- **Rephrasing** of standard statement: (The patient's medical record is managed to ensure effective patient care).
IMT.08 **KW: Patient's medical record usage.**	**IMT.08** **KW:** Patient's medical usage process	- **Rephrasing** of standard statement: (The PHC ensures effective usage of patients' medical records). - **Modified** EOCs: **(EOC.02:** The responsible staff is aware of the policy).
IMT.09 **KW: Medical record review process**	**IMT.09** **KW:** Patient's medical review process.	- **Modified** standard statement: (The PHC establishes the patient's medical record review process).
IMT.10 **KW: Health information technology evaluation**	**IMT.10** **KW:** Health information technology evaluation	- **Modified** standard statement: (Health information technology systems are assessed and tested before implementation). - **Modified** EOC: (**EOC.04:** Corrective actions are taken when defective issues are detected).
IMT.11 **KW: Downtime of data systems**	**IMT.11** **KW:** Downtime of data systems	- **No change.**
IMT.12 **KW: Data back-up**	**IMT.12** **KW:** Data back-up	- **No change.**

Effective information management processes

IMT.01 Information management processes are planned and implemented according to the PHC needs, applicable laws, and regulations.

Effectiveness

Keywords:
Information management plan

Intent:

National laws and regulations address the core principles and practices essential for the effective management of an organization's information assets, including confidentiality, release of patient information, the retention period for documents, and reporting of specific information to inspecting and regulatory agencies. An information management plan includes the identification of the information needs of different units and the implementation of a process to meet those needs. The information management plan aims at providing accurate, meaningful, comprehensive, and timely information to assist in an information-based decision-making process. The PHC shall make the necessary efforts and take steps to comply with relevant laws and regulations in the field of information management. The PHC shall develop an information management plan in response to identified needs. The development of an effective information plan shall address the following:

a) The identified information needs of clinical and managerial PHC leaders.
b) The information needs and requirements of external authorities and agencies.
c) The size and type of services provided by the PHC.
d) Critical processes where recording is mandated.
e) Clinical coding (diagnosis and procedure codes) matching those provided by health authorities and/or third-party payers.
f) Staff training according to their responsibilities, job descriptions, and data and information needs.

Survey process guide:

- GAHAR surveyor may review the information management plan.
- GAHAR Surveyor may interview staff to assess plan implementation and may ask to demonstrate the process of information needs assessment and actions taken to meet identified needs.
- GAHAR surveyor may review response reports from inspecting and regulatory agencies and demonstrate the process of information needs assessment and action taken to meet identified needs.

Evidence of compliance:

1. The PHC leaders perform information needs assessment.
2. The PHC has an approved information management plan that includes items from a) through f) in the intent.
3. The PHC stores all its records and information according to laws and regulations.
4. The PHC responds within defined timeframes to any required reports from inspecting and regulatory agencies.
5. Recording of processes is required based on their criticality, and compliance with laws and regulations.
6. When gaps are identified, actions are taken to comply with laws and regulations.

Related standards:

APC.01 Accurate and complete information, IMT.02 Document control system, IMT.10 Health information technology evaluation, OGM.04 PHC leaders, OGM.08 Billing System, WFM.06 Continuous Education

Program, WFM.04 Staff Files, IMT.06 Retention of Data and Information, IMT.04 Confidentiality and Security of data, IMT.12 Data back-up.

Effective document management and recording

IMT.02 The PHC establishes a document control system for its key functions.

Effectiveness

Keywords:

Document control system

Intent:

Establishment of a uniform and consistent method for developing, approving, tracking, and revising documents (such as policies, plans, programs, procedures, and others) prevent duplication, discrepancies, omissions, misunderstandings, and misinterpretations. The tracking system of issuing and changes allows staff to easily identify relevant policies and procedures, and ensures that staff are informed about changed policies.
The PHC shall develop a policy and implement procedures for the document control system.
The policy shall address at least the following:

a) Standardized formatting.
b) Document control system for tracking of issues and tracking of changes.
c) The system allows each document to be identified by title, date of issue, edition and/or current revision date, the number of pages, who authorized issue and/or reviewed the document and identification of changes of version.
d) Required policies, procedures, plans, programs, and guidelines are available and disseminated to relevant staff.
e) Staff understand how to access those documents relevant to their responsibilities.
f) Retirement of documents.
g) Policies revisions.

Survey process guide:

- GAHAR surveyor may review the policy, the related documents, which include the PHC policies and procedures; to ensure that they have a standardized format, tracking system, identified approver, issuing, and revision date.
- GAHAR surveyor may interview involved staff to check their awareness of the development process, as well as approving, tracking, and revising of documents**.**
- GAHAR surveyor may interview staff to check their awareness about access to relevant documents, tracking changes in the documents, and process for management of retirement of documents.

Evidence of compliance:

1. The PHC has a policy that addresses items from a) through g) in the intent.
2. The PHC leadership, heads of services, and the relevant process owners are aware of this policy.
3. Staff can access those documents relevant to their responsibilities.
4. All documents are developed in a standardized format and can be tracked according to the policy.
5. Only the last updated versions of documents are accessible and distributed between staff.
6. Policies are revised at least every three years.

Related standards:

IMT.01 Information management plan, QPI.01 Quality improvement Plan, IMT.06 Retention of Data and Information, IMT.10 Health information technology evaluation.

IMT.03 GSR.21 The PHC defines standardized symbols and abbreviations.

Efficiency

Keywords:
Use of symbols and abbreviations

Intent:

Symbols and abbreviations are frequently employed to save space by compressing extensive information, but this practice can lead to miscommunication among healthcare professionals and increase the risk of errors in patient care. The PHC shall develop a policy and procedures for approved and non-approved symbols and abbreviations according to the PHC scope of service and approved official language of communication inside the PHC. The policy shall address at least the following:

a) Approved symbols/abbreviations list.
b) Not-to-use symbols/abbreviations list guided by reliable references such as the Institute for Safe Medication Practices (ISMP) list.
c) Non-English abbreviations and illegible handwriting.
d) Situations where symbols and abbreviations (even the approved list) shall not be used, such as in informed consent and any record that patients and families receive from the PHC about the patient's care.

Survey process guide:

- GAHAR surveyor may review PHC policy for abbreviations.
- GAHAR surveyor may review appropriate number of medical records (not less than ten files) to check for the used abbreviations with medication orders.
- GAHAR surveyor may interview medical staff for awareness of the prohibited abbreviations.

Evidence of compliance:

1. The PHC has an approved policy that includes all the points in the intent from a) through d).
2. All staff who record in the patient's medical record are trained on the policy requirements.
3. Symbols and abbreviations, including the approved list, are used according to the policy.
4. Violations of the list of not-to-use symbols/abbreviations are monitored, and corrective actions are taken.

Related standards:

IMT.07 Medical record Management, IMT.08 Patient's medical record usage, OGM.08 Billing System, IMT.09 Medical Record Review, PCC.05 Recorded informed consent, MMS.10 Medication ordering, medication prescribing

Ensuring confidentiality and security of information

IMT.04 The PHC maintains data and information confidentiality and security.

Patient-Centeredness

Keywords:

Confidentiality and security of data.

Intent:

Information security is the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction. Information security is achieved by ensuring the confidentiality, integrity, and availability of information. Confidentiality means the property that health information is not made available or disclosed to unauthorized persons or processes. Integrity means the property that health information has not been altered or destroyed in an unauthorized manner. Availability means the property that health information is accessible and useable upon demand by an authorized person. The PHC shall define who is authorized to view and administer health information or clarify and improve how and when health information is provided to patients, relatives, or other healthcare entities. The PHC should develop a policy and procedures to ensure information confidentiality and security.

The policy shall address at least the following:

a) Procedures to ensure privacy, confidentiality, and security of data.
b) Determination of who can access which type of data and information.
c) The circumstances under which access is granted.
d) Confidentiality agreements with all those who have access to patient data.
e) Procedures to ensure privacy and cybersecurity of patient information.
f) Procedures to follow if confidentiality or security of information has been breached.

All staff shall commit to information confidentiality and security by signing an agreement that they understand the details of the confidentiality policy and procedures and know their roles well.

Survey process guide:

- GAHAR surveyor may review the confidentiality and security of data and information policy, list of the authorized individuals to have access to the patient medical record and signed confidentiality agreement in each staff member personal file.
- GAHAR surveyor may observe implementation of confidentiality measures including storage of patient's medical records in limited access place, each staff use of passwords and staff has no access to the information not related to their job.
- GAHAR surveyor may interview staff to assess staff awareness of confidentiality measures.

Evidence of compliance:

1. The PHC has a confidentiality and security of data and information policy that includes all the points in the intent from a) through f).
2. All staff are aware of the policy requirements.
3. There is a list of authorized individuals who have access to the patient's medical record.
4. Only authorized individuals have access to patient's medical records.
5. There is a signed confidentiality agreement in each staff member's personal file.
6. Procedures are followed if confidentiality or security of information has been breached.

Related standards:

PCC.02 Patient and family rights, WFM.04 Staff Files, IMT.07 Patient's Medical record Management, IMT.08 Patient's medical record usage, IMT.01 Information management plan, IMT.06 Retention of Data and Information, IMT.10 Health information technology evaluation, IMT.09 Medical Record Review

IMT.05 Patient's medical record and information are protected from loss, destruction, tampering, and unauthorized access or use.

Safety

Keywords:
Integrity of data and information

Intent:

Data integrity is a critical aspect to the design, implementation, and usage of any information system which stores, processes, or retrieves data as it reflects the maintenance and the assurance of the accuracy and consistency of data over its entire life cycle. Any unintended changes to data as the result of a storage, retrieval, or processing operation, including malicious intent, unexpected hardware failure, and human error, is the failure of data integrity. Patient's medical record and information shall be protected at all times and in all places, including protecting it from water, fire, or other damage, as well as unauthorized access. Keep security policies updated and decrease the likelihood and impact of electronic health information being accessed, used, disclosed, disrupted, modified, or destroyed in an unauthorized manner. The medical records storage area shall implement measures to ensure medical records protection, e.g., controlled access and the suitable type of fire extinguishers.

Survey process guide:

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

Evidence of compliance:

1. Medical records and information are secured and protected at all times.
2. Medical records and information are secured in all places, including clinics and the medical records archiving unit.
3. Medical records storage areas implement measures to ensure medical information integrity.
4. When an integrity issue is identified, actions are taken to maintain integrity.

Related standards:

IMT.04 Confidentiality and Security of data, IMT.10 Health information technology evaluation, EFS.03 Fire and smoke safety, EFS.09 Security plan.

IMT.06 Retention time of records, data, and information is performed according to applicable national laws and regulations.

Timeliness

Keywords:
Retention of data and information

Intent:

As medical records, data, and information have an important role in patient care, legal documentation, continuity of care, and education. The PHC has to retain them for a sufficient period of time. The different data retention policies weigh legal and privacy concerns against economics and need-to-know concerns to determine the retention time, archival rules, data formats, and the permissible means of storage, access, and encryption. The PHC shall develop and implement a policy and procedures on data and information retention. The policy shall address at least the following:

a) Retention time for each type of document.
b) Information confidentiality shall be maintained during the retention time.
c) Mechanism to identify records that shall be archived.
d) Retention conditions, archival rules, data formats, and permissible means of storage, access, and encryption.
e) Data destruction procedures.

Survey process guide:

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

Evidence of compliance:

1. The PHC has an approved policy that includes all the items in the intent from a) through e).
2. All staff are aware of the policy requirements.
3. The information confidentiality is maintained during the retention time.
4. Data are archived within the approved timeframe.
5. Destruction and/or removal of records, data, and information are done as per laws, regulations, PHC's policy, and procedure.

Related standards:

IMT.04 Confidentiality and Security of data, IMT.01 Information Management plan, IMT.07 Medical record Management, IMT.02 Document control system.

Availability of patient-specific information

IMT.07 The patient's medical record is managed to ensure effective patient care.

Effectiveness

Keywords:

Medical record management

Intent:

Patient medical records are available to assist the healthcare professional in having quick access to patient information and to promote continuity of care and patient satisfaction.

Without a unified structure of the patient's medical record, each healthcare professional will have their own solution, and the result will be the incompatibility of systems and the inability to share information. Every patient evaluated or treated in the PHC must have a medical record. The file is assigned a unique number to the patient or family, which is used to link the patient with his or her health record. A single file with a unique number enables the PHC to locate a patient's medical record easily and document the care of the patient over time. The patient's medical record shall have uniform contents and order. The main goal of developing a uniform structure of the patient's medical record is to facilitate the accessibility of data and information to provide more effective and efficient patient care. The patient's medical record shall be available to assist the healthcare professional in having quick access to patient information and also to promote continuity of care and patient satisfaction. The PHC shall develop a policy and procedures for medical record management. The policy shall address at least the following:

a) Medical record flow management: initiation of a patient's medical record, unique identifiers generation, tracking, storing, and availability when needed to healthcare professionals.
b) Medical record contents and order uniformity.
c) Medical record standardized use.
d) Patient's medical record release.
e) Management of voluminous patient's medical records.

Survey process guide:

- GAHAR surveyor may review the policy for medical record management.
- GAHAR surveyor may check that each patient's/family's medical record has a unique identifier for each patient, medical record contents, format, and location of entries as well as medical records movement logbook.
- GAHAR surveyor may observe patient's medical record availability when needed by healthcare professionals, and contain up-to-date information within an appropriate timeframe.
- GAHAR surveyor may interview staff to assess awareness about managing patient's medical records in the PHC.

Evidence of compliance:

1. The PHC has an approved policy that includes all the points in the intent from a) through e).
2. All staff who are using patient's medical record are aware of the policy requirements.
3. A patient's medical record is initiated with a unique identifier for every patient evaluated or treated.
4. The patient's medical record contents, format, and location of entries are standardized.
5. The patients' medical records are available when needed by a healthcare professional and contain up-to-date information within an appropriate time frame.
6. There is a medical record tracking system that facilitates the identification of medical records current location.

Related standards:

IMT.01 Information management plan, IMT.02 Document control system, IMT.04 Confidentiality and Security of data, IMT.09 Medical Record Review, ACT.03 Patient identification.

IMT.08 The PHC ensures effective usage of patients' medical records.

Effectiveness

Keywords:
Patient's medical record usage.
Intent:
The content of the patient's medical record must be comprehensive and detailed to foster high quality and continuity of patient care, meet the health needs of the patient/ client, meet the requirements of the legal and regulatory agencies, and supply a database for all other uses of documents. The PHC shall have as a policy and procedures to guide the use and completeness of the patient's medical record. The policy shall address the following:

a) Individuals who are permitted to make entries in the patient's medical record.
b) Process to ensure that only authorized individuals make entries in medical records, and each entry identifies the author, date, and time of entry.
c) Process to define how entries in the patient's medical record are corrected or overwritten.

Survey process guide:

- GAHAR surveyor may review the policy of patient's medical record use.
- GAHAR surveyor may interview staff to assess staff awareness about the process of using patient's medical record.
- GAHAR surveyor may observe the medical record usage process.

Evidence of compliance:

1. The PHC has an approved policy and procedure to ensure that the medical record contains completed sheets that addresses all elements from a) through c) in the intent.
2. The responsible staff is aware of the policy.
3. Only authorized individuals make entries in the patient's medical record.
4. All entries in the medical record are legible, the author, date, and time of all entries in the patients' medical records can be identified, and entries in the patient's medical record are corrected or overwritten (if needed) in compliance with law, regulations, and policies.

Related standards:

IMT.01 Information management plan, IMT.02 Document control system, IMT.04 Confidentiality and Security of data, IMT.09 Medical Record Review.

Effective patient's medical record management

IMT.09 The PHC establishes the patient's medical record review process.

Effectiveness

Keywords:
Medical record review process
Intent:
Review of medical records is usually performed to ensure that they are accurate, clinically pertinent, complete, current and readily available for continuing patient care and to recommend action when problems arise in relation to medical records and the medical filing service. The PHC shall develop a policy and procedures to assess the content and the completeness of patient's medical record.
The policy shall address at least the following:

a) Review of a representative sample of all services.
b) Review of a representative sample of all disciplines/staff.
c) Involvement of representatives of all disciplines who make entries.
d) Review of the completeness and legibility of entries.
e) Review occurs at least quarterly.
f) Random sampling and selecting approximately 5% of patients' medical records.

Survey process guide:

- GAHAR surveyor may review the policy of patient's medical record review.
- GAHAR surveyor may interview staff to assess their awareness about the process of reviewing patient's medical record.
- GAHAR surveyor may check the results of the review process and actions taken to improve performance.

Evidence of compliance:

1. The PHC has an approved policy that includes all the points in the intent from a) through f).
2. All staff who are using patient's medical record are aware of the policy requirements.
3. Review results are reported to the PHC leaders.
4. Corrective actions are taken when needed.

Related standards:

IMT.02 Document control system, IMT.03 Use of symbols and abbreviations, IMT.04 Confidentiality and Security of data, IMT.07 Patient's Medical record Management, IMT.08 Patient's medical record usage, QPI.02 Performance Measures

Effective information technology in healthcare

IMT.10 Health information technology systems are assessed and tested before implementation.

Efficiency

Keywords:

Health information technology evaluation

Intent:

Implementation of health information technology systems can facilitate workflow, improve the quality of patient care, and patient safety. The selection and implementation of health information technology systems require coordination between all involved stockholders to ensure proper integration with all interacting processes. Following implementation, evaluation of the usability and effectiveness of the system shall be done.

Survey process guide:

- GAHAR surveyor may interview staff to check their awareness of the process of selection, implementation, and evaluation of information technology.
- GAHAR surveyor may review related documents to assess implementation of the process, which include the result of system evaluation.

Evidence of compliance:

1. Health information technology stakeholders participate in the selection, implementation, and evaluation of information technology.
2. Health information technology systems are assessed and tested prior to implementation.
3. Health information technology systems are evaluated following implementation for usability, effectiveness, and patient safety.
4. Corrective actions are taken when defective issues are detected.

Related standards:

IMT.01 Information management plan, IMT.04 Confidentiality and Security of data, IMT.02 Document control system, QPI.08 Sustained improvement activities.

IMT.11 Response to planned and unplanned downtime of data systems is tested and evaluated.

Efficiency

Keywords:

Downtime of data systems

Intent:

Downtime event is any event where a Health information technology system (computer system) is unavailable or fails to perform as designed. The downtime may be scheduled (planned) for purposes of maintenance or upgrading the system or unplanned due to unexpected failure. These events may significantly threaten the safety of the care delivery and interruption of the operations, in addition to the risk of data loss. The PHC shall develop and implement a program to ensure the continuity of safe patient care processes during planned and unplanned downtime, including the alternative paper forms and other resources required. The program includes the downtime recovery process to ensure data integrity. All staff shall receive training about the transition into a downtime environment in order to respond to immediate patient care needs.

Survey process guide:

- GAHAR surveyor may review documents of the planned and unplanned downtime program, followed by checking the implementation of the process by review of the related documents, which include workflow and work instructions for planned and unplanned downtime, stock of needed forms to be used during downtime and result of annual program testing.
- GAHAR surveyor may interview staff to assess their awareness of the response to planned and unplanned downtime.

Evidence of compliance:

1. There is a program for response to planned and unplanned downtime.
2. The program includes a downtime recovery process.
3. The staff is trained in response to the downtime program.
4. The PHC tests the program at least annually to ensure its effectiveness.

Related standards:

IMT.01 Information management plan, IMT.03 Document control system, IMT.10 Health information technology evaluation, IMT.12 Data backup.

IMT.12 The data backup process is defined.

Safety

Keywords:
Data backup

Intent:

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

Survey process guide:

- GAHAR surveyor may review the process by asking stakeholders and checking the implementation of the data backup process.

Evidence of compliance:

1. There is a process for data backup, including the type of data, frequency of backup, and location.
2. Backup is performed on a scheduled basis to meet user requirements.
3. Backup schedules are developed for all new systems, and the restore is tested.
4. Backup data is secured during extraction, transfer, storage, and retrieval.
5. Backup logs are reviewed frequently to identify exceptions or failures

Related standards:

IMT.06 Retention of Data and Information, IMT.04 Confidentiality and Security of data, IMT.11 Downtime of Data Systems

Quality and Performance Improvement

Chapter intent:

Organizations must have a robust framework to support continuous improvement and risk management activities. This framework requires strong leadership support, well-established processes, and active participation from all PHCs units'/ services' heads and staff.
Performance improvement and risk management are integral components of both strategic and units'/ services' operational plans.

Primary Healthcare facilities (PHCs) must cultivate a culture of continuous improvement to enhance healthcare quality and safety.
Establishing a robust framework, such as a multidisciplinary performance improvement, patient safety, and risk management committee, is essential.

Quality improvement plans, effective risk management, incident reporting, and sentinel events management are critical components. These elements ensure that PHC facilities systematically identify and address areas for improvement, fostering a proactive approach to patient care and staff safety. By integrating these practices, facilities can continuously monitor performance, manage risks, and maintain high standards of care.

While GAHAR standards do not prescribe specific improvement tools or performance measures, they do require a minimum number of monitoring indicators.
Among the various improvement opportunities, GAHAR standards emphasize enhancing the patient journey and utilization management. It is crucial for everyone in the PHC facility to understand their role in improving healthcare quality and safety.

This involves focusing on leadership support, units/services input and participation, data collection, and sustaining improvements. The implementation of these standards must comply with applicable laws and regulations.

Chapter purpose:

The main objective is ensuring the PHC provides an effective performance improvement program. The chapter discusses the following objectives:

1. Effective leadership support
2. Effective departmental participation
3. Effective performance measurement and data management
4. Effective sustainability of improvement

QPI Summary of Changes

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
QPI.01 **KW: Quality improvement plan**	**QPI.01** **KW:** Quality committee(s) **QPI.02** **KW:** Quality plan **QPI.03** **KW:** Quality management team	- **Updated** Standard (QPI.01) by merging 3 standards (QPI.01, QPI.02 and QPI.03) in PHC edition 2021.
QPI.02 **KW: Performance measures**	**QPI.04** **KW:** Performance measures	- **Rephrasing** of EOCs: • (EOC.03: PHC leaders make appropriate decisions based on reported performance measures). • EOC.04: Performance measures are reported to external authorities as required. - **Updated** EOC (EOC.02) by merging two EOCs (EOC.02, EOC.03 in PHC edition 2021. - **Modified EOCs:** (EOC.01: PHC selects appropriate performance measures according to its scope of services).
QPI.03 **KW: Data collection, review, aggregation, and analysis**	**QPI.05** **KW:** Data review, aggregation, and analysis	- **Modified** EOC: (**EOC.01:** There is a written process of data management that includes items from (a) to (c) in the intent). - **Rephrasing** of EOC:(**EOC.02:** Staff members assigned for data management are aware of their roles).
QPI.04 **KW: Data validation**	**QPI.06** **KW:** Data validation	- **No change.**
QPI.05 **KW: Risk management program**	**QPI.07** **KW:** Risk management program	- **Modified** EOCs: • (**EOC.01**: The PHC has a risk management plan/ program that includes the elements from a) to i) in the intent). - **Added a new** EOCs:

GAHAR PHC 2025	GAHAR PHC 2021	Details of changes
		• (**EOC.02**: Actions are taken according to the results of risk assessment). • (**EOC.03**: Results of risk management activities are communicated to the governing body at least quarterly). • (**EOC.04**: The risk management plan and the risk register are evaluated and updated at least annually or when indicated).
QPI.06 **KW: Incident reporting system**	**QPI.08** **KW:** Incident reporting system	- **Updated** EOC (**EOC.03**) by merging two EOCs (EOC.03 and EOC.05) in PHC edition 2021. - **Modified** EOC: (**EOC.04**: The PHC communicates with patient's/services users on any related adverse events they are affected by and provides both immediate and ongoing assistance). - **Added a new** EOC: (**EOC.05**: The PHC provides emotional, psychological, and professional support to staff affected by adverse events).
QPI.07 **KW: Sentinel events**	**QPI.10** **KW:** Sentinel events	- **Modified** EOC: (**EOC.03**: All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event).
QPI.08 **KW: Sustained improvement activities**	**QPI.11** **KW:** Sustained improvement activities	- **Added a new** EOC: (**EOC.04:** Improvements projects are monitored and sustained).

Effective leadership support

QPI.01 The PHC leaders plan, document, implement, and monitor an organizational-wide quality improvement and patient safety plan.

Effectiveness

Keywords:
Quality improvement plan

Intent:

It is essential for organizations to have a framework for their quality management system to support continuous improvement. This requires leadership support, well-established processes, as well as active participation from all PHCs units'/ services' heads and staff. Leaders shall develop a quality improvement, patient safety, and risk management plan(s) that should be comprehensive and adequate to the size, complexity, and scope of services provided. The plan(s) shall address at least the following:

a) The goal(s) of the plan that fulfils the PHC's mission.
b) Defined responsibilities of improvement activities.
c) Data collection, data analysis tools, and validation process.
d) Defined criteria for prioritization and selection of performance improvement projects.
e) Quality improvement model(s) used.
f) Information flow and reporting frequency.
g) Training on quality improvement and risk management approaches.
h) Regular evaluation of the plan (at least annually).

The PHC leaders shall assign a qualified individual(s) to oversight, communicate the quality activities, and provide management, leaders, and responsible staff with all needed information and should have the proper support from them. The PHC shall establish a multidisciplinary committee for performance improvement, patient safety, and risk management, with a membership of top leaders as committee chairpersons. The committee shall provide oversight and make recommendations to the governing body concerning the effectiveness, efficiency, and appropriateness of quality, safety and risk management of health services provided across the facility. The committee shapes the quality culture of the facility through terms of reference that include at least the following:

i. Ensuring that all designated care areas participate in quality improvement activities.
ii. Ensuring that all required measurements are monitored, including the frequency of data collection.
iii. Reviewing adverse events, near-misses, and root cause analyses to prevent recurrences.
iv. Developing and implementing strategies to enhance patient safety and minimize risks.
v. Monitoring compliance with regulatory and accreditation standards related to quality and safety.
vi. Reviewing indicators and identifying opportunities for improvement
vii. Reporting information to PHC leaders, appropriate staff members and the governing body about the performance data and quality improvement activities within a defined timeframe.

Survey process guide:

- GAHAR surveyor may review the quality improvement plan, related documents, and tools.
- GAHAR surveyor may interview PHC leaders and quality coordinators to check their awareness of the plan contents, staff training related to quality concepts, data management, and plan(s) implementation in different leadership PHC areas.

Evidence of compliance:

1. The PHC has an approved quality improvement plan addressing the items from a) through h) in intent.

2. A qualified individual(s) is assigned to oversight the quality improvement activities.
3. The plan is communicated to all relevant stakeholders.
4. There is a multidisciplinary performance improvement, patient safety, and risk management committee(s) with terms of references, including items from (i) through (vii) in the intent.
5. The committee(s) meets at predefined intervals and documents the minutes of the meeting.
6. The quality improvement plan is evaluated and updated at least annually.

Related standard:

OGM.01 Governing body Structure and responsibilities, OGM.02 PHC Director, OGM.04 PHC leaders, QPI.02 Performance Measures.

Effective unit/service level input and participation

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

Effectiveness

Keywords:
Performance measures

Intent:

Performance measures are values which demonstrate PHC's performance, strengths, and opportunities for improvement. Effective design and clarity of scope are fundamentals in establishing and maintaining value-added business indicators. The PHC shall select a mixture of performance measures that focuses on activities that might be risky in nature to patients or staff, occurring in high volume, associated with problems or high cost. This includes at least one indicator for each of the following:

a) Average waiting times in the relevant service areas.
b) Patient's medical record availability.
c) Patient's medical record completeness.
d) Screening for communicable diseases.
e) Screening for non-communicable diseases.
f) Health education.
g) Immunization.
h) Medication errors, near-misses, and adverse outcomes.
i) Patient and family satisfaction rates.
j) Patient complaints.
k) Staff satisfaction.
l) Staff complaints.
m) Procurement of routinely required supplies and medications.
n) Staff performance.
o) GAHAR safety requirements
p) Facility management

Once data has been collected for a meaningful amount of time, process improvements can begin to be evaluated. The amount of data that should be evaluated for a performance measure will obviously vary based on how often the data is reported and the frequency with which the subject of the measure occurs. The PHC uses different charts to track the improvement progress and decides the next step in the improvement plan. The PHC shall make its performance measures results publicly available at least annually.

Survey process guide:

- GAHAR surveyor may interview some staff members and ask them about performance measurement in their units/services and evaluate staff awareness about the relevant improvement.
- GAHAR surveyor may review the document for the selected measures, and assess the criteria of selection, prioritization, followed by an interactive session to assess the implementation of the measures.

Evidence of compliance:

1. PHC selects appropriate performance measures according to its scope of services.
2. The identified performance measures are tracked, collected, analysed, and reported to PHC leaders regularly, at least quarterly.
3. PHC leaders make appropriate decisions based on reported performance measures.
4. Performance measures are reported to external authorities as required.

Related standards:

QPI.01 Quality improvement Plan, QPI.03 Data collection, review, aggregation, and analysis, QPI.08 Sustained Improvement activities, OGM.01 Governing body Structure and responsibilities, OGM.02 PHC director, APC.03 Sustaining compliance with accreditation standard.

QPI.03 A staff member(s) with appropriate experience, knowledge, and skills is assigned for data aggregation, and analysis within an approved time frame

Effectiveness

Keywords:

Data collection, review, aggregation, and analysis

Intent:

Data management plays a vital role in the performance improvement efforts of primary healthcare (PHC). Aggregate data provide valuable insights into the PHC's current performance, helping to identify areas where improvements can be made.

To ensure effective data management, the PHC shall assignee staff members with the appropriate experience, knowledge, and skills to handle tasks such as:

a) Data collection.
b) Data aggregation.
c) Data analysis and identify trends.

These individuals are responsible for accurately processing data within an approved time frame.

Survey process guide:

- GAHAR surveyor may review the quality management program to review data management skills that were used in the selected clinical and managerial measures or in the improvement projects.

Evidence of compliance:

1. There is a written process of data management that includes items from (a) through (c) in the intent.
2. Staff members assigned for data management are aware of their roles.
3. Data is aggregated and trended over time.

Related standards:

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

QPI.04 Data validation is performed according to defined criteria.

Effectiveness

Keywords:
Data validation

Intent:

Data validation means checking the accuracy and quality of the data source before using the data. Data validation is vital to ensure the data is clean, correct and useful. Validated data drives trust in data and allows it to be used to make informed decisions and decisive action. The PHC shall use these elements of data quality:

a) Validity: data measures what it is supposed to measure.
b) Reliability: everyone defines, measures, and collects data uniformly.
c) Completeness: data include all the values needed to calculate performance measures.
d) Precision: data have sufficient detail.
e) Timeliness: data are up to date, and information is available on time.
f) Integrity: data are true.

Survey process guide:

- GAHAR surveyor may review the PHC written process for data review and validation.
- GAHAR surveyor may interview responsible staff for data analysis to ask about situations and mechanisms used for data validation performance through selected examples done in the PHC.

Evidence of compliance:

1. There is a written process for data review and validation.
2. Staff responsible for data review are aware of their roles.
3. Data review techniques are implemented to ensure all the elements from a) through f) in the intent are considered.
4. Data validation is done when data is going to be published, sent to external bodies, or a change in the tool, person, or process used for measurement.

Related standards:

QPI.01 Quality improvement Plan, QPI.02 Performance Measures, QPI.08 Sustained Improvement activities, QPI.03 Data collection, review, aggregation, and analysis.

Efficient risk management program

QPI.05 A risk management plan/program is developed.

Safety

Keywords:

Risk management program

Intent:

Risk management is designed to identify potential events that may affect the PHC and to protect and minimize risks to the PHC property, services, and employees. Effective risk management shall ensure the continuity of PHC operations. An important step of risk management is risk analysis at which you can assess the high-risk processes. The PHC needs to adopt a proactive approach to risk management that includes developing risk mitigation strategies. PHC should take reactive and proactive measures to address identified risks. The PHC shall develop and implement a risk management plan/program with essential components that include at least the following:

a) Scope, objective, and criteria for assessing risks.
b) Risk management responsibilities and functions.
c) Policies and procedures support PHC risk management framework.
d) Staff training on risk management concepts and tools.
e) Risk identification including, risk register.
f) Risk prioritization and categorization (i.e., strategic, operational, reputational, financial, other).
g) Risk Reduction plans and tools with priority given to high risks.
h) Risk reporting and communication with stakeholders and governing body.
i) The risk management program/plan is updated annually.

The PHC has a proactive risk reduction tool (e.g., Failure Mode Effect Analysis (FMEA)) that can be used in the PHC.

Survey process guide:

- GAHAR surveyor may review the PHC risk management program/plan, the risk register, and the risk assessment process.
- GAHAR surveyor may review the reported risk management activities and assess the risk mitigation processes.

Evidence of compliance:

1. The PHC has a risk management plan/ program that includes the elements from a) to i) in the intent.
2. Actions are taken according to the results of risk assessment.
3. Results of risk management activities are communicated to the governing body at least quarterly.
4. The risk management plan and the risk register are evaluated and updated at least annually or when indicated.
5. The PHC has a proactive risk reduction tool for at least one high-risk process annually.

Related standards:

EFS.03 Fire and smoke safety, EFS.07 Safety Management Plan, EFS.08 Pre-Construction risk assessment, EFS.09 Security plan, EFS.12 Disaster Plan, IPC.02 IPC program, risk assessment guideline, ACT.04 Patient's flow risks, QPI.06 Incident Reporting System, QPI.07 Sentinel events, OGM.01 Governing body Structure and responsibilities, OGM.02 PHC Director.

QPI.06 An incident-reporting system is developed.

Safety

Keywords:
Incident reporting system

Intent:
Strong risk management is supported by efficient incident reporting systems that, as defined by the system, can identify an incident that could be any event that affects patient or employee safety. Reporting incidents has an important influence on improving patient safety. They can provide valuable insights into how and why patients can be harmed at the PHC level. In most PHCs, injuries, patient complaints, medication errors, equipment failure, adverse reactions to drugs or treatments, or errors in patient care shall be included and reported. Incident reports policy helps to detect, monitor, assess, mitigate, and prevent risks that includes at least the following:

a) List of reportable incidents, near misses, adverse events and sentinel events.
b) Incident management process includes how, when, and by whom incidents are reported and investigated.
c) Incidents requiring immediate notification to the management.
d) Incident classification, analysis, and results reporting.
e) Indication for performing intensive analysis and its process.

Adverse events can have significant negative consequences for both patients and staff. The PHC should understand the emotional and psychological impact of such incidents and should be dedicated to offering comprehensive support to the affected patients and staff, including both immediate and ongoing assistance. Transparent communication and thorough follow-up are ensured to address any concerns, fostering a culture of safety and trust.

Survey process guide:

- GAHAR surveyor may review the incident reporting policy, incident reporting list, a sample of reported incidents, and assess the corrective actions taken.
- GAHAR surveyor may interview staff to check their awareness of the incident-reporting system including identification, analysis, and correction of gaps to prevent future re-occurrence.

Evidence of compliance:

1. The PHC has an approved incident-reporting policy that includes items from a) through e) in the intent.
2. All staff are aware of the incident-reporting system, including contracted and outsourced services.
3. Reported incidents are investigated, and corrective actions are taken within the defined timeframe.
4. The PHC communicates with patient's/services users on any related adverse events they are affected by and provides both immediate and ongoing assistance.
5. The PHC provides emotional, psychological, and professional support to staff affected by adverse events.

Related standards:

QPI.05 Risk Management Program, QPI.07 Sentinel events, QPI.08 Sustained Improvement activities, MMS.13 Medication errors, near miss, medication therapy problems, adverse drug effects/events.

QPI.07 The PHC defines, investigates, analyzes and reports sentinel events and takes corrective actions to prevent harm and recurrence.

Safety

Keywords:
Sentinel events

Intent:
A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury. Serious injury specifically includes loss of limb or function. A sentinel event signals an immediate investigation and response. The PHC is required to develop a policy for sentinel event management that includes at least the following:

a) Definition of sentinel events such as:
    i. Unexpected mortality or major permanent loss of function not related to the natural course of the patient's illness or underlying condition.
    ii. Wrong patient, wrong site, wrong procedure events.
    iii. Patient suicide or attempted suicide leading to death or permanent loss of function.
    iv. Any post-partum maternal death.
    v. Any perinatal death unrelated to a congenital condition in an infant having a birth weight greater than 2,500 grams.
b) Internal reporting of sentinel events.
c) External reporting of sentinel events.
d) Team member's involvement.
e) Root cause analysis.
f) Corrective action plan taken.

All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event. All events that meet the definition shall have a root cause analysis in order to have a clear understanding of contributing factors behind the system gaps. The analysis and action shall be completed within 45 days of the event or becoming aware of the event.

Survey process guide:

- GAHAR surveyor may review the PHC policy for the management of sentinel events.
- GAHAR surveyor may review a sample of reported sentinel events and assess the investigation, root cause analysis, and corrective actions that were taken.
- GAHAR surveyor may interview PHC leaders to check their awareness.

Evidence of compliance:

1. The PHC has a sentinel events management policy covering the intent from a) through f), and leaders are aware of the policy requirements.
2. All sentinel events are analyzed and communicated by a root cause analysis in a time period specified by leadership that does not exceed 45 days from the date of the event or when made aware of the event.
3. All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event.
4. The root cause analysis identifies the main reason(s) behind the event and the leaders take corrective action plans to prevent recurrence in the future.

Related standards:

OGM.01 Governing body Structure and responsibilities, OGM.02 PHC Director, OGM.04 PHC leaders, QPI.05 Risk Management Program, QPI.06 Incident Reporting System, APC.01 Accurate and complete information.

Sustaining improvement

QPI.08 Sustained improvement activities are performed within an approved time frame.

Efficiency

Keywords:
Sustained improvement activities

Intent:

Sustaining improvement requires empowering the PHC staff members for improvement. Although employees play a vital part in the continuous improvement process, it is management's role to train, empower, and encourage them to participate with ideas. An effective continuous improvement program needs continuous measurement and feedback. Before starting, PHC baseline performance needs to be measured. New ideas for improving performance can then follow. Plan-Do-Check-Check (PDCA) cycle, Focus PDCA or other improvement tools allow for scientific testing improvement progress. The cycle ensures continuous improvement by measuring the performance difference between the baseline and target conditions. This information gives immediate feedback on the effectiveness of the change that can help in measuring the impacts of a continuous improvement program and that is the most effective way of sustaining it.

Survey process guide:

- GAHAR surveyor may review an improvement project, to learn how the PHC utilize data to identify potential improvements and to evaluate actions' impact.
- GAHAR surveyor may review the PHC monitoring and control mechanisms to sustain the achieved improvements.

Evidence of compliance:

1. There is a written process or methodology for improvement.
2. Actions to correct problems are taken within the approved timeframe.
3. Improvement activities are tested, and the results are recorded and implemented.
4. Improvements projects are monitored and sustained.

Related standards:

QPI.01 Quality improvement Plan, QPI.02 Performance Measures, OGM.02 PHC director, OGM.04 PHC leaders, APC.03 Sustaining compliance with accreditation standard.

Survey Activities and Readiness

Introduction

GAHAR survey process involves performing building tours, observations of patient's medical records, staff member files, credential files, and interviews with staff and patients. The survey is an information-gathering activity to determine the organization's compliance with GAHAR standards.

Readiness Tips

To facilitate the completion of the survey within the allotted time, all information and documents should be readily available for the surveyors to review during the survey. If certain staff members are missing, the team will continue to perform the survey. The appropriate missing staff members may join when they are available. Files may be in paper or in electronic format. However, the information should, at all times, be safe and secure from unauthorized access, up-to-date, accessible, and readily retrievable by authorized staff members.

	Activity	Timeframe	Location in survey agenda
1	Arrival and coordination	30-60 minutes	first day, upon arrival
2	Opening conference	15 minutes	first day, as early as possible
3	PHC orientation	30-60 minutes	first day, as early as possible
4	Survey planning	30-60 minutes	first day, as early as possible
5	Document review session	60-180 minutes	
6	Patient journey tracer	60-120 minutes	Individual tracer activity occurs throughout the survey; the number of individuals who surveyors trace varies by organization
7	Break	30 minutes	At a time negotiated with the PHC team meeting/surveyor planning
8	Daily briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary
9	Staff members' file review	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the PHC
10	Environment and facility safety plans review	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the PHC
11	The environment of care evaluation tour	60-240 minutes	After document review
12	Leadership interview	60 minutes	During the early or middle of the survey
13	Financial stewardship review	60 minutes	After leadership interview
14	Patient's medical record review	60-120 minutes	Towards the end of the survey
15	Medication management review	60-120 minutes	In the middle of the survey

16	Infection prevention and control review	60-120 minutes	In the middle of the survey
17	Quality program review	60 minutes	Towards the end of the survey
18	Report preparation	60-120 minutes	Last day of the survey
19	Executive report	15 minutes	Last day of the survey
20	Exit conference	30 minutes	Last day, the final activity of the survey

Arrival and Coordination

Why will it happen?
To start the survey process on time, GAHAR surveyors shall use the time to review the focus of the survey in light of the submitted application.

What will happen?
GAHAR surveyors shall arrive at the PHC and may present themselves to PHC security or desk. PHC survey coordinator shall be available to welcome GAHAR surveyors.

How to prepare?
Identify a location where surveyors can wait for organization staff to greet them and a location where surveyors can consider as their base throughout the survey. The suggested duration of this step is approximately 30 to 60 minutes. Surveyors need a workspace they can use as their base for the duration of the survey. This area should have a desk or table, internet and phone coverage, and access to an electrical outlet, if possible. Provide the surveyors with the name and phone number of the survey coordinator.

Who should collaborate?
Suggested participants include PHC staff and leaders.

Opening Conference

Why will it happen?
This is an opportunity to share a uniform understanding of the survey structure, answer questions about survey activities, and create common expectations.

What will happen?
GAHAR surveyors shall introduce themselves and describe each component of the survey agenda. Questions about the survey visit, schedule of activities, availability of documents or people, and any other related topics should be raised at this time.

How to prepare?
Designate a room or space that will hold all participants and will allow for an interactive discussion.

Who should collaborate?
Suggested participants include members of senior leadership. Attendees should be able to address the leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out the organization's mission and strategic objectives.

PHC Orientation

Why will it happen?
GAHAR surveyors shall learn about the PHC through a presentation or an interactive dialogue to help focus on subsequent survey activities.

What will happen?
A PHC representative (usually the PHC director or their designee) shall present information about the PHC.

How to prepare?
Prepare a brief summary (or a presentation) about the PHC that includes at least information about:

- PHC's mission, vision, and strategic goals.
- PHC structure and geographic locations.
- Information management, especially the format and maintenance of medical records.
- Contracted services.
- Compliance with GAHAR Safety Requirements.
- Summary of community involvement.
- The PHC's patient population and the most commonly provided services.
- If the PHC has any academic activities.
- Whether the PHC provides any homecare or services outside the boundaries of the PHC facility.
- Compliance with GAHAR reports and recommendations during the pre-accreditation visit period.

Who should collaborate?
The suggested participants include the same participants as the opening conference.

Survey Planning

Why will it happen?
To ensure the efficiency of survey time.

What will happen?
Surveyors shall begin selecting patients for tracers based on the care, treatment, and services the PHC provides.

How to prepare?
The survey coordinator needs to ensure that the following information is available for surveyors.

- List of sites where disinfection and sterilization are in use.
- List of clinics / units / areas / programs / services within the PHC.
- List of patients that includes: name, location, age, and diagnosis.

Who should collaborate?
Only GAHAR surveyors.

Document Review Session

Why will it happen?
To help GAHAR surveyors understand PHC operations.

What will happen?
GAHAR surveyors may review required policies (or other quality management system documents) and policy components based on GAHAR standards.

How to prepare?
The survey coordinator shall ensure that all valid, current, and approved quality management system documents are available for review either in paper or electronic format (approval should be visible, clear, and authentic). The use of bookmarks or notes is advisable to help surveyors find the elements being looked for, including:

1. List of unapproved abbreviations.
2. Performance improvement data from the past 12 months.
3. Documentation of performance improvement projects being performed, including the reasons for performing the projects and the measurable progress achieved.
4. Patient flow documentation: dashboards and other reports reviewed by PHC leadership; documentation of any patient flow projects being performed (including reasons for performing the projects); internal throughput data collected by emergency unit, and clinics; and support services such as patient transport and housekeeping.
5. Analysis from a high-risk process.
6. Emergency management policy.
7. Emergency management protocols.
8. Annual risk assessment and annual review of the program.
9. Assessment-based, prioritized goals.
10. Infection control surveillance data from the past 12 months.
11. All policies, procedures, and plans.

Who should collaborate?
Survey coordinator and policy stakeholders.

Patient Journey Tracer

Why will it happen?
Patient journey tracer is defined as "an assessment, made by surveyors shadowing the sequential steps of a patient's clinical care, of the processes in an organization that guide the quality and safety of care delivered" (Greenfield et al., 2012a: 495). GAHAR surveyors shall follow the course of care and services provided to the patient to assess relationships among disciplines and important functions and evaluate the performance of processes relevant to the individual.

What will happen?
The tracer process takes surveyors across a wide variety of services. The tracer methodology uses face-to-face discussions with healthcare professionals, staff members, and patients, combined with a review of patients' medical records and the observations of surveyors. Quality, timeliness of entries, and

legibility of recording in the patient's medical record are also crucial to safe, effective care because healthcare professionals rely on them to communicate with each other about treatment needs and decisions. This shall help guide surveyors as they trace a patient's progress. The individual tracer begins in the location where the patient and their medical record are located. The surveyor starts the tracer by reviewing a file of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by following the course of care, treatment, or services provided to the patient, assessing the interrelationships between disciplines, programs, services, or units (where applicable), and the important functions in the care, treatment, or services provided which may lead to identifying issues related to care processes.

Most GAHAR standards can be triggered during a patient journey tracer, which may also include interviewing staff, patients, or family members. Staff members may be interviewed to assess organization processes that support or may be a barrier to patient services; communications and coordination with other staff members; Transitions-related resources and processes available through the PHC; and awareness of roles and responsibilities related to the various policies. Patients or family members may be interviewed to assess coordination and timeliness of services provided and education, including the perception of care and services.

How to prepare?
Every effort needs to be exerted to assure the confidentiality and privacy of patients during tracers, including no video or audio recording and no crowdedness. A surveyor may arrive at a clinic and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate the environment of care issues or observe the care, treatment, or services being assessed. All efforts will be made to avoid having multiple tracers or tours in the same place at the same time.

Who should collaborate?
Survey coordinator and any staff member (when relevant).

Break

Why will it happen?
To allow time for the surveyor and for PHC staff to use the information learned.

What will happen?
GAHAR surveyors may meet in their base alone.

How to prepare?
Make sure that the place is not going to be used during the break time.

Who should collaborate?
Only GAHAR surveyors.

Daily Briefing

Why will it happen?
GAHAR surveyors may summarize the events of the previous day and communicate observations according to standards areas.

What will happen?
GAHAR surveyors briefly summarize the survey activities completed the previous day. GAHAR surveyors shall make general comments regarding significant issues from the previous day and note potential non-compliance, with a focus on patient safety. GAHAR surveyors shall allow time to provide information that they may have missed or that they requested during the previous survey day.

*Note: PHC staff may present to surveyors information related to corrective actions being implemented for any issues of non-compliance. Surveyors may still record the observations and findings.

How to prepare?
A room shall be available to accommodate all attendees.

Who should collaborate?
Suggested participants include representative(s) from governance, PHC Director, PHC leaders, individual coordinating the GAHAR survey, and other staff at the discretion of PHC leaders.

Staff Members File Review

Why will it happen?
The review of files itself is not the primary focus of this session. However, the surveyor may verify process-related information through recorded in staff member's files. The surveyor may identify specific staff whose files they would like to review.

What will happen?
GAHAR surveyor may ensure that a random sample of staff files is reviewed. The minimum number of records selected for review is five staff member files. The minimum number of case file records required to be selected by the surveyor for review is no more than 5 (five) records in total. If findings are observed during the file review, the survey team may request additional file samples to substantiate the findings recorded from the initial sample. Throughout the review process, if a large number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance. The surveyor may focus on the orientation of staff, job responsibilities, and/or clinical responsibilities, experience, education, and abilities assessment, ongoing education and training, performance evaluation, credentialing, and competency assessment.

How to prepare?
The PHC shall produce a complete list of all staff members, including those who are outsourced, contracted, full-timers, fixed-timers, part-timers, visitors, volunteers, and others.

Who should collaborate?
Representatives from medical management, nursing management, and administrative teams.

Environment and Facility Safety Plans Review

Why will it happen?
GAHAR surveyor may assess the PHC's degree of compliance with relevant standards and identify vulnerabilities and strengths in the environment and facility safety plans.

What will happen?
There shall be a group discussion. Surveyors are not the primary speakers during this time; they are listeners to the discussion. The surveyor may review the environment of care risk categories as indicated in the PHC risk assessment in addition to safety data analysis and actions taken by the PHC.

How to prepare?
Make sure that those responsible for environment and facility safety plans are available for discussion. Also, the following documents must be available:

- PHC licenses or equivalent.
- An organization chart.
- A map of the PHC, if available.
- List of all sites that are eligible for a survey.
- Environment and facility safety data.
- Environment and facility safety plans and annual evaluations.
- Environment and facility safety multidisciplinary team meeting minutes prior to the survey.
- Emergency Operations Plan (EOP) and a recorded annual review and update, including communications plans.
- Annual training.

Who should collaborate?
Environment and facility safety responsible staff members such as safety management representatives, information technology (IT) representatives, and the person responsible for emergency management.

Environment of Care Tour

Why will it happen?
The GAHAR surveyor may observe and evaluate the PHC's actual performance in managing environment and facility risks.

What will happen?
GAHAR surveyor may begin where the risk is encountered, first occurs, or take a top-down/bottom-up approach. The GAHAR surveyor may interview staff to describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident. The surveyor may assess any physical controls for minimizing the risk (i.e., equipment, alarms, building features), assess the emergency plan for responding to utility system disruptions or failures (e.g., an alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services), assess If equipment, alarms, or building features are present for controlling the particular risk, reviewing the implementation of relevant inspection, testing, or maintenance procedures. The surveyor may also assess hazardous materials management, waste management, and safety or security measures.

How to prepare?
Ensure that keys, communication tools, and contacts are available, so GAHAR surveyor may be able to access all PHC facilities smoothly.

Who should collaborate?
Environment and facility safety responsible staff members such as representatives of safety management, information technology (IT) representative, and the person responsible for emergency management.

Leadership Interview

Why will it happen?
The surveyor will learn about PHC governance and management structure and processes.

What will happen?
GAHAR surveyor may address the following issues

- The structure and composition of the governing body.
- The functioning, participation, and involvement of the governing body in the oversight and operation.
- The governing body's perception and implementation of its role in the PHC.
- Governing body members understanding of performance improvement approaches and methods.
- Pertinent GAHAR leadership standards relevant to the governing body, direction, and leadership in the PHC, including organizational culture.
- Surveyors may explore, through PHC-specific examples, leadership commitment to the improvement of quality and safety, creating a culture of safety, robust process improvement, and observations that may be indicative of system-level concerns.

How to prepare?
The GAHAR surveyor may need a quiet area for a brief interactive discussion with PHC leaders. The following documents may be reviewed during this session.

- PHC structure.
- PHC strategic plan.
- PHC ethical framework.
- Leadership safety rounds.
- Safety culture assessment.
- Patient-centeredness initiatives.
- Medical staff bylaws and rules and regulations.
- Peer Review process and results.

Who should collaborate?
Required participants include at least the following: PHC director, governing body representative, and performance improvement coordinator.

Financial Stewardship Review

Why will it happen?
The surveyor will learn about PHC's financial stewardship structure and processes.

What will happen?
GAHAR surveyor may address topics related to financial stewardship, such as observations noted during PHC tours and tracers, the billing process, contractor's performance, availability of staff, supplies, and equipment.

How to prepare?
The GAHAR surveyor may need a quiet area for a brief interactive discussion with financial stewardship representatives.

The following documents may be reviewed during this session.

- List of all contracted services.
- Agreement with outsourced providers of laundry, sterilization, housekeeping, referral laboratory, radiology, and other services.
- Contractor monitoring data.
- Feedback reports from payers.
- Cost reduction projects.

Who should collaborate?
Required participants include at least the following: PHC director, procurement responsible staff member, clinical responsible staff member, and finance responsible staff member.

Patient's medical record Review

Why will it happen?
The review of files itself is not the primary focus of this session. However, the surveyor may verify process-related information through recording in patients' medical records. The surveyor may identify specific patients whose files they would like to review.

What will happen?
GAHAR surveyor may ensure that a random sample of the patient's medical record is reviewed. A sample of both open and closed cases should be reviewed. The record review should include a random sample. The sample selected shall represent a cross-section of the cases performed at the PHC. The minimum number of case file records required to be selected by the surveyor for review is no more than five records in total. If findings are observed during the file review, the survey team may request additional file samples to substantiate the findings recorded from the initial sample. Throughout the review process, if a large number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance. The total number of records within the six-month case period should be recorded in the review form.

How to prepare?
The PHC is required to produce a log or other record of closed cases for the previous six-month period, and the surveyor may select a sample of medical records to review.

Who should collaborate?
Representatives from PHC medical, nursing, and other healthcare teams. in addition to information management representatives.

Medication Management Review

Why will it happen?
GAHAR surveyor may learn about the planning, implementation, and evaluation of the medication management program, identify who is responsible for its day-to-day implementation, evaluate its outcome, and understand the processes used by the PHC to reduce medication errors and antibiotics stewardship.

What will happen?
GAHAR surveyor may evaluate PHC medication management systems by performing system tracers. Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities, and communication among staff/units involved in the process with a focus on the management of high-risk medications, look-alike, sound-alike, concentrated electrolytes, and medication errors.
- Strengths in the processes and possible actions to be taken in areas needing improvement, with a special focus on:
  - Antimicrobial stewardship, including a document that describes how the PHC uses the antibiotic stewardship program, and PHC-approved antimicrobial stewardship protocols (e.g., policies, procedures, or order sets are acceptable).
  - Process for reporting errors, system breakdowns, near misses or overrides, data collection, analysis, systems evaluation, and performance improvement initiatives.

How to prepare?
GAHAR surveyor may need a quiet area for a brief interactive discussion with staff who oversee the medication management program. Then time may be spent where the medication is received, stored, dispensed, prepared, or administered.

The following documents may be reviewed during this session.

- Medication management policies.
- Core elements of PHC antibiotic stewardship programs.
- Antimicrobial stewardship data.
- Antimicrobial stewardship reports documenting improvement.

Who should collaborate?
Suggested participants include clinical and support staff responsible for medication management processes.

Infection Prevention and Control Program Review

Why will it happen?
GAHAR surveyor may learn about the planning, implementation, and evaluation of the infection prevention and control program, identify who is responsible for its day-to-day implementation, evaluate its outcome and understand the processes used by the PHC to reduce infection.

What will happen?
GAHAR surveyor may evaluate the PHC's IPC systems by performing system tracers. Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities and communication among staff/units involved in the process; how individuals with infections are identified, laboratory testing and confirmation process, if applicable; staff orientation and training activities.
- Strengths in the processes and possible actions to be taken in areas needing improvement; analysis of infection control data; reporting of infection control data; prevention and control activities (for example, staff training, staff vaccinations and other health-related requirements, housekeeping procedures, PHC-

wide hand hygiene, and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment); staff exposure; physical facility changes that can impact infection control.

How to prepare?
The GAHAR surveyor may need a quiet area for a brief interactive discussion with staff who oversee the infection prevention and control process. Then, a tour may follow.
The following documents may be reviewed during this session:

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

Who should collaborate?
Suggested participants include the infection control coordinator, physician member of the infection control team, healthcare professionals from the laboratory, safety management staff, PHC leadership, and staff involved in the direct provision of care or services.

Quality Program Review

Why will it happen?
The GAHAR surveyor may learn about the planning, implementation, and evaluation of the quality management program; identify who is responsible for its day-to-day implementation; evaluate its outcome; and understand the processes used by the PHC to reduce risks.

What will happen?
Discussions in this interactive session with staff include:

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

How to prepare?
GAHAR surveyor may need a quiet area for a brief interactive discussion with staff who oversee the quality management program. Then, time may be spent on where improvement was implemented.
The following documents may be reviewed during this session:

- Quality management program.
- Performance improvement projects.
- Performance management measures.
- Risk management registers, records, and logs.

Who should collaborate?
Suggested staff members include quality management staff, healthcare professionals involved in data collection, aggregation, and interpretation, and performance improvement teams.

Report Preparation

Why will it happen?
To provide an opportunity for clarification and consolidation of any findings.

What will happen?
Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting the PHC compliance with the standards. Surveyors may also ask organization representatives for additional information during this session.

How to prepare?
GAHAR surveyors may need a room that includes a conference table, power outlets, telephone access, and internet coverage.

Who should collaborate?
Only GAHAR surveyors.

Executive Report

Why will it happen?
To give an opportunity to brief the most relevant outcomes of the survey and help in the prioritization of post-accreditation activities.

What will happen?
GAHAR surveyors may review the survey findings with the most senior leader and discuss any concerns about the report.

How to prepare?
GAHAR surveyor may need a quiet, private area for a brief interactive discussion with the most senior leader.

Who should collaborate?
The available PHC most senior leaders and others at their discretion.

Exit Conference

Why will it happen?
To thank the PHC team for participating and sharing the important findings in the accreditation journey.

What will happen?
Surveyors shall verbally review the survey findings summary if desired by the most senior leader and review identified standards compliance issues.

How to prepare?
PHC available most senior leader may invite staff to attend. An area that can accommodate attending staff is required.

Who should collaborate?

Suggested participants include the available PHC most senior leader or designee, other leaders, and staff as identified by the most senior leader or designee.

Glossary

1. **Adverse drug event (ADE):** This is an injury resulting from medication intervention related to a drug.
2. **Adverse drug reaction (ADR):** A response to a medication which is noxious and unintended, and which occurs at doses normally used in humans for the prophylaxis, diagnosis, or therapy of disease, or for restoration, correction, or for the modifications of physiological and psychological function.
3. **Airborne**: They are particles ≤ 5 μ in size that remain suspended in the air and travel great distances.
4. **Airborne Infection Isolation:** (AIIRs), commonly called negative pressure rooms, are single-occupancy patient care spaces designed to isolate patients with airborne pathogens.
5. **Ancillary services**: Supportive or diagnostic measures that supplement and support a primary physician, or other healthcare provider in treating a patient. Some examples of ancillary services include imaging tests (e.g., X-rays, ultrasound).
6. **Antimicrobial stewardship**: Is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.
7. **Antiseptics**: They are substances that reduce or stop the growth of potentially harmful microorganisms on the skin and mucous membranes. Or Antimicrobial substances that are applied to the skin to reduce the number of microbial floras.
8. **Appointment**: The process of reviewing an initial applicant's credentials to decide if the applicant is qualified to provide patient care services that the PHC's patients need and that the PHC can support with qualified staff and technical capabilities .
9. **Aseptic technique:** It is a method designed to reduce the risk of microbial contamination in a vulnerable body site. This may include procedures like undertaking a wound dressing or performing an invasive procedure such as inserting a urinary catheter or preparing an intravenous infusion.
10. **Awareness:** Knowledge based on training.
11. **Beyond use date**: The date or time after which a compounded sterile preparation (CSP) or compounded nonsterile preparation (CNSP) may not be stored or transported or used and is calculated from the date or time of compounding.
12. **Biological hazards:** A biological substance that poses a threat (or is a hazard) to the health of living organisms, primarily humans. This could include a sample of a microorganism, virus, or toxin that can adversely affect human health.
13. **Cardiopulmonary resuscitation**: An emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped. It involves giving strong, rapid pushes to the chest to keep blood moving through the body. Usually, it also involves blowing air into the person's mouth to help with breathing and send oxygen to the lungs. Also called CPR.
14. **Certification**: The procedure and action by which an authorized organization evaluates and certifies that a person, institution, or program meets requirements.
15. **Certified person:** Someone who has passed exams from an accredited organization related to the work that they shall perform.

16. **Cleaning**: It is the process of removing foreign material (e.g., soil, organic material, micro-organisms) from an object.
17. **Clinical practice guidelines**: Statements that help healthcare professionals and patients choose appropriate healthcare for specific clinical conditions (for example, recommendations on the case management of diarrhea in children under the age of five years). The healthcare professional is guided through all steps of consultation (questions to ask, physical signs to look for, lab exams to prescribe, assessment of the situation, and treatment to prescribe).
18. **Communicable disease**: A disease that is capable of spreading from one person to another through a variety of ways, including contact with blood and bodily fluids, breathing, etc.
19. an infectious disease, that is transmissible by contact with infected individuals or their bodily discharges or fluids (as respiratory droplets, blood, or semen), by contact with contaminated surfaces or objects, by ingestion of contaminated food or ...Oct 8, 2024
20. **Competence or competency:** A determination of the staff's job knowledge, skills, and behaviours to meet defined expectations. Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific actions and behaviours, such as the ability to work in teams, are frequently considered as a part of competence.
21. **Competencies:** are the knowledge, skills, abilities, and behaviours that contribute to individual and organizational performance.
22. **Community initiative**: A community initiative can be an individual or network of individuals dedicated to improving the health and welfare of a community. All community-based initiatives have the common objective of achieving health for all through health and development interventions.
23. **Community partners**: means all external entities that partner with the Authority and enter into a formal agreement with the Authority to conduct outreach or enrollment assistance, whether or not they are funded or compensated by the Authority.
24. **Contaminate**: textile that has been soiled with blood or other infectious materials (OSHA definition).
25. **Contamination:** The presence of unwanted material or organism such as an infectious agent, bacteria, parasite, or another contaminant, that is introduced to an environment, surface, object, or substance, such as water, food, or sterile medical supplies.
26. **Credentials:** Documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements, including education (such as a diploma from a medical school, specialty training completion letter or certificate, completion of the requirements of a medical professional organization, licensure, recognition of registration with a medical or dental council, training, and experience, which indicate the individual's sustainability to fulfill a role.
27. **Defaulters:** someone who fails to do something that they should do by law
28. a person who defaults or fails to fulfill an obligation, esp. a legal or financial one.
29. **Disinfectants:** They are substances that are applied to the surface of non-living objects in order to destroy microorganisms but not necessarily bacterial spores.
30. **Disinfection**: The process of reducing the number of pathogenic microorganisms, but not necessarily bacterial spores to a level which is no longer harmful to health. It may be high-level, intermediate-level or low-level disinfection depending on the level of probable risk.

31. **Dispensing**: Preparing, packaging, and distributing to a patient a course of therapy on the basis of a prescription.
32. **Droplet**: A large respiratory particle ≥ 5 μ, which is generated when an infected person coughs, sneezes, or talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy or cardiopulmonary resuscitation; with possible transmission within 2 meters from the patient source.
33. **Pharmacy and therapeutic committee (PTC) /Drug and therapeutic committee (DTC)**: The committee that evaluates the clinical use of medications, develops policies for managing pharmaceutical use and administration and manages the formulary system.
34. **Drug formulary:** A manual containing a clinically oriented summary of pharmacological information about a selected number of medications. The manual may also include administrative and regulatory information pertaining to medication prescribing and dispensing.
35. **Drug recall :** An action taken at any time to call back or remove a defective or harmful drug product from the market when it is being discovered to be in violation of laws and regulations. This includes expired, outdated, damaged, dispensed but not used, and/or contaminated medications.
36. **Endemic** The usual incidence of disease within a geographic area during a specified time period.
37. **The Expanded Program of Immunization (EPI) :** Is a global initiative launched by the World Health Organization (WHO) to ensure that all children receive essential vaccines to protect them against common and potentially severe infectious diseases. The program aims to increase vaccination coverage, reduce morbidity and mortality from vaccine-preventable diseases, and promote health equity. EPI is a priority program for Egypt due to its cost-effective ability to save lives. EPI in Egypt has achieved several successes in controlling vaccine-preventable diseases, including strong national vaccination coverage of over 90%, through an increase of vaccine coverage and continuous surveillance leading to reduced illness, disability and death from diseases such as diphtheria, tetanus, whooping cough, measles, and polio.
38. **Epidemic infection:** An unexpected increase in the number of disease cases in a specific geographical area.
39. **Evidence-Based Practice:** A way of providing health care that is guided by a thoughtful integration of the best available scientific knowledge with clinical expertise. This approach allows the practitioner to critically assess research data, clinical guidelines, and other information resources in order to correctly identify the clinical problem, apply the most high-quality intervention, and re-evaluate the outcome for future improvement.
40. **Evidence-Based Guidelines:** systematically developed recommendations that aim to assist healthcare practitioners in making informed decisions about patient care. They are grounded in the best available research evidence, clinical expertise, and patient values/preferences.
41. **Expired medication:** Medication that is past the expiry date listed on the original packaging from the manufacturer.
42. **External**: Refers to the outside of the organization, such as comparing data with other organizations or contributing to Egypt's required database.
43. **Failure mode and effects analysis (FMEA)**: A systematic approach to examining a design prospectively for possible ways failure may occur. The ways failure may occur are then prioritized to help organizations create design improvements that shall have the most benefit. This tool

assumes that no matter how knowledgeable or careful people are, errors shall occur in some situations and may even be likely to occur.

44. **Formulary**: A formulary contained a collection of formulas for the compounding and testing of medication (a resource closer to what would be referred to as a pharmacopeia today). Today, the main function of a prescription formulary is to specify particular medications that are approved to be prescribed at a particular organization, in a particular health system, or under a particular health insurance policy. The development of prescription formularies is based on evaluations of efficacy, safety, and cost-effectiveness of medications. Depending on the formulary, it may also contain additional clinical information, such as side effects, contraindications, and doses. The PHC formulary list should be according to the national essential medicines list.
45. **Governing body**: The individual(s) or group that has ultimate authority and responsibility for developing policy, maintaining the quality of care, and providing for organization management and planning for the organization.
46. **Hand hygiene**: A general term that applies to handwashing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.
47. **Handover:** The transfer of responsibility for a patient and patient care that occurs in the healthcare setting.
48. **Hazardous materials and waste plan:** The PHC written document that describes the process it would implement for managing the hazardous materials and waste from source to disposal. The plan describes activities selected and implemented by the PHC to assess and control occupational and environmental hazards of materials and waste (anything that can cause harm, injury, ill-health, or damage) that require special handling. Hazardous materials include radioactive or chemical materials. Hazardous wastes include the biologic waste that can transmit disease (for example, blood, and tissues), radioactive materials, toxic chemicals, and infectious waste, such as used needles and used bandages.
49. **Healthcare Practitioner:** A clinical practitioner refers to a qualified healthcare professional who provides direct patient care, including assessment, diagnosis, treatment, and ongoing management of health conditions. Clinical practitioners can include physicians, nurses, nurse practitioners, and other allied health professionals involved in direct clinical care.
50. **Healthcare professional:** An individual who is trained and licensed to provide medical, nursing, dental, pharmaceutical, or allied healthcare services to patients or communities. Healthcare professionals work in diverse roles and settings, including PHCs.
51. **HEPA filter**: High-efficiency particulate air filter is defined as a filter with an efficiency of 99.97% in removing particles 0.3 microns or more in size, which makes it suitable for the prevention of airborne pathogens.
52. **High-risk medication**: Medications that bear a heightened risk of causing significant patient harm when they are used in error.
53. **PHC director**: A job as a PHC director falls under the broader career that plans, directs, or coordinates medical and health services in the PHC facility.
54. **Hygiene**: The practice that serves to keep people and environments clean and prevent infection.
55. **Immunization**: The process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (active immunization) or serum containing desired antibodies (passive immunization). Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Infection control practitioner.

56. **Infection control program**: An organized system of services designed to meet the needs of the PHC in relation to the surveillance, prevention, and control of infection, which impacts patients, staff, physicians, and/or visitors.
57. **Infection:** The transmission of a pathogenic microorganism.
58. **Independent practitioners:** A practitioner who owns a majority of their practice and has key decision-making rights for the practice.
59. **Intervention techniques:** Minimally invasive procedures, including percutaneous precision needle placement, with placement of drugs in targeted areas.
60. **Invasive procedure:** A medical procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body. Examples of invasive procedures include: Injections (Intramuscular or Subcutaneous Injections for administering medications or vaccines), Minor Surgical Procedures and Suturing, Incision and Drainage(Removing pus or fluid from abscesses), Tooth extraction, and "IUD insertion" (Intrauterine Device insertion).
61. **Inventory:** A written list of all the objects, abilities, assets, or resources in a particular place.
62. **Investigational drug:** A chemical or biological substance that has been tested in the laboratory and approved for testing in people during clinical trials.
63. **IPC committee:** Committee comprised of members from a variety of relevant disciplines within the PHC facility (medical department, nursing services, housekeeping, laboratory, pharmacy, and sterilization services). Responsible for Surveillance methods and process, strategies to prevent infection and control risks, Reporting infection prevention and control activities, collaborating with relevant departments to ensure compliance with infection control standards and regulations and annual reviewing and evaluation of the IPC program.
64. **Job description**: Statements or directions specifying required decisions and actions. Penalties, legal or otherwise, are normally assessed when laws and regulations are not followed.
65. **Key performance indicator:** A quantifiable measure used to evaluate the success of a PHC, employee, etc.
66. **Laws and regulations:** Statements or directions specifying required decisions and actions. Penalties, legal or otherwise, are normally assessed when laws and regulations are not followed.
67. **Leader**: A person who sets expectations, develops plans and implements procedures to assess and improve the quality of the PHC governance, management, clinical, and support functions and processes.
68. **Legibility**: The possibility to read or decipher. The writing is clearly written so that every letter or number cannot be misinterpreted. It is legible when any individual can read the handwritten documentation or physician order.
69. **Look-alike sound-alike medication:** These are medications that are visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics.
70. **Medical staff**: professional who practices medicine, dentistry, and other independent practitioners.
71. **Medication:** Any prescription medications, including narcotics; herbal remedies; vitamins; nutraceuticals, over-the-counter medications; vaccines; biological, diagnostic, and contrast agent used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood products; medication-containing products, and intravenous solutions with electrolytes and/or

medications. The definition of the medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases unless explicitly stated.

72. **Medication / Drug recall:** is the most effective way to protect the public from a defective or potentially harmful product. A recall is a voluntary action taken by a company to remove a defective drug product from the market or warn patients and consumers about a potential risk.
73. **Medication error:** Any preventable event that may cause inappropriate medication use or endanger patient safety. Examples are wrong patient, medication, dose, time, and the route; incorrect ordering, dispensing, or transcribing; missed or delayed treatments. Any professional/discipline/staff who handle medications can be involved in the error.
74. **Medication reconciliation:** The process of comparing a patient's medication orders to all of the medications that the patient has been taking.
75. **Medication therapy problem:** is an unwanted event or circumstance involving medication therapy that actually or potentially interferes with desired health outcomes.
76. **Mentorship programs:** are a type of professional development strategy organizations use to connect more experienced team members into developmental relationships with team members who want to expand their skills and/or experiences.
77. **N95 respirator:** it is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.
78. **Near miss:** An unplanned event that did not result in injury, illness, or damage – but had the potential to do so.
79. **Nonclinical staff**: Those who provide indirect patient care (housekeeping, food service, etc.)
80. **PHC Occupant**: Person who reside in the PHC facility at a given time.
81. **PHC Occupant**: A person who stays in the PHC facility for a while.
82. **Primary Healthcare Facility Occupants:** individuals who are present/stay/reside within a primary healthcare setting. PHC Facility Occupants include: Healthcare Providers (Doctors, nurses, nurse practitioners, and other medical staff who deliver care and services), Administrative Staff (Personnel involved in managing the facility, scheduling appointments, handling billing, and maintaining records) ,Patients (Individuals receiving medical care, including those seeking preventive services, treatment for illnesses, and routine check-ups), Visitors (Family members or friends accompanying patients, as well as representatives from health organizations or community agencies) and Support Staff Technicians, custodial staff, and maintenance personnel who ensure the facility operates smoothly. These occupants interact within the facility to provide, receive, or support primary healthcare services.
83. **Ordering:** Written directions provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a licensed person such as a pharmacist or a nurse.
84. **Outbreak:** An excess over the expected (usual) level of a disease within a geographic area; however, one case of an unusual disease may constitute an outbreak.
85. **Outdated medication**: Medication that is opened and is typically safe and effective to use for a short period of time after opening (shelf life).
86. **Performance Measures:** It is a quantifiable measure used to evaluate the success of the PHC facility, employee, etc.

87. **Personal protective equipment:** Equipment worn to minimize exposure to hazards that cause serious workplace injuries and/or illnesses.
88. **Plan**: A detailed method, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the plan may include narratives, policies, and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.
89. **Plan of care**: A plan that identifies the patient's care needs, lists the strategy to meet those needs, records treatment goals and objectives, develops defined criteria for ending interventions, and records the patient's progress in meeting specified goals and objectives. It is based on data gathered during patient assessment.
90. **Policy**: A guiding principle used to set direction in a PHC.
91. **Post-exposure prophylaxis**: A preventive medical treatment that is started after exposure to a pathogen in order to prevent the infection from taking place.
92. **Practice guidelines**: Tools that describe processes found by clinical trials or by consensus opinion of experts to be the most effective in evaluating and/or treating a patient who has a specific symptom, condition, or diagnosis, or describe a specific procedure. Synonyms include practice parameters, protocol, preferred practice pattern, and guideline. Also, see evidence-(scientific)-based guidelines and clinical practice guidelines.
93. **Prescribing**: Advising and authorizing the use of a medication or treatment for someone, especially in writing.
94. **Prescription refills:** are part of the medication management cycle, ensuring continuity of therapy for chronic or ongoing treatments as it is the authorization by a prescriber or the act of obtaining an additional supply of a medication as specified in the original prescription order .
95. **Privileging:** The process whereby specific scope and content of patient care services (clinical privileges) are authorized for a healthcare professional by the organization, based on the evaluation of the physician's credentials and performance.
96. **PRN:** Latin abbreviation meaning Pro re nata, frequently used to denote "whenever necessary" or "As needed."
97. **Procedure:** A series of steps to be followed as a uniform and repetitive approach to accomplish an end result. Procedures provide a platform for uniform implementation to decrease process variation, which increases procedure control. Decreasing process variation is how we eliminate waste and increase performance.
98. **Process**: A series of actions or steps taken in order to achieve a particular end.
99. **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 labelling.
100. **Procurement:** The process of acquiring supplies, including those obtained by purchase, donation, and manufacture. It involves efforts to quantify requirements, select appropriate procurement methods, and prequalify suppliers and products. It also involves managing tenders, establishing contract terms, assuring medication quality, obtaining the best prices, and ensuring adherence to contract terms.
101. **Program**: An organized, official system that guides action toward a specific goal. The program identifies needs, lists strategies to meet those needs, includes staff involved, and sets goals and

objectives. The format of the program may include narratives, policies and procedures, plans, protocols, practice guidelines, clinical pathways, care maps, or a combination of these.

102. **Project**: A planned set of interrelated tasks to be executed over a fixed period and within certain cost and other limitations.
103. **Protocol:** A detailed scientific treatment plan for using a new treatment.
104. **Referral**: The sending of a patient from one clinician to another clinician or specialist or from one setting or service to another or another resource
105. **Respiratory hygiene**: This comprises infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes.
106. **Risk assessment:** The identification and evaluation of potential failures and sources of errors in a process. This is followed by prioritizing areas for improvement based on the actual or potential impact on care, treatment, or services provided.
107. **Root cause analysis:** A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.
108. **Safe injection:** It is a practice intended to prevent needle stick injuries and other possible contamination during syringe introduction in a patient; ultimately preventing transmission of blood-borne infectious diseases between one patient and another, or between a patient and a healthcare professional.
109. **Sanitation:** it is a condition concerning public health, especially indicating the provision of clean drinking water and adequate sewage disposal.
110. **Scope (care or services):** The range and type of services offered by the PHC and any conditions or limits to the service coverage.
111. **Scope of practice: The** range of activities performed by a healthcare professional (physician, nurse) in the organization. The scope is determined by training, tradition, law or regulation, or the organization.
112. **Safety Data Sheets (SDSs):** The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.
113. **Sentinel event**: A patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and results in any of the following: death, permanent harm, or severe temporary harm.
114. **Side effect**: The pharmacological effect of a medication, normally adverse, other than the one(s) for which the medication is prescribed.
115. **Single-use device / disposable device:** it is intended for use on one patient during a single procedure. It is not intended to be reprocessed (cleaned and disinfected or sterilized) and used on another patient. Using disposable items improves patient safety by eliminating the risk of patient-to-patient contamination because the item is discarded and not used on another patient (according to the Food and Drug Administration).
116. **Soiled/contaminated linen**: Linen that has been soiled with infectious materials (OSHA definition).
117. **Stakeholders:** An individual or group that is involved in and affected by a policy or course of action. In health care, stakeholders may include patients and their families; physicians, nurses, and other clinicians and practitioners; nonclinical staff members; members of leadership and governance; vendors and contracted employees; members of the community; and others.

118. **Staff Awareness:** Staff knowledge based on training.
119. **Spaulding classification**: A method of classification of the different medical instrumentation based on device usage and body contact into three categories, critical, semi-critical, and non-critical dictated by the infection risk involved by using it.
120. **Sterilization**: A controlled process that destroys all microorganisms, including bacterial spores.
121. **Stock**: A quantity of something accumulated, as for future use, regularly kept on hand, as for use or sale.
122. **Stocking:** The activity of supplying a stock of something or items.
123. **Surveillance**: A systemic and ongoing method of data collection, presentation, and analysis, followed by dissemination of that information to those who can improve outcomes.
124. **Sustainable green healthcare:** The practice of delivering healthcare services in an environmentally responsible manner, aiming to minimize the ecological footprint of healthcare facilities and operations. This includes: Waste reduction, Energy efficiency, Sustainable materials, Water conservation, Healthy built environments, Sustainable practices, and Community engagement. Overall, sustainable green healthcare seeks to create a healthcare system that supports both human health and the health of the planet.
125. **Tapering:** The gradual discontinuation or reduction of a therapeutic dose of a particular medication over a period of time.
126. **Telemedicine**: The use of telecommunications technology to provide medical care and services remotely. It allows healthcare professionals to diagnose, treat, and monitor patients through video calls, phone calls, and other digital communication methods. This approach can enhance access to healthcare, especially for those in remote areas, and can facilitate follow-up care, consultations, and ongoing management of chronic conditions without the need for in-person visits. Telemedicine encompasses a range of services, including virtual consultations, remote patient monitoring, and health education.
127. **Therapeutic duplication:** One person using two medications, usually unnecessarily, from the same therapeutic category at the same time.
128. **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.
129. **Titrating order:** Orders in which the medication dose is progressively increased or decreased in response to the patient's status.
130. **Transcribing**: The legitimate copying of prescription information from one source to another without any alterations or additions
131. **Transmissible**: A disease with the ability to be passed on from one person or organism to another.
132. **Utilization:** The use, patterns of use, or rates of use of specified healthcare service. Overuse occurs when a healthcare service is provided under circumstances in which its potential for harm exceeds the possible benefits. Underuse is the failure to use a necessary healthcare service when it would have produced a favourable outcome for a patient. Misuse occurs when an appropriate service has been selected, but a preventable complication occurs. All three reflect a problem in the quality of healthcare. They can increase mortality risk and diminish the quality of life.
133. **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.

134. **VEN analysis**: A known method to help set up priorities for purchasing medications and keeping stock. Medications are divided according to their health impact into vital, essential, and non-essential categories. It allows medications of differing efficacy and usefulness to be compared.
135. **Vendor:** A person or representative of a company that has a contract with the PHC and/or is seeking to provide support, services, or maintenance for a company's product(s) or service(s).

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