

## Section 1: Accreditation Prerequisites and Conditions

### Section Intent:

This chapter is applicable during the accreditation process and aims to provide a clear ethical framework that a hospital must follow in order to comply with the GAHAR survey process. Scores of these standards are always met in order to continue the survey process. One partially met or not met evidence of compliance is to be dealt with on the GAHAR accreditation committee level and may result in denial or suspension of accreditation.

### APC Summary of Changes

Summary of Changes Chapter 1

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>APC.01</b> KW: <b>Accurate and complete information</b>	<b>APC.03</b> KW: Accurate and complete information	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li><b>EOC.02:</b> The hospital reports accurate and complete information to GAHAR in between accreditation visits).</li> <li><b>EOC.03</b> The hospital reports within 30 days any structural changes in the hospital's scope of work, such as the addition or deletion of more than 20% of medical services (e.g., beds, specialties, staff), building expansions, or demolitions).</li> </ul>
<b>APC.02</b> KW: <b>Professional standards during surveys</b>	<b>APC.05</b> KW: Professional standards during surveys	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li><b>(EOC.01:</b> The hospital maintains the values mentioned from (a) to (e) in the intent during the survey process).</li> <li><b>(EOC.02:</b> Before survey, the hospital reports any conflict of interest to GAHAR with evidence).</li> </ul> <b>2) Added a new EOC:</b> <ul style="list-style-type: none"> <li><b>(EOC.05:</b> The accredited hospital can use GAHAR accreditation seal according GAHAR's rules).</li> </ul>
<b>APC.03</b> KW: <b>Sustaining compliance with accreditation standards</b>	<b>APC.01</b> KW: sustaining registration requirements	<b>1) Modified standard statement:</b> <ul style="list-style-type: none"> <li>(The GAHAR accredited hospital ensures continuous compliance with the standards).</li> </ul> <b>2) Modified EOCs:</b> <ul style="list-style-type: none"> <li><b>(EOC.01, &amp; EOC.02).</b></li> </ul> <b>3) Updated EOC</b> <ul style="list-style-type: none"> <li><b>(EOC.04)</b> by merging two EOCs (EOC.04 and EOC.05) in Hospital edition 2021.</li> </ul>

**PCC Chapter Summary of Changes**

Summary of Changes Chapter 2

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>PCC.01</b> <b>KW: Multidisciplinary patient-centeredness</b>	<b>PCC.02</b> KW: Interdisciplinary patient-centeredness  <b>PCC.03</b> KW: Patient centeredness support	<b>1) Updated</b> standard (PCC.01) by merging two standards (PPC.02 and PCC.03) in Hospital edition 2021.
<b>PCC.02</b> <b>KW: Patient and family rights</b>	<b>PCC.04</b> KW: Patient and family rights	<b>1) Modified EOC: (EOC.01:</b> The hospital has an approved policy guiding the process of defining patient and family rights, including items mentioned in the intent from a) through j).  <b>2) Rephrasing</b> of EOCs: <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> Patients' rights are posted and visible to patients, families, and staff).</li> <li>• <b>(EOC.05:</b> Patients are informed of their rights in a manner they can understand).</li> </ul>
<b>PCC.03</b> <b>KW: Patient and family responsibilities</b>	<b>PCC.05</b> KW: Patient and family responsibilities  <b>PCC.06</b> KW: Reporting violations	<b>1) Updated</b> standard ( <b>PCC.03</b> ) by merging two standards ( <b>PPC.05</b> and <b>PCC.06</b> ) in Hospital edition 2021.
<b>PCC.04</b> <b>KW: Admission consent</b>	<b>PCC.07</b> KW: Admission consent	<b>1) Rephrasing</b> of EOC: ( <b>EOC.02:</b> The patient's or legal representative's approval and consent to being hospitalized is recorded in the patient record).
<b>PCC.05</b> <b>KW: Communicate with the healthcare team.</b>	<b>PCC.08</b> KW: Meeting the healthcare team	<b>1) Rephrasing of standard statement</b> to be: (Patients and families can communicate with healthcare professionals, request information, and ask questions).  <b>2) Updated</b> EOC ( <b>EOC.02</b> ) by merging two EOCs (EOC.02 and EOC.03) in Hospital edition 2021.  <b>3) Added a new EOC: (EOC.03:</b> Patients and their families are educated about their rights to ask questions, seek information, and actively participate in their care).

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		4) <b>Rephrasing</b> of EOC: ( <b>EOC.04</b> : Patient engagement tools are used to encourage patients to pose questions).
<b>PCC.06</b> KW: Health education materials	<b>PCC.09</b> KW: Patient and family education materials	1) <b>Rephrasing of standard statement</b> to be: (Health education materials are available).  2) <b>Rephrasing</b> of EOCs: ( <b>EOC.02, EOC.03, EOC.04 and EOC.05</b> ).
<b>PCC.07</b> KW: Patient and family education process	<b>PCC.10</b> KW: Patient and family education process	1) <b>Modified EOC</b> : ( <b>EOC.01</b> : The hospital has an approved policy guiding the process of patient and family education that includes at least the points mentioned in the intent from a) through d).
<b>PCC.08</b> KW: Informed consent	<b>PCC.11</b> KW: Informed consent	1) <b>Rephrasing of Standard statement</b> to be: (The hospital has a defined process to obtain informed consent for certain medical processes.)  2) <b>Modified EOCs</b> : <ul style="list-style-type: none"> <li>• (<b>EOC.02</b> :Informed consent is obtained in a manner and language that the patient understands and does not contain abbreviations.)</li> <li>• (<b>EOC.03</b>: The responsible physician obtaining the informed consent signs the form with the patient).</li> </ul>
<b>PCC.09</b> KW: Informed consent validity	<b>PCC.12</b> KW: Informed consent validity	No change.
<b>PCC.10</b> KW: Informed refusal	<b>PCC.13</b> KW: Informed refusal	1) <b>Added a new EOC</b> : ( <b>EOC.05</b> : The hospital monitors the reported data on informed refusal and takes actions to control or improve the process as appropriate).
<b>PCC.11</b> KW: Comfortable stay	<b>PCC.15</b> KW: Waiting spaces  <b>PCC.16</b> KW: Comfortable stay	1) <b>Updated standard (PCC.11)</b> by merging two standards ( <b>PPC.15</b> and <b>PCC.16</b> ) in Hospital edition 2021.
<b>PCC.12</b> KW: Patient's needs	<b>PCC.17</b> KW: Patient's needs	1) <b>Rephrasing of standard statement</b> to be: (The hospital identifies and addresses patient's emotional, religious, spiritual needs, and other preferences).  2) <b>Modified EOCs</b> : <ul style="list-style-type: none"> <li>• (<b>EOC.01</b>: Healthcare providers identify patients' emotional, religious, and spiritual needs).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> Cleaning, food, and other services identify patient and family preferences)</li> <li>3) <b>Added a new EOC: (EOC.02:</b> Patient needs and preferences are documented in the patient's medical record).</li> <li>4) <b>Rephrasing</b> of EOC:(<b>EOC.05</b> Services' schedules are modified in response to patient preferences).</li> </ul>
<b>PCC.13</b> <b>KW: Patient's dignity, privacy, and confidentiality</b>	<b>PCC.18</b> <b>KW: Patient's dignity, privacy, and confidentiality</b>	<p style="text-align: center;"><b>No change.</b></p>
<b>PCC.14</b> <b>KW: Patient's belongings</b>	<b>PCC.19</b> <b>KW: Patient's belongings</b>	<p>1) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.04</b> The patient's belongings are protected and recorded according to the policy).</li> <li>• <b>(EOC.05</b> Lost and found items are recorded, protected, and returned when possible).</li> </ul>
<b>PCC.15</b> <b>KW: Patient and family feedback</b>	<b>PCC.20</b> <b>KW: Patient and family feedback</b>	<p>1) <b>Rephrasing</b> of EOCs:</p> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> Feedback from patients and families is received, analyzed, and interpreted).</li> <li>• <b>(EOC.03:</b> The interpreted feedback is shared with concerned staff members).</li> </ul> <p>2) <b>Modified EOC:</b> (<b>EOC.04</b> The hospital monitors the reported data on patients' and families' feedback and takes actions to control or improve the process as appropriate.</p>
<b>PCC.16</b> <b>KW: Complaints and suggestions</b>	<b>PCC.21</b> <b>KW: Complaints and suggestions</b>	<p>1) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy guiding the process of managing patients' complaints and suggestions as mentioned in the intent from a) through e).</li> <li>• <b>(EOC.04:</b> Complaints and suggestions are investigated, analyzed by the hospital. and resolved in an approved timeframe).</li> </ul> <p>2) <b>Added a new EOC:</b> (<b>EOC.02:</b> Staff is aware of complaints and suggestion policy.</p>

## ACT Chapter Summary of Changes

Summary of Changes Chapter 3

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>ACT.01</b> <b>KW: Granting access (before patient’s registration)</b>	<b>ACT.01</b> <b>KW: Granting access (before patient’s registration)</b>  <b>ACT.05</b> <b>KW: Physical access and comfort</b>	<b>1) Updated standard (ACT.01)</b> by merging two standards ( <b>ACT.01 &amp; ACT.05</b> ) in Hospital edition 2021.
<b>ACT.02</b> <b>KW: Registration process</b>	<b>ACT.02</b> <b>KW: Registration process</b>	<b>1) Modified standard statement:</b> (The hospital has a process in place guiding patient registration and flow pathways).  <b>2) Modified EOC:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> The hospital has an approved policy guiding hospital registration that addresses all elements mentioned in the intent from a) through c).</li> </ul>
<b>ACT.03</b> <b>KW: Patient identification</b>	<b>ACT.03</b> <b>KW: Patient identification</b>	<b>1) Modified EOC:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.03:</b> Patient identification is conducted before performing diagnostic procedures, providing treatments, and performing any procedures).</li> </ul> <b>2) Updated EOC</b> <ul style="list-style-type: none"> <li>• (<b>EOC.05</b>) by merging two EOCs (EOC.05 and EOC.06) in Hospital edition 2021.</li> </ul>
<b>ACT.04</b> <b>KW: Hospitalization process</b>	<b>ACT.04</b> <b>KW: Hospitalization process</b>	<b>1) Rephrasing of standard statement to be:</b> (The hospital has a process in place guiding the hospitalization of patients, including those coming from the outpatient area, emergency areas, and other hospitalization routes.).  <b>2) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> The hospital has an approved policy and procedure for hospitalization that addresses all elements mentioned in the intent a) through e).</li> <li>• (<b>EOC.03:</b> When a patient bed is unavailable, the hospital supports providing care to patients admitted to temporary inpatient locations or boarded in the emergency room).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p>3) <b>Added a new EOC:</b></p> <ul style="list-style-type: none"> <li>(EOC.05 Required information is given to the patient and family at the time of admission).</li> </ul>
<p><b>ACT.05</b> KW: Wayfinding signage</p>	<p><b>ACT.06</b> KW: Wayfinding signage</p>	<p>1) <b>Rephrasing EOC:</b></p> <ul style="list-style-type: none"> <li>(EOC.04 Signs are visible and/or lit during all operating times).</li> </ul>
<p><b>ACT.06</b> KW: Patient's flow risks</p>	<p><b>ACT.07</b> KW: Patient's flow risks</p>	<p>1) <b>Modified standard statement</b> (There is a process in place to manage patient flow through the hospital).</p>
<p><b>ACT.07</b> KW Patient's care responsibility</p>	<p><b>ACT.08</b> KW: Patient's care responsibility</p>	<p>1) <b>Rephrasing of standard statement</b> to be: (The hospital has a process guiding the assignment of patient care responsibility).</p> <p>2) <b>Added a new EOC:</b></p> <ul style="list-style-type: none"> <li>(EOC.02: The medical staff are aware of the contents of the policy).</li> </ul>
<p><b>ACT.08</b> KW: Handover communication</p>	<p><b>ACT.09</b> KW: Handover communication</p>	<p>1) <b>Added</b> a new EOC:</p> <ul style="list-style-type: none"> <li>(EOC.03: Handover communication conducted between different shifts and between different levels of care (different departments/ services)).</li> </ul> <p>2) <b>Modified EOC:</b></p> <ul style="list-style-type: none"> <li>(EOC.04: Handover communications are documented using an established tool or format and are accessible as needed).</li> </ul> <p>3) <b>Updated EOC</b></p> <ul style="list-style-type: none"> <li>(EOC.05) by merging two EOCs (EOC.04 and EOC.05) in Hospital edition 2021.</li> </ul>
<p><b>ACT.09</b> KW: Second opinion</p>	<p><b>ACT.10</b> KW: Second opinion</p>	<p>1) <b>Rephrasing of Standard statement</b> to be: (The hospital has a process in place guiding the provision of second opinion).</p>
<p><b>ACT.10</b> KW: Consultation process</p>	<p><b>ACT.11</b> KW: Consultation process</p>	<p>1) <b>Modified standard statement:</b> (The consultation process is available, and provided based on the patient's needs and within a predefined time frame.)</p> <p>2) <b>Rephrasing</b> of EOC: (EOC.05 Information exchange between consultation requestor and responder to consultation requests is comprehensive and recorded in the patient's medical record).</p>
<p><b>ACT.11</b> KW: Multidisciplinary Management</p>	<p><b>ACT.12</b> KW: Multidisciplinary Management</p>	<p>1) <b>Rephrasing of standard statement</b> to be: (Multidisciplinary management process is accessible and provided according to the patient's condition and needs).</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>ACT.12</b> <b>KW: Patient's Transportation</b>	<b>ACT.13</b> <b>KW: Patient's Transportation</b>	<b>1) Rephrasing of standard statement</b> to be: (Transportation of patients is coordinated and provided in an approved timeframe).
<b>ACT.13</b> <b>KW: Special care units' access</b>	<b>ACT.14</b> <b>KW: Special care units' access</b>	<b>1) Modified EOC: (EOC.01</b> The hospital has approved admission and discharge criteria for intensive care and specialized units.).
<b>ACT.14</b> <b>KW: Patient's referral, transfer, temporary discharge and discharge.</b>	<b>ACT.15</b> <b>KW: Patient's flow out</b> (transfer, referral, temporary discharge and discharge).  <b>ACT.17</b> <b>KW: Referral/transfer sheet</b>	<b>1) Updated</b> standard ( <b>ACT.14</b> ) by merging two standards ( <b>ACT.15</b> and <b>ACT.17</b> ) in Hospital edition 2021.
<b>ACT.15</b> <b>KW: Discharge summary</b>	<b>ACT.16</b> <b>KW: Discharge summary</b>	<b>1) Rephrasing</b> of EOC: ( <b>EOC.01:</b> Staff members involved in the process of patient discharge are aware of the mechanism to obtain a discharge summary).  <b>2) Added</b> a new EOC: ( <b>EOC.04:</b> A copy of discharge summary is given to the patient).
<b>ACT.16</b> <b>KW: Telemedicine</b>		<b>1) A new standard</b>



## ICD Chapter Summary of Changes

Summary of Changes Chapter 4

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>ICD.01</b> <b>KW: Uniform Care</b></p>	<p><b>ICD.01</b> <b>KW: Uniform Care</b></p>	<p><b>1) Added</b> new EOCs:</p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has a policy to ensure its commitment to providing uniform care to all patients when a similar service is needed).</li> <li>• <b>(EOC.02:</b> All staff members involved in patient care are aware of the hospital policy).</li> <li>• <b>(EOC.04</b> 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).</li> </ul> <p><b>2) Modified</b> EOC: <b>(EOC.03</b> Department heads collaboratively define clinical guidelines/protocols and other professional practice guidelines, to guide the uniform standards of care all over the hospital).</p>
<p><b>ICD.02</b> <b>KW: Prehospital care, ambulance care, emergency medical care during disasters</b></p>	<p><b>ICD.03</b> <b>KW: Prehospital care, ambulance care, emergency medical care during disasters</b></p>	<p><b>1) Modified</b> EOC:</p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy that covers all elements mentioned in the intent from a) through f).</li> </ul>
<p><b>ICD.03</b> <b>KW: Emergency Services</b></p>	<p><b>ICD.04</b> <b>KW: Emergency Services</b></p> <p><b>ICD.06</b> <b>KW: Emergency care recording</b></p>	<p><b>1) Updated</b> standard <b>(ICD.03)</b> by merging two standards <b>(ICD.04</b> and <b>ICD.06)</b> in Hospital edition 2021.</p>
<p><b>ICD.04</b> <b>KW: Emergency Care Guidelines</b></p>	<p><b>ICD.05</b> <b>KW: Emergency Care Guidelines</b></p>	<p><b>1) Modified</b> standard statement: (Clinical practice guidelines for emergency care are adopted and/or adapted as deemed appropriate for hospital scope of service).</p> <p><b>2) Modified</b> EOC: <b>(EOC.01</b> Emergency care guidelines/protocols are adopted and/or adapted for common emergencies as mentioned in the intent from a) through g) as per the hospital scope).</p>



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p><b>3) Added a new EOC: (EOC.04</b> Emergency equipment, supplies, medications, and antidotes are readily available to facilitate the implementation of the guidelines/protocols as per the hospital scope).</p>
<p><b>ICD.05</b> <b>KW: Outpatient Services</b></p>	<p><b>ICD.07</b> <b>KW: Outpatient Services</b></p>	<p><b>1) Rephrasing of standard statement:</b> (Outpatient services are available and provided to patients).</p> <p><b>2) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy that guides outpatient care; it addresses all the elements mentioned in the intent from a) through g).</li> <li>• <b>(EOC.04:</b> The assessment and reassessment are recorded in the patient’s medical records).</li> <li>• <b>(EOC.05:</b> The plans of care and follow-up instructions are recorded in the patient’s medical records).</li> </ul>
<p><b>ICD.06</b> <b>KW: Medical patient assessments</b></p>	<p><b>ICD.08</b> <b>KW: Medical patient assessments</b></p>	<p><b>1) Modified EOC (EOC:03</b> Initial medical assessments are performed within 24 hours of hospitalization or more frequently as per patient needs and recorded in the patient’s medical record).</p>
<p><b>ICD.07</b> <b>KW: Nursing patient assessments</b></p>	<p><b>ICD.09</b> <b>KW: Nursing patient assessments</b></p>	<p><b>1) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> Initial nursing assessments are performed upon admission within the timeframe identified in the policy as per patient needs).</li> <li>• <b>(EOC.04:</b> Nursing reassessments are performed as the frequency identified in the hospital policy and according to patient needs).</li> <li>• <b>(EOC.05:</b> Nurses’ assessment and reassessment are timely recorded in the medical records).</li> </ul>
<p><b>ICD.08</b> <b>KW: Screening for further assessment needs</b></p>	<p><b>ICD.10</b> <b>KW: Screening of healthcare needs</b></p>	<p><b>1) Rephrasing of standard statement</b> to be: (Patient’s needs for further assessment are identified based on defined screening processes).</p> <p><b>2) Modified EOC:</b></p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy to guide screening for patient’s needs for further assessments including elements from a) through e) in the intent).</li> <li>• <b>(EOC.02:</b> Qualified individuals identify the criteria for screening patients for each healthcare need from i) to v).</li> </ul> <p><b>3) Added a new EOC: (EOC.05:</b> Patient’s needs are assessed and managed by the specific service and care is recorded in the medical record).</p>
<p><b>ICD.09</b> <b>KW: Pain screening, assessment, reassessment, and management</b></p>	<p><b>ICD.19</b> <b>KW: Pain screening, assessment, reassessment, and management</b></p>	<p><b>1) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy to guide pain management processes that addresses all elements mentioned in the intent from a) through e).</li> <li>• <b>(EOC.05:</b> Pain screening, assessment, pain management plan, and reassessment are documented in the patient records).</li> </ul> <p><b>2) Rephrasing of EOC: (EOC.03:</b> All inpatients and outpatients are screened for pain using a valid and approved tool suitable for the patient population).</p> <p><b>3) Added a new EOC: (EOC.04:</b> A comprehensive pain assessment is performed when pain is identified from the screening).</p>
<p><b>ICD.10</b> <b>KW: Fall assessment and prevention.</b></p>	<p><b>ICD.11</b> <b>KW: Fall screening and prevention</b></p>	<p><b>1) Modified standard statement:</b> (Patient’s risk of falling is assessed, periodically reassessed, and managed).</p> <p><b>2) Modified EOCs: (EOC.01, EOC.02 &amp; EOC.05).</b></p> <p><b>3) Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> The hospital assesses and reassesses all inpatients for risk of fall using appropriate tools suitable for the patient population and documented in patient medical record).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>ICD.11</b> <b>KW: Pressure Ulcers Prevention</b></p>	<p><b>ICD.12</b> <b>KW: Pressure Ulcers Prevention</b></p>	<ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> Outpatients with certain conditions, situations or locations will be screened for risk of fall).</li> </ul> <p><b>1) Modified standard statement:</b> (The Patient’s risk of developing pressure ulcers is assessed, periodically reassessed, and managed).</p> <p><b>2) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy to guide pressure ulcer risk assessment that addresses all elements mentioned in the intent from a) through f).</li> <li>• <b>(EOC.02:</b> Healthcare professionals are aware of the elements of the pressure ulcer risk assessment and of prevention measures).</li> <li>• <b>(EOC.04:</b> The families of patients at higher risk of pressure ulceration are aware of and involved in prevention measures).</li> </ul> <p><b>3) Added a new EOC:</b> <b>(EOC.03:</b> The hospital assesses upon admission and reassesses each patient's risk for developing a pressure ulcer using appropriate tools suitable for the patient population).</p>
<p><b>ICD.12</b> <b>KW: Venous Thromboembolism Prophylaxis</b></p>	<p><b>ICD.13</b> <b>KW: Venous Thromboembolism Prophylaxis</b></p>	<p><b>1) Modified standard statement:</b> (Patient’s risk of developing venous thromboembolism (deep venous thrombosis and pulmonary embolism) is assessed, periodically reassessed, and managed).</p> <p><b>2) Modified EOCs</b> <b>(EOC.01, EOC.02, EOC.03, EOC.04).</b></p> <p><b>3) Added a new EOC:</b> <b>(EOC.05:</b> Tailored care plans based on individual patient VTE risk assessments are conducted and recorded in the patient file).</p>
<p><b>ICD.13</b> <b>KW: Patient nutritional needs</b></p>	<p><b>ICD.20</b> <b>KW: Patient nutritional needs</b></p>	<p><b>1) Modified EOC:</b> <b>(EOC.02:</b> Medical and nursing staff are aware of the hospital policy).</p> <p><b>2) Added a new EOC:</b> <b>(EOC.06:</b> The</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		hospital implements a process to ensures safety of food brought by families).
<b>ICD.14</b> <b>KW: Special-needs patient populations</b>	<b>ICD.23</b> <b>KW: Special-needs patient populations</b>	<b>1) Rephrasing of Standard statement</b> to be: (The hospital develops and implements a process to guide the provision of care for special patient populations).
<b>ICD.15</b> <b>KW: Plan of Care</b>	<b>ICD.14</b> <b>KW: Plan of Care</b>	<b>1) Added a new EOC: (EOC.02:</b> The plan of care addresses all the elements mentioned in the intent from a) to g) and is documented in the patient medical record).  <b>2) Rephrasing of EOCs: (EOC.03 and EOC.04).</b>
<b>ICD.16</b> <b>KW: Clinical practice guidelines adaptation and adoption</b>	<b>ICD.15</b> <b>KW: Clinical practice guidelines adaptation and adoption</b>	<b>1) Rephrasing of standard statement</b> to be: (The process of adopting and adapting clinical practice guidelines is defined).  <b>2) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy that guides all the elements mentioned in the intent from a) through e).</li> <li>• <b>(EOC.03:</b> At least three clinical guidelines for the most common/high risk three diagnoses managed in the hospital are adopted/adapted in the hospital annually).</li> </ul>
<b>ICD.17</b> <b>KW: Orders and requests</b>	<b>ICD.17</b> <b>KW: Orders and requests</b>  <b>DAS.14</b> <b>KW: Minimal retesting intervals</b>	<b>1) Updated Standard</b> by merging two standards ( <b>ICD.17 and DAS.14</b> ) in Hospital edition 2021.
<b>ICD.18</b> <b>KW: Verbal and telephone orders</b>	<b>ICD.18</b> <b>KW: Verbal and telephone orders</b>	<b>1) Modified standard statement:</b> (Verbal or telephone orders are communicated and documented according to the defined process).  <b>2) Modified EOC: (EOC.01:</b> The hospital has an approved policy guiding the communication of verbal and telephone orders that addresses at least all elements mentioned in the intent from a) through e).

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p><b>3) Added</b> a new EOC: (<b>EOC.03:</b> All verbal and telephone orders are documented then read back by the receiver and confirmed by the ordering physician).</p> <p><b>4) Updated</b> EOC (<b>EOC.05</b>) by merging two EOCs (<b>EOC.04</b> and <b>EOC.05</b>) in Hospital edition 2021.</p>
<p><b>ICD.19</b> <b>KW: Critical results</b></p>	<p><b>ICD.30</b> <b>KW: Critical results</b></p>	<p><b>1) Modified standard statement:</b> (Critical results are communicated in time and documented according to the defined process).</p> <p><b>2) Updated EOC: (EOC.04)</b> by merging two EOCs (<b>EOC.04</b> and <b>EOC.05</b>) in Hospital edition 2021.</p>
<p><b>ICD.20</b> <b>KW: Ordering of blood and blood products</b></p>	<p><b>DAS.31</b> <b>KW: Ordering of blood and blood products</b></p>	<p><b>1) Rephrasing of standard statement</b> to be: (The hospital has a process for requesting blood and/or blood component).</p> <p><b>2) Modified EOC: (EOC.02:</b> The involved staff members are aware of the hospital policy).</p>
<p><b>ICD.21</b> <b>KW: transfusion of blood and blood products</b></p>	<p><b>DAS.33</b> <b>KW: transfusion of blood and blood products</b></p>	<p><b>1) Modified standard statement:</b> (Blood and/or blood components are transfused according to professional practice guidelines).</p>
<p><b>ICD.22</b> <b>KW: Recognition and response to clinical deterioration</b></p>	<p><b>ICD.37</b> <b>KW: Recognition and response to clinical deterioration</b></p>	<p><b>1) Rephrasing of standard statement:</b> (The hospital has a hospital-wide process for recognition of and response to clinical deterioration).</p> <p><b>2) Modified EOC: (EOC.02:</b> All staff members involved in direct patient care are trained on recognition of and response to clinical deterioration.)</p> <p><b>3) Rephrasing of EOC: (EOC.03:</b> Recognition and response to clinical deterioration are done as per the hospital policy, using age specific criteria.)</p>

## CSS Chapter Summary of Changes

Summary of Changes Chapter 5

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>CSS.01</b> KW: Critical care</p>	<p><b>ICD.33</b> KW: Critical care</p>	<p>1) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has a clinical care program for critical care units that addresses all the elements mentioned in the intent from a) through h).</li> <li>• <b>(EOC.04:</b> Management and use of critical care services is done according to clinical guidelines.</li> </ul> <p>2) <b>Rephrased EOCs: (EOC.02, &amp; EOC.05).</b></p> <p>3) <b>Added</b> a new EOC: <b>(EOC.03:</b> At least one physician, in each shift, is trained in advanced cardiac life support).</p>
<p><b>CSS.02</b> KW: Critical alarms</p>	<p><b>ICD.34</b> KW: Critical alarms</p>	<p>1) <b>Modified standard statement:</b> (The hospital has an approved policy and procedures for managing critical medical alarms).</p> <p>2) <b>Modified EOC: (EOC.01:</b> The hospital has an approved policy that addresses all the elements mentioned in the intent from a) through g).</p> <p>3) <b>Rephrased EOC :(EOC.03:</b> Management and the use of critical alarms are done according to the approved policy).</p> <p>4) <b>Added</b> a new EOC: <b>(EOC.05:</b> Alarm events and malfunctions are reported, and actions are taken to maintain the safety of clinical alarms).</p>
<p><b>CSS.03</b> KW: Catheter and tube misconnections</p>	<p><b>ICD.35</b> KW: Catheter and tube misconnections</p>	<p>1) <b>Modified EOC: (EOC.01:</b> The hospital has an approved policy that addresses all the elements mentioned in the intent from a) through e).</p> <p>2) <b>Rephrased EOC: (EOC.03:</b>Management and use of tubes and catheters are done as per the hospital policy).</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>CSS.04</b> KW: Terminally ill patients</p>	<p><b>ICD.26</b> KW: Terminally ill patients</p>	<p>1) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b>The hospital has an approved policy that addresses all the elements mentioned in the intent from a) through f).</li> <li>• <b>(EOC.05:</b> Terminally ill patients' assessment, reassessment, and management are recorded in the patient's medical record).</li> </ul> <p>2) <b>Rephrasing</b> of EOC: <b>(EOC.03:</b> Terminally ill patients are assessed and receive the appropriate management of symptoms, including pain and depression).</p> <p>3) <b>Added</b> a new EOC: <b>(EOC.04:</b> Patients and family are involved in decisions and care).</p>
<p><b>CSS.05</b> KW: Cardiopulmonary resuscitation</p>	<p><b>ICD.36</b> KW: emergency equipment and supplies</p> <p><b>ICD.38</b> KW: Cardiopulmonary resuscitation and medical emergencies</p>	<p><b>Updated</b> standard <b>(CSS.05)</b> by merging two standards <b>(ICD.36 and ICD.38)</b> in Hospital edition 2021.</p>
<p><b>CSS.06</b> KW: Dialysis services</p>	<p><b>ICD.32</b> KW: Dialysis services</p>	<p>1) <b>Modified standard statement:</b> (Dialysis service is provided and managed according to laws, regulations, and clinical guidelines).</p> <p>2) <b>Modified EOC:</b> <b>(EOC.01:</b>The hospital has a clinical care program for dialysis service that addresses all the elements mentioned in the intent from a) through f).</p> <p>3) <b>Added a new EOC:</b> <b>(EOC.02:</b>Staff involved in dialysis service are competent at handling the program.</p> <p>4) <b>Rephrasing</b> of EOCs: <b>(EOC.03, EOC.04 &amp; EOC.05)</b></p>
<p><b>CSS.07</b> KW: Chemotherapy</p>	<p><b>ICD.31</b> KW: Chemotherapy and Radiotherapy</p>	<p>1) <b>Modified standard statement:</b> (Chemotherapy service is provided according to laws, regulations, and clinical guidelines/protocols.).</p>



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p>2) <b>Modified EOCs: (EOC.01, EOC.02 &amp; EOC.05).</b></p> <p>3) <b>Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> The chemotherapy preparation area is designed and equipped to meet the professional guidelines of safe compounding of high-risk medications, including appropriate ventilation and adherence to aseptic techniques).</li> <li>• <b>(EOC.04:</b> Patients and/or their families are educated on the treatment plan).</li> </ul>
<p><b>CSS.08</b> <b>KW: Radiotherapy</b></p>		<p><b>New standard.</b></p>
<p><b>CSS.09</b> <b>KW: Childbirth</b></p>	<p><b>ICD.24</b> KW: Safe childbirth process</p>	<p>1) <b>Modified standard statement</b> to be: (Childbirth services are provided according to clinical guidelines).</p> <p>2) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01</b> The hospital has a childbirth care program addresses all the elements mentioned in the intent from a) through f).</li> <li>• <b>(EOC.05</b> Assessment, reassessment, plan of care, CTG (cardiotocography), Partogram, pain management, and delivery summary are documented in the patient medical record).</li> </ul> <p>3) <b>Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> The healthcare professionals involved in the childbirth are competent in handling the program).</li> <li>• <b>(EOC.03:</b> Pain in women during labor is managed according to pain management protocol).</li> </ul>
<p><b>CSS.10</b> <b>KW: Rehabilitation.</b></p>	<p><b>ICD.22</b> KW: patient's functional needs</p>	<p><b>New standard.</b></p>
<p><b>CSS.11</b> <b>KW: Psychiatric disorders</b></p>	<p><b>ICD.27</b> KW: Psychiatric patients</p>	<p>1) <b>Modified standard statement:</b> (Care for patients who are suffering from mental illness is provided according to applicable laws and regulations).</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p>2) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The hospital has a clinical care program for mental health that addresses all the elements mentioned in the intent from a) through n).</li> <li>• (EOC.03: Mental health patients are assessed and managed according to clinical guidelines/protocols).</li> </ul> <p>3) <b>Rephrase EOC:</b> (EOC.04: Psychiatric assessment and care plans for outpatients and inpatients are documented in patient medical record).</p>
<p><b>CSS.12</b> KW: Restraint and seclusion</p>	<p><b>ICD.28</b> KW: Restraint and seclusion</p>	<p>1) <b>Modified standard statement</b> to be: (Restraint and seclusion are used according to defined criteria, laws, and regulations and in a manner that respect patient's rights).</p> <p>2) <b>Modified EOC:</b> (EOC.04).</p>
<p><b>CSS.13</b> KW: Drug abuse</p>	<p><b>ICD.29</b> KW: victims of drug abuse and addiction</p>	<p>1) <b>Modified standard statement:</b> (Care for patients who are suffering from substance use disorders is provided according to applicable laws and regulations).</p> <p>2) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (EOC.01: The hospital has a clinical care program that addresses all the elements mentioned in the intent from a) through i).</li> <li>• (EOC.04: Assessment, plan of care, and monitoring of progress are documented in the patient's medical record).</li> </ul> <p>3) <b>Rephrasing</b> of EOC: (EOC.03)</p>
<p><b>CSS.14</b> KW: Organ/Tissue transplantation</p>	<p><b>ADD.08</b> KW: Organ/Tissue donation choice</p> <p><b>ADD.09</b> KW: Organ and Tissue Transplantation services</p>	<p>1) <b>Updated</b> standard (<b>CSS.15</b>) by merging two standards (<b>ADD.08 &amp; ADD.09</b>) in Hospital edition 2021.</p>

**DAS chapter Summary of changes**

Summary of Changes Chapter 6

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>DAS.01</b> KW: Planning medical imaging services</p>	<p><b>DAS.01</b> KW: Planning medical imaging services</p>	<p>1) <b>Modified standard statement to be:</b> (Medical Imaging and ancillary services are planned, operated, and provided according to laws and regulations).</p> <p>2) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> Medical Imaging or ancillary services provided either onsite or through accredited outside source meet laws, regulations, and applicable guidelines).</li> <li>• <b>(EOC.03:</b> The hospital ensures the quality and safety of outsourced medical imaging and ancillary services).</li> <li>• <b>(EOC.04:</b> Medical imaging and ancillary services provided are evaluated annually).</li> </ul>
<p><b>DAS.02</b> KW: Provision of medical imaging service</p>	<p><b>DAS.02</b> KW: Provision of medical imaging service</p>	<p>1) <b>Modified standard statement:</b> (Medical imaging and ancillary services are performed by competent healthcare professionals according to applicable laws and regulations).</p> <p>2) <b>Added a new EOC:</b> <b>(EOC.02:</b> Licensed healthcare professionals are providing medical image services).</p> <p>3) <b>Modified EOC:</b> <b>(EOC.03:</b> Privileges are granted for performing each intervention medical imaging service based on assessed competencies).</p>
<p><b>DAS.03</b> KW: Technical standards (Practice Parameters)</p>	<p><b>DAS.03</b> KW: Technical standards (Practice Parameters)</p>	<p>1) <b>Modified standard statement:</b> (Performance of medical imaging studies and procedures and ancillary services is standardized).</p>
<p><b>DAS.04</b> KW: Pre-examination process</p>	<p><b>DAS.04</b> KW: Pre-examination process</p>	<p>1) <b>Modified standard statement:</b> (There is a process in place for medical imaging and ancillary services' pre-examination).</p> <p>2) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy and procedures to guide the medical imaging and ancillary services pre-examination process that includes elements from a) to e) in the intent.</li> <li>• <b>(EOC.03 &amp; EOC.04).</b></li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>DAS.05</b> <b>KW: Medical imaging quality assurance and control</b>	<b>DAS.05</b> KW: Medical imaging quality assurance and control	1) <b>Updated (EOC.03)</b> by merging two EOCs ( <b>EOC.03 &amp; EOC.04</b> ) in Hospital edition 2021.
<b>DAS.06</b> <b>KW: Medical imaging examination protocols</b>	<b>DAS.06</b> KW: Medical imaging examination protocols	1) <b>Modified standard statement:</b> (Medical imaging and ancillary services examination protocols are available and followed).  2) <b>Modified EOCS:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> Medical imaging protocols are available and address element from a) to d) in the intent).</li> <li>• (<b>EOC.02:</b> Medical imaging staff members are trained on medical imaging protocols).</li> <li>• (<b>EOC.04:</b> Imaging protocols for pediatric patients are optimized to obtain the required imaging data while delivering the lowest radiation dose possible).</li> </ul>
<b>DAS.07</b> <b>KW: Medical imaging reports</b>	<b>DAS.07</b> KW: Medical imaging reports	1) <b>Modified EOC: (EOC.01:</b> The hospital has an approved policy that addresses all elements mentioned in the intent from a) through e).  2) <b>Updated (EOC.04)</b> by merging two EOCs ( <b>EOC.04 &amp; EOC.05</b> ) in Hospital edition 2021.
<b>DAS.08</b> <b>KW: Medical imaging results</b>	<b>DAS.08</b> KW: Medical imaging results	1) <b>Modified standard statement:</b> (Copies of medical imaging or ancillary results are recorded in the patient's medical record).  2) <b>Modified EOCS: (EOC.01, EOC.02 &amp; EOC.03).</b>
<b>DAS.09</b> <b>KW: Radiation Safety Program.</b>	<b>DAS.09</b> KW: Radiation Safety Program	1) <b>Modified EOCS:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> The hospital has a written, updated, and approved radiation safety program that addresses all elements mentioned in the intent from a) through h).</li> <li>• (<b>EOC.03:</b> The hospital ensures that exposed patients do not exceed the approved maximum level).</li> </ul> 2) <b>Added new EOCS:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.04:</b> Environmental radiation safety measures, personal monitoring devices results, and the regular CBC results are available and documented).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.05:</b> Nuclear medicine safety measures are implemented by addressing the elements from i) through v) in the intent).</li> <li>• <b>(EOC.06:</b> Laser safety measures are implemented by addressing the elements from I) to III) in the intent).</li> </ul>
<b>DAS.10</b> <b>KW: Laboratory services planning and management.</b>	<b>DAS.10</b> KW: Laboratory services planning and management.	<ol style="list-style-type: none"> <li>1) <b>Modified EOC:</b> <b>(EOC.04:</b> The scope of service is periodically reviewed and modified whenever a clinical service is added, modified, or deleted).</li> <li>2) <b>Updated (EOC.05)</b> by merging two EOCs <b>(EOC.05 &amp; EOC.06)</b> in Hospital edition 2021.</li> </ol>
<b>DAS.11</b> <b>KW: Laboratory Staff</b>	<b>DAS.11</b> KW: Laboratory Staff	<ol style="list-style-type: none"> <li>1) <b>Modified EOC:</b> <b>(EOC.03:</b> Laboratory work is scheduled and processed based upon the competencies assessed).</li> </ol>
<b>DAS.12</b> <b>KW: Reagent Management</b>	<b>DAS.12</b> KW: Reagent Management	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has a process to manage reagents and other laboratory supplies).</li> <li>2) <b>Modified EOC:</b> <b>(EOC.01:</b> The hospital has an approved policy that addresses all the mentioned elements from a) through e) in the intent).</li> <li>3) <b>Added new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> The laboratory staff is aware of hospital policy).</li> <li>• <b>(EOC.05 :</b>Reagents and supplies utilization are accurately monitored).</li> </ul> </li> </ol>
<b>DAS.13</b> <b>KW: Outsourced laboratory services</b>	<b>DAS.13</b> KW: referral laboratory	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has a process to select and monitor outsourced laboratory services).</li> </ol>
<b>DAS.14</b> <b>KW: Pre-examination process</b>	<b>DAS.15</b> KW: Pre-examination process	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has a process for laboratory pre-examination.)</li> <li>2) <b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy to guide the pre-examination process that includes elements from a) to i) in the intent).</li> <li>• <b>(EOC.03:</b> All staff involved in requesting laboratory tests and collection of samples are aware of the pre-examination policy).</li> </ul> </li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>DAS.15</b> KW: Specimen reception, tracking and storage.	<b>DAS.16</b> KW: Specimen reception, tracking and storage.	<ol style="list-style-type: none"> <li><b>1) Rephrasing of standard statement</b> to be: (The hospital has a process for specimen reception, tracking, and storage).</li> <li><b>2) Modified EOC (EOC.06:</b> Samples are stored in appropriate conditions during all examination activities).</li> </ol>
<b>DAS.16</b> KW: Verified / Validated test methods.	<b>DAS.17</b> KW: Verified / Validated test methods.	<ol style="list-style-type: none"> <li><b>1) Modified EOC (EOC.01:</b> The laboratory has an approved policy that describe the process for verification/validation of examination methods for all laboratory tests).</li> <li><b>2) Added a new EOC (EOC.02:</b> The involved laboratory staff is aware of hospital policy).</li> </ol>
<b>DAS.17</b> KW: Examination procedures	<b>DAS.18</b> KW: Examination procedures	<ol style="list-style-type: none"> <li><b>1) Rephrasing of standard statement</b> to be: (Instructions for performing test methods and procedures are followed).</li> <li><b>2) Modified EOC (EOC.01:</b> the laboratory has a written updated procedure for each analytical test method).</li> </ol>
<b>DAS.18</b> KW: Laboratory Internal quality assessment	<b>DAS.19</b> KW: Laboratory Internal quality assessment	<ol style="list-style-type: none"> <li><b>1) Modified standard statement:</b> (An internal quality control process is developed and implemented for all tests).</li> <li><b>2) Modified EOC (EOC.01:</b> The hospital has an approved procedure describing the internal quality control process of all laboratory tests addressing all elements in the intent from a) through g).</li> <li><b>3) Updated (EOC.05)</b> by merging two EOCs (EOC.05 &amp; EOC.06) in Hospital edition 2021.</li> </ol>
<b>DAS.19</b> KW: Laboratory external quality assessment	<b>DAS.20</b> KW: Laboratory external quality assessment	<ol style="list-style-type: none"> <li><b>1) Rephrasing of EOC: (EOC.01:</b> The laboratory subscribes to an external proficiency-testing program that consider the scope and complexity of tests performed by the laboratory).</li> </ol>
<b>DAS.20</b> KW: Post examination process	<b>DAS.21</b> KW: Post examination process	<ol style="list-style-type: none"> <li><b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li><b>(EOC.01:</b> The hospital has an approved policy to guide the post-examination process that include all elements mentioned in the intent from a) through f).</li> <li><b>(EOC.05:</b> The procedure of specimen storage, retention and disposal is implemented).</li> </ul> </li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		2) <b>Added</b> a new EOC ( <b>EOC.02</b> : The laboratory staff is aware of hospital policy).
<b>DAS.21</b> KW: Laboratory turnaround time	<b>DAS.22</b> KW: Laboratory turnaround time	1) <b>Modified</b> EOCs: <ul style="list-style-type: none"> <li>• (<b>EOC.01</b>: The hospital has a process defining each laboratory test's total turnaround time and means of measuring it.)</li> <li>• (<b>EOC.04</b>: Delays in turnaround time are notified to requestors/end-user.)</li> </ul> 2) <b>Updated</b> ( <b>EOC.03</b> ) by merging two EOCs ( <b>EOC.04 &amp; EOC.05</b> ) in Hospital edition 2021.
<b>DAS.22</b> KW: STAT results	<b>DAS.23</b> KW: STAT results	1) <b>Rephrasing of standard statement</b> to be: (STAT results are reported within the defined timeframe). 2) <b>Modified</b> EOCs: <ul style="list-style-type: none"> <li>• (<b>EOC.01</b>: The hospital has a process to guide ordering, collection, testing, and results reporting of urgent tests).</li> <li>• (<b>EOC.04</b>: The hospital monitors the reported data on STAT turnaround time and takes actions to control or improve the process as appropriate).</li> </ul>
<b>DAS.23</b> KW: Laboratory Safety Program.	<b>DAS.24</b> KW: Laboratory Safety Program.	1) <b>Modified</b> EOC: ( <b>EOC.01</b> : A written updated program that describes safety measures for laboratory services and facilities is documented and includes the items in the intent from a) to j). 2) <b>Rephrasing</b> of EOC ( <b>EOC.06</b> : The hospital monitors the reported data on laboratory safety program and takes actions to control or improve the process as appropriate).
<b>DAS.24</b> KW: Point of care testing	<b>DAS.25</b> KW: Point of care testing	1) <b>Rephrasing</b> of ( <b>EOC.02</b> ). 2) <b>Added a new</b> EOC: ( <b>EOC.03</b> : The hospital identifies all POCT sites, and the testing performed).
<b>DAS.25</b> KW: Blood Transfusion services management	<b>DAS.26</b> KW: Blood Transfusion services management	1) <b>Modified</b> EOCs: <ul style="list-style-type: none"> <li>• (<b>EOC.01</b>: There is an approved manual that addresses all elements mentioned in the intent from a) through k).</li> <li>• (<b>EOC.02</b>: All blood bank staff members are aware of the contents of the manual).</li> </ul>



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>DAS.26</b> <b>KW: Safe blood donation</b>	<b>DAS.27</b> KW: Safe blood donation	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved policy that describes all elements mentioned in the intent from a) through e).</li> <li>• <b>(EOC.03:</b> Blood donors are selected according to the hospital policy).</li> </ul>
<b>DAS.27</b> <b>KW: Blood Procurement</b>	<b>DAS.28</b> KW: Blood Procurement	<b>1) Modified standard statements:</b> (Processes of collection, handling, testing of blood, and blood components are performed according to national/international requirements).
<b>DAS.28</b> <b>KW Blood Storage</b>	<b>DAS.29</b> KW: Blood Storage	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> Blood and/or blood components are stored under access-controlled and recorded temperature-controlled conditions).</li> <li>• <b>(EOC.06:</b> Expired blood or blood components are managed according to guidelines).</li> </ul>
<b>DAS.29</b> <b>KW: Contracted blood banks</b>	<b>DAS.30</b> KW: Contracted blood banks	<b>1) Modified standard statement:</b> (The hospital has a process to select and inspect outsourced blood and blood components).
<b>DAS.30</b> <b>KW: Blood Transfusion services management</b>	<b>DAS.32</b> KW: Blood Transfusion services management	<b>1) Rephrasing of standard statement to be:</b> (The hospital has a process to ensure safe distribution of blood and/or blood components).  <b>2) Added a new EOC (EOC.03:</b> Blood sample label and blood transfusion request are completed with all required data and cross-checked before issuing blood or blood components).

## SAS Chapter Summary of Changes

Summary of Changes Chapter 7

2025 Edition standard number	2021 Edition standard number	Changes description
<b>SAS.01</b> <b>KW: Surgery and Invasive Procedure Services</b>	<b>SAS.01</b> KW: Surgery and Invasive Procedure Services	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of Standard statement to be:</b> (Provision of surgical and invasive procedure services follows applicable laws, regulations, and professional practice guidelines).</li> <li>2) <b>Added new EOC (EOC.04:</b> There are professional practice guidelines in place to guide the proper provision of surgical and invasive procedures).</li> </ol>
<b>SAS.02</b> <b>KW: Booking of surgeries and invasive procedures</b>	<b>SAS.02</b> KW: Booking of surgeries and invasive procedures	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement to be:</b> (The hospital has a process in place for booking surgical and invasive procedures).</li> <li>2) <b>Rephrasing of (EOC.01 &amp; EOC.05)</b> in Hospital 2025.</li> <li>3) <b>Modified EOCs: (EOC.02:</b> There is an ongoing process to ensure that booked procedures match the clinical privileges of the booking physicians).</li> <li>4) <b>Modified EOC: (EOC.04:</b> There is a process for analyzing postponed and cancelled procedures and action is taken to improve them).</li> </ol>
<b>SAS.03</b> <b>KW: Assessment before surgery and invasive procedures</b>	<b>SAS.03</b> KW: Assessment before surgery and invasive procedures	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement:(</b> Comprehensive medical and nursing assessment is performed before surgical and invasive procedures).</li> <li>2) <b>Rephrasing of (EOC.01 &amp; EOC.02).</b></li> </ol>
<b>SAS.04</b> <b>KW: Brief assessments</b>	<b>SAS.04</b> KW: Brief assessments	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement:</b> (In life-threatening emergencies, a brief medical assessment and planning are performed).</li> <li>2) <b>Modified EOC: (EOC.02:</b> Anesthesia risk assessment of the patient's condition is determined before surgery).</li> </ol>

2025 Edition standard number	2021 Edition standard number	Changes description
<p><b>SAS.05.</b> <b>KW: Surgical Site Marking</b></p>	<p><b>SAS.05</b> KW: Surgical Site Marking</p>	<ol style="list-style-type: none"> <li>1) <b>Modified standard statement</b> (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.).</li> <li>2) <b>Modified EOC.02:</b> (Involved staff are aware of the implementation of site marking).</li> <li>3) <b>Modified EOC.01:</b> (The hospital has an approved policy guiding the site marking process that includes at least elements from a) through g) mentioned in the intent).</li> <li>4) <b>Modified EOC.04:</b> (Site marking is performed before sending the patient to the operating room, involving the patient and the patient's family).</li> <li>5) <b>Updated EOC: (EOC.05)</b> by Merging two EOCs: <b>(EOC.05 &amp; EOC.06)</b> in Hospital edition 2021.</li> </ol>
<p><b>SAS.06</b> <b>KW: Pre-Operative Checklist</b></p>	<p><b>SAS.06</b> KW: Pre-Operative Checklist</p>	<ol style="list-style-type: none"> <li>1) <b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>EOC.01:</b> (The hospital has a process for preoperative verification of all needed documents and equipment).</li> <li>• <b>EOC.03:</b> (A recorded evidence of preoperative verification, of all items mentioned in the intent before each surgery or invasive procedure exists).</li> </ul> </li> <li>2) <b>Added a new EOC:</b> (EOC.02: The Staff involved are trained on the hospital process for preoperative verification).</li> <li>3) <b>Updated EOC:</b> (EOC.04) by merging two EOCs: (EOC.03 &amp; EOC.04) in Hospital edition 2021.</li> </ol>
<p><b>SAS.07</b> <b>KW: Time-out / sign-out</b></p>	<p><b>SAS.07</b> KW: Timeout</p>	<ol style="list-style-type: none"> <li>1) <b>Modification of standard statement</b> to be: (Time-out is conducted before starting surgical and invasive procedure and sign-out is done before leaving the procedure location).</li> <li>2) <b>Rephrasing of (EOC.01 – EOC.02).</b></li> <li>3) <b>Added a new EOC.03:</b> (Sign-out is conducted at the end of all surgical and invasive procedures and before leaving the operating location).</li> </ol>

2025 Edition standard number	2021 Edition standard number	Changes description
		4) <b>Updated EOC: (EOC.04)</b> by merging two EOCs: <b>(EOC.04 &amp; EOC.05)</b> in Hospital edition 2021.
<b>SAS.08</b> <b>KW:</b> <b>Operative report</b>	<b>SAS.08</b> <b>KW:</b> Operative report	1) <b>Modified standard statement</b> to be (Surgical or invasive procedure details are recorded immediately after the procedure).  2) <b>Modified EOC: (EOC.02:</b> The report includes at least items from a) to i) <b>in the intent).</b>
<b>SAS.09</b> <b>KW:</b> <b>Instrument Retention Prevention</b>	<b>SAS.09</b> <b>KW:</b> Instrument Retention Prevention	1) <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>EOC.01:</b> (The hospital has a process to manage surgical counts).</li> <li>• <b>EOC.04:</b> (There is a process to manage and deal with miscounts once identified).</li> </ul> 2) <b>Updated EOC (EOC.03)</b> by merging two EOCs: <b>(EOC.02 &amp; EOC.03)</b> in Hospital edition 2021.  3) <b>Updated EOC (EOC.05)</b> by merging two EOCs <b>(EOC.04 &amp; EOC.05)</b> in Hospital edition 2021.
<b>SAS.10</b> <b>KW:</b> <b>Pathological Examination</b>	<b>SAS. 10</b> <b>KW:</b> Pathological Examination	1) <b>Rephrasing of standard statement</b> (Surgically removed tissue is sent for pathological examination unless present in the list of exempted tissues from the pathological examination).  2) <b>Modified of (EOC.03 and EOC.04).</b>
<b>SAS. 11</b> <b>KW:</b> <b>Implantable Device</b>	<b>SAS. 11</b> <b>KW:</b> Implantable Device	1) <b>Rephrasing of standard statement:</b> (The hospital has a system for managing implantable devices including recall).  2) <b>Added a new EOC: EOC.01</b> (The hospital has an approved policy for managing implantable devices that include items from a) through h) <b>in the intent)</b>
<b>SAS.12</b> <b>KW:</b> <b>Post-operative care</b>	<b>SAS.12</b> <b>KW:</b> Post-operative care	1) <b>Rephrasing of EOC1.</b>  2) <b>Added a new EOC: (EOC.02:</b> Postoperative care plans are developed based on identified postoperative needs).

2025 Edition standard number	2021 Edition standard number	Changes description
		<p><b>3) Modified EOC.04:</b> (The postoperative care plan is implemented and updated based on changes in clinical conditions).</p>
<p><b>SAS.13</b> KW: Anesthesia Services</p>	<p><b>SAS.13</b> KW: Anesthesia Services</p> <p><b>SAS.14</b> KW: Qualified Anesthesiologist</p>	<p><b>1) Updated standard (SAS.13)</b> by Merging two standards (<b>SAS.13 &amp; SAS.14</b>) in Hospital edition 2021.</p>
<p><b>SAS. 14</b> KW: Uniform anesthesia care</p>	<p><b>SAS. 15</b> KW: Uniform anesthesia care</p>	<p>No change</p>
<p><b>SAS. 15</b> KW: Anesthesia protocol</p>	<p><b>SAS. 16</b> KW: Anesthesia protocol</p>	<p>No change</p>
<p><b>SAS. 16</b> KW: Anesthesia plan</p>	<p><b>SAS. 17</b> KW: Anesthesia plan</p>	<p><b>1) Modification of standard statement (A qualified anesthesiologist performs pre-anesthesia and pre-induction assessment and plans for anesthesia care).</b></p> <p><b>2) Modified EOC.02:</b> (After performing the pre-anesthesia assessment, a detailed anesthesia plan is developed for each patient, including items from a) through f) in the intent).</p> <p><b>3) Modified EOC.05:</b> (Immediate pre-induction assessment is performed by the anesthesiologist and recorded in the patient’s medical record)</p>
<p><b>SAS. 17</b> KW: Physiological assessment by anesthesia</p>	<p><b>SAS. 18</b> KW: Physiological assessment by anesthesia</p>	<p><b>1) Modification of EOC.01</b> (The patient’s physiologic status is monitored during anesthesia based on hospital-approved professional practice guidelines).</p> <p><b>2) Rephrasing of EOC.03</b> (The results of the monitoring are recorded in the patient’s medical record regularly according to the approved professional practice guidelines/protocols).</p>

2025 Edition standard number	2021 Edition standard number	Changes description
<b>SAS. 18</b> <b>KW: Patient care during anesthesia</b>	<b>SAS. 19</b> KW: Patient care during anesthesia	<b>Rephrasing of standard statement</b> (The hospital has an established process for patient care during anesthesia).
<b>SAS. 19</b> <b>KW: anesthesia Care Unit Equipment</b>	<b>SAS. 20</b> KW: Post anesthesia Care Unit Equipment	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> (post-anesthesia care unit is equipped according to applicable laws, regulations, and professional practice guidelines).</li> <li>2) <b>Rephrasing of (EOC.02).</b></li> <li>3) <b>Modified EOC.03</b> (All needed supplies and medications are identified, available and checked properly).</li> </ol>
<b>SAS. 20</b> <b>KW: Post anesthesia care Monitoring</b>	<b>SAS. 21</b> KW: Post anesthesia care Monitoring	<ol style="list-style-type: none"> <li>1) <b>Modification of standard statement:</b> (Patient's monitoring in post-anesthesia care unit and the decision of the discharge/transfer from the unit are performed according to laws and regulations and professional practice guidelines).</li> <li>2) <b>Rephrasing of EOC.01.</b></li> <li>3) <b>Updated EOC:</b> (EOC.02) by merging two EOCs (EOC.02 &amp; EOC.03) in Hospital edition 2021.</li> <li>4) <b>Added a new EOC.03:</b> (There is a process in place to manage the monitoring of cases transferred directly from the OR to critical care units).</li> </ol>
<b>SAS. 21</b> <b>KW: Sedation protocol</b>	<b>SAS. 22</b> KW: Sedation protocol	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> (Procedural sedation techniques and management of related complications are guided by clinical protocols).</li> <li>2) <b>Added new EOCS:</b> <ul style="list-style-type: none"> <li>• <b>EOC.02:</b> (There is an approved policy guiding the management of procedural sedation that covers from a) to e) in the intent).</li> <li>• <b>EOC.03:</b> (The involved staff are aware about the policy requirements for procedural sedation).</li> <li>• <b>EOC.05:</b> (The staff's competency in performing and monitoring procedural sedation is ensured).</li> </ul> </li> </ol>
<b>SAS. 22</b> <b>KW: Sedation plan</b>	<b>SAS. 23</b> KW: Sedation plan	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> (pre-procedural sedation assessment and</li> </ol>

2025 Edition standard number	2021 Edition standard number	Changes description
		procedural sedation plan are performed by competent physicians).
<b>SAS. 23</b> <b>KW: Procedural sedation physiological status monitoring, Care during procedural sedation</b>	<b>SAS. 24</b> KW: Sedation physiological status monitoring  <b>SAS. 25</b> KW: Care during Sedation	<b>1) Updated standard (SAS.23)</b> by merging two standards ( <b>SAS.24 &amp; SAS.25</b> ) in Hospital 2021.
<b>SAS.24</b> <b>KW: Post-procedural sedation care, Post sedation monitoring</b>	<b>SAS. 26</b> KW: Post-procedural sedation care.  <b>SAS.27</b> KW: Post sedation monitoring	<b>1) Updated standard (SAS.24)</b> , by merging two standards (SAS.26 & SAS.27) in Hospital edition 2021.



## MMS chapter Summary of Changes

Summary of Changes Chapter 8

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>MMS.01</b> <b>KW: Medication management</b>	<b>MMS.01</b> KW: Medication management	<b>1) Rephrasing of EOC (EOC.02:</b> A licensed pharmacist supervises all medication management activities, according to law and regulations.)
<b>MMS.02</b> <b>KW: Antimicrobial Stewardship Program</b>	<b>MMS.02</b> KW: Antimicrobial Stewardship Program	<p><b>1) Rephrasing of standard statement</b> to be: (Antimicrobial stewardship program is developed and implemented to enhance rational use of antimicrobials.</p> <p><b>2) Modified EOC: (EOC.02:</b> The hospital has an approved multidisciplinary antimicrobial stewardship program based on national and/or international core elements, and guidelines.)</p> <p><b>3) Updated EOC: (EOC.05)</b> by merging two EOCs (EOC.05 and EOC.06) in Hospital edition 2021.</p>
<b>MMS.03</b> <b>KW: Medication Procurement, Formulary</b>	<b>MMS.03</b> KW: Medication Procurement, Formulary	<p><b>1) Rephrasing of EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has a defined process for appropriate selection and procurement of medications according to the applicable laws and regulations, hospital mission, patient needs, and services provided.)</li> <li>• <b>(EOC.05:</b> The hospital has a defined process to guide the addition/deletion of medication to/from the medication list (formulary).</li> <li>• <b>(EOC.04:</b> There is a process for overseeing medication use in the hospital to monitor, maintain, and update the medication list).</li> </ul> <p><b>2) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> The hospital has an approved list of medications (formulary), which includes at least items from a) to e) in the intent).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>MMS.04</b> KW: Medication storage and labelling	<b>MMS.04</b> KW: Medication storage and labelling	<b>1) Rephrasing of standard statement</b> to be: (Medications are stored in a manner that maintains the security and quality of the medications and according to the applicable laws and regulations.).
<b>MMS.05</b> KW: Emergency Medications	<b>MMS.05</b> KW: Emergency Medications	No changes
<b>MMS.06</b> KW: High alert medications and concentrated electrolytes	<b>MMS.06</b> KW: High alert medications and concentrated electrolytes	<b>1) Modified EOC: (EOC.02:</b> The hospital has an approved and annually updated list(s) of high-alert medications and concentrated electrolytes.)  <b>2) Rephrasing of EOC: (EOC.05:</b> The hospital monitors the reported data on management of high alert medications and concentrated electrolytes and take actions to control or improve the process as appropriate.)
<b>MMS.07</b> KW: Look alike and Sound alike medications.	<b>MMS.07</b> KW: Look alike and Sound alike medications.	<b>1) Rephrasing of EOC: (EOC.05:</b> The hospital monitors the reported data on management of LASA and take actions to control or improve the process as appropriate).
<b>MMS.08</b> KW Medication recall, expired, and outdated medication. .	<b>MMS.08</b> KW: Drug recall, expired, and outdated medication.	<b>1) Rephrasing of Standard statement</b> to be: (The hospital has a system in place for medication recall.)  <b>2) Modified EOC: (EOC.01:</b> The hospital has an approved policy to guide the medication recall process that includes all elements from a) through d) in the intent.)  <b>3) Updated EOC (EOC.04)</b> by merging two EOCs ( <b>EOC.04 and EOC.05</b> ) in Hospital edition 2021.
<b>MMS.09</b> KW: Radioactive medications, contrast, narcotics, medication brought by patients.	<b>MMS.09</b> KW: Radioactive medications, contrast, breast milk, medication brought by patients	<b>1) Rephrasing of Standard statement</b> to be: (Medications require special considerations to ensure that risk is minimized.)  <b>2) Modified EOC: (EOC.01:</b> The hospital has an approved policy to guide the use

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
	<p><b>MMS.15</b> KW: Medication dispensing, distribution system, Patient education, and counseling</p> <p><b>MMS.16</b> KW: Medication administration, order verification, medication-self administration.</p>	<p>of medications with special consideration that addresses all elements mentioned in the intent from a) through d).</p> <p><b>3) Added</b> a new EOC: (<b>EOC.04:</b> Narcotics and psychotropic agents are procured, stored, prescribed, dispensed, administered, and monitored according to law and regulations).</p>
<p><b>MMS.10</b> <b>KW: Medication Reconciliation, best possible medication history (BPMH)</b></p>	<p><b>MMS.10</b> KW: Medication Reconciliation, best possible medication history (BPMH)</p>	<p><b>1) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> The hospital has an approved policy for medication reconciliation that includes all elements mentioned in the intent from a) through d).</li> <li>• (<b>EOC.03:</b> Medication reconciliation occurs on situations mentioned in the intent from i) to iv) within a defined timeframe.)</li> </ul>
<p><b>MMS.11</b> <b>KW: Ordering, prescribing, transcribing.</b></p>	<p><b>MMS.11</b> KW: Ordering, prescribing, transcribing, abbreviations, and symbols</p> <p><b>MMS.12</b> KW: Complete medication order, narcotic medications, special types of medication orders</p>	<p><b>1) Updated</b> standard (<b>MMS.11</b>) by merging two standards (MMS.11 and MMS.12) in Hospital edition 2021.</p>
<p><b>MMS.12</b> <b>KW: Medication appropriateness review, competent pharmacist</b></p>	<p><b>MMS.13</b> KW: Medication appropriateness review, competent pharmacist</p>	<p><b>1) Rephrasing of EOC.01:</b> (The patient-specific information, required for an effective review process, and its sources are always available and accessible,).</p> <p><b>2) Modified EOC:</b> (<b>EOC.03:</b> Each prescription is reviewed for appropriateness before dispensing including elements a) through h) in the intent).</p>
<p><b>MMS.13</b> <b>KW: Medication preparation, medication</b></p>	<p><b>MMS.14</b> KW: Medication preparation,</p>	<p><b>1) Rephrasing of standard statement to be:</b> (The hospital has a process to ensure safe medications' preparation).</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
preparation area, labeling of medications	medication preparation area, labeling of medications	
<b>MMS.14</b> KW: Medication dispensing, distribution system, patient education, and counseling.	<b>MMS.15</b> KW: Medication dispensing, distribution system, patient education, and counseling.	<b>1) Rephrasing of standard statement</b> to be: (Medications are dispensed according to laws and regulations).
<b>MMS.15</b> KW: Medication administration, order verification, medication-self administration.	<b>MMS.16</b> KW: Medication administration, order verification, medication-self administration.	<b>1) Rephrasing of standard statement</b> to be: (Medications are administered according to laws, and regulations).
<b>MMS.16</b> KW: Medication Monitoring, first dose of medications, adverse drug reaction	<b>MMS.17</b> KW: Medication Monitoring, first dose of medications, adverse drug reaction	<b>1) Rephrasing of EOC.02:</b> (The hospital implements a process for monitoring the response to the first dose (if any) of new medications to the patient, which is expected to show noxious effects while the patient is under the hospital's direct care).
<b>MMS.17</b> KW: Medication errors, near miss, medication therapy problems	<b>MMS.18</b> KW: Medication errors, near miss, medication therapy problems	<b>1) Rephrasing of EOC.03:</b> (The hospital monitors the reported data on medication errors, near misses, and medication therapy problems, and takes actions to control or improve the process as appropriate).

## EFS chapter Summary of Changes

Summary of Changes Chapter 9

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>EFS.01</b> <b>KW: Hospital environment and facility safety management</b></p>	<p><b>EFS.01</b> KW: Hospital environment and facility safety structure</p>	<p><b>1) Modified EOC:</b> (EOC.01: The hospital maintains basic requirements for compliance with local laws and regulations and codes with different alternatives).</p> <p><b>2) Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> The non-standalone hospital has evidence of maintenance of shared utilities, systems, and different alternatives according to national laws and regulations).</li> <li>• <b>(EOC.04:</b> The hospital ensures that independent entities comply with all aspects of the facility management plans)</li> <li>• <b>(EOC.05:</b> The hospital budgets for maintaining and upgrading hospital environmental safety.)</li> <li>• <b>(EOC.06:</b> The Hospital leadership ensures that all environmental and facility safety plans are evaluated and updated annually with improvement, when required.)</li> </ul>
<p><b>EFS.02</b> <b>KW: Environment and facility safety monitoring</b></p>	<p><b>EFS.01</b> KW: Hospital environment and facility safety structure</p> <p><b>EFS.02</b> Environment and facility safety program monitoring</p>	<p><b>1) Updated standard (EFS.02)</b> by merging two Standards (<b>EFS.01 &amp; EFS.02</b>) in Hospital edition 2021.</p>
<p><b>EFS.03</b> <b>KW: Fire and smoke safety</b></p>	<p><b>EFS. 03</b> KW: Fire and smoke safety</p>	<p><b>1) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>EOC.01:</b> The hospital has an approved and updated fire and smoke safety plan that includes all elements from a) through f) in the intent.</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>EOC.03:</b> (The hospital fire alarm, and smoke containment system are available, accessible, functioning and compliant with civil defense requirements.)</li> <li>• <b>EOC.05:</b> (Evacuation path is clearly marked with exit signs and free from obstructions.)</li> </ul>
<p><b>EFS.04</b> <b>KW: Fire drills</b></p>	<p><b>EFS.05</b> KW: Fire drills</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement to be:</b> (Fire drills are performed in different clinical and non-clinical areas).</li> <li>2) <b>Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01</b> Fire drills are performed at least quarterly, including one unannounced drill annually).</li> <li>• <b>(EOC.03</b> Fire drill results are recorded including items from a) through d), that are mentioned in the intent.</li> </ul> </li> <li>3) <b>Updated EOC (EOC.04)</b> by merging two EOCs (<b>EOC.04 and EOC.05</b>) in Hospital edition 2021.</li> <li>4) <b>Added a new EOC: (EOC.05:</b> The hospital staff guarantee safe evacuation path for patients, staff, and visitors).</li> </ol>
<p><b>EFS.05</b> <b>KW: Smoking-Free Environment</b></p>	<p><b>EFS.04</b> KW: Smoking-Free Environment</p>	<ol style="list-style-type: none"> <li>1) <b>Added a new EOC: (EOC.05:</b> The hospital documents penalties and corrective actions for policy violations).</li> </ol>
<p><b>EFS.06</b> <b>KW: Hazardous materials safety and waste management</b></p>	<p><b>EFS.06</b> KW: Hazardous materials safety</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement to be:</b> (The hospital plans safe handling, storage, usage and transportation of hazardous materials and waste management).</li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p><b>2) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li><b>(EOC.01:</b> The hospital has an approved and updated hazardous material and waste management plan that addresses all elements from a) through k) in the intent).</li> </ul> <p><b>3) Added new EOCs:</b></p> <ul style="list-style-type: none"> <li><b>(EOC.02:</b> The hospital ensures availability of the hospital SDS).</li> <li><b>(EOC.03:</b> Staff is trained on hazards material and waste management plan).</li> <li><b>(EOC.05:</b> The hospital ensures that waste handling, storage, and labeling are according to laws and regulations).</li> </ul>
<p><b>EFS.07</b> <b>KW: Safety Management Plan</b></p>	<p><b>EFS.07</b> KW: Safety Management Plan.</p>	<p><b>1) Modified EOC: (EOC.01:</b> The hospital has an approved and updated plan to ensure a safe work environment including all elements from a) through h) in the intent)</p> <p><b>2) Added a new EOC: (EOC.04:</b> PPEs are available and used whenever indicated).</p>
<p><b>EFS.08</b> <b>KW Pre-Construction risk assessment</b></p>	<p><b>EFS.08</b> KW: Pre-Construction risk assessment</p>	<p><b>1) Rephrasing of EOC.03:</b> (The hospital performs preventive and corrective actions whenever risks are identified).</p> <p><b>2) Added a new EOC: (EOC.04:</b> There is a mechanism, such as work permission, to empower risk assessment and recommendations).</p>
<p><b>EFS.09</b> <b>KW: Security plan.</b></p>	<p><b>EFS.09</b> KW: security plan</p>	<p><b>1) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li><b>(EOC.01</b> The hospital has an approved updated security plan that includes items a) through k) in the intent.)</li> </ul>



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• (EOC.02: Involved staff members are trained on the plan.)</li> </ul> <p>2) <b>Added a new EOC.06:</b> (Drills for child abduction are conducted at least biannually).</p>
<p><b>EFS.10</b> <b>KW: Medical Equipment Plan</b></p>	<p><b>EFS.10</b> KW: Medical Equipment Plan</p>	<p>1) <b>Modified EOC.01:</b> (The hospital has an approved and updated medical equipment management plan that addresses all elements from a) through c) in the intent).</p> <p>2) <b>Added</b> a new EOC: (<b>EOC.06:</b> Equipment adverse incidents are reported, and actions are taken).</p>
<p><b>EFS.11</b> <b>KW: Utilities Management.</b></p>	<p><b>EFS.11</b> KW: Utilities Management</p>	<p>1) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> The hospital has an approved and updated plan for utility management that includes items a) through l) in the intent).</li> <li>• (<b>EOC.02:</b> The hospital has a trained staff members to oversee utility management)</li> </ul> <p>2) <b>Added</b> a new EOC: (<b>EOC.03:</b> The hospital utility management plan is implemented).</p>
<p><b>EFS.12</b> <b>KW: Water services</b></p>	<p><b>EFS.12</b> KW: Water services</p>	<p>1) <b>Modified standard statement:</b> (Water services are managed according to laws and regulations).</p> <p>2) <b>Rephrased EOC: (EOC.03:</b> Regular chemical and microbiological analyses are performed and recorded for water services and dialysis water).</p>
<p><b>EFS.13</b> <b>KW: Disaster Plan</b></p>	<p><b>EFS.13</b> KW: Disaster Plan</p>	<p>1) <b>Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (<b>EOC.01:</b> The hospital has an updated and approved hospital emergency preparedness plan that includes items a) through i) in the intent).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> Staff members are trained on the plan).</li> <li>• <b>(EOC.03:</b> The hospital performs at least one drill biannually, including items from I) to V) in the intent).</li> </ul>
<b>EFS.14</b> <b>KW: Environmental Sustainability, Green Healthcare</b>		<b>New standard</b>

## IPC chapter Summary of Changes

Summary of Changes Chapter 10

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>IPC.01</b> <b>KW: Infection prevention and control (IPC) Team, certification, IPC qualification and training</b>	<b>IPC.01</b> KW: Infection prevention and control (IPC) Team, certification, IPC qualification and training	<b>1) Rephrasing</b> of EOC: ( <b>EOC.03</b> : The IPC team members are qualified and trained).
<b>IPC.02</b> <b>KW: IPC program, risk assessment, guidelines</b>	<b>IPC.02</b> KW: IPC program, risk assessment, guidelines	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• (<b>EOC.01</b>: The hospital has an infection control program that addresses all the elements mentioned in the intent from a) through i).</li> <li>• (<b>EOC.04</b>: The program is implemented in all hospital areas and covers patients, visitors, and staff).</li> </ul> <b>2) Updated EOC.05</b> by merging two EOCs ( <b>EOC.05: and EOC.06</b> ) in Hospital edition 2021.
<b>IPC.03</b> <b>KW: IPC committee, meetings</b>	<b>IPC.03</b> KW: IPC committee, meetings	<b>1) Modified EOC:</b> ( <b>EOC.01</b> : There are clear terms of reference for the infection control committee that includes at least from a) to g) in the intent).  <b>2) Rephrasing</b> of EOC: ( <b>EOC.04</b> The committee minutes are recorded).
<b>IPC.04</b> <b>KW: Hand Hygiene</b>	<b>IPC.05</b> KW: Hand Hygiene	<b>1) Modified EOC:</b> (EOC.01: The hospital has approved Hand Hygiene policies and procedures based on current professional guidelines that address all the elements mentioned in the intent from a) to g).

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p>2) <b>Added a new EOC: (EOC.03:</b> Hand hygiene is implemented according to the policy).</p> <p>3) <b>Updated (EOC.06)</b> by merging two EOCs (<b>EOC.04 and EOC.05</b>) in Hospital edition 2021</p>
<p><b>IPC.05</b> KW: PPE, guidelines, Physical Barriers</p>	<p><b>IPC.06</b> KW: PPE, guidelines, Physical Barriers</p>	<p>1) <b>Added a new EOC: (EOC.04:</b> Hospital staff is trained on the proper way and sequence of donning and doffing of various PPE).</p> <p>2) <b>Modified EOC: (EOC.01:</b> The hospital has a personal protective equipment policy that includes items mentioned in the intent from a) through e).</p>
<p><b>IPC.06</b> KW: detergents, antiseptics, and disinfectants</p>	<p><b>IPC.07</b> KW: detergents, antiseptics, and disinfectants</p>	<p>1) <b>Modified standard statement:</b> (Detergents, antiseptics, and disinfectants are available, selected and used according to current national/international guidelines).</p>
<p><b>IPC.07</b> KW Respiratory Hygiene Protocol, cough etiquette</p>	<p><b>IPC.08</b> KW: Respiratory Hygiene Protocol, cough etiquette</p>	<p>1) <b>Modified EOC: (EOC.01:</b> Respiratory hygiene/cough etiquette supplies are displayed at appropriate places).</p>
<p><b>IPC.08</b> KW: Safe injection practices</p>	<p><b>IPC.09</b> KW: Safe injection practices</p>	<p>1) <b>Rephrasing of standard statement</b> to be: (The hospital ensures Safe injection practices).</p> <p>2) <b>Rephrased EOC: (EOC.03:</b> The hospital ensures single use of the fluid's infusion).</p> <p>3) <b>Added a new EOC: (EOC.04:</b> The hospital ensures sterility of any parenteral administration).</p>
<p><b>IPC.09</b></p>	<p><b>IPC.10</b></p>	<p>1) <b>Modified standard statement:</b> (Environmental cleaning and disinfection activities are aligned with</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>KW: Environmental cleaning, evidence-based guidelines</b></p>	<p>KW: Environmental cleaning, evidence-based guidelines</p>	<p>current national/international guidelines).</p> <p><b>2) Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> Hospital has approved cleaning and disinfection policy, and procedures includes items from a) to e) in the intent).</li> <li>• <b>(EOC.03:</b> The hospital identifies high risk areas with different schedules for each area and includes all elements mentioned in the intent from i) through iii).</li> </ul> <p><b>3) Modified EOC: (EOC.04:</b> The Cleaning technique and disinfectant of choice match the requirements of each cleaned area according to the approved policy).</p>
<p><b>IPC.10</b> <b>KW : Sterile technique, Aseptic technique</b></p>	<p><b>IPC.11</b> KW : Sterile technique, Aseptic technique</p>	<p><b>1) Added new EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> Hospital has approved aseptic techniques policy(s) and procedures and include(s) items from a) to c) in the intent).</li> <li>• <b>(EOC.04:</b> Patient preparation is done according to the type of procedures and the hospital policy)</li> </ul> <p><b>2) Modified EOC: (EOC.02:</b> Healthcare professionals are trained and educated on aseptic techniques relevant to their jobs and according to the policy).</p>
<p><b>IPC.11</b> <b>KW: Care bundles</b></p>		<p><b>1) New standard</b></p>
<p><b>IPC.12</b> <b>KW: Transmission based precautions.</b></p>	<p><b>IPC.12</b> KW: isolation precautions</p>	<p><b>1) Modified EOC</b> <b>(EOC.03:</b> The hospital has one or more standardized isolation room(s) according to the hospital capacity and at least one AIIR).</p>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p><b>2) Added</b> a new EOC (<b>EOC.04</b>: Required transmission-based precautions are implemented according to national and international guidelines during hospital stay and during transfer).</p>
<p><b>IPC.13</b> <b>KW</b> <b>immunocompromised hosts, protective environment</b></p>	<p><b>IPC.13</b> KW: immunocompromised hosts, protective environment</p>	<p><b>1) Added</b> new EOC: (<b>EOC.01</b>: The hospital has admission criteria for patients who require a protective environment (PE)).</p> <p><b>2) Modified EOC:</b> (<b>EOC.02</b>: Involved health care professionals are trained and aware of the required precautions for PE).</p> <p><b>3) Rephrased EOC:</b> (<b>EOC.05</b>: Precautions during the transfer of patient outside PE are considered).</p>
<p><b>IPC.14</b> <b>KW:</b> <b>Sterilization/disinfection</b></p>	<p><b>IPC.14</b> KW: Disinfection, sterilization</p>	<p><b>1) Added new EOC:</b> (<b>EOC.02</b>: Healthcare professionals involved in sterilization are competent).</p>
<p><b>IPC.15</b> <b>KW:</b> <b>Disinfection/Sterilization quality control program</b></p>	<p><b>IPC.15</b> KW: Disinfection/Sterilization quality control program</p>	<p><b>1) Added</b> a new EOC: (<b>EOC.02</b>: The process of disinfection/sterilization quality control addressing all elements in the intent from i) through vii).</p> <p><b>2) Updated EOCs:</b></p> <ul style="list-style-type: none"> <li>• (<b>EOC.04</b>) by merging two EOCs (<b>EOC.02 and EOC.04</b>) in Hospital edition 2021.</li> <li>• (<b>EOC.05</b>) by merging two EOCs (<b>EOC.05 and EOC.06</b>) in Hospital edition 2021</li> </ul>
<p><b>IPC.16</b> <b>KW: Laundry service, textile</b></p>	<p><b>IPC.16</b> KW: Laundry service, textile</p>	<p><b>1) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• (<b>EOC.02</b>: Contaminated textiles are collected, stored and transported according to the policy).</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> There is at least one functioning washing machine with specification complying with national/international guidelines).</li> </ul>
<p><b>IPC.17</b> <b>KW: Surveillance, Healthcare associated infections.</b></p>	<p><b>IPC.18</b> KW: Surveillance, Healthcare associated infections.</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has established a healthcare-associated infections surveillance process).</li> <li>2) <b>Modified EOC:</b> <b>(EOC.03:</b> The IPC committee reviews the surveillance process data at least quarterly).</li> <li>3) <b>Updated EOC.04</b> by merging two EOCs <b>(EOC.03 and EOC.05)</b> in Hospital edition 2021</li> </ol>
<p><b>IPC.18</b> <b>KW: Outbreaks investigation</b></p>	<p><b>IPC.19</b> KW: Outbreaks investigation</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing EOC:</b> <b>(EOC.02:</b> The hospital reports patients with suspected communicable diseases as required by laws and regulations).</li> <li>2) <b>Updated (EOC.04)</b> by merging two EOCs <b>(EOC.05 and EOC.06)</b> in Hospital edition 2021</li> </ol>
<p><b>IPC.19</b> <b>KW: Multi-Drug-Resistant Organisms</b></p>	<p><b>IPC.20</b> KW: Multi-Drug-Resistant Organisms</p>	<ol style="list-style-type: none"> <li>1) <b>Modified EOC:</b> <b>(EOC.01:</b> The hospital has an approved policy for MDRO spread control.)</li> <li>2) <b>Added a new EOC (EOC.03:</b> The hospital identifies and monitor MDROs).</li> </ol>
<p><b>IPC.20</b> <b>KW: Food Services</b></p>	<p><b>IPC.21</b> KW: Food Services</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has a process to ensure safe food services).</li> <li>2) <b>Modified EOC (EOC.01:</b> The hospital has an approved policy guiding safe food services, that addresses all the elements mentioned in the intent from a) through h), and involved staff members are aware of the approved policy)</li> </ol>



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		3) <b>Added</b> new EOCs: <ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> Expressed breast milk and formula are handled according to guidelines and hospital policy)</li> <li>• <b>(EOC.05:</b> Administration of feeding tube nutritional therapy is performed according to policy and procedure).</li> </ul>
<b>IPC.21</b> <b>KW: Post-mortem care</b>	<b>IPC.22</b> KW: Post-mortem care	1) <b>Modified standard statement:</b> (Post-mortem care is managed according to guidelines, laws, and regulations).

## OGM Chapter Summary of Changes

Summary of Changes Chapter 11

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>OGM.01</b> <b>KW: Governing body Structure and responsibilities</b>	<b>OGM.01</b> KW: Governing body structure  <b>OGM.03</b> KW: Governing body responsibility	<b>1) Updated standard (OGM.01)</b> by merging two standards ( <b>OGM.01</b> and <b>OGM.03</b> ) in Hospital edition 2021.
<b>OGM.02</b> <b>KW: Mission Statement</b>	<b>OGM.02</b> KW: Mission Statement	<b>1) Modified EOC: (EOC.02:</b> The mission statement is reviewed annually).
<b>OGM.03</b> <b>KW: Effective communication with governing body</b>	<b>OGM.04</b> KW: Effective communication with governing body	<b>1) Added a new EOC: (EOC.03:</b> The governing body receives reports as regards hospital performance at least quarterly).
<b>OGM.04</b> <b>KW: Hospital Director</b>	<b>OGM.05</b> KW: Hospital Director	<b>1) Modified EOC: (EOC.03:</b> There is a job description for the hospital director covering the standard requirements from a) through i) as in the intent).  <b>2) Rephrasing of EOC: (EOC.05)</b>
<b>OGM.05</b> <b>KW: Committee structure</b>	<b>OGM.06</b> KW: Committee structure	<b>1) Modified standard statement:</b> (The hospital develops the required committees by laws and regulation). <b>2) Added a new EOC: (EOC.05:</b> The performance of committees is reviewed annually).
<b>OGM.06</b> <b>KW: Strategic Planning</b>	<b>OGM.07</b> KW: Strategic Planning	<b>1) Rephrasing of EOCs: (EOC.01 &amp; EOC.02).</b>  <b>2) Modified EOC: (EOC.03</b> The strategic plan is reviewed annually).
<b>OGM.07</b> <b>KW Operational Planning</b>	<b>OGM.08</b> KW: Operational Planning	<b>1) Modified EOC: (EOC.02</b> Staff is aware and participates in developing relevant operational plans).
<b>OGM.08</b> <b>KW: Hospital leaders</b>	<b>OGM.09</b> KW: Hospital leaders	No change.
<b>OGM.09</b> <b>KW: Departmental management</b>	<b>OGM.10</b> KW: Departmental management	No change.

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>OGM.10</b> <b>KW: Supply Chain Management</b>	<b>OGM.11</b> KW: Supply Chain Management	<ol style="list-style-type: none"> <li>1) <b>Added a new EOC: (EOC.02:</b> Involved staff are aware of the contents of the policy).</li> <li>2) <b>Modified EOC: (EOC.03:</b> The Supply chain process is recorded, monitored, and evaluated).</li> </ol>
<b>OGM.11</b> <b>KW: Stock Management</b>	<b>OGM.12</b> KW: Stock Management	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has defined processes to manage its storage, stock, and inventory).</li> </ol>
<b>OGM.12</b> <b>KW: Billing System</b>	<b>OGM.14</b> KW: Billing System  <b>PCC.14</b> KW: patient and family education on administrative process	<ol style="list-style-type: none"> <li>1) <b>Updated standard (OGM.12)</b> by merging two standards (<b>OGM.14</b> and <b>PCC.14</b>) in Hospital edition 2021.</li> </ol>
<b>OGM.13</b> <b>KW: Contract Management</b>	<b>OGM.15</b> KW: Contract Management	<p><b>No change.</b></p>
<b>OGM.14</b> <b>KW: Safety Culture</b>	<b>OGM.16</b> KW: Safety Culture	<ol style="list-style-type: none"> <li>1) <b>Added new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The leaders are aware of the measures to promote patient safety and quality culture).</li> <li>• <b>(EOC.04:</b> Lesson learned from root cause analysis (RCA) of sentinel events are discussed and communicated).</li> <li>• <b>(EOC.05:</b> The hospital addresses resistance to change and follows a documented approach to manage among hospital staff and other stakeholders).</li> </ul> </li> <li>2) <b>Rephrasing of EOC: (EOC.02)</b></li> <li>3) <b>Modified EOC: (EOC.03:</b> Leaders creates a no blame/just culture to encourage reporting errors and near misses).</li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<p><b>OGM.15</b>  <b>KW: Ethical Management</b></p>	<p><b>OGM.18</b>                      KW: Ethical Management</p>	<p><b>1) Rephrasing of standard statement</b> to be: (The hospital establishes a framework to ensure ethical management).</p> <p><b>2) Modified EOCs:</b></p> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an ethical committee with terms of references that addresses at least a) to f) in the intent).</li> </ul> <p><b>3) Added a new EOC: (EOC.03:</b> The committee meets regularly, and the minutes of meetings are recorded).</p>
<p><b>OGM.16</b>  <b>KW: Staff rest areas</b></p>	<p><b>OGM.19</b>                      KW: Staff Working Condition</p>	<p><b>1) Rephrasing of standard statement</b> to be: (The hospital ensures availability of staff rest areas).</p>
<p><b>OGM.17</b>  <b>KW: Staff Health program</b></p>	<p><b>OGM.20</b>                      KW: Staff Health</p>	<p><b>1) Rephrasing of EOC: (EOC.03</b> Staff members are aware of the risks within the hospital environment, their specific job-related hazards, and periodic medical examination).</p>

## CAI chapter Summary of Changes

Summary of Changes Chapter 12

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>CAI.01</b> <b>KW: Community involvement program</b>	<b>CAI.02</b> KW: planning for community involvement	New standard
<b>CAI.02</b> <b>KW: Community partners and channels of communication</b>		New standard
<b>CAI.03</b> <b>KW: Community Health Needs Assessment</b>	<b>CAI.02</b> KW: planning for community involvement	New standard
<b>CAI.04</b> <b>KW: Community involvement activities.</b>	<b>CAI.03</b> KW: Community Education	<ol style="list-style-type: none"> <li>1) <b>Modified</b> standard statement: (The hospital provides community involvement activities in cooperation with community partner(s)).</li> <li>2) <b>Modified</b> EOCs: <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital provides community involvement activities in collaboration with community partners).</li> <li>• <b>(EOC.02:</b> Hospital leaders are aware of their specific community health needs and health educational needs).</li> </ul> </li> <li>3) <b>Added</b> a new EOC: <b>(EOC.03:</b> The performed community involvement activities meet the identified community health needs).</li> </ol>
<b>CAI.05</b> <b>KW: Community Initiatives</b>	<b>CAI.01</b> KW: Community Initiatives	<ol style="list-style-type: none"> <li>1) <b>Modified standard statement:</b> (The hospital considers international, regional, or national, health initiatives to be engaged with the community and/or improve its services).</li> </ol>

		<p>2) <b>Added</b> new EOCs: (<b>EOC.01, EOC.02, EOC.03 &amp; EOC.04</b>)</p>
<p><b>CAI.06</b> KW: <b>Community Involvement program evaluation</b></p>	<p><b>CAI.04</b> KW: Community Involvement program evaluation</p>	<p>1) <b>Modified standard statement</b> (Outcomes of the community health needs assessment and involvement program are evaluated).</p> <p>2) <b>Added</b> new EOCs:</p> <ul style="list-style-type: none"> <li>• (<b>EOC.01</b>: The hospital reviews the community assessment and involvement program annually).</li> <li>• (<b>EOC.04</b>: The community needs and the related services are updated based on the evaluation).</li> </ul>
<p><b>CAI.07</b> KW <b>Hospital advertisement</b></p>	<p><b>PCC.01</b> KW: Hospital advertisement</p>	<p>1) <b>Modified EOC: (EOC.01</b>: The hospital has a process to provide clear, updated, and accurate advertisements of its services.)</p> <p>2) <b>Rephrasing</b> of EOC: (<b>EOC.03</b>: Community stakeholders receive clear, updated, and accurate information about the hospital's services, healthcare professionals, and working hours.)</p> <p>3) <b>Added a new EOC: (EOC.04</b>: Violations of advertisements or providing false information to the community are subjected to actions according to the hospital code of ethics).</p>
<p><b>CAI.08</b> KW: <b>Promoting accreditation and quality</b></p>	<p><b>CAI.06</b> KW: promoting quality of care</p>	<p>1) <b>Modified standard statement</b>: (The hospital supports accreditation promotion to the community stakeholders and shares experience with other healthcare organizations).</p> <p>2) <b>Added</b> new EOCs: (<b>EOC.01, EOC.02, EOC.03 &amp; EOC.04</b>)</p>

## WFM Chapter Summary of Changes

Summary of Changes Chapter 13

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>WFM.01</b> <b>KW: Workforce Laws and regulations</b>	<b>WFM.01</b> KW: Workforce Laws and regulations	<ol style="list-style-type: none"> <li>1) <b>Added new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01</b> There is qualified staff to manage and develop workforce).</li> <li>• <b>(EOC.02</b> The hospital identifies all applicable laws, regulations and norms that guide workforce management).</li> <li>• <b>(EOC.03</b> Responsible staff members are aware of laws, regulations and norms that guide workforce management).</li> </ul> </li> <li>2) <b>Modified EOC: (EOC.04</b> Workforce is managed and developed according to applicable laws and regulations and norms that guide workforce management).</li> </ol>
<b>WFM.02</b> <b>KW: Staffing Plan</b>	<b>WFM.02</b> KW: Staffing Plan	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital develops a staffing plan to ensure that the provided services are consistent with patient needs, hospital mission, and professional practice recommendations).</li> </ol>
<b>WFM.03</b> <b>KW: Recruitment process</b>	<b>WFM.03</b> KW: Recruitment	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital implements a uniform recruitment process).</li> </ol>
<b>WFM.04</b> <b>KW: Job Description</b>	<b>WFM.04</b> KW: Job Description	<ol style="list-style-type: none"> <li>1) <b>Rephrasing EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> Job descriptions address each position's responsibilities, required qualifications, and reporting structure).</li> <li>• <b>(EOC.04</b> The job description is signed by the staff and kept in the staff's file).</li> </ul> </li> <li>2) <b>Modified EOC (EOC.03</b> On assignment, the job description is discussed with staff members, including independent practitioners).</li> </ol>
<b>WFM.05</b> <b>KW: Verifying credentials</b>	<b>WFM.05</b> KW: Verifying credentials	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (Staff credentials are collected, evaluated, and verified).</li> <li>2) <b>Rephrasing of EOCs: (EOC.01 &amp; EOC.03)</b></li> <li>3) <b>Added a new EOC: (EOC.04</b> Credible efforts are utilized for the verification from</li> </ol>



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		the primary sources either directly or through a third party).
<b>WFM.06</b> <b>KW: Staff Files</b>	<b>WFM.06</b> KW: Staff Files	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> Staff files include all the required records from i) through vii), as mentioned in the intent).</li> <li>• <b>(EOC.05:</b> Former staff files are retained for a specific time as per hospital policy and the hospital maintain confidentiality during disposal of files).</li> </ul>
<b>WFM.07</b> <b>KW Orientation Program</b>	<b>WFM.07</b> KW: Orientation Program	<b>1) Modified EOCs: (EOC.01, EOC.02 &amp; EOC.03).</b>  <b>2) Rephrasing (EOC.05:</b> There is evidence that each staff member has completed the orientation program which is recorded in their file).  <b>3) Rephrasing of EOC: (EOC.04:</b> All New staff members, including contracted and outsourced staff, attend the orientation program regardless of employment terms).
<b>WFM.08</b> <b>KW Continuous Education Program</b>	<b>WFM.08</b> KW: Continuous Education Program	<b>1) Rephrasing of EOC: (EOC.03</b> The educational program is based on the training needs assessment of the staff).  <b>2) Added a new EOC: (EOC.04</b> Department heads approve the departmental education activities necessary to maintain departmental care delivery).
<b>WFM.09</b> <b>KW: Staff Performance Evaluation</b>	<b>WFM.09</b> KW: Staff Performance Evaluation  <b>WFM.04</b> KW: Job Description	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> The employee's department carries out performance and competency evaluations).</li> <li>• <b>(EOC.03:</b> Performance and competency evaluation is based on the job description),</li> </ul>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>WFM.10</b> <b>KW: Medical Staff Structure</b>	<b>WFM.10</b> KW: Medical Staff Structure <b>WFM.11</b> KW: Medical Staff bylaws	<b>1) Updated standard (WFM.10)</b> by merging two standards ( <b>WFM.10. &amp; WFM.11</b> ) in Hospital edition 2021.
<b>WFM.11</b> <b>KW: Medical Staff Appointment</b>	<b>WFM.12</b> KW: Medical Staff Appointment	<b>1) Updated EOC (EOC.02)</b> by merging two EOCs ( <b>EOC.02&amp; EOC.04</b> ) in Hospital edition 2021.  <b>2) Added a new EOC: (EOC.04:</b> The appointment decisions and recommendations are approved by a relevant council/committee and/or by the medical director).
<b>WFM.12</b> <b>KW: Clinical Privileges</b>	<b>WFM.13</b> KW: Clinical Privileges	<b>1) Modified EOCs:</b> <ul style="list-style-type: none"> <li><b>EOC.01:</b> The hospital has an approved policy that addresses at least all elements from a) through g) in the intent.</li> </ul>
<b>WFM.13</b> <b>KW: Medical Staff Performance Evaluation</b>	<b>WFM.14</b> KW: Medical Staff Performance Evaluation	<b>1) Added new EOCs:</b> <ul style="list-style-type: none"> <li><b>EOC.01:</b> Ongoing professional practice evaluation (OPPE) of the medical staff is performed at least annually.</li> <li><b>EOC.05:</b> The results will be used to help decisions related to re-privileging and re-credentialing and reappointment.</li> </ul> <b>2) Modified EOC:</b> <ul style="list-style-type: none"> <li><b>EOC.03:</b> The evaluation utilizes objective data to measure achievement in clinical care provision, clinical outcome, and attitude and behavior.</li> </ul>
<b>WFM.14</b> <b>KW: Peer Review process.</b>	<b>WFM.15</b> KW: Peer Review	<b>1) Added new EOC: (EOC.04:</b> The results of the peer review are confidentially communicated to the concerned staff and to the medical director to take corrective actions and improve performance).
<b>WFM.15</b> <b>KW: Nursing laws and regulations</b>	<b>WFM.16</b> KW: Nursing laws and regulations  <b>WFM.17</b> KW: Nursing structure	<b>1) Updated standard (WFM.15)</b> by merging two standards ( <b>WFM.16 &amp; WFM.17</b> ) in Hospital edition 2021.

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>WFM.16</b> <b>KW: Other healthcare practitioners' job responsibilities</b>	<b>WFM.18</b> KW: Other health care practitioners' job responsibilities	<b>1) Rephrasing of standard statement</b> to be: (Legal requirements governing the professional regulation of other healthcare practitioners are followed).
<b>WFM.17</b> <b>KW: Working Hours</b>	<b>WFM.19</b> KW: Working Hours.	<b>No change.</b>

## IMT chapter Summary of Changes

Summary of Changes Chapter 14

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>IMT.01</b> <b>KW: Information Management Processes</b>	<b>IMT.01</b> KW: Information Management Processes	<b>No changes</b>
<b>IMT.02</b> <b>KW: Information management plan</b>	<b>IMT.02</b> KW: Information management plan	<ol style="list-style-type: none"> <li><b>1) Modified EOCs: (EOC.02:</b> The hospital has an approved and effective information management plan that includes items from a) through f) in the intent).</li> <li><b>2) Added new EOCs</b> <ul style="list-style-type: none"> <li>• <b>(EOC.04:</b> The health information system is overseen by a qualified individual).</li> <li>• <b>(EOC.05:</b> The clinical codes match those provided by health authorities and/or third-party payers.)</li> </ul> </li> </ol>
<b>IMT.03</b> <b>KW: Document control system.</b>	<b>IMT.03</b> KW: Quality Management System Documents	<ol style="list-style-type: none"> <li><b>1) Rephrasing of standard statement</b> to be: (The hospital establishes a document control system for its key functions).</li> <li><b>2) Modified EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has an approved document control policy that addresses at least elements from a) to f) in the intent).</li> <li>• <b>(EOC.05:</b> Policies and procedures are revised at least every three years, and each document type has defined validity).</li> </ul> </li> <li><b>3) Rephrasing of EOC: (EOC.03 &amp; EOC.04).</b></li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>IMT.04</b> <b>KW: Abbreviations</b>	<b>IMT.04</b> KW: Abbreviations	<ol style="list-style-type: none"> <li>1) <b>Modified standard statement</b> (The hospital defines standardized symbols and abbreviations).</li> <li>2) <b>Modified EOC: (EOC.03:</b> Symbols and abbreviations, including the approved list, are used according to the policy).</li> <li>3) <b>Added a new EOC: (EOC.04:</b> Violation of the list of not-to-use symbols/abbreviations is monitored, and corrective actions are taken).</li> </ol>
<b>IMT.05</b> <b>KW: Confidentiality and Security of data and information</b>	<b>IMT.05</b> KW: Confidentiality and Security of data and information	<ol style="list-style-type: none"> <li>1) <b>Modified standard statement</b> (The hospital maintains data and information confidentiality and security).</li> <li>2) <b>Modified EOC (EOC.01:</b> The hospital has an approved policy that includes all the points in the intent from a) through g).</li> </ol>
<b>IMT.06</b> <b>KW: Integrity of Data and Information</b>	<b>IMT.06</b> KW: Integrity of Data and Information	<p style="text-align: center;"><b>No changes</b></p>
<b>IMT.07</b> <b>KW Retention of Data and Information</b>	<b>IMT.07</b> KW Retention of Data and Information	<ol style="list-style-type: none"> <li>1) <b>Modified EOC: (EOC.02:</b> All involved staff are aware of the policy requirements).</li> </ol>
<b>IMT.08</b> <b>KW: Patient’s Medical record Management</b>	<b>IMT.08</b> KW: Patient’s Medical record Management	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The Patient’s medical record is managed to ensure effectiveness).</li> </ol>
<b>IMT.09</b> <b>KW: Medical Record Review</b>	<b>IMT.09</b> KW: Medical Record Review	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital establishes the patient’s medical record review process).</li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<p><b>2) Rephrasing</b> of EOC (<b>EOC.03</b>: The hospital leaders are reported on the medical record review's findings).</p>
<p><b>IMT.10</b> KW: Health information technology evaluation</p>	<p><b>IMT.10</b> KW: Health information technology evaluation</p>	<p><b>1) Modified standard statement</b> (Health information technology systems are assessed and tested before implementation).</p> <p><b>2) Added a new EOC: (EOC.04:</b> Corrective actions are taken when defective issues are detected).</p>
<p><b>IMT.11</b> KW: Downtime of Data Systems</p>	<p><b>IMT.11</b> KW: Downtime of Data Systems</p>	<p><b>No changes</b></p>
<p><b>IMT.12</b> KW: Data Back-up</p>	<p><b>IMT.12</b> KW: Data Back-up</p>	<p><b>No changes</b></p>

## QPI chapter Summary of Changes

Summary of Changes Chapter 15

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>QPI.01</b> <b>KW: Quality Committee (s)</b>	<b>QPI.01</b> KW: Quality Committee (s)	1) <b>Added a new EOC (EOC.04:</b> Committees' minutes of meetings are recorded and communicated to involved staff members.)
<b>QPI.02</b> <b>KW: Quality improvement Plan(s)</b>	<b>QPI.02</b> KW: Quality improvement Plan(s)	1) <b>Rephrasing of Standard statement</b> to be: (There is/are hospital-wide quality improvement and patient safety plan(s).  2) <b>Modified EOC: (EOC.01:</b> The hospital has an updated and approved quality improvement, and patient safety plan(s) that defines at least items from a) through j) in the intent.
<b>QPI.03</b> <b>KW: Quality management Team</b>	<b>QPI.03</b> KW: Quality management Team	1) <b>Added</b> a new EOC: ( <b>EOC.01:</b> A qualified and experienced quality director supervises the quality management and improvement activities.)  2) <b>Rephrasing:(EOC.02:</b> Quality management functions have individual(s) with knowledge, skills, and experience in quality-related activities with clear job descriptions and appropriate numbers.)  3) <b>Added</b> a new EOC: ( <b>EOC.04:</b> The top management supports the implementation of hospital-wide improvement activities with all the resources needed).
<b>QPI.04</b> <b>KW: Staff Participation in Quality Management Activities</b>	<b>QPI.04</b> KW: Staff Participation in Quality Management Activities	1) <b>Rephrasing of all EOCs</b> in this standard.
<b>QPI.05</b> <b>KW: Performance Measures</b>	<b>QPI.05</b> KW: Performance Measures	1) <b>Rephrasing of Standard statement</b> to be: (The hospital develops a process for performance measures selection and monitoring that is consistent with significant processes).



GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ol style="list-style-type: none"> <li>1) <b>Added a new EOC:</b> (<b>EOC.01:</b> There is an identified and approved list of performance measures consistent with significant processes).</li> <li>2) <b>Rephrasing</b> of all EOCs (<b>EOC.02/EOC.03/EOC.04/EOC.05</b>).</li> </ol>
<b>QPI.06</b> <b>KW: Clinical Performance Measures</b>	<b>QPI.06</b> KW: Clinical Performance Measures	<ol style="list-style-type: none"> <li>1) <b>Modified EOC:</b> (<b>EOC.01:</b> The hospital selects appropriate clinical care performance measures consistent with its scope of services and relevant care areas mentioned from a) through j) in the intent).</li> <li>2) <b>Rephrasing</b> of all EOCs: (<b>EOC.02, EOC.03, EOC.04</b>).</li> </ol>
<b>QPI.07</b> <b>KW: Managerial Performance Measures</b>	<b>QPI.07</b> KW: Managerial Performance Measures	<ol style="list-style-type: none"> <li>1) <b>Modified EOC:</b> (<b>EOC.01:</b> The hospital selects appropriate managerial performance measures consistent with its scope of services and relevant care areas mentioned from a) through h) in the intent).</li> <li>2) <b>Rephrasing</b> of all EOCs: (<b>EOC.02, EOC.03, EOC.04</b>).</li> </ol>
<b>QPI.08</b> <b>KW: Data aggregation, analysis and validation.</b>	<b>QPI.08</b> KW: Data aggregation, analysis and validation.  <b>QPI.09</b> KW: Data Validation	<ol style="list-style-type: none"> <li>1) <b>Updated</b> standard (<b>QPI.08</b>) by merging two standards (<b>QPI.08 &amp; QPI.09</b>) in Hospital edition 2021.</li> </ol>
<b>QPI.9</b> <b>KW: Risk Management Program</b>	<b>QPI.10</b> KW: Risk Management Program	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of Standard statement</b> to be: (The hospital develops a risk management program and/or plan).</li> <li>2) <b>Modified EOC:</b> (<b>EOC.01:</b> The hospital has a risk management program and/or plan that includes all the elements from a) to i) in the intent).</li> <li>3) <b>Rephrasing of</b> (<b>EOC.02/EOC.04</b>).</li> <li>4) <b>Added a new EOCs:</b></li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.03:</b> Risk mitigation processes are developed based on identified risks).</li> <li>• <b>(EOC.05:</b> Results of risk management activities are communicated at least quarterly to the governing body.)</li> </ul>
<p><b>QPI.10</b> <b>KW: Incident Reporting System</b></p>	<p><b>QPI.11</b> KW: Incident Reporting System</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital has an incident-reporting system).</li> <li>2) <b>Modified EOC: (EOC.01:</b> The hospital has an approved incident-reporting system that includes items from a) through f) in the intent).</li> <li>3) <b>Added a new EOCs:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> All staff are aware of the incident-reporting system, including contracted and outsourced services).</li> <li>• <b>(EOC.03:</b> All reported incidents are investigated, and service gaps are identified).</li> <li>• <b>(EOC.04:</b> Corrective and/or preventive actions are taken to close gaps in services in a timely manner).</li> <li>• <b>(EOC.05:</b> The hospital communicates with patients/service users about adverse events they are affected by and provides both immediate and ongoing assistance).</li> </ul> </li> </ol>
<p><b>QPI.11</b> <b>KW: Sentinel events</b></p>	<p><b>QPI.13</b> KW: Sentinel events</p>	<ol style="list-style-type: none"> <li>1) <b>Rephrasing of standard statement</b> to be: (The hospital defines, reports, investigates sentinel events, and takes corrective and preventive actions.)</li> <li>2) <b>Modified EOC:</b> <ul style="list-style-type: none"> <li>• <b>(EOC.01:</b> The hospital has a sentinel events management policy that includes items in the intent from a) through g), and leaders are aware of the policy requirements).</li> </ul> </li> </ol>

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
		<ul style="list-style-type: none"> <li>• <b>(EOC.03</b> to be: (All sentinel events from i) through xi) in the intent are communicated to GAHAR within 2 working days of the event or becoming aware of the event.)</li> </ul> <p><b>3) Rephrasing of (EOC.04</b> : Leaders take corrective and preventive action based on identified root cause analysis.)</p> <p><b>4) Added a new EOC: (EOC.05: Results of root cause analysis with related actions are reported to the hospital governing body and GAHAR.)</b></p>
<p><b>QPI.12</b>  <b>KW: Sustaining Improvement</b></p>	<p><b>QPI.14</b>  KW: Sustaining Improvement</p>	<p><b>1) Rephrasing of standard statement</b> to be: (Sustained improvement activities are performed within the approved time frame).</p> <p><b>2) Rephrasing</b> of EOCs: <b>(EOC.01/EOC.02)</b>.</p> <p><b>3) Added a new EOC: (EOC.05: The hospital conducts at least one utilization improvement project annually).</b></p>

## ATH Chapter Summary of Changes

Summary of Changes Chapter 16

GAHAR hospital standards 2025	GAHAR hospital standards 2021	Details of changes
<b>ATH.01</b> KW: Mission of Academic hospital.		<b>1) New standard</b>
<b>ATH.02</b> KW: Educational Governance	<b>ADD.01</b> KW: Educational Governance	<p>1) <b>Added</b> new EOCs:</p> <ul style="list-style-type: none"> <li>• <b>(EOC.02:</b> The hospital establishes minimum qualifications and credentials for faculty members involved in teaching and research activities).</li> <li>• <b>(EOC.03</b> The hospital establishes mentorship programs to support the professional development and career progression of students, residents, and early-career faculty members, with clearly defined goals and measurable outcomes).</li> <li>• <b>(EOC.04</b> The hospital provide access to educational resources, including libraries, journals, and online databases, to support teaching activities for faculty and students.</li> </ul>
<b>ATH.03</b> KW: Curriculum development		<b>New standard</b>
<b>ATH.04</b> KW: Patient rights during bedside teaching		<b>New standard</b>
<b>ATH.05</b> KW: Patient safety and clinical teaching	<b>ADD.02</b> KW: Safe Clinical Education Culture	<p>1) <b>Modified standard statement:</b> (Patient safety is ensured and upheld during clinical teaching activities).</p> <p>2) <b>Added new EOC:</b> <b>(EOC.01</b> The hospital integrates structured patient safety education into their programs.</p> <p>3) <b>Modified EOC:</b> <b>(EOC.02, EOC.04, EOC.5).</b></p>
<b>ATH.06</b> KW: Activities of house officers and residents	<b>ADD.04</b> KW: Activities of house officers and residents	<p>1) <b>Modified standard statement:</b> (house officers, residences and other trainees are oriented, working within their scope of work and involved in an educational program).</p> <p>2) <b>Modified EOC:</b> <b>(EOC.01:</b> The hospital has an approved orientation program to prepare trainees for their roles that include all the points in the intent from a) through g)).</p>
<b>ATH.07</b> KW: Training of Medical Students	<b>ADD.05</b>	1) <b>Rephrasing EOC:</b> <b>(EOC.04:</b> Educators are trained to use objective assessment tools for evaluating the trainees.)

	KW: Training of Specialty Medical Trainees	
<b>ATH.08</b> KW: Research Ethical Framework	<b>ADD.06</b> KW: Research Ethical Framework	<b>No changes</b>
<b>ATH.09</b> KW: Research Patient Rights	<b>ADD.07</b> KW: Research Patient Rights	<b>No changes</b>

## Survey Activities and Readiness

### Introduction:

- GAHAR survey process involves performing building tours, observations of patient’s medical records, staff member files, credential files, and interviews with staff and patients.
- The survey is an information gathering activity to determine organization’s compliance with the GAHAR standards.

### Readiness Tips:

- To facilitate the completion of the survey within the allotted time, all information and documents should be readily available for the surveyors to review during survey
- If certain staff members are missing, the team will continue to perform the survey; the appropriate missing staff members may join when they are available.
- Files may be in paper or in electronic format; however, the information should, at all times, be safe and secure from unauthorized access, up-to-date, accessible, and readily retrievable by authorized staff members.

	Activity	Timeframe	Location in survey agenda
1	Arrival and Coordination	30-60 minutes	1st day, upon arrival
2	Opening Conference	15 minutes	1st day, as early as possible
3	Hospital Orientation	30-60 minutes	1st day, as early as possible
4	Survey Planning	30-60 minutes	1st 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 organization 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 hospital
10	Environment and facility safety plans review	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the hospital
11	Environment of care evaluation tour	60-240 minutes	After document review
12	Leadership interview	60 minutes	During early or middle of survey
13	Financial Stewardship Review	60 minutes	After leadership interview

	Activity	Timeframe	Location in survey agenda
14	Patient's medical record review	60-120 minutes	Towards the end of survey
15	Medication Management Review	60-120 minutes	In the middle of survey
16	Infection Prevention and Control Review	60-120 minutes	In the middle of survey
17	Quality Program Review	60 minutes	Towards the end of survey
18	Report Preparation	60-120 minutes	Last day of survey
19	Executive Report	15 minutes	Last day of survey
20	Exit Conference	30 minutes	Last day, final activity of survey

### Arrival and coordination

#### Why will it happen?

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

#### What will happen?

GAHAR surveyors shall arrive to the hospital and may present themselves to hospital security or desk. Hospital 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 hospital staff and leaders.

### Opening conference

#### Why will it happen?

This is an opportunity to share uniform understanding of the survey structure, answer questions about survey activities and create common expectations

#### What will happen?

GAHAR surveyors shall introduce themselves and describe each component of the survey agenda. Questions about the survey visit, schedule of activities, availability of documents or people and any other related topics should be raised at this time.

#### How to prepare?

Designate a room or space that will hold all participants and will allow for an interactive discussion. Who should collaborate?

Suggested participants include members of the governing body and senior leadership. Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives.