Change Log Between

Standards for Hospitals 2017 and GAHAR Handbook for Hospital Standards 2021

Point of comparison	GAHAR Handbook for Hospital Standards 2021	Standards for Hospitals 2017
Owner	The General Authority for Healthcare Accreditation and Regulation (GAHAR).	Ministry of Health and Population- Egyptian Healthcare Accreditation Program
Logo		
Sections' number	Four sections (4)	No Sections present
Sections	Accreditation Prerequisites and Conditions: This section aims at providing a clear ethical framework that a hospital must follow in order to comply with the GAHAR survey process. Scores of these standards are always be met in order to continue the survey process. One partially met or not met evidence of compliance is to be dealt with on the GAHAR accreditation committee level and may result in denial or suspension of accreditation.	Not present
	Patient-Centered Standards: This section discusses patient-centered standards and adopts Picker's model for patient-centered care to ensure responsiveness of organizations to patients' needs.	Not present
	Organization-Centered Standards: This section focus on some of the newer ideas about healthcare workplace suitability to provide a safe, efficient, and improving environment for healthcare service.	Not present
	Additional Requirements: This section discusses the additional Standards for organizations with academic, research or organ/tissue transplantation services.	

Chapters' number	Fourteen chapters(14)	Fourteen chapters(14)
Chapters' names	1. National Safety Requirements 2. Patient-Centeredness Culture 3. Access, Continuity, and Transition of Care 4. Integrated Care Delivery 5. Diagnostic and Ancillary Services 6. Surgery, Anesthesia, and Sedation 7. Medication Management and Safety 8. Environmental and Facility Safety 9. Infection Prevention and Control 10. Organization Governance and Management 11. Community Assessment and Involvement 12. Workforce Management 13. Information Management and Technology 14. Quality and Performance Improvement	1. Patient Rights and Responsibilities, Organization Ethics 2. Patient Access and Assessment of patients 3. Providing Care, Diagnostic Services, Blood Bank and Transfusion Services, Invasive Procedures, Patient and Family Education 4. Medication Management 5. Patient safety, Infection Control, and Environmental safety 6. Infection Control, Surveillance and Prevention 7. Facility and Environmental safety 8. Information Management 9. Performance Improvement 10. Organization Management 11. Human Resources 12. Nursing Services 13. Medical Staff 14. Community Involvement
Code of standards/ Acronyms	APC Accreditation Prerequisites and Conditions NSR National Safety Requirements PCC Patient-Centeredness Culture ACT Access, Continuity, and Transition of Care ICD Integrated Care Delivery DAS Diagnostic and Ancillary Services SAS Surgery, Anesthesia, and Sedation MMS Medication Management and Safety FMS Facility Management and Safety IPC Infection Prevention and Control OGM Organization Governance and Management CAI Community Assessment and Involvement WFM Workforce Management IMT Information Management and Technology	PR Patient Rights and Responsibilities, Organization Ethics PA Patient Access AP Assessment of patient PC Providing Care DS Diagnostic Services, BB Blood Bank and Transfusion Services IP Invasive Procedures PE Patient and Family Education MM Medication Management PS Patient safety IC Infection Control, Surveillance and Prevention ES Facility and Environmental safety IM Information Management PI Performance Improvement OM Organization Management HR Human Resources NS Nursing Services MS Medical Staff CI Community Involvement

	QPI Quality and Performance Improvement	
Chapter's components	Chapter intent: Introduces the general outlines and purpose of the chapter.	Not present
	Chapter purpose: it highlights the main objectives that needs to be covered in the chapter.	Not present
	Implementation guiding documents: carries the required alignment with the related national laws and regulations and international articles, evidences and guidelines.	Not present
	Subgrouping for each group of standards: each related standards are grouped under a headline in the chapter.	Not present
Standard's components	Standard statement: is written as a standard statement preceded with a code. Each standard is followed by a *non-black-scripted statement* that describes the essential quality dimension(s) addressed by the standard.	Standard statement: each standard is written as a standard statement preceded with a code.
	Keywords: is meant to help organizations understand the most important element of standard statements, as these are words or concepts of great significance. It answers the question of WHAT the standard is intended to measure.	Not present
	Intent: is meant to help organizations understand the full meaning of the standard. The intent is usually divided into two parts: -Normative: that describes the purpose and rationale of the standard provides an explanation of how the standard fits into the overall program. It answers the question of WHY the standard is required to be met. -Informative: is meant to help organizations identify the strategy to interpret and execute the standard. It answers the question of HOW the standard is going to be met.	Not present
	Evidences of compliance (EOCs): indicates what is reviewed and assigned a score during the on-site survey process.	Not present

<table>
<tr><td></td><td>The EOCs for each standard identify the requirements for full compliance with the standard as scoring is done in relation to met EOCs.</td><td></td></tr>
<tr><td></td><td><u>Survey process guide:</u>
facilitates and assists the surveyors in the standard's rating for the required EOCs</td><td>Not present</td></tr>
<tr><td></td><td><u>Related standards:</u> considerable standards that help to understand what each standard means in the overall context.</td><td>Not present</td></tr>
<tr><td>Standards' types</td><td>Structure, implementation and monitoring are included in almost every standard and/or standards' group all over the handbook.</td><td>(A) standards are structures that include policy and procedures, plans, bylaws, required committees and other specified items.
(B) & (C) standards are implementation standards</td></tr>
<tr><td>National Safety Requirements (NSR) chapter</td><td>The General Authority for Healthcare Accreditation & Regulation (GAHAR) selected those standards which may impact individual's safety, or in other words; the main killers in hospitals.</td><td>Not present</td></tr>
<tr><td>National Safety Requirements (NSR) standards</td><td>
<table>
<tr><th>Code</th><th>NSR Keyword</th><th>Code in this book</th></tr>
<tr><td>NSR.01</td><td>Patient Identification</td><td>ACT.03</td></tr>
<tr><td>NSR.02</td><td>Verbal and telephone orders</td><td>ICD.18</td></tr>
<tr><td>NSR.03</td><td>Hand Hygiene</td><td>IPC.05</td></tr>
<tr><td>NSR.04</td><td>Catheter and tube misconnections</td><td>ICD.35</td></tr>
<tr><td>NSR.05</td><td>Fall screening and prevention</td><td>ICD.11</td></tr>
<tr><td>NSR.06</td><td>Pressure Ulcer Prevention</td><td>ICD.12</td></tr>
<tr><td>NSR.07</td><td>Handover Communication</td><td>ACT.09</td></tr>
<tr><td>NSR.08</td><td>Critical Alarms</td><td>ICD.34</td></tr>
</table>
</td><td>Not present</td></tr>
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NSR.09	Recognition of and response to clinical deterioration	ICD.37	
NSR.10	Venous Thromboembolism Reduction	ICD.13	
NSR.11	Critical Results	ICD.30	
NSR.12	Abbreviations	IMT 04	
NSR.13	Medication Reconciliation	MMS.10	
NSR.14	Medication storage and labelling	MMS.04	
NSR.15	High alert medications and concentrated electrolytes	MMS.06	
NSR.16	Look-Alike and Sound-Alike Medication	MMS.07	
NSR.17	Surgical Site Marking	SAS.05	
NSR.18	Preoperative Checklist	SAS.06	
NSR.19	Time-out	SAS.07	
NSR.20	Instrument Retention Prevention	SAS.09	
NSR.21	Fire Safety	EFS.03	
NSR.22	Fire Drill	EFS.05	
NSR.23	Hazardous Material Safety	EFS.06	
NSR.24	Safety Management Plan	EFS.07	
NSR.25	Radiation Safety Program	DAS.09	

	NSR.26	Laboratory Safety Program	DAS.24	
	NSR.27	Medical Equipment Safety	EFS.10	
	NSR.28	Utilities Safety	EFS.11	
Total number of standards	274 standards			751 standards
Total number of Evidences of compliance(EOCs)	1265 Evidence of compliance (EOCs)			Not present
Scope of the standards	These standards apply to hospitals as whole organizations seeking to be enrolled in the Universal Health Insurance program. **Inclusions** These standards are applicable to - Ministry of Health and Population hospitals - Military hospitals - Police hospitals - Sectorial hospitals - Private hospitals - Charity hospitals **Exclusions** These standards are not applicable to - Day-care hospitals - Long-term care facilities - Mobile hospitals and medical caravans - Non-allopathic systems of medicine - Alternative medicine streams - Wellness centers			Not present

Scoring

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

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

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

Scoring of each standard

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

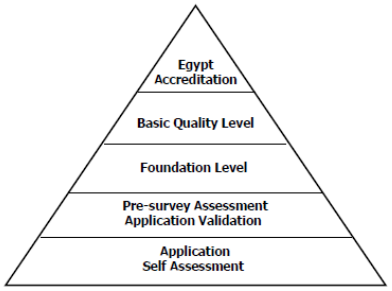
Scoring of each chapter

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

Scoring Standards – Summary

- **A – structures** – policy/procedures, plans, required committees (all or none scoring)
  - **Met**
    - Present – all elements
  - **Partially Met**
    - One element that is stated in the standard is lacking or inadequate
  - **Not Met**
    - More than one elements is lacking or inadequate
- **B & C – implementation** - frequency based - observations of deficiencies; provided that at least 10 observations distributed over more than one relevant department are done.
  - **Met**
    - <20% observed or documented deficiencies
  - **Partially Met**
    - 20-<50% observed or documented deficiencies
  - **Not Met**
    - 50% and more observed or documented deficiencies

Accreditation Decisions	1st Decision: Status of Accreditation for a hospital (3 years). ▪ Overall compliance of 80% and more, and ▪ Each chapter should score not less than 70%, and ▪ No single whole standard is scored as not met, and ▪ No single not met NSR standard. 2nd Decision: Status of Conditioned Accreditation for a hospital (2 years). ▪ Overall compliance of 70% to less than 80%, or ▪ Each chapter should score not less than 60%, or ▪ Up to one standard not met per chapter, and ▪ No single not met NSR standard. 3rd Decision: Status of Conditioned Accreditation for a hospital (1 year). ▪ Overall compliance of 60% to less than 70%, or ▪ Each chapter should score not less than 50%, or ▪ Up to two standards not met per chapter, and ▪ No single not met NSR standard. 4th Decision: Rejection of Accreditation ▪ Overall compliance of less than 60%, or ▪ One chapter scored less than 50%, or ▪ More than two standards not met per chapter, or ▪ Not met NSR standard. Hospitals having status of accreditation or conditioned accreditation with elements of non-compliance are requested to: ▪ Submit a corrective action plan for unmet EOCs and standards within 90 days for 1st decision, 60 days for 2nd decision and 30 days for 3rd decision to the email reg@gahar.gov.eg. ▪ Apply and pass the accreditation survey in 2 years for 2nd Decision and 1 year for 3rd Decision.	No accreditation decision rules

	Accreditation is valid for 3 years. Accreditation may me be suspended or withdrawn if: ▪ The Hospital fails to pass follow up surveys in case of conditioned accreditation, ▪ The Hospital fails to submit corrective action plans in case of presence of one not met EOC or more, ▪ The Hospital fails to pass unannounced survey, The Hospital fails to comply with GAHAR circulars when applicable.	
Accreditation levels	No accreditation levels It is either : ▪ Accreditation, ▪ Conditioned accreditation or ▪ Denial of accreditation	 Accreditation Levels Total Foundation Level A 85% B 40% 40% Basic Level A 90% B 60% C 20% 60% Accreditation level I A 95% B 80% C 60% 80%
Look back period	▪ A registered hospital seeking accreditation will: - Comply with the National Safety Requirements during the whole period between receiving the approval of registration and the actual accreditation survey visit. - Comply with the rest of the GAHAR Handbook for hospital standards for at least four months before the surveyor's visit. ▪ A hospital seeking re-accreditation: - For GAHAR accredited hospitals, compliance with the GAHAR Handbook for hospital standards from receiving the approval of the previous accreditation till the next accreditation survey visit.	A minimum a 4 months track record of acheviement with these selected standards.

Used language and themes	This handbook used certain themes and vocabulary to ensure uniformity and clarity; These are the most important ones that will help hospitals to interpret the standards: Process, Policy, Procedure, Program, Plan, Guideline, Protocol Whenever 'Process' is used in a standard, it indicates a requirement that is necessary to follow. • 'Process' A series of actions or steps taken in order to achieve a particular end. • 'Documented Process' A document that describes the process and can be in the form of policy, procedure, program, plan, guideline, or protocol. • Policy: - A principle of action adopted by an organization. - It usually answers the question of what the process is. - It is stricter than guidelines or protocols. - It does not include objectives that need to be met in a certain timeframe. • Procedure: - An established or official way of doing something. - It usually answers the question of how the process happens. - It is stricter than guidelines or protocols. - It does not include objectives that need to be met in a certain timeframe. • Plan: - A detailed proposal for doing or achieving something. - It usually answers the question of what is the goal, why, how it is going to be achieved, and when. - It includes objectives that need to be met in a certain timeframe. • Guideline: - A general rule, principle, or piece of advice. - It usually answers the question of what the process is and how it should happen.	Not present

	- Usually, it is more narrative than protocol. • Protocol: - A best practice protocol for managing a particular condition, which includes a treatment plan founded on evidence-based strategies and consensus statements. - Usually, it has graphs, flow charts, mind maps, and thinking trees. 1) Document versus Record • Document: Created by planning what needs to be done. • Record: Created when something is done. 2) Physician Versus Medical staff member • Physician: a professional who practices medicine • Medical Staff member: a professional who practices medicine, dentistry, and other independent practitioners.	
Survey activities and readiness	Present	Not present
Survey activities and readiness components	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;	Not present

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<tr><td></td><td>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.

<u>Agenda of survey:</u>
▪ It is a list of meeting activities in the order in which they are to be taken up, beginning with the call to order and ending with adjournment as to explain the survey in relation to timeframe and location in survey agenda.</td><td></td></tr>
<tr><td>Agenda of survey</td><td>Present</td><td>Not present</td></tr>
<tr><td>Agenda of survey components</td><td>
<table>
<tr><th></th><th>Activity</th><th>Time frame</th><th>Location in survey agenda</th></tr>
<tr><td>1</td><td>Arrival and Coordination</td><td>30-60 minutes</td><td>1st day, upon arrival</td></tr>
<tr><td>2</td><td>Opening Conference</td><td>15 minutes</td><td>1st day, as early as possible</td></tr>
<tr><td>3</td><td>Hospital Orientation</td><td>30-60 mir</td><td>1st day, as early as possible</td></tr>
<tr><td>4</td><td>Survey Planning</td><td>30-60 minutes</td><td>1st day, as early as possible</td></tr>
<tr><td>5</td><td>Document Review Session</td><td>60-180 minutes</td><td></td></tr>
<tr><td>6</td><td>Patient Journey Tracer</td><td>60-120 minutes</td><td>Individual Tracer activity occurs throughout the survey; the number of individuals who surveyors trace varies by organization</td></tr>
<tr><td>7</td><td>Break</td><td>30 minutes</td><td>At a time negotiated with the organization Team Meeting/Surveyor Planning</td></tr>
<tr><td>8</td><td>Daily Briefing</td><td>15-30 minutes</td><td>Start of each survey day except the first day; can be scheduled at other times as necessary</td></tr>
<tr><td>9</td><td>Staff members file review</td><td>30-60 minutes</td><td>After some individual tracer activity has occurred; at a time negotiated with the hospital</td></tr>
<tr><td>10</td><td>Environment and facility safety plans review</td><td>45-90 minutes</td><td>After some individual tracer activity has occurred; at a time negotiated with the hospital</td></tr>
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	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	
	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	
Glossary	Present				Present
References	Present				Not present