GAHAR HANDBOOK FOR

CONVALESCENT/ LONG-TERM HEALTHCARE & MEDICAL WELLNESS ACCREDIATION STANDARDS

Publisher:
General Authority for Healthcare Accreditation and Regulation.

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GAHAR Handbook for Convalescent/Long-Term Healthcare and Medical Wellness Accreditation Standards Edition 2024

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following an independent assessment
against the Guidelines and Principles for the
Development of Health and Social Care Standards
5th Edition

The period of Accreditation of these Standards
is from
March 2025 until **March 2029**

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Foreword

In our dedicated pursuit of healthcare reform excellence, we strive to build a safety culture expressed in internationally recognized quality standards. The General Authority for Healthcare Accreditation and Regulation (GAHAR) is proud to present GAHAR Handbook for Convalescent / Long-term Healthcare and Medical Wellness Accreditation Standards.

This handbook is designed to cultivate a holistic care environment, ensuring that patients in recovery or long-term care receive personalized, compassionate services that support rehabilitation, independence, and dignity. Complementing these are the medical wellness standards, which establish a harmonious link between clinical care and overall wellbeing, creating a nurturing, healing environment for patients at every stage of their care journey.

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

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

We trust that this edition of Convalescent / Long-term healthcare and Medical Wellness Accreditation Standards will serve as both an inspiring challenge and a comprehensive guide for healthcare facilities across Egypt, the Middle East, and Africa. As these institutions embark on their continuous quality improvement journey, these standards will ensure a holistic approach to patient recovery, extended care, and overall well-being.

Introduction

Welcome to GAHAR Handbook for Convalescent / Long-term healthcare and Medical Wellness Accreditation Standards, the comprehensive guide designed to support healthcare organizations in their pursuit of excellence.

The development process of this edition was a collaborative effort involving representatives from various health sectors, including the Ministry of Health and Population, the private sector, university faculty, and professional syndicates. Each chapter has been meticulously reviewed to address the evolving needs of today's healthcare environment.

The handbook approaches healthcare delivery from two key perspectives:

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

The handbook is organized into three major sections:

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

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

An Annex (annex A) for Medical Wellness Services Standards (applicable to medical wellness facilities) is included.

By incorporating medical wellness standards, we are not only aligning ourselves with best practices in the field but also reaffirming our commitment to promoting optimal well-being and quality of life for those under our care. This serves as a testament to our dedication to staying at the forefront of healthcare innovation and ensuring that our facilities remain beacons of excellence in the provision of comprehensive healthcare services.

This handbook encompasses the full spectrum of quality as defined by the Institute of Medicine, which prioritizes patient safety and includes the six STEEEP dimensions of quality: Safe, Timely, Effective, Efficient, Equitable, and Patient-Centered. By adhering to

these principles, we aim to foster a healthcare system that consistently delivers high-quality care.

These standards form a robust foundation for healthcare organizations to continuously improve, ensuring that they provide exceptional, patient-centered care that meets the highest levels of quality and safety.

Scope of this Handbook

This handbook offers a comprehensive approach to healthcare delivery, encompassing both traditional long-term care and innovative medical wellness practices to promote health, well-being, and quality of life for patients.

Inclusions:
These standards are applicable to the standalone:

- Convalescent Homes.
- Long-term healthcare facilities.
- Medical wellness facilities.

Exclusions:
These standards are not applicable to:

- Mental health hospitals
- Addiction rehabilitation center.
- Detoxification center.
- Home-care facilities.
- Cosmetics and beauty therapy facilities.

Facilities providing convalescent and long-term care will be evaluated based on the standards outlined in the main handbook, while those providing medical wellness services will be assessed according to the standards detailed in Annex A of the handbook.

All client organizations included within the scope of the handbook are mandated to adhere strictly to the rules detailed in the Accreditation Overview chapter.

The scoring guide and accreditation decision rules will apply uniformly across all client organizations.

Purpose

GAHAR standards describe the competent level of care in each phase of the patient care process. They reflect a desired and achievable level of performance against which the convalescent/long-term healthcare facilities' and medical wellness facilities' actual performance. The main purpose of these standards is to direct and maintain safe healthcare practice through the accreditation standards.

These standards also promote and guide organization management. They assist staff, the management team, and the convalescent/long-term healthcare facility, as a whole, to develop safe staffing practices, delegate tasks to licensed and unlicensed staff members, ensure adequate documentation and even create policies for new technologies.

Compliance with GAHAR standards guarantees convalescent/long-term healthcare facility, and medical wellness facility accountability for their decisions and actions. Many standards are patient-centered and safety-focused to promote the best possible outcome and minimize exposure to the risk of harm. These standards encourage the facilities' staff to persistently enhance their knowledge base through experience, continuing education, and the latest guidelines. These standards can be used to identify areas for improvement in clinical practice and work areas, as well as to improve patient and workplace safety. Ultimately, the handbook seeks to elevate the overall standard of healthcare delivery by providing a structured approach to accreditation, ensuring patient-centered care, and promoting accountability among healthcare providers.

Reading and Interpretation of the book

- The General Authority for Healthcare Accreditation and Regulations evaluates organizations' structure, processes, and/or outcomes by setting standards that address these concepts.
- This book is divided into three sections, one annex, addition to the foreword, introduction, Scope of this handbook, Purpose, Use, Acknowledgments, Acronyms, Survey activities and readiness, Glossary, and References.
- Each section is divided into chapters when applicable.
- Each chapter has:
  - An introduction that contains an overall intent.
  - Implementation guiding documents that need to be checked to achieve full compliance with the standards.
  - Purpose, Which clarify the introduction, and each purpose has a standard or more in the chapter.
- A standard is a level of quality or achievement, especially a level that is thought to be acceptable; it is composed of a standard statement, keywords, intent, survey process guide, evidence of compliance, and related standards paragraphs.

Standard Component

- Standard Statement:
  - In this handbook, each standard is written as a standard statement preceded by a code.
  - Each standard is followed by a non-black-scripted statement that describes the essential quality dimension(s) addressed by the standard.
- Keywords:
  - To help organizations understand the most important element of the standard statements, as these are words or concepts of great significance. They answer the question of WHAT the standard is intended to measure.
- Intent:
  - Standard intent is meant to help organizations understand the full meaning of the standard.
  - The intent is usually divided into two parts:
    - Normative: that describes the purpose and rationale of the standard and provides

an explanation of how the standard fits into the overall program. It answers the question of WHY the standard is required to be met.

- ° Informative: is meant to help organizations identify the strategy to interpret and execute the standard. It answers the question of HOW the standard is going to be met.

- Some standards require the implementation of minimum components of processes to be documented, implemented, recorded, and/or monitored. These components are usually preceded with the phrase "at least the following", followed by a numbered/lettered list of requirements. Hence, these elements are considered essential, indivisible parts of compliance with the minimum acceptable standard.

- Evidence of compliance (EOCs):
  - Evidence of compliance with a standard indicates what items will be reviewed and assigned a score during the on-site survey process.
  - The EOCs for each standard identifies the requirements for full compliance with the standard, as scoring is done in relation to EOCs.
- Survey process guide:
  - Facilitates and assists the surveyors in the standard's rating for the required EOCs.
- Related standards:
  - As healthcare is a complex service, each standard measures a small part of it. To understand what each standard means in the overall context of healthcare standards, other standards need to be considered as well.
- Standards are categorized and grouped into three sets of groups:
  - Chapters, where standards are grouped as per a uniform objective.
  - Quality dimensions, where each standard addresses a particular quality dimension, and strategic categorization of standards to analyze their quality characteristics.
  - Documentation requirements, where some standards require certain types of documents.

Used Language and Themes

This handbook used certain themes and vocabulary to ensure uniformity and clarity; these are the most important ones that will help convalescent /long-term healthcare facility, to interpret the standards:

Process, **P**olicy, **P**rocedure, **P**rogram, **P**lan, **G**uideline, **P**rotocol
Whenever 'Process' is used in a standard, it indicates a requirement that is necessary to follow.

- 'Process'
  A series of actions or steps taken 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.
- Program:
  - A plan of action aimed at accomplishing a clear business objective, with details on what work is to be performed, by whom, when, and what means, or resources shall be used.
- 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.
  - 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.
- Document versus Record
  - Document:
    Created by planning what needs to be done.
  - Record:
    Created when something is done.
- Physician Versus Medical staff member
  - Physician:
    A professional who practices medicine
  - Medical Staff member:
    A professional who practices medicine indecently, and other independent practitioners like dentists.

Accreditation Overview

This chapter aims to set the rules and requirements to obtain GAHAR accreditation for the convalescent/long-term healthcare facility, and medical wellness facility, which includes, but not limited to, the following:

1. Compliance with licensure requirements for licensing the convalescent/long-term healthcare facility and medical wellness facility as mandated by laws and regulations and regulatory ministerial decrees.
2. Compliance with the GAHAR Safety Requirements for convalescent/long-term healthcare facility, and medical wellness facility (herein included), to ensure the safety of the patients, patients' families, visitors, and staff.
3. Compliance with the requirements of the standards according to Accreditation Decision Rules in this handbook.

A) General rules:

- Determining which set of accreditation manuals is applied to the applicant's facility is done by matching the facility's scope of services provided. The Authority must be informed of any change in the field of services provided (adding a new service, cancelling an existing service, or increasing the volume of an existing service by more than 15%) in writing to the e-mail reg@gahar.gov.eg. at least one month prior to the actual implementation of this change.
- Facilities that desire to obtain GAHAR's accreditation have to apply starting from the date of entering the governorate under the scope of universal health insurance law implementation, within a maximum period of three years. For facilities in the governorates that have not fallen yet under the scope of the law application, they have to apply for re-accreditation within three years from the date of the previous accreditation.
- The facility shall ensure the validity of the documents and data provided at all stages of the accreditation process. If there is evidence that the submitted documents are proven to be inaccurate, the facility is at risk for rejection of accreditation.
- The accreditation may be withdrawn or at risk of rejection, if there is evidence that the facility has falsified or withheld or intentionally misleading the information submitted to GAHAR.
- The facility is not permitted to use GAHAR's certificate or logo in a misleading manner.
- GAHAR shall inform the facility about the accreditation decision within a period not

exceeding 30 working days starting from the date of completion of the survey visit.

- GAHAR has the right to publish the results of survey visit, accreditation suspension or rejection, according to the requirements of Law No. 2 of 2018.
- The facility has to complete at least 60% of its staffing plan, and to register at least 30% of each category of health professional members before the survey visit, provided that the remaining registration process has to be completed within three months starting from the date of accreditation.
- The facility has to communicate all sentinel events to GAHAR within 48 hours of the event or becoming aware of the event via email notification using the following link; Sentinel.Event@gahar.gov.eg The root cause analysis shall be submitted no later than 45 days starting from the date of the occurrence or its notification with the appropriate corrective plan to prevent/reduce its recurrence according to the nature of the event. (Refer to standard no. QPI.05 for more information).

B) Compliance with current relevant laws, regulations, licensures requirements, and their updates as follows:

For Governmental Convalescent/long-term healthcare facility:

- Radioactive materials usage license (If any)
- Blood bank license (If any)
- Ionizing radiation equipment license (If any)
- Hazardous waste handling license
- Certificate of conformity with the civil defense requirements.
- Elevator license (if any)
- Electric generator License (in accordance with Article 2 and Article 3 of Law No. 55 of 1977 regarding the establishment and management of thermal machines and steam boilers).

For Non- Governmental Convalescent/long-term healthcare facility:

- Convalescent/long-term healthcare facility license.
- Pharmacy license.
- Laboratory license
- Physical therapy license
- Radioactive materials usage license (If any)
- Blood bank license (If any)
- Ionizing radiation equipment license (If any)
- Hazardous waste handling license

- Certificate of conformity with the civil defense requirements.
- Elevator license (if any)
- Electric generators license (in accordance with Article 2 and Article 3 of Law No. 55 of 1977 regarding the establishment and management of thermal machines and steam boilers).

For Medical wellness facilities

Facility licenses

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

- The facility fails to pass unannounced survey,
- The facility data in the application form does not match its status upon unannounced evaluation visits.
- Sentinel events related to the safety of patients, healthcare providers or visitors that has been reported to GAHAR while root cause analysis with the appropriate corrective plan not submitted within 45 days starting from the date of the occurrence or its notification.
- The GAHAR has not been notified of any changes in the scope of services provided (e.g., adding a new service, cancelling an existing service, or increasing the volume of an existing service by more than 15%) within at least one month before the actual implementation of this change.

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

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

Applying for a GAHAR survey and roadmap

Convalescent/long-term healthcare facility, seeking GAHAR accreditation begins by:

- Log in to the online platform (Portal) of the General Authority for Health Accreditation and Regulation to register the data of the healthcare facility, via the following link: https://eportal.gahar.gov.eg.
- Create a new account.
- Choose the type of service, type of facility, and user's data.
- Complete the basic data of the application (the electronic registration application).
- Complete the contact information; the applicant's data; and the healthcare facility data, and upload the required documents.
- Print the application request, fill in the declaration, and get it sealed with the facility's seal, re-upload, and click on "Issue application".
- You can browse the system anytime to follow up the status of the request and implement the required requests of GAHAR.
- GAHAR will determine the survey financial fees, and bank account details will be shared.
- The Convalescent/long-term healthcare facility, will make the payment to the center bank of Egypt on the bank account, and it will send the receipt back via email.
- An appointment for the survey visit will be determined for the Convalescent/long-term healthcare facility.
- GAHAR's Surveyors team will evaluate your Convalescent/long-term healthcare facility, according to the GAHAR handbook for Convalescent/long-term healthcare facility, standards.
- The survey report is submitted to the accreditation committee to review and decide based on decision rules.
- The Convalescent/long-term healthcare facility is notified of the decision of the accreditation committee. The Convalescent/long-term healthcare facility has 15 days to submit an appeal. If no appeal is submitted, the chairman of GAHAR approves the decision, and a final certificate is issued.

Look back period

- Surveyors are required to review standards requirements and evaluate organization compliance with them over a look back period.
- Look back period: It is the period before the survey visit during which any convalescent/long-term healthcare facility, is obliged to comply with the GAHAR accreditation standards. Failure to comply with this rule affects the accreditation decision.
- Look back period varies from one convalescent/long-term healthcare facility, to another, depending on the convalescent/long-term healthcare facility's accreditation status.
- A convalescent/long-term healthcare facility, seeking accreditation will:
  - Comply with the GAHAR Handbook for Convalescent/long-term healthcare facility, Accreditation Standards as applicable for at least four months before the actual accreditation survey visit.
- A convalescent/long-term healthcare facility seeking re-accreditation:
  - For GAHAR-accredited Convalescent/long-term healthcare facility, compliance with the GAHAR Handbook for Convalescent/long-term healthcare facility, Accreditation Standards from receiving the approval of the previous accreditation till the next accreditation survey visit.

Scoring Guide

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

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

Scoring of each standard

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

Scoring of each chapter

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

Scoring of the Annex:

The Annex is scored separately after calculating the average score of all applicable standards in the annex.

Accreditation Decision Rules

Convalescent/long-term healthcare facility can achieve accreditation by demonstrating compliance with certain accreditation decision rules. These rules mandate achieving certain scores on a standard level, chapter level, and overall level as the accreditation decision is composed of four decisions.

1st Decision: Status of Accreditation for Convalescent/long-term healthcare facility, (3 years).

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

2nd Decision: Status of Conditioned Accreditation for Convalescent/long-term healthcare facility, (2 years).

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

3rd Decision: Status of Conditioned Accreditation for Convalescent/long-term healthcare facility, (1 year).

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

4th Decision: Rejection of Accreditation

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

Convalescent/long-term healthcare facilities having status of accreditation or conditioned accreditation with elements of noncompliance are requested to:

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

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

- Convalescent/long-term healthcare facility, fails to pass follow-up surveys in case of conditioned accreditation,
- Convalescent/long-term healthcare facility fails to submit corrective action plans in case of the presence of not met EOC(s).
- Convalescent/long-term healthcare facility, fails to pass the unannounced survey,
- Convalescent/long-term healthcare facility fails to comply with GAHAR circulars when applicable.

Acknowledgments

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Acronyms

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

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SECTION 1

ACCREDITATION PREREQUISITES & CONDITIONS

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Section 1: Accreditation Prerequisites and Conditions

Section Intent:

This chapter is applicable during accreditation process and aims at providing a clear ethical framework that a healthcare facility 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 shall be dealt with on the GAHAR accreditation committee level and may result in denial or suspension of accreditation.

Compliance with GAHAR accreditation prerequisites

APC.01 The Convalescent/Long-Term healthcare facility ensures safe provision of medical services through complying with GAHAR Healthcare Professionals Registration.

Safety

Keywords:
Registration of staff

Intent:
Healthcare Professionals registration process aims at ensuring the competence of healthcare professionals by matching their qualifications and experience to registered or accredited healthcare facility's scope of medical services. In return, this process will improve the quality of healthcare services provided to the community. The Convalescent/Long-Term healthcare facility is expected to register all members of the following healthcare professions:

a) Physicians
b) Dentists
c) Pharmacists
d) Physiotherapists
e) Nurses
f) Nursing technicians
g) Health technicians
h) Chemists and physicists.

The Convalescent/Long-Term healthcare facility has to register all applicable newly hired staff members within 3 months of being recruited.

Survey process guide:

- GAHAR surveyor may review healthcare professional registration records, including both the current and new staff.

Evidence of compliance:

1. The facility has an approved process for registering all members of the required healthcare professionals.
2. The facility has a process to follow newly hired and non-registered staff.
3. The process covers all full-time, part-time, visiting, or other types of contracts/ agreements.
4. The facility reports to GAHAR, healthcare authority, and professional syndicates of any finding that can affect patient safety such as, fake, or misrepresented credentials.

Related standards:

APC.02 Accurate and complete information, WFM.04 Job Description, WFM.05 Verifying credentials.

Transparent and ethical relationships

APC.02 The Convalescent/Long-Term healthcare facility provides GAHAR with accurate and complete information through all phases of accreditation process.

Effectiveness

Keywords:

Accurate and complete information

Intent:

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

Survey process guide:

- GAHAR surveyor may review reports of other accreditation, licensure, inspection, audits, legal affairs, reportable sentinel events, and reportable measures.
- GAHAR surveyor may observe honesty, integrity, and transparency through the accreditation process

Evidence of compliance:

1. The facility reports accurate and complete information to GAHAR during the registration process.
2. The facility reports accurate and complete information to GAHAR during the period between accreditation and re-accreditation processes.
3. The facility reports within 30 days any structural changes in the scope of work, addition or deletion of medical services by more than 15% (if beds, specialties, staff), building expansions, or demolitions.
4. The facility provides GAHAR access to evaluation results and reports of any evaluating organization.

Related standards:

IMT.02 Document management system, APC.01 Registration of staff, OGM.01 Governing body Structure and responsibilities, OGM.02 Qualified facility director.

APC.03 The Convalescent/Long-Term healthcare facility maintains professional standards during the survey.

Safety

Keywords:

Professional standards during surveys

Intent:

Surveyors' aim is to perform their duties and responsibilities and to attain the highest levels of performance through implementing the ethical framework which is required to meet the public interest and maintain the reputation of GAHAR. To achieve these objectives, the survey process has to establish creditability, professionalism, quality of service, and confidence. The facility is expected to maintain professional standards in dealing with surveyors. The facility is expected to report to GAHAR if there is a conflict of interest between a surveyor and the healthcare facility that could affect any of the following values:

a) Integrity

b) Objectivity

c) Professional competence

d) Confidentiality

e) Respect

Survey process guide:

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

Evidence of compliance:

1. The facility maintains the values mentioned from (a) to (e) in the intent during the survey process.
2. Before survey, the facility reports any conflict of interest to GAHAR with evidence.
3. During survey, the facility avoids media or social media releases without GAHAR's approval.
4. The accredited facility can use GAHAR accreditation seal according GAHAR's rules.

Related standards:

OGM.04 The facility leaders, OGM.12 Ethical Management, CAI.06 Convalescent/Long-Term healthcare facility advertisement.

SECTION 2

PATIENT-CENTERED STANDARDS

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Section 2: Patient-Centered Standards

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

Over the past two decades, patient-centered care has become internationally recognized as a dimension of the broader concept of high-quality healthcare. In 2001, the semi-annual US Institute of Medicine's (IOM), Crossing the Quality Chasm: A New Health System for the 21st century, defined good-quality care as safe, effective, patient-centered, timely, efficient, and equitable.

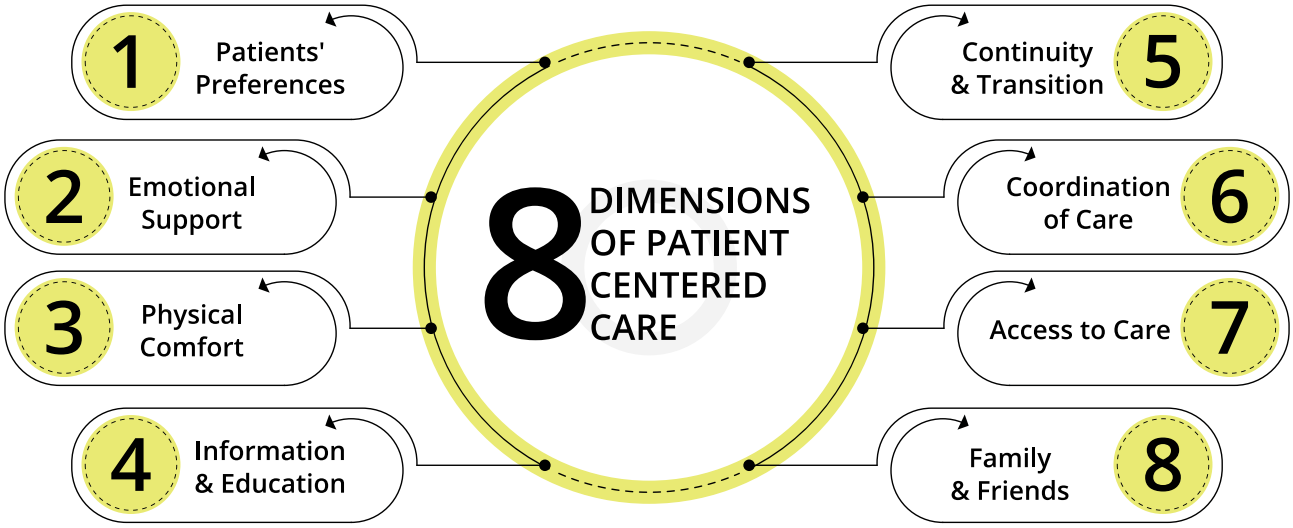
The report sets out several rules to redesign and improve patient-centered care, including ensuring that care is based in continuous, healing relationships; customizing care based on patients' needs and values; ensuring the patient is the source of control; sharing knowledge and information freely; and maintaining transparency.

According to Charmel and Frampton, the IOM report reinforces patient-centered care not only as a way of creating a more appealing patient experience, but also as a fundamental practice for providing high-quality care in the US.

Practically, many Egyptian convalescent/long-term healthcare facility, could readily put patient's medical record and informed consent policies in place, but many find it hard to actively change the way care is delivered, and struggle to involve patients and learn from their experience. Key strategies from leading patient centered care organizations worldwide include demonstrating committed senior leadership; regular monitoring and reporting of patient feedback data; engaging patients and families as partners; resourcing improvements in care delivery and environment; building staff capacity and a supportive work environment; establishing performance accountability; and supporting a learning organization culture.

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

There are Eight Principles of Patient-Centered Care as defined by Picker's Institute:



1) Patients' Preferences

At every step, patients should be given the needed information to make thoughtful decisions about their care. Those preferences should always be considered when determining the best course of action for that patient. The expertise and authority of healthcare professionals should complement and enhance the patient perspective. Assessment and care should be in a way that maintains patients' dignity and demonstrates sensitivity to their cultural values healthcare professionals need to focus on the person's quality of life, which may be affected by their illness and treatment. Everyone involved is always on the same team, working toward the same goal.

2) Emotional Support

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

3) Physical Comfort

Patients shall summon the courage to face circumstances that are scary, painful, lonely, and difficult. Strong pain relief and a soft pillow can go a long way. Healthcare professionals should work to ensure that the details of patients' environments are working for them,

rather than against them. Patients should remain as safe and comfortable as possible through difficult straits, surrounded by people equipped to care for them.

4) Information and Education

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

5) Continuity and Transition

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

6) Coordination of Care

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

7) Access to Care

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

8) Involvement of Family and Friends

Patient-centered care encourages keeping patients involved and integrated with their families, their communities, and their everyday lives by:

- Accommodating the individuals who provide the person with support during care.
- Respecting the role of the person's advocate in decision-making.

Supporting family members and friends as caregivers, and recognizing their needs.

GAHAR Safety Requirements

Chapter intent:

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

Chapter purpose:

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

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

Implementation guiding documents:

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

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

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

GAHAR Safety Requirements Keywords

Code	GSR Keyword	Code in Convalescent /long-term Book
	GENERAL PATIENT SAFETY	
GSR.01	Patient identification	ACT.03
GSR.02	Verbal and telephone orders	ICD.15
GSR.03	Critical Results	ICD.16
GSR.04	Handover communication	ACT.07
GSR.05	Fall screening and prevention	ICD.09
GSR.06	Pressure Ulcers Prevention	ICD.10
GSR.07	Venous Thromboembolism Prophylaxis	ICD.11
GSR.08	Recognition and response to clinical deterioration	ICD.25
GSR.09	Cardiopulmonary resuscitation and medical emergencies	ICD.26
	SURGERY AND INVASIVE PROCEDURES	
GSR.10	Timeout	SIP.04

Code	GSR Keyword	Code in Convalescent /long-term Book
	MEDICATION MANAGEMENT AND SAFETY	
GSR.11	Medication Reconciliation, best possible medication history (BPMH)	MMS.10
GSR.12	High alert medications and concentrated electrolytes	MMS.06
GSR.13	Look alike and Sound alike medications	MMS.07
	INFECTION PREVENTION AND CONTROL	
GSR.14	Hand Hygiene	IPC.03
	ENVIRONMENTAL AND FACILITY SAFETY	
GSR.15	Fire and smoke safety	EFS.03
GSR.16	Fire drills	EFS.05
GSR.17	Hazardous materials and waste management	EFS.06
GSR.18	Safety Management Plan	EFS.07
GSR.19	Radiation Safety Program	DAS.05
GSR.20	Laboratory Safety Program	DAS.14
	INFORMATION MANAGEMENT AND TECHNOLOGY	
GSR.21	Standardized abbreviations	IMT.03

Patient-Centeredness Culture

Chapter intent:

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

This requires that healthcare professionals develop good communication skills and address patient needs effectively and timely. Patient-centered care also requires that the healthcare professional becomes a patient advocate and strives to provide care that is not only effective but also safe.

The goal of patient-centered healthcare is to involve and empower patients and their families to become active participants in their care not only from a clinical perspective, but also from an emotional, mental, spiritual, social, and financial perspective.

Globally, the Universal Declaration of Human Rights article 25 emphasized the human right to a standard of living adequate for the health and wellbeing of himself and of his family, which includes medical care and the right to security in the event of sickness or disability.

Egyptian legal and ethical frameworks supported patient-centered care as well. According to the Egyptian constitution, comprehensive quality-standardized healthcare is a right for Egyptians. Egyptian codes of medical, nursing, pharmaceutical, and other healthcare professionals' ethics emphasized multiple aspects of patients' rights and healthcare professionals' obligations toward patients. Egyptian Law 19/2024 for Elderly rights' care organized patient-centered practice in long-term care facilities. Consumer Protection Agency (CPA) has identified multiple practices and instructions for patients to assume during their healthcare processes. In addition, Egyptian laws clearly describe the mechanism to obtain legal consent. During the past few years, the Egyptian parliament discussed some laws that are pertinent to the rights of some groups of Egyptian society, such as women, children, and the handicapped. Egyptian government identified multiple methods for the public to voice complaints from healthcare facilities, including hotlines in the ministry of health and population.

Practically, convalescent/long-term healthcare facilities need to ensure infrastructure for uniform patient-centered care policies and procedures. Organizations shall not stop their patient-centered care processes by just printing patient rights and responsibilities brochures and handing them to patients. Policies and procedures need to identify mechanisms to

establish and sustain patient-centered care culture. Education and techniques to encourage patient-centeredness behaviors are needed.

During the GAHAR Survey, Surveyors shall be able to measure how organizations define their patient-centeredness culture and work to sustain it through reviewing documents pertinent to this chapter, reviewing the implementation of direct patient management, during patient tracers, and interviewing staff. The leadership interview session may touch on this topic, as well.

Chapter purpose:

The main objective of this chapter is;

1. To describe the patient-centeredness culture needed to comply with the chapter requirements.
2. To describe basic patient rights and responsibilities.
3. To emphasize the techniques and cultural changes that organizations need to address while building patient-centered culture.

Implementation guiding documents:

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

1. Egyptian Constitution.
2. Cairo Declaration on Human Rights in Islam, 1990.
3. Egyptian code of medical ethics 238/2003.
4. Elderly rights' care Law 19/2024
5. Egyptian Children Protection Law number126/2008.
6. Rights of the Handicapped Law 10/2018.
7. Egyptian Consumer Protection law, 181/2018.
8. Law 51/1981 amended by law 153/2004, Healthcare facilities organization.
9. MOHP Ministerial decree of patient right to know expected cost of care number 186/2001.
10. Egyptian Criminal code law 58/1937.
11. Advertisement for Healthcare Services law, 206/2017.
12. Egyptian Code of Nursing Ethics (Nursing Syndicate Publications).
13. Code of Ethics and Behavior for Civil Service Staff, 2019.
14. Prime Minister decree for management of emergency cases number1063/2014.
15. Universal Declaration of Human Rights, 1964.

Planning and protecting the patient-centeredness culture

PCC.01 Patient-centered culture is developed and supported by the convalescent/long-term healthcare facility staff and leaders.

Patient-centeredness

Keywords:

Interdisciplinary patient - centeredness

Intent:

Patient-centered culture development and maintenance requires careful planning, agile implementation, and close monitoring. A multidisciplinary committee shall be established to plan, assist, and oversee the implementation and maintenance of patient-centeredness culture. Active membership of this committee shall include, at a minimum, a representative of the patients, a mix of junior administrative and management staff members, and a combination of clinical and non-clinical.

The committee shall have defined responsibilities that shall include at least the following:

a) Creates a vision of establishing a patient -centered culture with clear steps to achieve it.

b) Communicate this vision to multiple stakeholders and staff members.

c) Education and training of the staff to ensure they understand and can implement patient -centered care practices including empowerment of patients to make an informed choice/decision.

d) Collecting and analyzing patient feedback through surveys and other means to identify areas where patient -centered care can be improved.

e) Supporting, reviewing, and updating the facility's patient -centered care activities.

f) Identify potential obstacles and resistance for implementing patient-centered culture.

g) Work to remove these obstacles and ease down resistance.

Survey process guide:

- GAHAR surveyors may review the multidisciplinary committee terms of reference and may review a sample of meeting minutes.
- GAHAR surveyors may interview staff to evaluate their awareness and the mechanisms taken to plan, assist, and maintain patient-centered practices.
- GAHAR surveyors may interview the staff and ask them about patient -centered activities.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has a multidisciplinary committee with clear responsibility that addresses items from a) to g) in the intent.

2. The committee meets at least quarterly, and minutes are recorded.
3. Staff members are aware of patient-centeredness culture.
4. The facility leadership takes action to encourage staff participation in patient-centeredness activities.
5. Patient -centered care activities are evaluated and lessons learned to improve patient -centered care delivery.

Related standards:

PCC.02 Patient and family rights, PCC.06 Informed consent, PCC.12 Patient and family feedback, PCC.13 Complaints and suggestions, QPI.02 Performance Measures

PCC.02 The Convalescent/long-term healthcare facility supports and protects patients' and family rights during care.

Patient-Centeredness

Keywords:

Patient and family rights

Intent:

Seeking and receiving care and treatment in convalescent/long-term healthcare facility shall be overwhelming for patients, making it difficult for them to act upon their rights and understand their responsibilities in the care process. Patients shall be able to understand their rights and shall know how to use them. If for any reason, a patient does not understand his/her right, the convalescent/long-term healthcare facility is committed to helping the patient to gain knowledge about his/her rights. The facility shall provide direction to staff regarding their role in protecting the rights of patients and families. Patients' emotional, religious, spiritual needs, and other preferences shall be addressed and recognized. Whenever appropriate, provide separate facilities and services for women and men according to their cultural needs. Patient and family rights shall be defined according to laws and regulations, and the ethical code of healthcare professionals' syndicates.

The Convalescent/long-term healthcare facility shall develop a policy and procedures to ensure that all staff members are aware of and respond to patient and family rights issues when they interact with and care for patients throughout the facility. The policy shall address at least the following:

a) Patient and family right to access care.
b) Patient and family right to know the name of the treating, supervising, and/or responsible medical staff members.
c) Patient and family right to receive care that respects the Patient's personal values, beliefs, choices and patient preferences.

d) Patients' and families' rights to be informed and participate in making decisions related to their care.
e) Patients' and family right to seek a second opinion either internally or externally
f) Patient and family right to refuse care and discontinue treatment.
g) Patient and family right to have security, patient privacy, confidentiality, and dignity.
h) Patient and family right to make a complaint or suggestion without fear of retribution.
i) Patient and family right to know the price of services.
j) Patient and family right to have protection from any violations, neglect, exploitation and abuse.
k) Patient and family right to receive visitors and have privacy during visits
l) Patient and family right to receive medical report describing their care journey in the facility.

Survey process guide:

- GAHAR surveyors may review the Patient rights policy.
- GAHAR surveyors may interview staff members to check their awareness, and to check how they manage violations or predict violations as one of the Patient and family rights.
- GAHAR surveyors may observe the availability of patient rights statements in the facility, and how Patients receive information about their rights, also they may check conditions under which Patient rights are protected.

Evidence of compliance:

1. The facility has an approved policy that describes the process of defining patient and family rights, as mentioned in the intent from a) through l).
2. All staff members are aware of patient and family rights.
3. An approved statement on patient and family rights is available in all public areas in the facility.
4. Patient and family rights are protected in all areas and at all times.
5. Any violations to patient rights are managed and reported through a defined process.
6. Information about patient rights is provided in writing or in another manner in which the patients and their families understand.

Related standards:

PCC.05 Patient and family education, PCC.12 Patient and family feedback, PCC.13 Complaints and suggestions, PCC.04 Admission consent, PCC.06 Informed consent, ICD.12 Plan of Care, PCC.08 Patient Comfort and Dignity, ACT.01 Granting access, OGM.09 Billing System, PCC.07 Informed refusal, PCC.10 Patient's dignity, privacy, and confidentiality

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

Equity

Keywords:

Patient and family responsibilities

Intent:

Patients and their families shall be able to identify responsibilities related to the care process. If for any reason, the patient/family does not understand their responsibilities. Convalescent/long-term healthcare facility is committed to helping them to gain relevant knowledge. The inability to assume these responsibilities might affect the care or the management processes of the patients themselves, their families, and other patients or staff members. Convalescent/long-term healthcare facility is responsible for making the patients' responsibilities visible to patients and staff members at all times. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to ensure that patients are aware of their responsibilities. The policy shall address at least the following:

a) Patients and their families shall have the responsibility to provide clear and accurate information on the disease/condition including the current and past medical history.

b) Patients and their families shall have the responsibility to comply with the policies and procedures of the facility.

c) Patients and their families shall have the responsibility to comply with financial obligations according to laws and regulations and facility policy.

d) Patients and their families shall have the responsibility to show respect to other Patients and healthcare professionals.

e) Patients and their families shall have the responsibility to follow the recommended treatment plan.

Survey process guide:

- GAHAR surveyors may review patient responsibilities policy.
- GAHAR surveyors may interview staff members to check their awareness.
- GAHAR surveyors may observe the availability of patient responsibility statements in facility public areas.
- GAHAR surveyors may also observe how patients receive information about their responsibilities.

Evidence of compliance:

1. The facility has an approved policy that describes the process of defining Patient and family responsibilities as mentioned in the intent from a) through e).

2. All staff members are aware of patients' and families' responsibilities.
3. An approved statement on patient and family responsibilities is available in all public areas in the facility.
4. Information about patient responsibilities is provided in writing or in another manner that the patient understands.

Related standards:

PCC.02 Patient and family rights, PCC.05 Patient and family education, PCC.04 Admission consent, PCC.06 Informed consent, ICD.12 Plan of Care

Empowerment and involvement of patients and their families

PCC.04 Admission consent is obtained from the patient, or a legal representative, before admission after discussing the patient's needs and obligations.

Patient-centeredness

Keywords:

Admission consent

Intent:

Admission consent shall represent a patient's or family's understanding and approval of the accommodation process and its consequences. These consequences may include potential costs, hazards, and obligations that the patient may acquire during accommodation. The convalescent/long-term healthcare facility shall develop and implement a process to give patients and their families information about potential costs, and obligations in a language they understand.

Survey process guide:

- GAHAR surveyors may review the process of obtaining the admission consent with responsible staff and check the used templates or forms.
- GAHAR surveyors may also review an open or a closed file to assess the completion of admission consent.
- GAHAR surveyors may observe how the responsible staff for obtaining admission consent are able to answer related patients' questions.

Evidence of compliance:

1. Admission consent is provided in writing in a language that the patient understands.
2. The patient's or legal representative's approval and consent to being accommodation is recorded in the patient record.
3. Those responsible for obtaining admission consent are able to answer questions pertinent to potential costs and obligations of accommodation.

Related standards:

PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, OGM.09 Billing System, PCC.05 Patient and family education

PCC.05 The convalescent/long-term healthcare facility ensures that Patients and families' education is provided clearly.

Patient-centeredness

Keywords:

Patient and family education

Intent:

Patient and family education helps to understand the care process and to have the knowledge and skills to participate in the care decisions. Patients and families shall take informed decisions. Multiple disciplines shall contribute to the process of educating patients and families during the course of care processes. Patients and their families shall be encouraged to participate in the care process by speaking up and asking staff questions to ensure correct understanding and anticipated participation. Convalescent/long-term healthcare facility shall develop and implement a policy and procedures to define the process of patient and family education. Patient education activities required shall be recorded in the Patient's medical record. The policy shall address at least the following:

a) Identifying patient and family educational needs.
b) Identifying patient and family ability and willingness to education
c) Multidisciplinary responsibility to educate Patients and families.
d) Method for education shall be provided, according to patient and family values, physical and cognitive abilities, literacy and level of learning, and in a language and format that they understand.
e) Process of recording Patients' educational activities.

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

i. Diagnosis and current condition explanation.
ii. Plan of care, expected outcome of care, and alternative to the planning of care.
iii. Safe and effective use of medical equipment if any
iv. Safe and effective use of all medications taken by the patient if any.
v. Diet, nutrition, and hydration
vi. Pain management
vii. Rehabilitation techniques

viii. Basic safety education (fire safety, electrical safety, bathroom safety, etc...)

ix. Discharge/home instructions.

Survey process guide:

- GAHAR surveyors may review a policy describing the patient and family education process.
- GAHAR surveyors may review sample of patient medical records to assess the provided education activities completion.
- GAHAR surveyors may interview staff members to check their awareness of the patient and family education process.
- GAHAR surveyors may observe the availability of patient education materials.

Evidence of compliance:

1. The Convalescent/long-term healthcare facility has an approved policy guiding the process of patient and family education and includes at least item a) through e) in the intent.
2. All staff members are aware of patients and families' education process.
3. Patient receive education relevant to their condition including the items from i) to ix) in the intent.
4. Patient education activities such as patient education needs, the responsibility of providing education, and the method used are recorded in the patient's medical record.
5. Appropriate patient education materials are available as per the facility's policy.

Related standards:

PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, PCC.04 Admission consent, PCC.06 Informed consent, ICD.12 Plan of Care, IMT.06 Patient's Medical record Management, ICD.11 Venous Thromboembolism Prophylaxis, ICD.10 Pressure Ulcers Prevention, ICD.09 Fall screening and prevention.

PCC.06 Convalescent/long-term healthcare facility has a defined process to obtain informed consent for certain medical processes.

Patient-centeredness

Keywords:

Informed consent

Intent:

One of the main pillars to ensure patients' involvement in their care decisions shall be by obtaining informed consent. Informed consent is a process for getting permission before performing a healthcare intervention on a person, or for disclosing personal information. To give consent, a patient shall be informed about many factors related to the planned care. These factors are required to make an informed decision. Informed consent is a process of getting permission before performing a healthcare intervention on a patient, or for disclosing personal information. The informed consent shall include the likelihood of success and the risk of not doing the intervention, benefits, and alternatives for performing that particular medical process, and possible problems related to recovery, and possible results of non-treatment.

The Convalescent/long-term healthcare facility shall develop and implement a policy and procedures to describe how and where informed consent is used. The policy shall include at least the following.

a) The list of medical processes when informed consent is needed, this list shall include:
   i. Invasive procedures if any.
   ii. Use of blood transfusion.
   iii. Photographic and promotional activities, for in which the consent could be for a specific time or purpose.
   iv. High-risk procedures
   v. Research, if applicable.

b) Certain situations when consent can be given by someone other than the patient, and mechanisms for obtaining and recording it according to applicable laws and regulations

c) Consent forms are available in all applicable, relevant locations.

d) The validity requirements for informed consents.

Survey process guide:

- GAHAR surveyors may review a policy describing the patient informed consent process.
- GAHAR surveyors may review a sample of patients medical records to assess the completion of the informed consent.

- GAHAR surveyors may interview staff members to check their awareness of the consent process.
- GAHAR surveyors may observe the availability of the informed consent forms in all relevant areas.

Evidence of compliance:

1. The Convalescent/long-term healthcare facility has an approved policy guiding the process of informed consent that includes all elements mentioned in the intent from (a) through (d).
2. The informed consent forms are available in all relevant areas as per facility's policy.
3. Informed consent is obtained in a manner and language that the patient understands.
4. Informed consent is recorded and kept in the patient's medical record.
5. The responsible physician obtaining the informed consent signs the form with the patient.
6. All relevant staff members are aware of the consent process.

Related standards:

PCC.02 Patient and family rights, PCC.05 Patient and family education, IMT.03 Standardized diagnosis codes and abbreviations, WFM.08 Continuous Education Program, IMT.06 Patient's Medical record Management

PCC.07 Patients and families are informed about their rights and responsibilities related to refusing or discontinuing a step(s) in the medical care process such as a treatment, or diagnostic procedure.

Patient-centeredness

Keywords:

Informed refusal

Intent:

Refusing or discontinuing medical care against medical advice (AMA) could be for a step (s) or taking the decision to be discharged against medical advice (DAMA)

Patients and families shall be given enough information, education, and documents about risks when his/her/their choices may result in patient harm. The convalescent/long-term healthcare facility, shall develop and implement a policy and procedures to hold the quality-of-life discussions to inform and educate patients on the risk(s)/benefit(s) when patient choice conflicts with the plan of care. The policy shall address at least the following:

a) How to inform the patient/family of the patient current medical condition.

b) How to inform the patient/family of the consequences of their decision.

c) How to record patient and/or family refusal of the medical care process step.

d) Patients are informed about available care and treatment alternatives.

Staff members should receive education to focus on the strengths and empowerment of patients to make an informed choice/decision.

Survey process guide:

- GAHAR surveyors may review a policy describing the informed refusal process.
- GAHAR surveyor may review a sample of the patient's medical record to assess completion of informed refusal form.
- GAHAR surveyors may interview staff members to check their awareness of the informed refusal process.
- GAHAR surveyors may observe the distribution and availability of informed refusal forms in areas where they are needed the most, such as patient wards.

Evidence of compliance:

- The convalescent/long-term healthcare facility has an approved policy guiding the process of informed refusal includes at least item from a) through d) in the intent.
- Informed refusal/DAMA form is recorded and kept in the patient's medical record
- Data relevant to informed refusal is monitored and actions are taken for identified improvement opportunities.

Related standards:

PCC.02 Patient and family rights, PCC.05 Patient and family education, WFM.08 Continuous Education Program, IMT.06 Patient's Medical record Management, IMT.03 Standardized diagnosis codes and abbreviations, QPI.02 Performance Measures, QPI.06 Sustaining Improvement

Ensuring patient's physical comfort

PCC.08 The physical aspects of the convalescent/long-term healthcare facility, such as the design of patient rooms, waiting areas, and clinics support the patient -centered environment.

Patient -centeredness

Keywords:
Patient Comfort and Dignity.

Intent:
Several key elements influence a patient's recovery journey in a convalescent/long-term healthcare setting. These include noise levels, pain management strategies, and environmental factors that can either hinder or support clear communication between patients and caregivers. All these aspects are interrelated and significantly impact the overall healing process. Patients' rooms should be clean, well maintained and designed to provide comfort, safety, and privacy. Consideration should be given to factors such as lighting, temperature control, noise reduction and patients should be encouraged to individualize their rooms to promote a sense of familiarity and belonging.

The convalescent/long-term healthcare facility shall ensure that the patient's stay is comfortable, safe, and supporting patient's changing needs. The facility shall provide an environment that includes at least the following:

a) A comfortable atmosphere.
b) Sufficient space with access to patient living space.
c) Proper and convenient accommodation like-home e.g., furnishings and equipment in all areas.
d) Access to safe outdoor areas
e) Proper temperature control and ventilation
f) Availability of resources that may be required to meet patients' spiritual, cultural, and gender needs.
g) Communication about room and roommate assignments or changes;
h) Respect patient, and staff comfort, and safety from acoustic noise especially during codes and alarm activation.
i) Respective infrastructure for disabled patients and patients with special needs is available, this may include handicapped parking, wheelchair accessible entrances, toilets for disabled patients, walking rails, etc.

A comfortable stay shall be obtained in convalescent/long-term healthcare facility through many ways and methods as accessibility to the internet and social media, and/ or making

and receiving private telephone calls in line with the local policy, follow healthy diet and food and having a convenient visiting hour.

Staff members shall ensure their complete awareness of how to maintain and protect their patients' privacy, comfort, and dignity and shall know how to manage situations when this is breached.

Survey process guide:

- GAHAR surveyors may observe the patients comfort by visiting multiple patient rooms of multiple economic statuses.
- GAHAR surveyors may interview patient and staff to inquire about visiting hours, healthy food availability, and comfortable stay.

Evidence of compliance:

1. The convalescent/long-term healthcare facility provides a safe, comfortable environment that covers elements from a) through i) in the intent.
2. Staff is aware of how to maintain and protect their patients' privacy, comfort, and dignity.
3. Comfortable spaces and equipment are available for patient use.
4. Healthy food is available and accessible for patient s when needed.
5. Visiting hours are convenient for patients and their families.

Related standards:

PCC.02 Patient and family rights, EFS.01 facility environment and safety, EFS.08 Security Plan, EFS.07 Safety Management Plan, PCC.10 Patient's dignity, privacy, and confidentiality, ICD.17 Patient nutritional needs

Protecting patient's belongings, privacy, and confidentiality

PCC.09 The convalescent/long-term healthcare facility identifies and responds to patients emotional, religious, spiritual needs, and other preferences.

Patient-centeredness

Keywords:

Patient's needs

Intent:

Research has indicated communication during medical interactions can influence patients' emotional experiences and potentially have positive impacts on psychosocial health outcomes. The comprehensive approach to patient care shall encompass not only the physical aspects of health but also the emotional and spiritual well-being of individuals.

Convalescent/long-term healthcare facility recognize the importance of providing care that is sensitive to patients emotional, religious, spiritual, and other patient needs and preferences. Healthcare providers shall receive training in cultural competence, including sensitivity to religious and spiritual beliefs, to facilitate respectful and effective interactions with patients from diverse backgrounds.

The convalescent/long-term healthcare facility shall develop a process to identify patients' emotional, religious, and spiritual needs and also shall provide access to support services that cater these needs. The services may include counseling and/or access to religious or spiritual leaders.

Survey process guide:

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

Evidence of compliance:

1. The convalescent/long-term healthcare facility has a process to identify patients' emotional, religious, and spiritual needs.
2. Patient needs and preferences are documented in the patient's medical record.
3. Plans of care are tailored to consider emotional, religious, and spiritual needs.
4. Cleaning, food, and other services are according to patient and family preferences.
5. Services' schedules are modified according to patient preferences.

Related standards:

PCC.02 Patient and family rights, ICD.12 Plan of Care, PCC.08 Patient Comfort and Dignity, ICD.17 Patient nutritional needs

PCC.10 Patient's dignity, privacy, and confidentiality are protected during all medical care processes, such as screening, assessments, care, and treatments.

Patient-centeredness

Keywords:

Patient's dignity, privacy, and confidentiality

Intent:

One of the most important human needs is the desire for respect and dignity. The patient shall have the right to care that is respectful and considerate at all times, in all circumstances, and recognizes the personal worth and self-dignity of the patients. Patient's

privacy, particularly during clinical interviews, examinations, treatments, and transport, is important. Patients may desire privacy from other staff members, from other patients, or even from accompanying family members. The convalescent/long-term healthcare facility, must treat the Patient's information as confidential and shall implement processes to protect such information from leakage, loss, or misuse.

Survey process guide:

- GAHAR surveyors may observe situations such as patient's examination and assess if privacy and confidentiality were maintained.

Evidence of compliance:

1. Patients' privacy is respected for all clinical interview, examinations, and treatments.
2. Patients' privacy is respected during patient's transportation.
3. Confidentiality of patient information is maintained according to laws and regulations.
4. Patients are allowed to decide who can attend their screening, assessment, or care processes.

Related standards:

PCC.08 Patient Comfort and Dignity, IMT.04 Information security

PCC.11 The Convalescent/long-term healthcare facility's responsibility towards the Patient's belongings is defined.

Patient-centeredness

Keywords:

Patient's belongings

Intent:

Patients' belongings may include clothing, dentures, hearing aids, eyeglasses or contact lenses, or valuables such as jewelry, electronic devices, cash, and credit/debit cards. The Convalescent/long-term healthcare facility shall accept custody of the Patient's belongings for the Patient's best interests; and especially if the Patient is not capable of being responsible for the belongings and their family is unavailable to take custody of their belongings. The Convalescent/long-term healthcare facility, facility policy shall address at least the following:

a) Determine the facility's level of responsibility for patient belongings.
b) Clarify the accountability of staff who have the responsibility for managing Patient's property.
c) Ensure that there are safe and appropriate procedures in place to manage Patient's property.

d) Define lost and found process, lost and found items shall be recorded, protected, and returned when possible; Convalescent/long-term healthcare facility shall define a clear process to follow when items are not returned within a defined timeframe.

Survey process guide:

- GAHAR surveyor may review the policy that guides convalescent care responsibilities for Patient's belongings.
- GAHAR surveyor may interview staff members to check their awareness of convalescent care policy.
- GAHAR surveyor may review security records and cabinets where patient belongings are kept and recorded.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy guiding facility responsibilities for patients' belongings includes the items from a) through d) in the intent.
2. Responsible staff members are aware of the facility's policy.
3. Records of Patient's property management are available and matching the cabinet's contents.
4. Lost and found items are recorded, protected, and returned when possible.

Related standards:

EFS.08 Security Plan, PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities

Responsiveness to patients' and families' voices

PCC.12 The convalescent/long-term healthcare facility improves it's provided services based on measured patient and family feedback.

Patient-centeredness

Keywords:

Patient and family feedback.

Intent:

Convalescent/long-term healthcare facility provides a variety of services to patients. It shall be important for the facility to collect feedback from patients and families to ensure that they are providing the best possible care.

Patient and family feedback includes concerns, compliments, and formal complaints through surveys that may help convalescent/long-term healthcare facility to identify ways

of improving clinical and non-clinical performance, and to better understand the patient's needs. This information can be used to develop new programs and services that meet the needs of patients. Convalescent/long-term healthcare facility can solicit feedback from patients in a variety of ways: phone surveys, written surveys, focus groups, or personal interviews. The feedback process shall be tailored to the needs and abilities of the patients. Convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the process of managing Patient feedback.

The facility shall define if the process addresses the measurement of patient experience or patient satisfaction.

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

Survey process guide:

- GAHAR surveyors may review the policy of patient and family feedback.
- GAHAR surveyors may observe the process of using patient and family feedback for performance improvement.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy guiding the process of patient and family feedback measurement.
2. There is evidence that facility has received, analyzed, and interpreted feedback from Patients and families.
3. The interpreted feedback has been communicated with the concerned staff members and used for services improvement.
4. There is evidence that patient and family feedback is used to improve the quality of service.

Related standards:

PCC.13 Complaints and suggestions, OPI.02 Performance Measures, PCC.02 Patient and family rights, QPI.06 Sustaining Improvement.

PCC.13 Patients and families are able to make oral, and written complaints or suggestions through a defined process.

Patient-centeredness

Keywords:

Complaints and suggestions.

Intent:

While the convalescent/long-term healthcare facility shall be able to proactively measure and use the patient's feedback, patients and families may also want to give oral or written anonymous complaints or suggestions about their care and to have those complaints or suggestions reviewed and acted upon. Complaints are an important part of the quality improvement process. They can help facilities to identify areas where they need to improve, and to make changes that will benefit patients. Older patients and patients with special needs, shall be reluctant to express complaints. Barriers to communication, such as limitations with hearing and literacy, may require different processes to express complaints. The facility shall develop and implement a policy and procedures to create a uniform system for dealing with different complaints and suggestions from patients and/or their families to make it easy to follow up, monitor, and learn from practices. Convalescent/long-term healthcare facility policy shall address at least the following:

a) Mechanisms to inform patients and families of communication channels to voice their complaints and suggestions, which may be tailored according to patient's needs.
b) Tracking processes for patient and family complaints and suggestions.
c) Responsibility for responding to patient complaints and suggestions.
d) Timeframe for giving feedback to patients and families about voiced complaints or suggestions and advising the Patient of progress and outcome.

Survey process guide:

- GAHAR surveyors may review the policy of managing patient complaints and suggestions.
- GAHAR surveyors may interview staff to check their proper awareness.

Evidence of compliance:

1. The Convalescent/long-term healthcare facility has an approved policy guiding the process of managing patients' complaints and suggestions, including items from a) through d) in the intent.
2. Staff is aware of complaints and suggestion policy.
3. Patients, and families are allowed to provide suggestions and complaints.
4. The facility allows the complaining process to be publicly available.

5. Complaints are investigated, analyzed, and resolved in an approved timeframe
6. Patient and families receive feedback about their complaints or suggestions within approved timeframes and according to the level of urgency of the complaint.

Related standards:

PCC.02 Patient and family rights, PCC.12 Patient and family feedback, QPI.02 Performance Measures, QPI.06 Sustaining Improvement, PCC.01 Interdisciplinary patient - centeredness

Access, Continuity, and Transition of Care

Chapter intent:

Access is the process by which patient can start receiving health care services. Facilitating access to such kind of care is concerned with helping them to command appropriate healthcare resources, in order to preserve or improve their health. Access is a complex concept, and at least four aspects require evaluation: Availability, Affordability, Acceptability, and Physical Accessibility. Continuity of care becomes increasingly important for patients as community ages develop multiple morbidities and complex problems or include more patients who become socially or psychologically vulnerable.

Transition of care refers to the coordination and continuity of healthcare during a movement from one healthcare either to another one or to home, between healthcare professionals and settings as their condition and care needs change during the chronic or acute illness. Transition of care between two or more settings can be problematic and a well-known cause of medical errors and may often result in harm to the service users. This is particularly true for convalescent or long-term care patients, who have comorbid conditions, take multiple medications, and see several providers. The key component of transition of care is information exchange, especially in such kind of care. Granting access, continuity and transition of care play crucial role to improve health outcomes and increase patient satisfaction within convalescent and long-term care facilities. Globally, WHO presented the global framework for access to care announcing that all people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient, and acceptable; and all careers are motivated, skilled and operate in a supportive environment. Locally, the Egyptian constitution focuses on the importance of granting access to healthcare services to all Egyptians with a special emphasis on providing emergency lifesaving care. Egyptian laws for establishing convalescent / long-term healthcare facilities defined the minimum requirements for licensure and access pathways. The medical code of ethics defined the framework of doctors' responsibilities toward convalescent / long-term healthcare facility patients.

Practically, convalescent / long-term healthcare facilities need to consider all the accesses to services. Building a Most Responsible Physician culture is important as well.

Establishing convalescent / long-term care policies on patients flows and help facilities to better use available resources and safely handle patients' journeys. During a GAHAR survey, The GAHAR surveyors are going to assess the smooth flow of patients to/from convalescent /long-term healthcare facility and assess the process and its implementation. In addition,

they will be interviewing staff and reviewing documents related to the standards to assure that equity, effectiveness, and efficient process are in place.

Chapter purpose:

The main objectives of this chapter are

1. To ensure effective and safe patient flow-in the convalescent /long-term healthcare facility.
2. To ensure effective and safe patients flow within the convalescent /long-term healthcare facility.
3. To ensure effective and safe patient flow-out of the convalescent /long-term healthcare facility.

Implementation guiding documents:

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

1. Egyptian Constitution.
2. Elderly rights care Law 19/2024
3. Rights of the Handicapped Law, 10/2018.
4. Universal Health Insurance Law, 2/2018.
5. Prime Minister Decree for Management of Emergency Cases Number1063/2014.
6. Egyptian Code of Building for Handicapped.
7. Nursing Syndicate Publications – Nursing Guidelines.
8. Healthcare Facilities Organization Law 51/1981 Amended by Law 153/2004.
9. MOH Ministerial Decree Discharge Summary Requirements, 254/2001.
10. MOH Ministerial Decree for Medical Reports Regulations Number 187/2001.
11. MOH Ministerial Decree No. 216 of 1982 regarding the executive regulations of Law No. 51 /1981.
12. The Transition of Care, WHO, 2016.

Effective and safe patient flow-in the convalescent/long-term healthcare facility

ACT.01 The convalescent/long-term healthcare facility grants patients access to its services according to pre-set eligibility criteria.

Patient-centeredness

Keywords:
Granting access.

Intent:
Convalescent/long-term healthcare facility, provides a bridge between acute care and returning home. It is designed to support individuals in their recovery after illness, surgery, or a medical procedure. Access to convalescent /long-term health services is crucial for ensuring the continuity of care and well-being of population. Providing complete information on the care and services offered by the convalescent/long-term healthcare facility is essential to building open and trusting communication with the community.

Convalescent/long-term healthcare facility shall establish a systematic and transparent process for granting patients access to the services provided, and to promote efficiency, consistency in the admission process, and ultimately enhancing the quality of care provided in the facility.

Implementing pre-set eligibility criteria will facilitate prioritization of individuals whose needs align with the facility, offered. These pre-set criteria need to be available for those responsible for granting access to patients. The facility will conduct a pre-admission screening to determine if the individual is eligible for admission and if the facility can meet their care needs. This screening may involve a review of medical records, an in-patient assessment, and interviews with the individual and their family. Patient with the same needs may vary in terms of age, abilities, language, and cultural context, or they may present other barriers that make the process of accessing and receiving care difficult.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the process of patient granting access. The policy addresses at least the following:

a) How to provide complete information on the care and services offered by facility.
b) How to access the services in the facility.
c) The process to screen patients to determine that the facility scope of services can meet their healthcare needs,
d) Actions to be taken if the patient needs do not match the facility scope of service.
e) Accessibility of the facility services for patients with various types of disabilities.

Survey process guide:

- GAHAR surveyors may review policy of granting access to patient.
- GAHAR surveyors may observe the process for informing patients about the criteria of granting access at the point of the first contact in facility such as service desks, receptions, call centers, and to assess the accessibility of the provided services for patients with various types of disabilities.
- GAHAR surveyors may interview patients to assess their awareness.

Evidence of compliance:

1. The facility has an approved policy granting access to patients that addresses all elements mentioned in the intent from a) through e).
2. Patients are made aware of available services, including operating hours, types of services, cost of each service (when relevant), and access path.
3. The facility defines a system for informing patients and families about services that is suitable for different literacy levels and is accessible at points of contact and public areas.
4. When patient's healthcare needs are not matching the facility scope of service, patient is referred and/or transferred to other healthcare organization or given assistance in locating the service.
5. The services are accessible for patients with various types of disabilities.

Related standards:

PCC.02 Patient and family rights, ACT.02 Registration process, ACT.11 Patient's flow out (transfer, referral and discharge), ICD.02 Outpatient Services, ICD.05 Screening of healthcare needs, CAI.06 Convalescent/Long-Term healthcare facility advertisement.

ACT.02 Convalescent/long-term healthcare facility has a process in place guiding patient registration and flow pathway.

Patient-centeredness

Keywords:

Registration process

Intent:

Patient registration is a starting point for community members to benefit from the healthcare system services. Usually, it requires a considerable amount of preliminary patient data input, including a collection of patient demographic information such as personal and contact information, patient referral or appointment scheduling, collection of patient health history, and checking of health payer coverage. If handled incorrectly, this

series of initial touchpoints can lead to a number of ongoing issues, including overwhelmed patient who may decide not to pursue their care at a facility that is disorganized.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the registration process. The policy includes at least the following:

a) Establishing of the facility wide scope of service.
b) Coordinating patient flow between necessary facility services.
c) Minimum information needed to register the patient.
d) Minimum information needed for registration and flow of patient are visible to patients and families at the point of the first contact and in public areas.

Survey process guide:

- GAHAR surveyors may review policy guiding facility registration.
- GAHAR surveyors may interview all involved staff in registration process to check their awareness about the facility registration policy.
- GAHAR surveyors may observe the point of the first contact and, public areas, to check information given to patients such as in form of brochures, posters, digital, verbal messages, or other types of information.
- GAHAR surveyors may observe patients to ensure that the registration processes are uniform.

Evidence of compliance:

1. The facility has an approved policy guiding facility registration that addresses all elements mentioned in the intent from a) through d).
2. All staff members involved in patient registration and flow pathway are aware of the facility policy.
3. The registration process and patient flow information are available and visible to patients and families at the point of the first contact and in public areas.
4. Patient registration and flow processes are uniform to all patients.

Related standards:

PCC.02 Patient and family rights, ACT.05 Wayfinding signage, ACT.10 Patient's transportation, ICD.02 Outpatient Services, EFS.01 facility environment and safety.

ACT.03 GSR.01 Accurate patient identification through at least two unique identifiers to identify the patient and all elements associated with his/her plan of care.

Safety

Keywords:
Patient identification.

Intent:
Providing care or performing interventions on the wrong patient are significant errors, which may have grave consequences. Using two unique identifiers for each patient is the key driver in minimizing such preventable errors. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the process of patient identification. The policy addresses at least the following:

a) Two unique identifiers (personal).

b) Occasions when verification of patient identification is required (before administering medications, blood, or blood products, before taking blood and other specimens for clinical testing and before providing treatments and procedures).

c) Methods to document identifiers such as wristbands, ID cards, and others.

d) The exclusion criteria for the patient identification such as the patient's bed number, patient's room number and others.

Survey process guide:

- GAHAR surveyors may review policy and procedure for patient identification to check the required two identifiers (personal) and the occasions when they should be used.
- GAHAR surveyors may review a sample of medical records and check each sheet for the presence of the two identifiers mentioned in the policy.
- GAHAR surveyors may interview the staff to ensure their awareness of the policy and using at least two patient identifiers before procedures such as blood sampling, medications administration...etc.
- GAHAR surveyors may observe patient identification wristbands for the two identifiers and to observe the patient identification process before procedures or care.

Evidence of compliance:

1. The facility has an approved policy and procedure for patient identification that addresses all elements mentioned in the intent from a) through d).
2. All healthcare professionals are aware of the facility policy.
3. Patient's identification verification is conducted before performing diagnostic

procedures, providing treatments, and performing any procedures.

4. The patient's identifiers are recorded in the patient's medical record.
5. The facility tracks, collects, analyses, and reports data on the patient's identification process and acts on identified improvement opportunities.

Related standards:

DAS.03 Medical imaging pre-examination process & examination protocols, DAS.04 Medical imaging results, DAS.10 Specimen reception, tracking, and storage, ICD.23 Ordering of blood and blood products, MMS.11 Ordering, prescribing, transcribing, IMT. 06 Patient's Medical record Management, ACT.04 Admission process.

ACT.04 The convalescent/long-term healthcare facility has a process in place guiding admission of patients, including those coming from the outpatient area, and other admission routes.

Patient-centeredness

Keywords:

Admission process

Intent:

Admission involves staying at a convalescent/long-term healthcare facility for at least one night or more. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures in order to clarify and simplify the admission process. The policy addresses at least the following:

a) Admission procedures of patients, including those coming from the outpatient areas and other admission routes.
b) The facility plans for bed, time frame for admission, utilities, medical equipment, supplies and medication to support patient care.
c) Information to be given to the patient and family at the time of admission.
d) Management of patient when the bed is not available.

Survey process guide:

- GAHAR surveyors may review policy and procedure for admission.
- GAHAR surveyors may interview the involved staff to check their awareness about the policy.
- GAHAR surveyors may observe a patient to check the process and time interval taken between the time when a decision of admission was taken and the time when the patient actually became on the bed.

Evidence of compliance:

1. The facility has an approved policy and procedure for admission that addresses all elements mentioned in the intent from a) through d).
2. All staff members involved in admission process are aware of the policy.
3. Required information are given to the patient and family at the time of admission.

Related standards:

PCC.02 Patient and family rights, PCC.04 Admission consent, PCC.09 Patient's needs, ACT.01 Granting access, ICD.05 Screening of healthcare needs.

ACT.05 Appropriate and clear wayfinding signage are used to help patients and families to reach their destination inside the convalescent/long-term healthcare facility.

Effectiveness

Keywords:

Wayfinding signage

Intent:

Wayfinding systems can help the convalescent/long-term healthcare facility to reduce their patients' stress by providing easy-to-follow signage and legible directions to their destinations. A key issue for the design and creation of wayfinding signage is the need to create it such that you are helping every possible patient type.

People need to find their way, and lighting is very important when it comes to signage.

Signage needs to be readable in different lighting conditions and in different weathers (if the signage is used outdoors).

In some settings, reliance on text-based messaging is minimized, and systems rely heavily on non-text cues such as colors and symbols.

Survey process guide:

- GAHAR surveyors may observe wayfinding signs readability, clarity, and acceptability.
- Wayfinding signs may include all those signs encountered by patients during their journey in the facility.
- GAHAR surveyors may interview the staff to check their awareness of wayfinding signage used.

Evidence of compliance:

1. All facility areas are identified with signs.
2. Wayfinding signs are used in all relevant places to reduce patient and family confusion.

3. When color-coded signage is used, clear instructions on what each color means should be available.
4. Staff is fully aware of wayfinding signage used.
5. Signs are visible and lit during all operating times.

Related standards:
PCC.02 Patient and family rights, EFS.01 facility environment and safety, ACT.02 Registration process.

Effective and safe patients flow within the Convalescent/long-term healthcare facility

ACT.06 The convalescent/long-term healthcare facility has a process guiding the assignment of patient care responsibility.

Safety

Keywords:
Patients' care responsibility.

Intent:
Patients in convalescent/long-term healthcare facility often require concurrent care from more than one healthcare professional.

The term most responsible physician (MRP) generally refers to the physician who has overall responsibility for directing and coordinating the care and management of an individual patient at a specific point in time. Misunderstandings about who among the healthcare team is responsible for a patient's care may compromise that care and may result in an adverse event and increased medico-legal risk.

Identifying the most responsible physician and properly managing handovers of care improves patient safety and reduces the medico-legal risk for physicians by preventing potential breakdowns in the chain of communication both among healthcare team members and with the patient, and thereby help ensure that inconsistency or redundancy in care is avoided.

The identity of who will act as MRP for a patient should be determined early and based on the circumstances of each case. It should be clear in the patient's medical record, who is designated as the MRP. While typically the attending or admitting physician will be the MRP, this may not always be the case.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the process of assigning patient care responsibility. The policy addresses at least the following:

a) Each patient is assigned to one most responsible physician (MRP) as relevant to the patient's clinical condition.
b) Conditions to request and grant transfer of care responsibility.
c) How information about assessment and care plan, including pending steps, can be transferred from the first most responsible physician to the next one (handover).
d) The process to ensure clear identification of responsibility between transfer of responsibility parties.

Survey process guide:

- GAHAR surveyors may review the policy for assigning patient care responsibility.
- GAHAR surveyors may review a sample of patients' medical record to verify the physician responsible for care.
- GAHAR surveyors may interview the medical staff to check their awareness of the policy.
- GAHAR surveyors may observe the process of transfer of care responsibility.

Evidence of compliance:

1. The facility has an approved policy and procedure for assigning care responsibility that address all elements mentioned in the intent from a) through d).
2. The medical staff are aware of the contents of the policy.
3. The patient's medical record identifies the physician responsible for care.
4. A clear handover process is performed in cases of transfer of care responsibility (signed by the most responsible physician and documented in patient medical record).

Related standards:

PCC.02 Patient and family rights, ACT.07 GSR. 04 Handover communication, ACT.11 Patient's flow out (transfer, referral and discharge), IMT.02 Document management system, WFM.04 Job Description.

ACT.07 GSR.04 A standardized approach to hand over communications, including an opportunity to ask and respond to questions, is implemented.

Safety

Keywords:

Handover communication

Intent:

The primary objective of a 'handover' is the direct transmission of accurate patient care information among staff members to ensure the continuity of care.

Moreover, it provides a chance for clarifications, which subsequently decreases medical errors.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the process of handover communication.

The policy addresses at least the following:

a) Standardized method of communication, such as SBAR, ISOBAR, I PASS the BATON, and others.
b) Occasions when this method is used; this includes but not limited to in-between different shifts (in the same department), in-between different departments/services.
c) The requirement of staff presence.
d) Staff responsibilities.
e) Recommended environment during handover.
f) Recording of the process, such as handover logbook, endorsement form, electronic Handover tool, and/or other methods as evidence of implementation and it is not required for this documentation to be included in the patient's medical file.

Survey process guide:

- GAHAR surveyors may review the policy for handover of patients.
- GAHAR surveyors may review medical records, handover logbooks, endorsement form, electronic handover tool, and/or other methods as evidence of implementation.
- GAHAR surveyors may interview staff to check their awareness of handover policy.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through f).
2. All healthcare professionals are aware of the policy.
3. Handover communication conducted in but not limited to in-between different shifts (in the same department), in-between different departments/ services.
4. Handover communications are documented using an established tool or format and are accessible as needed.
5. The facility tracks, collects, analyzes, and reports data on the handover communication process and acts on identified improvement opportunities.

Related standards:

ICD.01 Uniform services /care provision, ACT.11 Patient’s flow out (transfer, referral and discharge), ICD.15 GSR.02 Verbal or telephone orders, ICD.16 GSR.03 Critical results.

ACT.08 The consultation process is available, and provided based on patient's needs and within a predefined time frame.

Safety

Keywords:
Consultation process

Intent:
Consultation is the process of seeking an assessment by a medical staff member of a different discipline to suggest a diagnostic or treatment plan. Often, consultation leads to professional communication where clinicians share their opinions and knowledge with the aim of improving their ability to provide the best care to their patients. Such dialogue may be part of a clinician's overall efforts to maintain current scientific and professional knowledge or may arise in response to the needs of a particular patient.

Although consultation usually is requested in an efficient manner that expedites patient care, situations occur in which the relationship between healthcare professionals' results in an inefficient, less-than-collegial consultative process that may not be in the best interest of the patient.

For example, a patient and a consultant may be put at a serious disadvantage when consultation is requested late in the process of care or is not accompanied by sufficient background information, the reason for consultation is not clearly stated or late response to the consultation request. Convalescent/long-term healthcare facility shall develop and implement a safe and appropriate consultation process policy and procedures. The policy addresses at least the following:

a) Requirements /criteria for getting a consultation for patients.
b) Expected outcome and urgency of consultation.
c) A clear process of communicating consultation requests to concerned healthcare professionals.
d) Timeframe to respond to consultation requests.
e) Response details to ensure safe and appropriate care planning.

Survey process guide:

- GAHAR surveyors may review a consultation process policy and procedures.
- GAHAR surveyors may also interview healthcare professionals to check their awareness of the policy.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through e).

2. Healthcare professionals who are involved in the consultation process are aware of the facility's policy.
3. Consultations are obtained based on patient needs.
4. Consultations are obtained within a defined timeframe.
5. Information exchange between consultation requestor and responder to consultation requests is comprehensive and recorded in the patient's medical record.

Related standards:

ACT.09 Multidisciplinary Management, ICD.03 Medical patient assessments, ICD.12 Plan of Care, IMT.02 Document management system.

ACT.09 Multidisciplinary management process is accessible and provided according to the patient's condition and needs.

Safety

Keywords:

Multidisciplinary Management

Intent:

A multidisciplinary management process usually occurs in the form of a meeting of a group of professionals from one or more clinical disciplines who together make decisions regarding the recommended treatment of individual patients. Multidisciplinary teams may specialize in certain conditions, such as cancer, diabetes, or other conditions.

Clinical decisions are made based on reviews of clinical documentation such as case notes, test results, diagnostic imaging, etc. The patient may or may not be present during the multidisciplinary management meetings. Healthcare professionals defined multiple areas for improvement for multidisciplinary management, including access to complete information and clarified roles for the different healthcare professionals. Convalescent/ long-term healthcare facility shall develop and implement a safe and appropriate multidisciplinary management process. The policy addresses at least the following:

a) Defined criteria for getting multidisciplinary opinions.
b) Clear responsibilities among the treating team.
c) Recording details of communication, assessment, and care.

Survey process guide:

- GAHAR surveyors may review the policy of facility process for multidisciplinary medical management.
- GAHAR surveyors may interview medical staff members to check their awareness of the policy.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through c).
2. All medical staff members are aware of the facility policy.
3. Multidisciplinary management meetings are obtained based on patient needs.
4. Multidisciplinary management meetings occur according to the policy.
5. Information exchange between multidisciplinary management teams is describing patient condition and important findings and recorded in the patient's medical record.

Related standards:

ICD.03 Medical patient assessments, ICD.05 Screening of healthcare needs, ICD.12 Plan of Care, ICD.13 Clinical practice guidelines adaptation and adoption, IMT.02 Document management system.

ACT.10 Transportation of patients is coordinated and provided in an approved timeframe.

Safety

Keywords:

Patient's transportation.

Intent:

Transportation in this standard refers to the act of lifting, maneuvring, positioning, and moving patients from one point to another point under the custody of convalescent/long-term healthcare facility staff members. Evidence-based research has shown that safe patient handling interventions can significantly reduce overexertion injuries by replacing manual patient handling with safer methods.

The convalescent/long-term healthcare facility should coordinate patient transportation between different departments and services to ensure timely access to critical care and meet patient needs within an approved timeframe.

The facility should be able to meet patient needs within an approved timeframe especially in critical conditions Patient transportation should be facilitated and coordinated within the available services and resources.

The convalescent/long-term healthcare facility develops and implements a policy and procedures for managing patient transportation. The policy addresses at least the following:

a) Safe patient handling to and from examination bed, trolley, wheelchair, and other transportation means.

b) Staff safety while lifting and handling patients.

c) Coordination mechanism to ensure safe transportation within the approved timeframe, especially in critical conditions.

d) Competence of staff responsible for handling and transportation of patients.

e) Defined criteria to determine the appropriateness of transportation within the Facility.

Survey process guide:

- GAHAR surveyors may review policy and procedures for managing patient transportation.
- GAHAR surveyors may interview the involved staff to check their awareness of the process.
- GAHAR surveyors may observe the mechanisms of lifting, handling, and/or transporting patients during the survey.
- GAHAR surveyors may observe equipment used for lifting, handling, and/or transporting patients during facility tracers and tours.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through e).
2. All staff members involved in the transportation of patients are aware of the facility's policy.
3. Only competent staff members are allowed to lift, handle, and transport patients.
4. Transportation of patients occurs in a safe, appropriate manner and within an approved timeframe.
5. Requirements for transporting patients in critical conditions are identified, used, and recorded in the patient's medical record.

Related standards:

ACT.11 Patient's flow out (transfer, referral and discharge), EFS.01 facility environment and safety, WFM.08 Continuous Education Program.

Effective and safe patient flow-out of Convalescent/long-term healthcare facility

ACT.11 Processes of patient transfer outside the convalescent/long-term healthcare facility, referral and discharge of patient are defined.

Safety

Keywords:

Patient's flow out (transfer, referral and discharge)

Intent:

Discharge from Convalescent/long-term healthcare facility is the point at which the patient leaves the facility and returns home. A referral is when the patient leaves the facility to seek additional medical care temporarily in another organization. A transfer is when the patient leaves the facility and gets transferred to another organization. Discharge, referral, and transfer involve the medical instructions that the patient will need to fully recover.

For the convalescent/long-term healthcare facility, an effective patient referral system is an integral way of ensuring that patients receive optimal care at the right time and at the appropriate level, as well as cementing professional relationships throughout the healthcare community. Recording and responding to referral feedback ensures continuity of care and completes the cycle of referral.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guarantee the patient referral within an approved timeframe, which is based on the identified patient's needs and guided by clinical guidelines/protocols.

Discharge summary is a communication tool that helps clinicians outside the facility understand what happened to the patient during his care journey.

An essential part of this process is the documentation of a discharge summary as it is considered a legal document, and it has the potential to jeopardize the patient's care if errors are made. A copy of the discharge summary shall be kept in the patient's medical record.

The components of discharge summary shall be determined in convalescent/long-term healthcare facility policy.

The facility shall identify conditions that require obtaining a discharge summary.

The discharge, referral, and/or transfer policy addresses at least the following:

a) Planning for discharge, referral, and/or transfer out begins once diagnosis or assessment is settled and, when appropriate, includes the patient and family.

b) A qualified individual is responsible for ordering and executing the discharge, referral, and/or transfer out of patients.

c) Defined criteria to determine the appropriateness of referrals and transfers-out are based on the approved scope of service and patients' needs for continuing care.

d) Coordination with transfer/ referral agencies, if applicable, other levels of health service and other organizations.

e) The discharge, referral/transfer sheet includes at least the following:

i. Reason for referral/transfer.

ii. Collected information through assessments and care.

iii. Medications and provided treatments.

iv. Transportation means and required monitoring.

v. Condition on referral/transfer.

vi. Destination on referral/transfer.

vii. Name and signature of the medical staff member who decided the patient discharge or referral/transfer.

f) The discharge summary includes at least the following:

i. The reason for admission.

ii. Diagnosis.

iii. Investigations.

iv. Significant findings.

v. Procedures performed.

vi. Medications (before/during) and/or other treatments.

vii. Patient's condition and disposition at discharge.

viii. Discharge instructions, including diet, medications, and follow-up instructions.

ix. Name of the medical staff member who discharged the patient.

Survey process guide:

- GAHAR surveyors may review the policy and related forms describing the facility approved processes for referrals, transfers, and discharges.
- GAHAR surveyors may interview involved staff to check their awareness of the policy.
- GAHAR surveyors may observe patient wards to assess the process.
- GAHAR surveyors may review a sample of closed patient's medical records for patients who were transferred, referred, or discharged to check about the related documents.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through f).

2. All staff members involved in discharge, referral, or transfer of patients are aware of the policy.
3. The discharge, referral, and/or transfer order is clearly recorded in the patient's medical record.
4. The referral/transfer sheets are complete with all the required elements from I) through VII).
5. The referral and/or transfer feedback is reviewed, signed, and recorded in the patients' medical records.
6. The discharge sheets are complete with all the required elements from i) through ix).

Related standards:

PCC.02 Patient and family rights, ACT.01 Granting access, ACT.06 patients' care responsibility, ACT.10 Patient's transportation, ICD.13 Clinical practice guidelines adaptation and adoption, IMT.02 Document management system.

Integrated Care Delivery

Chapter intent:

Screening is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease in patients without signs or symptoms by performing a high-level evaluation of patients to determine whether a further deeper assessment is required. It is a crucial step to save resources and time.

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

Individualized care plans are developed by multiple disciplines after the collection of patients' needs. Literature shows that this concept helps to coordinate care, to improve healthcare service utilization, and to reduce costs at healthcare facilities. It also improves patient, family, and carer satisfaction and engagement.

The assessment and management of certain categories of patients may differ in their content and scope from the regular processes. Convalescent/long-term healthcare facilities shall clearly identify, assess, and manage these categories of patients accordingly.

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

Convalescent/long-term healthcare facilities need to comply with national laws and regulations that maintain and organize the new healthcare initiative.

Chapter purpose:

1. To emphasize, the uniformity of care through the description of simple screening, assessment, and care provided to the patient at the first point of contact with the convalescent/long-term healthcare facility.
2. To describe the basic screening, assessment, reassessment, and care processes.
3. To highlight the need for special forms of assessments and care processes based on the patient's needs or patient risks.
4. To describe situations that need care plan changes or request further consultation and the clear process needed to be followed.

Implementation guiding documents:

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

1. Egyptian Constitution
2. Egyptian code of medical ethics 238/2003 (Medical Syndicate Publications)
3. Egyptian code of nursing ethics (Nursing Syndicate Publications)
4. Egyptian Elderly Rights Care Law,19/2024
5. Law 51/1981 amended by law 153/2004, Healthcare facilities organization
6. Egyptian Children Protection Law number126/2008
7. Rights of the Handicapped law, 10/2018
8. Law 51/1981 amended by law 153/2004, Healthcare facilities organization.
9. Physiotherapy profession law 3/1985.
10. Practicing of medicine profession law 415/1954
11. Universal Health Insurance Law, 2/2018.
12. Managing victims of social abuse guidelines – ministry of health, UNFPA 2014.
13. Nursing: Nursing Syndicate Publications – Nursing Guidelines.
14. WHO Patient Safety Assessment Manual, 2011.
15. WHO International Health Regulation, 2005.
16. ESPEN practical guideline: Clinical nutrition and hydration in geriatrics 2022
17. WHO Integrated care for older people 2017

Sustaining uniform care

ICD.01 Care delivery is uniform when a similar service is needed regardless of patient background, location, or time of care.

Equity

Keywords:
Uniform services /care provision.

Intent:
Convalescent/Long-Term healthcare facility provides medical care for similar patients in a similar way regardless of their different backgrounds (such as religion, economic class, literacy level, race, language, etc.) and regardless of the location or the time the patients receive their care. Convalescent/long-term healthcare facilities are expected not to discriminate between patients and provide them a uniform medical care per their clinical requirement. Facilities are able to demonstrate a similar level of compliance across all departments and services to carry out the principle of uniform care this requires that the facility's leaders plan and coordinate the provision of services/care and standardize care processes. To ensure this, the facilities shall develop a policy that specifies what constitutes uniform care and what practices can be followed to ensure that patients are not discriminated based on their background or category of their accommodation.

The essential part of the policy shall be the provision of uniform medical care and does not apply to those services and facilities that are non-clinical in nature.

Survey process guide:

- GAHAR surveyor may review the policy for uniform care provision.
- GAHAR surveyor may interview staff to check their awareness of the policy.
- GAHAR surveyor may review a sample of pre-selected medical records.

Evidence of compliance:

1. The facility has a policy for the uniform care provision process.
2. All staff members involved in patient care are aware of the facility's policy.
3. Department heads define guidelines/protocols to guide the uniform standards of care all over the facility.
4. Patients based on their conditions, receive uniform care/ services.

Related standards:
PCC.02 Patient and family rights, PCC.11 Patient's belongings, ACT.01 Granting access, PCC.12 Patient and family feedback, PCC.13 Complaints and suggestions, ACT.07 Handover communication, ICD.13 Clinical practice guidelines adaptation and adoption.

ICD.02 Outpatient services are available and provided to patients.

Effectiveness

Keywords:

Outpatient Services

Intent:

Outpatient care covers a wide range of medical services, including consultations with healthcare professionals, diagnostic tests, vaccinations, physical therapy sessions, and more.

It is a cost-effective and convenient option for patients with less severe or chronic medical conditions that do not necessitate admission.

Convalescent/Long-Term healthcare facilities experience increased trends in providing specialized healthcare clinics and sub-specialized clinics. Reassessment shall be performed to re-evaluate patient health status; identify changes since initial or most recent assessment; and determine new or ongoing needs. Reassessment findings shall determine the appropriateness of the current care plan and the need for any changes. Ensuring legible and comprehensive recording of findings plays a crucial role in maintaining continuity of care.

Convalescent/Long-Term healthcare facility shall develop and implement a policy and procedures for outpatient services that address at least the following:

a) Scope and content of the patient screening are required to determine the priority of the patient's medical and nursing care needs in outpatient department.
b) A competent staff member performs an initial screening process.
c) Scope and content of the initial assessment, including history and physical examination.
d) Responsibility for completion of assessments.
e) Recording of care plans.
f) Frequency of reassessments and follow-ups of patients, whenever applicable.
g) Documentation of patient and family education and follow-up instructions.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy that guides outpatient care; it addresses all the elements mentioned in the intent from a) through g).
2. All outpatient staff members are aware of the approved outpatient care process.
3. All outpatients receive initial assessments within a defined time frame and responsibilities.
4. The assessment and reassessment are recorded in the patient's medical records.
5. The plans of care, provided patient education and follow-up instructions are documented in the patient's medical records.

Related Standards:

ACT.01 Granting access, ACT.02 Registration process, ACT.05 Wayfinding signage, PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, PCC.08 Patient Comfort and Dignity.

Effective basic screening, assessment, and care for admitted patients.

ICD.03 Initial medical assessment and subsequent reassessments are performed.

Effectiveness

Keywords:

Medical patient assessments

Intent:

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

The Most Responsible Physician, or his/her designee, usually performs the initial assessment within its scope of practice, licensure, and certification in accordance with the applicable laws and regulations. The frequency of assessment and reassessments shall be varied according to the patient's condition, the specialty of treatment, level of care, or diagnosis.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to define the minimum acceptable contents and frequency of clinical assessment and reassessments.

The initial assessment shall include at least the following:

a) Chief complaint.

b) Details of the present illness.
c) Past medical and surgical history.
d) Allergies and adverse drug reactions.
e) Medications history.
f) Social, economic, emotional, and behavioral history.
g) Family history.
h) The required elements of the comprehensive physical examination.
i) Specialized assessment as per specialty or patient category.
j) Provisional diagnosis

The convalescent/Long-Term healthcare facility shall ensure continuous monitoring of patient's clinical status by defining who is permitted to perform clinical reassessments and the minimum frequency and content of these reassessments. The facility shall define the timeframe for completion of the initial assessment guided by clinical guidelines. The facility also shall define whenever history and physical examination completed prior to admission may be used and whether facility medical staff members verify and/or accept the results of patient's assessments performed outside the facility.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy to guide initial assessment, define its timeframe, and minimum content as per the elements mentioned in the intent from a) through j).
2. Healthcare professionals are qualified and aware of the components of the initial assessment.
3. Initial medical assessments are performed within 24 hours of admission or more frequent as per patient needs and recorded in the patient's medical record.
4. All examinations, investigations, and diagnostic results done before admission are managed uniformly.
5. Medical reassessments are performed, as per the policy, and recorded in the patient's medical record.

Related standards:

PCC.09 Patient's needs, ACT.03 Patient identification, ICD.12 Plan of Care, ICD.06 Special patient populations, IMT.02 Documents management system, MMS.10 GSR.11 Medication Reconciliation, best possible medication history (BPMH), ICD.08 Pain screening, assessment, and management, ICD.09 Fall screening and prevention.

ICD.04 Initial nursing assessments and reassessments are performed.

Effectiveness

Keywords:

Nursing patient assessments

Intent:

Nursing assessment is the gathering of information about a patient's physiological, psychological, sociological, and spiritual status by a licensed nurse. Nursing assessment is the first step in the nursing process. A section of the nursing assessment shall be delegated to a certified nurse aide. Nursing reassessments may vary according to the patient's condition, the specialty of treatment, level of care, or diagnosis. The Convalescent/Long-Term healthcare facility shall develop and implement a policy to define the minimum acceptable contents and frequency of nursing clinical assessments and reassessments. Initial nursing assessment record shall include at least the following:

a) Vital signs and additional measurements such as height, weight

b) Pain.

c) Required screening e.g., fall, bedsores, functional, nutritional, psychosocial, etc. as per the facility policies.

d) Airway, breathing, circulation, disability, skin, and hydration.

e) Outputs (as relevant)

f) A detailed nursing assessment of a specific body system(s) relating to the presenting problem or other current concern(s) required.

g) List of identified patient needs.

The facility shall ensure the continuous monitoring of patients' clinical status by defining the minimum frequency and content of these reassessments.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy to guide nursing initial assessment and to define its timeframe and minimum content of the record as per the elements mentioned in the intent from a) through g).
2. Nurses are qualified and aware of the elements of nursing assessment.
3. Initial nursing assessments are performed upon admission in a timeframe identified in the policy as per patient needs.
4. Nursing reassessments are performed as per the frequency identified in the facility policy and as per patient needs.
5. Nurses' assessments and reassessments are timely recorded in the patient's medical records.

Related standards:

PCC.09 Patient's needs, ICD.12 Plan of Care, ICD.06 Special patient populations, MMS.10 Medication Reconciliation, ICD.08 Pain screening, assessment, and management, ICD.09 Fall screening and prevention, WFM.14 Nursing laws and regulations

Patient-tailored screening, assessment, and care processes

ICD.05 Patient's needs for further assessment are identified based on defined screening processes.

Patient-centeredness

Keywords:

Screening of healthcare needs

Intent:

Many people, especially those with chronic conditions, have complex health needs. A holistic approach to patient care requires to address all patient's needs, even the non-expressed ones.

Nutritional screening is a first-line process for identifying patients who are already malnourished or at risk of becoming so. Nurses and/or medical staff members usually perform nutritional screening, and patients found at risk of nutritional status will be referred to nutritionist for further nutritional assessment.

Functional screening helps to determine underlying neurological or developmental conditions. Usually, nurses and/or medical staff members perform the screening in which patients found at risk of functional status will be referred to physiatrist, physiotherapist, occupational therapist, speech therapist, or others for further functional assessment.

Psychosocial screening can help to identify behavioral issues and social determinants

of health. A nurse and/or a medical staff may do psychosocial screening and patient at risk will be referred to a social worker, psychologist, or other qualified staff for further psychological and/or social assessment.

Patient shall be screened for discharge needs early upon admission by medical staff and/or a nurse or other qualified healthcare staff to address needs affecting smooth discharge and issues that may impact the progress of patient's condition.

Signs of abuse and neglect shall be screened and recorded by a medical staff member, or a nurse then referred to another specialty or a committee for further assessment or management.

The convalescent/long-term healthcare facility shall develop a policy and procedures to guide the healthcare needs screening process. The policy shall address at least the following:

a) The screening criteria for each of the following healthcare needs.
   i. Nutritional status
   ii. Functional status
   iii. Psychosocial status
   iv. Discharge needs.
   v. Socioeconomic status
b) The qualified individuals responsible for setting the criteria of screening of patient of each healthcare needs from i) to v).
c) Timeframe to complete healthcare needs screening.
d) Process for identifying the need for further assessment by the specific service when defined criteria are met.
e) The documentation requirements of the screening from i) to v) and the referral process as applied.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy to guide screening for patient's needs for further assessments as per elements mentioned in the intent from a) through e).
2. Healthcare professionals involved in patient screening are qualified and aware of the elements of the screening process.

3. All screens are completed and recorded within an approved timeframe and responsibilities.
4. Patients are referred for further assessment by the specific service when defined criteria are met.
5. Patient's needs are assessed and managed by the specific service and care is recorded in the medical record.

Related standards:

ACT.01 Granting access, ACT.09 Multidisciplinary Management, ICD.03 Medical patient assessment, ICD.06 Special patient populations, ICD.08 Pain screening, assessment, and management, ICD.09 Fall screening and prevention, ICD.10 Pressure Ulcers Prevention.

ICD.06 The convalescent/long-term healthcare facility develops and implements a process to guide the provision of care for special patient populations.

Effectiveness

Keywords:

Special patient populations.

Intent:

The greater need for healthcare services among special needs populations is generally costlier to the system, especially if care is not managed appropriately. Members with Special Healthcare needs populations may also have unique challenges in accessing care and are often overlooked in the context of broader services. Thus, Convalescent/Long-Term healthcare facility shall develop and implement a policy and procedures for assessment, reassessment, and management of special-needs patient populations. The policy shall address at least the following:

a) Identification of special-needs patient populations that visit the convalescent/Long-Term healthcare facility and need to modify the general assessment form which shall include at least the following:
   ii. Pediatrics.
   iii. Adolescents
   iv. Frail elderly
   v. Immunocompromised patients
   vi. Patients with communicable diseases
   vii. Disabled patients
   viii. Patients with special psychosocial needs

i) Availability of competent individuals for assessment and management of special patient populations needs.

j) Required modifications for regular patient assessment methods to match special patient populations needs.

k) Management and care for special patient populations needs through an individualized plan of care based on the findings of the assessment.

Survey process guide:

- GAHAR surveyor may review the facility policy followed by interviewing staff members to check their awareness of the assessment and reassessment policy.
- GAHAR surveyor may review a patient's medical record to check for evidence of patient assessment and reassessment.

Evidence of compliance:

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

Related standards:

ACT.01 Granting access, PCC.09 Patient's needs, ICD.03 Medical patient assessment, ICD.12 Plan of Care, ICD.09 Fall screening and prevention, IMT.02 Documents management system, ICD.05 Screening of healthcare needs.

ICD.07 Patients are protected from physical, emotional, sexual, and financial abuse.

Patient-centeredness

Keyword:

Abuse and neglect

Intent:

The definition of physical abuse involves injury or harm to a patient carried out with the intention of causing suffering, pain, or impairment. Physical abuse also typically includes sexual abuse or non-consensual sexual involvement of any kind, from rape to unwanted touching or indecent exposure.

Emotional or psychological abuse is generally thought of as "intentional infliction of anguish, pain, or distress through verbal or nonverbal acts" and includes threats, harassment, and attempts to humiliate, intimidate, or isolate the patient.

Neglect, on the other hand, is thought of as including "the refusal or failure of a caregiver to fulfill his or her obligations or duties to an older or vulnerable patient, including, but not limited to, providing any food, clothing, medicine, shelter, supervision, and medical care and services that a prudent patient would deem essential for the well-being of another".

It's essential for healthcare professionals to recognize, prevent, and address instances of abuse and neglect to ensure the safety and well-being of patients under their care. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for managing patient abuse and neglect, the policy shall address at least the following:

a) Qualified individuals develop criteria to identify patients who require further abuse and neglect assessment.
b) Screening criteria for patients abuse and neglect at admission.
c) Screening is completed and documented within 24 hours of admission and as needed during the stay at the facility.
d) Patients are referred for further assessment by the specific service when the defined criteria are met.
e) Patient's needs are assessed and managed by the specific service and care is recorded in the medical record.
f) Reporting channels for abuse and neglect events.
g) Staff training on screening criteria and reporting incidences of abuse and neglect.
h) Patients and families are empowered to voice any incidence of abuse.
i) Measures to protect vulnerable patients from abuse and neglect during their stay at the facility.

Survey process guide:

- GAHAR surveyor may review the facility policy for managing patients abuse and neglect.
- GAHAR surveyor may interview staff to check their awareness about the policy.
- GAHAR surveyor may review patients' medical records to check the completeness of screening.
- GAHAR surveyor may observe the taken measures to protect vulnerable patients from abuse and neglect.

Evidence of compliance:

1. The facility has an approved policy to manage patient abuse and neglect that includes all the elements mentioned in the intent from a) through i).
2. Staff is trained on the content of the policy.

3. Screening is completed and documented within 24 hours of admission and as needed.
4. Patients are referred for further assessment by the specific service when defined criteria are met.
5. Measures are taken to protect vulnerable patients from abuse and neglect during their stay at the facility.

Related Standards:

PCC.02 Patient and family rights, ICD.05 Screening of healthcare needs, ICD.03 Medical patient assessment, ICD.12 Plan of Care, IMT.02 Documents management system, ACT.01 Granting access, ACT.11 Patient's flow out (transfer, referral and discharge).

ICD.08 Patients are screened for pain, assessed, and managed accordingly.

Patient-Centeredness

Keywords:

Pain screening, assessment, and management.

Intent:

Each patient has the right to a pain-free life. Pain, when managed properly, leads to patient comfort, proper role function, and satisfaction. A systematic approach is essential to ensure that healthcare providers can screen, assess, and manage pain effectively.

A screening procedure is used to identify patients with pain using the appropriate and standardized pain screening tool that is consistent with the patient's age and condition. Pain assessment, including pain nature, intensity, site, frequency, and duration, is done in a way that facilitates regular reassessment and follow-up according to criteria developed by the convalescent/long-term healthcare facility. When pain is identified, the patient can be treated by the facility or referred for more specified care.

Convalescent/long-term healthcare facility shall develop and implement a policy and procedures for screening, assessment, and management of pain processes. The policy shall address at least the following:

a) Pain screening tools suitable for different patient populations as per the facility scope, i.e., tools for adults, pediatrics, and cognitively impaired patients.
b) Complete pain assessment elements that include pain nature, intensity, site, frequency, and duration.
c) Frequency of pain reassessments.
d) Pain management protocols.
e) Process of recording pain management plan in the patient's medical record.

Survey process guide:

- GAHAR surveyor may review the policy for screening, assessment, and management of pain, followed by interviewing relevant staff members to check their awareness of the policy.
- GAHAR surveyor may review a patient's medical record to check for evidence of pain assessment, reassessment, and management.

Evidence of compliance:

1. The facility has an approved policy to guide pain management processes that addresses all elements mentioned in the intent from a) through e).
2. All relevant staff members are aware of the policy.
3. All inpatients and outpatients are screened for pain using a valid and approved tool suitable for the patient population,
4. A comprehensive pain assessment is performed when pain is identified from the screening.
5. Pain screening, assessment, pain management plan, and reassessment are documented in the patient's records.
6. When the facility is unable to provide comprehensive pain treatment, the patient is referred for treatment.

Related Standards:
ICD.05 Screening of healthcare needs, ICD.03 Medical patient assessments, PCC.05 Patient and family education, IMT.02 Documents management system, PCC.02 Patient and family rights.

ICD.09 GSR.05 Patient's risk of falling is assessed, periodically reassessed and managed.

Safety

Keywords:
Fall screening and prevention.

Intent:
All patients are liable to fall; however, some are more prone to. Identifying the more prone is usually done through a screening process in order to offer tailored preventative measures against falling.

Screening tools are commonly used and include questions or items that are used to identify fall-risk patients. For example, the questions may require a simple yes/no answer, or the tool may involve assigning a score to each item based on the patient's responses. When fall

risk is identified from the screening process, fall risk assessment shall be implemented to reduce fall risk for those patients identified to be at risk, preventive measures to minimize falling are those that are tailored to each patient and directed towards the risks being identified from risk assessment. The evaluation shall include fall history, medication consumption review, gait, and balance screening, and walking aids used by the patient. Convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the fall screening and prevention process. The policy shall address at least the following:

a) Patients fall risk assessment on admission.
b) Risks include medication review and other risk factors.
c) Timeframe to complete fall assessment and frequency of reassessment.
d) The screening criteria for outpatient and ambulatory locations, situations, and conditions that may increase risk of fall.
e) Fall risk prevention strategies for patients found at risk of fall.
f) General measures that are used to reduce risk of falling such as call systems, lighting, corridor bars, bathroom bars, bedside rails, wheelchairs, and trolleys with locks.
g) Tailored care plans based on individual patient fall risk assessment.

Survey process guide:

- The GAHAR surveyor may review the policy for fall prevention to check for patient risk assessment at admission, status change; noticing that medication review is part of the assessment, presence of general measures generated to reduce risk of falling, and for tailored care plans based on individual patient fall risk assessment.
- The GAHAR surveyor may review medical records for fall risk assessment including medication review, fall prevention care plan forms, fall risk labels, patient and family education material.
- The GAHAR surveyor may interview healthcare professionals, patients, and their families to check their understanding and implementation of fall risk assessment and prevention measures.
- The GAHAR surveyor may check organization-wide general preventive measures such as call systems, lighting, corridor bars, bathroom bars, bedside rails, wheelchairs, and trolleys with locks.

Evidence of compliance:

1. The facility has an approved policy to guide assessment of patient's risk for fall and to define its content and timeframe based on guidelines. The policy includes all elements mentioned in the intent from a) through g).

2. Healthcare professionals are qualified and aware of the elements of approved policy.
3. The facility assesses and reassesses all inpatients for risk of fall using appropriate tools suitable for the patient population and documented in patient's medical record.
4. Outpatients with certain conditions, situations, or locations are screened for risk of fall.
5. The families of patients, who have higher level of fall risk, are aware and involved in fall prevention measures.
6. General measures and tailored care plans are recorded in the patient's medical record.

Related standards:

ICD.05 Screening of healthcare needs, ICD.03 Medical patient assessments, IMT.02 Documents management system, ICD.12 Plan of Care, PCC.05 Patient and family education, EFS.07 Safety Management Plan.

ICD.10 GSR.06 patient's risk of developing pressure ulcers is assessed, periodically reassessed and managed.

Safety

Keywords:

Pressure Ulcers Prevention

Intent:

Use of pressure ulcer risk assessment tools or scales is a component of the assessment process used to identify patients at risk of developing a pressure ulcer. Use of a risk assessment tool is recommended by many international pressure ulcer prevention guidelines, identifying patients who are more prone to develop pressure ulcers is a better preventive strategy than trying to treat them. Tailoring pressure ulcer prevention measures to each patient is proven to be effective. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the Pressure Ulcer screening and prevention process. The policy shall address at least the following:

a) Patient risk assessment at admission including skin assessment.
b) Timeframe to complete pressure ulcer assessment.
c) Frequency of reassessment of risk of pressure ulcer development.
d) General measures are used to reduce risk of pressure ulcer such as pressure relieving devices and mattresses.
e) Tailored care plans based on individual patient pressure ulcer assessment.

Survey process guide:

- The GAHAR surveyor may review the policy for pressure ulcer prevention to check for

patient pressure ulcer assessment at admission, status change; presence of general measures generated to reduce risk of developing pressure ulcers, and for tailored care plans based on individual patient pressure ulcer risk assessment.

- The GAHAR surveyor may review medical records for pressure ulcer risk assessment, care plans, patient and family education material.
- The GAHAR surveyor may interview healthcare professionals, patients, and their families to check their understanding and implementation of pressure ulcer risk assessment and prevention measures.
- The GAHAR surveyor may check organization-wide general preventive measures and bundles such as pressure-relieving devices and mattresses.

Evidence of compliance:

1. The facility has an approved policy to guide assessment for patient's pressure ulcer risk and to define its content and timeframe based on guidelines. The Policy addresses all elements mentioned in the intent from a) through e).
2. Healthcare professionals are aware of the elements of the pressure ulcer assessment and prevention measures.
3. The facility assesses upon admission and reassesses each patient's risk for developing a pressure ulcer using appropriate tools suitable for the patient population.
4. The families of patients who have higher level of pressure ulceration risk are aware and involved in prevention measures.
5. General measures and tailored care plans are recorded in the patient's medical record.

Related standards:

ICD.05 Screening of healthcare needs, ICD.03 Medical patient assessments, IMT.02 Documents management system, ICD.12 Plan of Care, PCC.05 Patient and family education.

ICD.11 GSR.07 Patient's risk of developing venous thromboembolism (deep venous thrombosis and pulmonary embolism) is assessed, periodically reassessed, and managed.

Safety

Keywords:

Venous Thromboembolism Prophylaxis

Intent:

Venous thromboembolism (VTE) is considered an important silent killer in healthcare facilities

Adopting guidelines to reduce the risk of developing this condition is important for

decreasing preventable adverse events and mortalities.

The convalescent/long-term healthcare facility shall adopt and implement a guideline for VTE prophylaxis. The guideline shall address at least the following:

a) Patient risk assessment at admission.
b) Timeframe to complete VTE assessment.
c) Reassessment of risk of VTE.
d) Appropriate prophylaxis such as mechanical, pharmacological or both according to risk severity
e) Tailored care plans based on individual patient VTE risk assessment.

Survey process guide:

- The GAHAR surveyor may review the guidelines of identifying and management of patients at risk of venous thromboembolism (deep venous thrombosis and pulmonary embolism).
- The GAHAR surveyor may interview healthcare professionals to check their understanding of VTE prophylaxis.
- The GAHAR surveyor may interview patients and families to check that they received information about the risks of venous thromboembolism and the preventive measures.
- The GAHAR surveyor may observe compliance with guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism).

Evidence of compliance:

1. The facility has an approved guideline for assessment and management of patient's VTE risk that addresses all elements mentioned in the intent from a) through e).
2. Healthcare professionals are aware of the elements of the VTE assessment process and of prevention measures.
3. All VTE risk assessment are completed and recorded within an approved timeframe.
4. The families of patients who have higher level of VTE risk are aware and involved in prevention measures.
5. General measures and tailored care plans based on individual patient VTE risk assessment is conducted and recorded in patient file.

Related standards:

ICD.05 Screening of healthcare needs, ICD.03 Medical patient assessments, ICD.12 Plan of Care, PCC.05 Patient and family education, ICD.13 Clinical practice guidelines adaptation and adoption, MMS.16 Medication Monitoring, first dose of medications, adverse drug reaction.

ICD.12 An individualized plan of care is developed for every patient.

Patient-centeredness

Keywords:

Plan of Care

Intent:

A plan of care provides direction on the type of healthcare the patient/family/community may need. The focus of a plan is to facilitate standardized, evidence-based, and holistic care.

A comprehensive care plan is developed for each patient, outlining the specific medical treatments, medications, and therapies required. Additionally, the plan considers psychosocial support, dietary needs, and rehabilitation services to address all aspects of the patient's health. Effective communication is crucial for care coordination. Team members regularly exchange information about the patient's progress, treatment updates, and any changes in their condition.

Recording a plan of care ensures medical staff members, nurses, and other healthcare professionals integrate their findings and work together with a common understanding of the best approach towards the patient's condition. The plan of care is:

a) Developed by all relevant disciplines providing care under the supervision of the most responsible physician (MRP).
b) Based on assessments of the patient performed by the various healthcare disciplines and healthcare professionals including the result of diagnostic tests where relevant.
c) Developed with the involvement of the patient and/or family through shared decision-making, with discussion of benefits and risks that may involve decision aids.
d) Developed and updated according to evidence-based guidelines and patient needs and preferences.
e) Include identified needs, interventions, and desired outcomes with timeframes.
f) Updated as appropriate based on the reassessment of the patient.
g) The progress of patient, in achieving the desired outcomes of treatment/care, is monitored.

Survey process guide:

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

Evidence of compliance:

1. There is evidence that plan of care is developed by all relevant disciplines based on their assessments and including the results of diagnostic tests where relevant.
2. The plan of care is documented and addresses all the elements mentioned in the intent from a) through g).
3. There is evidence that plan of care is developed with the participation of patient and/or family in decision-making.
4. Plan of care is changed/updated, as appropriate, based on reassessment of patient.

Related standards:

ICD.03 Medical patient assessments, IMT.02 Documents management system, ICD.12 Plan of Care, PCC.02 Patient and family rights, ICD.13 Clinical practice guidelines adaptation and adoption, PCC.03 Patient and family responsibilities.

ICD.13 The process of adopting and adapting clinical practice guidelines is defined.

Effectiveness

Keywords:

Clinical practice guidelines adaptation and adoption

Intent:

Clinical guidelines serve as a framework for clinical decisions and supporting best practices. Clinical practice guidelines are also statements that include recommendations intended to optimize patient care. The process of adopting and adapting a clinical practice guideline involves a systematic approach that integrates evidence-based practices into the unique context of the convalescent/long-term healthcare facility. Customizing a clinical practice guideline to a particular organization may improve acceptance and adherence. Active involvement of the end-users of the guideline in this process has been shown to lead to significant changes in practice.

The convalescent/long-term healthcare facility shall develop a policy and procedure for clinical guidelines adoption and adaptation that addresses at least the following:

a) Procedures guided adoption and adaptation of clinical practice guidelines/protocols such as:
   i. Guideline selection criteria such as indication and need, evidence based and relevance to facility scope of work and capabilities.
   ii. Expert panel formation
   iii. Initial assessment, adaptation, and customization

iv. Local review by facility leadership and other relevant facility bodies to ensures that the guideline aligns with the facility's overall strategic goals and maintains clinical quality.

v. Development of implementation plan.

b) The facility shall adapt and adopt guidelines or protocol for the most common/high risk three diagnoses managed in the facility annually.

c) Feedback, monitoring and evaluation: During and after the implementation regular feedback loops are established with front line staff to gather insights into the usability and effectiveness of the adapted guideline. The facility shall continually monitor the impact of the adapted guideline on patient outcomes and adherence rates. This data helps identify successes and areas needing improvement.

d) The facility shall plan to implement approved national clinical practice guidelines, whenever available.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy that guides all the elements mentioned in the intent from a) through d).
2. All medical and nursing leaders are aware of the facility policy.
3. At least three clinical guidelines for the most common/high risk three diagnoses managed in the facility are adopted/adapted in the facility annually.
4. Training programs are implemented to communicate and train staff members on the approved clinical guidelines.
5. Clinical practice guidelines are implemented uniformly to all patients with the same condition.

Related standards:

ICD.01 Uniform services/care provision, ACT.11 Patient's flow out (transfer, referral and discharge), ACT.06 patients' care responsibility, WFM.12 Medical Staff Performance

Evaluation, WFM.08 Continuous Education Program, QPI.02 Performance Measures, WFM.08 Continuous Education Program, WFM.11 Clinical Privileges,

ICD.14 Information is available to support medical orders and requests.

Safety

Keywords:

Orders and requests

Intent:

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

a) Name of the ordering medical staff members.

b) Date and time of order.

c) Patient identification, age, sex.

d) Clinical reason for ordering and requesting a service.

e) Site and laterality for medical imaging studies.

f) Prompt authentication by the ordering medical staff members.

Medical staff members shall be educated to reduce unnecessary test and the minimal retesting intervals. Minimal retesting intervals are defined as the minimum time before a test shall be repeated, based on the properties of the test and the clinical situation in which it is used. Information shall be available in the laboratory service manual regarding indications for repeating a test. Requests to repeat tests shall be restricted to a particular grade or level of staff.

Survey process guide:

- GAHAR surveyor may review the facility policy during document review session, followed by interviewing staff members to check their awareness of the policy.
- GAHAR surveyor may trace a patient journey and assess implementation.

Evidence of compliance:

1. All medical staff members are aware of the full order requirements.
2. Medical orders follow all the required elements mentioned in the intent from a) through f).

3. There is a process to evaluate completeness, accuracy and appropriateness of orders and requests.
4. Physicians are contacted when order or request is not clear, not complete or need more information.
5. Requests to repeat tests are restricted to a particular grade or level of staff.

Related standards:

ICD.03 Medical patient assessments, ICD.23 Ordering of blood and blood products, IMT.02 Documents management system, DAS.03 Medical imaging pre-examination process & examination protocols, DAS.04 Medical imaging results, DAS.08 Outsourced laboratory services, MMS.11 Ordering, prescribing, transcribing.

ICD.15 GSR.02 Verbal or telephone orders are communicated and documented according to defined process.

Safety

Keywords:

Verbal and telephone orders

Intent:

Miscommunication is the commonest root cause for adverse events. Writing down and reading back the complete order, by the patient receiving the information, minimizes miscommunication and reduces errors from unambiguous speech, unfamiliar terminologies, or unclear pronunciation. This also provides an opportunity for verification.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures of receiving verbal and telephone communication. The policy shall address the process of reporting:

a) When verbal and telephone orders may be used.

b) Verbal orders and telephone orders are documented by the receiver.

c) Verbal orders and telephone orders are read back by the receiver.

d) Confirmed by the ordering physician.

e) Documentation and authentication requirements.

Survey process guide:

- The GAHAR surveyor may review the policy of receiving verbal or telephone orders to check whether it clearly describes the process of recording, read-back by the recipient.
- The GAHAR surveyor may review recording in dedicated registers and/or patient's medical record.

- The GAHAR surveyor may interview healthcare professionals to assess their knowledge and compliance to facility policy.

Evidence of compliance:

1. The facility has an approved policy to guide the communication of the verbal and telephone orders and to define its content that addresses at least all elements mentioned in the intent from a) through e).
2. Healthcare professionals are aware of the elements of the policy.
3. All verbal and telephone orders are documented then read back by the receiver and confirmed by the ordering physician.
4. All verbal and telephone orders are recorded in the patient's medical record within a predefined timeframe.
5. The facility monitors the reported verbal and telephone orders and take actions to improve the process as appropriate.

Related standards:

ACT.07 Handover communication, IMT.02 Documents management system, ICD.16 Critical results, QPI.02 Performance Measures, QPI.06 Sustaining Improvement.

ICD.16 GSR.03 Critical results are communicated in time and documented according to defined process.

Safety

Keywords:

Critical results

Intent:

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

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

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy to guide critical results communications and to define its content that addresses at least all elements mentioned in the intent from a) through d).
2. Healthcare professionals are aware of the elements of the policy.
3. All critical results are recorded within a predefined timeframe including all elements mentioned in the intent from i) through vii).
4. The facility tracks, collects, analyzes, and reports data on critical results reporting process and acts on improvement opportunities.

Related standards:

ICD.15 Verbal and telephone orders, ACT.07 Handover communication, IMT.02 Documents management system, DAS.03 Medical imaging pre-examination process & examination protocols, DAS.04 Medical imaging results, DAS.02 Technical standards (Practice Parameters), DAS.13 Laboratory turnaround time, QPI.02 Performance Measures, QPI.06 Sustaining Improvement.

ICD.17 Patients' special nutritional needs are assessed and managed.

Patient-centeredness

Keywords:

Patient nutritional needs

Intent:

A nutrition assessment is an in-depth evaluation of both objective and subjective data related to patient's food and nutrient intake, lifestyle, and medical history. Once the data on an individual is collected and organized, the healthcare professional can assess and evaluate the nutritional status of that patient. The assessment leads to a plan of care, or intervention, designed to help the patient either maintain the assessed status or attain a healthier status.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for assessment, reassessment, and management of nutritional needs. The policy shall address at least the following:

a) Availability of competent individuals for assessment and management of patient's nutritional needs.

b) Defined criteria for the involvement of nutritional services into the patient care process.

c) Components of nutritional assessment.

d) Management of patient's nutritional needs:

   i. A list of all special diets is available and accommodated.

   ii. Ordering of food is appropriate to the patient's clinical condition.

   iii. Ordering for food or other nutrients is recorded in the medical record.

   iv. Scheduling of meals and timings of distribution of meals complies with patient's preferences.

e) Process to ensure safety of food brought by family.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through e).
2. Medical and nursing staff are aware of the policy.
3. Qualified healthcare professionals are responsible for the assessment and management of the patient's nutritional needs.
4. Nutritional needs are assessed and managed according to the policy.
5. Patient's nutritional needs assessment and management is recorded in the patient's medical record.
6. The facility implements a process to ensures safety of food brought by families.

Related standards:

ICD.03 Medical patient assessments, ICD.05 Screening of healthcare needs, PCC.05 Patient and family education, IMT.02 Documents management system, ICD.12 Plan of Care.

ICD.18 All patients are hydrated according to their fluid tolerance.

Patient-centeredness

Keyword:

Fluid tolerance

Intent:

Adequate hydration is essential for everyone, but it is especially crucial for patients in convalescent/ long-term healthcare facility settings. Dehydration is a common problem among this population. However, some chronic diseases or conditions require fluid intake to be limited and/or certain fluids be restricted entirely.

The convalescent/long-term healthcare facility shall ensure early identification and intervention for patients at risk of dehydration, promoting their overall health and well-being.

Patients and families/cargiver shall be informed about the importance of adequate hydration or any fluid restrictions that may be recommended.

Survey process guide:

- GAHAR surveyor may interview medical and nursing staff to check their awareness of early detection signs of dehydration.
- GAHAR surveyor may interview patients, family and or caregiver to check their awareness of the importance of hydration

Evidence of compliance:

1. All medical and nursing staff members are trained on identification and intervention for patients at risk of dehydration.
2. The patient, family, and/or caregivers are educated about the type and quantity of fluids allowed and the importance of adequate hydration.
3. Patients are encouraged to maintain adequate fluid intake.

Related standards:

ICD.03 Medical patient assessments, ICD.05 Screening of healthcare needs, ICD.12 Plan of Care, ICD.17 Patient nutritional needs, PCC.05 Patient and family education.

ICD.19 Terminally ill Patient' needs are assessed and managed.

Patient-centeredness

Keywords:

Terminally ill patient

Intent:

Frequently, the quality of life for many patients is diminished and shortened following a critical illness. The utilization of active aggressive, interventional treatments, often accompanied by pain and distress, places significant burdens on patients. In instances where these burdens outweigh the potential benefits of life-supporting treatments, healthcare professionals might inadvertently extend the process of dying rather than preserving life. In such circumstances, a transition to palliative care may be in patients' best interests. Such a transition prioritizes symptom management, psychosocial support of patients and families, and alignment of treatments with individual care goals, values, and preferences. Once patients are recognized as being in their final days/hours of life, therapeutic goals need to be reviewed and accordingly altered to focus on comfort and dignity. Interventions that do not contribute towards this may be withdrawn. Therapeutic options for analgesia, dyspnea, anxiety, and agitation when needed. Medication doses need to be titrated for symptom relief based on explicit assessments. The needs of patients and families to be with, care for, and otherwise attend to dying patients need to be met as far as is possible. If appropriate, religious expertise might be sought.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for assessment, reassessment, and management of the terminally ill patient population. The policy shall address at least the following:

a) Principles of palliative and end of life care.

b) Patient centered care tailored to individual needs, preferences, values, and goals.

c) Shared decision-making with the involvement of the patient and/or family.

d) Pain management of end-of-life care.

e) Provision of patient and family support for psychosocial, emotional, cultural and spiritual needs

f) Concern for the patient's comfort and dignity should guide all aspects of care.

g) Involving the patient and family in all aspects of care.

h) The multidisciplinary team approach, involving healthcare professionals, caregivers, and patients and their families.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy that addresses all the elements mentioned in the intent from a) through h).
2. Competent individuals are responsible for the assessment and management of terminally ill patients.
3. Terminally ill patients are assessed and receive the appropriate management of symptoms, including pain and depression.
4. Patients and their families are involved in decisions and care.
5. Terminally ill patients' assessment and management are recorded in the patient's medical record.

Related standards:

PCC.08 Patient Comfort and Dignity, ICD.08 Pain screening, assessment, and management, ICD.06 Special patient populations, ICD.03 Medical patient assessments, ICD.12 Plan of Care, ICD.13 Clinical practice guidelines adaptation and adoption.

ICD.20 Rehabilitation services are provided according to professional practice guidelines.

Patient-centeredness

Keywords:
Rehabilitation

Intent
Rehabilitation, often referred to as rehab, is a comprehensive and multidisciplinary approach aimed at helping individuals recover, regain functionality, and improve their overall well-being after an injury, illness, or surgery. It involves a range of medical, therapeutic, and supportive interventions designed to address physical, cognitive, emotional, and social aspects of a patient's health. Examples of rehabilitation services provided in convalescent/long-term healthcare facilities include but not limited to Physiotherapy, Occupational Therapy, Speech Therapy, Cardiac Rehabilitation, Pulmonary Rehabilitation, Neurological Rehabilitation, etc.

The primary goal of rehabilitation is to restore or enhance an individual's ability to perform daily activities, maximize their independence, and improve their quality of life. Rehabilitation programs are tailored to the specific needs and goals of everyone, considering their unique circumstances, medical condition, and functional limitations.

The convalescent/long-term healthcare facility shall develop and implement policy(s) and procedures to be used by each rehabilitation module provided by the facility, the policy shall address at least the following:

a) The types of all rehabilitation programs and services offered within the facility, including inpatient, outpatient, and home care rehabilitation.
b) Qualified staff is responsible to oversight the provision of each rehabilitation service as per patient needs.
c) The use of professional standards of practice to guide the rehabilitation interventions that shall include:
    i. Assessment and evaluation of the individual's condition, abilities, and goals. This involves medical evaluations by the physiatrist, physical and functional assessments, and psychological evaluations.
    ii. Plan of care, based on the medical and functional assessment, to address the individual's specific needs and goals.
    iii. Multidisciplinary team of healthcare professionals who collaborate to provide comprehensive care.
    iv. Designing a patient-oriented treatment program with clear medical problem lists and the goals of rehabilitation program.

v. Education and counseling to help patients and their families understand the condition, cope with the challenges, and make informed decisions regarding their care.

vi. Regular monitoring of the patient's progress.

d) Rehabilitation equipment and resources to facilitate the rehabilitation process, such as exercise machines, assistive devices, mobility aids, and adaptive technologies.

e) Discharge planning and follow-up care to ensure a smooth transition from the program to a suitable setting. This may involve arranging for home modifications, recommending community resources and support services, and coordinating with other healthcare providers to ensure continuity of care.

f) Medical records documentation requirements for each module.

Survey process guide:

- The GAHAR surveyor may review the facility policy(s) during document review session, followed by interviewing staff members to check their awareness of the program.
- The GAHAR surveyor may trace a patient journey and assess implementation.
- The GAHAR surveyor may review a patient's medical record to evaluate compliance with standard requirements.
- The GAHAR surveyor may review staff file for those responsible for rehabilitation services to check qualification and competence assessment.

Evidence of compliance:

1. The facility has rehabilitation policy(s) addresses all the elements mentioned in the intent from a) through f).
2. Staff providing rehabilitation services are aware of the components of the policies related to the services provided to the patients they serve.
3. Rehabilitation therapies are employed based on the type of rehabilitation required to meet the patients' needs.
4. Assessment, plan of care, and monitoring of progress are documented in the patient's medical record.
5. Discharge planning and follow-up care are tailored.

Related standards:

ICD.13 Clinical practice guidelines adaptation and adoption, ICD.12 Plan of Care, ICD.03 Medical patient assessments, WFM.08 Continuous Education Program, IMT.02 Documents management system, ACT.11 Patient's flow out (transfer, referral and discharge), ICD.22 Safe use of hydrotherapy, ICD.05 Screening of healthcare needs, PCC.05 Patient and family education.

ICD.21 Prosthetics and orthotics services are provided, as applicable, by multidisciplinary team of professionals with complementary skills.

Patient-centeredness

Keyword

Prosthetics and orthotics services

Intent

Prosthetic rehabilitation is the clinical practice to use prostheses and appliances to restore function in people with limb loss following amputations or congenital limb deficiencies. A multidisciplinary team with appropriate mix of knowledge and skills can provide timely and effective treatment in rehabilitation, including prosthetics and orthotics. However, it's not necessary that in-house staff to be responsible for orthosis and prosthesis, an external consultant from prosthesis company often does the fitting.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for prosthetics and orthotics services that include at least the following:

a) Qualified staff is responsible to oversight the provision of prosthetics and orthotics services as per patient needs.

b) The use of professional standards of practice to guide the prosthetics and orthotics care that shall include:

   i. Patient assessment including:
      - initial patient assessment to determine the individual's needs, goals, and overall health,
      - Evaluation of the patient's functional abilities, lifestyle, and any specific challenges they may face.

   ii. Medical evaluation including assessment of the patient's medical history and current health status to identify any contraindications or specific considerations for prosthetic or orthotic intervention.

   iii. Multidisciplinary team of healthcare professionals who collaborate to provide comprehensive care such as physicians, physical therapists, and occupational therapists, to ensure a holistic approach to patient care.

   iv. Coordination with referring physicians or healthcare professionals, as the provision of prosthetic or orthotic devices based on the patient's needs and the healthcare provider's prescription.

   v. Customization and fabrication:
      - Customization of prosthetic and orthotic devices to meet the individual needs of each patient.

- Collaboration with skilled technicians and practitioners for the fabrication of custom devices

vi. Fitting and Alignment:

- Fitting of the prosthetic or orthotic device to ensure proper alignment and comfort.
- Regular adjustments and follow-up appointments to address any issues and optimize fit.

vii. Education and Training:

- Patient education on the proper use and care of prosthetic or orthotic devices
- Training sessions to help patients adapt to their new devices and optimize their functional abilities.

viii. Rehabilitation and Therapy:

- Integration of rehabilitation exercises and therapy to enhance the patient's functional outcomes.
- Physical therapy to improve strength, balance, and mobility.

c) Regular follow-up: to assess the ongoing effectiveness of the prosthetic or orthotic device, and modification or replacement of devices as needed over time.

d) Evaluation of patient outcomes, including functional improvement, satisfaction, and quality of life, including use of standardized outcome measures to track progress and inform future interventions.

e) Patient Support and Advocacy: support services and resources for patients and their families, and advocacy for patients' needs within the healthcare system.

Survey process guide:

- GAHAR surveyor may review the facility policy guiding prosthetics and orthotics services.
- GAHAR surveyor may interview responsible staff to check their awareness of the policy.
- GAHAR surveyor may review patient’s medical record to the needed documentation.
- GAHAR surveyor may interview patient to check their awareness of the use and care of prosthetic or orthotic devices.

Evidence of compliance:

1. The facility has a policy and procedures addresses all the elements mentioned in the intent from a) through e).
2. Staff providing prosthetics and orthotics services are aware of the components of the policies related to the services provided.
3. Assessment, medical evaluation, and care provided are documented in the patient’s medical record.

4. Patients are educated on the proper use and care of prosthetic or orthotic devices.
5. Follow-up care is implemented and documented in the medical file.

Related standards:

ICD.13 Clinical practice guidelines adaptation and adoption, ICD.12 Plan of Care, ICD.03 Medical patient assessments, WFM.08 Continuous Education Program, ICD.20 Rehabilitation, ACT.11 Patient's flow out (transfer, referral and discharge), OGM.07 Supply Chain Management, ICD.05 Screening of healthcare needs, PCC.05 Patient and family education.

ICD.22 The convalescent/long-term healthcare facility ensures safe use of hydrotherapy

Safety

Keywords

Safe use of hydrotherapy.

Intent:

Hydrotherapy, also known as aquatic therapy or water therapy, involves guided exercises conducted in a pool under the supervision of qualified healthcare professionals. It offers significant benefits in rehabilitation, including reducing joint strain, enhancing range of motion, improving circulation, relieving pain, and increasing muscle strength. However, ensuring safe hydrotherapy requires careful precautions.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for safe use of hydrotherapy

The facility policy shall include:

a) Patient assessments to identify the contraindications and potential risks for each patient, including open wounds, skin infections, cardiovascular issues, and respiratory conditions.
b) Regularly maintenance of hydrotherapy equipment including immersion tanks, whirlpools, and water filtration systems.
c) Water quality management including chemical testing for pH, chlorine levels, and bacteriological analysis to prevent the spread of waterborne pathogens.
d) Cleaning and disinfection of all surfaces and equipment used in hydrotherapy sessions.

Survey process guide:

- GAHAR surveyor may review the facility policy for safe use of hydrotherapy.
- GAHAR surveyor may interview responsible staff to check their awareness of the policy.
- GAHAR surveyor may review the logbook for chemical and bacteriological water analysis

Evidence of compliance:

1. The facility has a policy guiding the safe use of hydrotherapy includes all the items from a) through d) in the intent.
2. Responsible staff members are aware of the facility policy.
3. A qualified healthcare professional supervises all hydrotherapy sessions
4. Regular chemical and bacteriological water analysis are performed
5. The care provided is according to professional practice guidelines.

Related standards:

ICD.13 Clinical practice guidelines adaptation and adoption, ICD.12 Plan of Care, ICD.03 Medical patient assessments, WFM.08 Continuous Education Program, ICD.05 Screening of healthcare needs.

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Effective blood transfusion service

ICD.23 The convalescent/long-term healthcare facility has a process for requesting blood and/or blood components.

Safety

Keywords:

Ordering of blood and blood products

Intent:

Access to sufficient supplies of safe blood and blood products provided within a blood transfusion service is a vital component in achieving equitable health outcomes.

To ensure timely and equitable access to safe blood transfusion, the providers of blood for transfusion need to know how much blood is required for their patients and where and when it is needed so that blood is neither under nor over-supplied.

A realistic assessment of blood requirements is fundamental to effective planning for the rational, fair, and effective distribution of blood and blood components within a blood transfusion service. Usually, A physician's order is required for blood components and products.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedure to address safe blood transfusion service. The policy shall include at least the following:

a) Assessment of patient's clinical need for blood.

b) Education of patient and family about proposed transfusion and recording in the patient's medical record.

c) Selecting blood product and quantity required and completing the request form accurately and legibly.

d) Recording the reason for transfusion, so that the blood bank can check that the product ordered is suitable for diagnosis.

e) Clearly communicate whether the blood is emergently or routinely needed.

f) Sending the blood request form with blood sample to the blood bank.

g) When recipient's blood sample is received, a qualified member of the staff shall confirm, if the information on the label and the transfusion request form are identical. In case of any discrepancy or doubt, a new sample shall be obtained.

Survey process guide:

- GAHAR surveyor may review the facility policy followed by interviewing medical staff members, nurses, and other healthcare professionals to inquire about order process in any location including inpatient wards and procedure areas.
- GAHAR surveyor may observe patient's medical records to assess the completion, legibility, and clarity of blood transfusion orders.

Evidence of compliance:

1. The facility has an approved policy that describes all elements mentioned in the intent from a) through g).
2. The involved staff members are aware of the facility's policy.
3. Indication for transfusion is recorded in the patient's medical record.
4. Blood bank staff members receive information about indication of transfusion, clinical information of the patient, and whether the request is needed on emergency or routine basis.

Related Standards:

ICD.12 Plan of Care, ICD.03 Medical patient assessments, PCC.06 Informed consent, ICD.13 Clinical practice guidelines adaptation and adoption, WFM.04 Job Description, WFM.05 Verifying credentials, EFS.01 facility environment and safety, IMT.02 Documents management system, IMT. 06 Patient's Medical record Management.

ICD.24 Blood and/or blood components are transfused according to professional practice guidelines.

Safety

Keywords:
Transfusion of blood and blood products

Intent:
Errors in transfusion of blood and/or blood components lead to significant risks for patients. Wrong blood administration incidents are mainly due to human error leading to misidentification of the patient and can lead to life-threatening hemolytic transfusion reactions and other significant morbidities.

All blood transfusion reactions must be immediately reported to the Head of the Blood Bank (as applicable), and quality department for prompt investigation of the cause of the adverse reaction.

The convalescent/long-term healthcare facility shall develop a policy and procedures for transfusion of blood and/or blood components. The policy shall address at least the following:

a) Visually checking the bag for integrity.
b) Blood transfusion in emergencies
c) Conditions when the bag shall be discarded.
d) The rate for blood transfusion.
e) Recording the transfusion.
f) Monitoring and reporting any adverse event.
g) Special considerations for use of blood components.
h) Management of transfusion complications.

Survey process guide:

- GAHAR surveyor may interview blood transfusion services staff members, nurses, and other healthcare professionals involved in blood transfusion to inquire about the process, and its variations, this can occur in any location including inpatient areas.
- GAHAR surveyor may observe the process of blood transfusion.
- GAHAR surveyor may review patient's medical record to check records of blood transfusion.

Evidence of compliance:

1. The facility has an approved policy that describes all elements mentioned in the intent from a) through h).

2. Healthcare professionals involved in blood and/or blood component transfusion are aware of the facility policy.
3. Blood or blood component bags are visually checked before transfusion.
4. Monitoring of patient condition during transfusion is recorded in patient's medical record.
5. A system is implemented to prevent and to manage transfusion complications.

Related standards:

ICD.12 Plan of Care, ICD.03 Medical patient assessments, PCC.06 Informed consent, ICD.13 Clinical practice guidelines adaptation and adoption, WFM.04 Job Description, WFM.05 Verifying credentials, EFS.01 facility environment and safety, IMT.02 Documents management system, IMT. 06 Patient's Medical record Management.

Life-threatening conditions management

ICD.25 GSR.08 The convalescent/long-term healthcare facility has a process for recognition of and response to clinical deterioration.

Effectiveness

Keywords:

Recognition and response to clinical deterioration

Intent:

Early detection of warning signs and provision of urgent care at the right time leads to better functional and long-term outcome than resuscitation of patients with cardio-pulmonary arrest. Studies have shown that this strategy has a positive impact on reducing convalescent/long-term healthcare facility mortality and improving patient safety. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to ensure safe process of recognition of and response to clinical deterioration. The policy shall address at least the following:

a) Defined criteria of recognition of clinical deterioration.
b) Education of staff members on the defined criteria.
c) Identification of involved staff members to respond.
d) Mechanisms to call staff members to respond; including code(s) that may be used for calling emergency.
e) The time frame of response.
f) The response is uniform 24 hours a day and seven days a week.
g) Management and referral as required.
h) Documentation of response and management

Survey process guide:

- The GAHAR surveyor may review the policies for facility wide recognition of and response to clinical deterioration system.
- The GAHAR surveyor may review the process to build rapid response teams and to ensure regular rehearsals including reviewing minutes of meetings of the concerned committee (such as Code Blue or Medical Emergencies committee) as evidence of regular monitoring of the processes.
- The GAHAR surveyor may review the process to measure and record observations such as respiratory rate, oxygen saturation, blood pressure, heart rate, temperature, consciousness level, etc.
- The GAHAR surveyor may check evidence of staff training concerning recognition and communication of clinical deterioration.
- The GAHAR surveyor may observe compliance with policies for recognition of and response to clinical deterioration.
- The GAHAR surveyor may observe the process of response to clinical deterioration if possible.

Evidence of compliance:

1. The facility has an approved policy that addresses all the elements mentioned in the intent from a) through h).
2. All staff members involved in direct patient care are trained on recognition of and response to clinical deterioration.
3. Recognition of, using age-specific criteria, and response to clinical deterioration is done as per the facility policy.
4. Recognition of and response to clinical deterioration are recorded in the patient's medical record.

Related standards:

ICD.01 Uniform services /care provision, ICD.26 Cardiopulmonary resuscitation and medical emergencies, IMT. 06 Patient's Medical record Management, PCC.05 Patient and family education, ICD.16 Critical results, ICD.19 Terminally ill patient, ICD.03 Medical patient assessments, ICD.04 Nursing patient assessments.

ICD.26 GSR.09 Response to cardio-pulmonary arrests in the facility is managed for both adult and pediatric patients.

Effectiveness

Keywords:

Cardiopulmonary resuscitation.

Intent:

Any patient receiving care within a convalescent/long-term healthcare facility is liable to suffer from a medical emergency requiring a rapid and efficient response. Time and skills are essential elements for an emergency service to ensure satisfactory outcomes. Therefore, trained staff members, at least on basic life support, should be available during working hours ready to respond to any emerging situation. Availability, all the time, of adequate and functioning equipment and supplies is also cornerstone for resuscitating patients in emergency conditions. The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to ensure safe management of medical emergencies and cardio-pulmonary arrests based on approved clinical guidelines. The policy shall address at least the following:

a) Defined criteria of recognition of emergencies and cardio-pulmonary arrest including adults and pediatrics.
b) The required qualifications and advanced life support training of the facility code teams.
c) Education of staff members on the defined criteria.
d) Identification of involved staff members to respond.
e) Mechanisms to call staff members to respond; including code(s) that may be used for calling emergency.
f) The time frame of response.
g) The response is uniform 24 hours a day and seven days a week.
h) Recording of response and management.
i) Management of emergency equipment and supplies including:
   - Identification of required emergency equipment and supplies list according to laws, regulations, and standards of practice.
   - Emergency equipment and supplies are available all over the facility and checked daily for their readiness.
   - Emergency equipment and supplies are age-appropriate.
   - Emergency equipment and supplies are replaced immediately after use or when expired or damaged.

Survey process guide:

- The GAHAR surveyor may review the policies for medical emergencies and cardio-pulmonary arrest.
- The GAHAR surveyor may review the process to build medical emergency teams and to ensure regular rehearsals including reviewing minutes of meetings of the concerned committee (such as Code Blue or Medical Emergencies Committee) as evidence of regular monitoring of the processes.
- The GAHAR surveyor may review the process to measure and record observations such as respiratory rate, oxygen saturation, blood pressure, heart rate, temperature, consciousness level, etc.
- The GAHAR surveyor may check evidence of staff training concerning recognition and communication of medical emergencies or cardio-pulmonary arrest.
- The GAHAR surveyor may observe compliance with policies for medical emergencies and cardio-pulmonary arrest.

Evidence of compliance:

1. The facility has an approved policy that addresses all the elements mentioned in the intent from a) through i).
2. All staff members involved in medical emergencies and cardiopulmonary resuscitation are aware of the facility's policy.
3. Age-appropriate emergency equipment, medications, and supplies are available all over the facility, checked daily, and replaced after use.
4. Management of medical emergencies and cardio-pulmonary arrests are recorded in the patient's medical record.
5. Reports of cardiopulmonary resuscitation are discussed and corrective actions are done.

Related standards:

ICD.01 Uniform services /care provision, MMS.05 Emergency Medications, WFM.08 Continuous Education Program, IMT.02 Documents management system, WFM.12Medical Staff Performance Evaluation, WFM.11 Clinical Privileges.

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Diagnostic and Ancillary Services

Chapter intent:

- Patients seek medical help for the determination and treatment of various health problems. Sometimes a combination of the patient's history and a clinical examination by a physician is enough to decide whether medical treatment is needed, and what treatment should be given. However, often laboratory investigations or diagnostic imaging procedures are required to confirm a clinically suspected diagnosis or to obtain more accurate information.
- The scope of this chapter covers the following diagnostic and ancillary services:
  - Diagnostic Imaging
    - Radiological Imaging
    - Ultrasound.
    - Quantitative ECG.
  - Laboratory Medicine
    - Sample collection
    - Chemistry and Immunology
    - Microbiology
    - Hematology
    - Point-of-care testing
- There are generally three phases in the process of diagnostic investigation:
  - Before doing the investigation, comprises the time and all processes for the preparation of a patient for a diagnostic investigation to the moment when the investigation is performed.
  - During doing the investigation, comprises the time and all processes of a diagnostic investigation.
  - After doing the investigation: The post-analytical phase comprises the time and all processes for reporting the results of the diagnostic investigation to the person who then provides care to the patient.
- Making errors during each phase influence the clinical relevance of a diagnostic report, and precautions should be taken to avoid results that are misleading or provide false information.
- The diagnostic service shall familiarize the clinician with the value of the information obtained from an investigation, including its diagnostic specificity. This requires constant communication between clinical staff and the diagnostic service. Diagnostic reports

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

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

Chapter purpose:

The main objective is to ensure that the convalescent/long-term healthcare facility provides diagnostic services safely and effectively, the main objective of this chapter:

1. To ensure safe and effective medical imaging services.
2. To ensure safe and effective clinical laboratory and pathology services.
3. To ensure safe and effective referral services when needed

Implementation guiding documents:

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

1. National Law for Laboratories, 367/ 1954
2. Regulation of Medical Imaging Work Law, 59/1960
3. Law 51/1981 Amended by Law 153/2004, Healthcare Facilities Organization
4. Law of Waste Management, 202/2020
5. Prime Minster Decree for Regulation of Waste Management Number 722/2022.
6. National Law 4/1994 for Environment Amended by Law No. 9 / 2004
7. Tuberculosis Labs Manual, Egyptian MOH 2015
8. Egyptian Swiss Radiology Program, MOH
9. Anatomic Pathology and Microbiology Checklists, Cap Accreditation Program, 2014
10. ISO 15189, 2012
11. Laboratory Biosafety Manual, WHO, 2007
12. Good Clinical Diagnostic Practice, WHO, 2005
13. Lab Quality Management System, WHO, 2011
14. List of Essential In-Vitro Diagnostic Tests, WHO, 2018

Efficient planning and management of radiological services

DAS.01 Medical Imaging and ancillary services are planned, operated, and provided by competent healthcare professionals and according to applicable laws and regulations.

Efficiency

Keywords:

Planning medical imaging services

Intent:

An efficient, high-quality, medical imaging service increases patient satisfaction because of its ability to improve patient care. The location of medical imaging is important for easy access by patients. The convalescent/long-term healthcare facility, plans and designs a system for providing medical imaging services required by its patient population, clinical services offered, and healthcare practitioner needs.

Medical imaging services being expensive, and complex are selected and agreed upon by the leaders according to a study of the needs of the convalescent/long-term healthcare facility, that may dynamically change from one year to another, thus continuous evaluation is required.

Ancillary services include all electrograms as ECG and medical imaging services may exist in the form of ultrasound imaging or other types of imaging. The facility can provide some or all the services on-site or can refer to/ contract with other healthcare professionals for some or all of the services, adopting suitable quality expectations and professional standards.

Medical imaging and ancillary services professionals are vital members of a multidisciplinary team that forms a core of highly trained healthcare professionals, who bring expertise to the area of patient care. As members of the healthcare team, medical imaging and ancillary services professionals participate in quality improvement processes and continually assess their professional performance.

When a medical imaging service is provided outside the designated radiology service area, it should follow the same protocols, guidelines, and safety procedures as the facility, main radiology imaging service area.

The medical imaging and ancillary services should meet national laws, regulations, and applicable guidelines.

Survey process guide:

- GAHAR surveyor may learn about the provision of medical imaging services through the facility, orientation session, licenses and permits may be reviewed during environment

and facility plans evaluation session.

- GAHAR surveyor may visit areas where medical imaging and ancillary services are provided or other departments where portable medical imaging services are provided to check uniformity and standardization of services.
- GAHAR surveyor may review contractual agreements and related reports during financial stewardship review session or leadership interview session.

Evidence of compliance:

1. Medical Imaging and ancillary services provided either onsite or through accredited outside source meet laws, regulations, and applicable guidelines.
2. Medical Imaging list of services meets the scope of clinical services of the facility.
3. Licensed healthcare professionals are providing medical image services.
4. The facility ensures the quality and safety of outsourced medical imaging and ancillary services.
5. Medical imaging and ancillary services provided are evaluated annually.

Related standards:

DAS.02 Technical standards (Practice Parameters), EFS.01 facility environment and safety, OGM.10 Contract Management, WFM.05 Verifying credentials, WFM.09 Staff Performance Evaluation

Effective operational processes of medical imaging

DAS.02 Performance and procedures of medical imaging studies and ancillary services is standardized.

Effectiveness

Keywords:

Technical standards (Practice Parameters)

Intent:

Medical imaging and ancillary services encompass different techniques, modalities, and processes to analyze services, and therefore play an important role in initiatives to improve public health for all population groups. Furthermore, Medical imaging and ancillary services are frequently justified in the follow-up of a disease already diagnosed and/or treated.

A procedure manual provides a foundation for the medical imaging or ancillary services quality assurance program, its purpose is to ensure consistency while striving for quality.

The procedure manual may be used to document how studies are performed, train new staff members, remind staff members of how to perform infrequently ordered studies,

troubleshoot technical problems, and measure acceptable performance when evaluating staff.

The medical imaging service develops technical procedures for all study types. The technical medical imaging or ancillary procedures should be written in a language commonly understood by the working staff and available in an appropriate location, it could be in a paper-based, electronic, or web-based format.

The convalescent/long-term healthcare facility shall develop and implement procedures for medical imaging to ensure safety and usability of modalities. For each modality, Procedure manuals shall address at least the following:

a) Scope and general overview
b) Pre-examination, examination, and post-examination procedures
c) Equipment description
d) Maintenance procedures
e) Quality control procedures shall include at least the following:
    i. Elements of the quality control performed according to risk assessment, and manufacturer instructions for each study/modality.
    ii. The frequency of quality control testing is determined by the facility, according to guidelines and manufacturer instructions whichever is more stringent.
    iii. Quality control methods to be used.
    iv. Remedial actions taken for deficiencies identified through quality control measures.
f) Safety procedures
g) Critical findings

Survey process guide:

- The GAHAR surveyors may review a sample of medical imaging procedure manuals and check for their availability.
- The GAHAR surveyors may interview staff to check their awareness of the procedure manual

Evidence of compliance:

1. The medical imaging service has a written procedure for each study type.
2. Procedure manuals are readily available for each modality in the medical imaging department and each procedure includes all the required elements mentioned in the intent from a) through g).
3. Staff are trained of the contents of procedure manuals.

4. The facility has an approved procedure describing the quality control process of all medical imaging tests addressing all elements mentioned in the intent from i) through iv).
5. All quality control processes are performed and recorded.

Related standards:

DAS.01 Planning medical imaging services, DAS.03 Medical imaging pre-examination process & examination protocols, WFM.08 Continuous Education Program, EFS.09 Medical Equipment Plan, WFM.07 Orientation Program

DAS.03 Medical imaging and ancillary services pre-examination process and examination protocols are available and implemented.

Safety

Keywords:

Medical imaging pre-examination process & examination protocols

Intent:

Pre-examination processes in the path of workflow for medical imaging or ancillary services include all activities from the time the medical imaging services are ordered through the time that the patient is present in the medical imaging or ancillary service area. Medical imaging or ancillary service should provide referrers and patients with information about patient preparation requirements to ensure effectiveness. The medical imaging service in convalescent/long-term healthcare facility shall develop and implement a pre-examination policy and procedures that can be in the form of medical imaging service manual and communicate it with all service users. The policy shall include at least the following:

a) Proper completion of request form to include patient identification, age, sex, and location name of the ordering physician, studies requested, date and time of study, clinical information, highlighting for urgent tests request.
b) Patient preparations including specific risks.
c) Description of study techniques.
d) Actions to be taken when a request is incomplete, illegible, or not clinically relevant, or when the patient is not prepared.

Medical imaging service in convalescent/long-term healthcare facility shall develop documented professional protocols for the performance of imaging examinations under the professional supervision of the clinical radiologist staff member.

Documented imaging protocols shall be available and include all necessary information for the proper conduct of the examination that include at least the following:

i. Radiographic or examination factors
ii. Positioning,
iii. Aftercare according to the relevant examinations and/or modalities performed at the service.
iv. These protocols shall also address medical emergencies.

Survey process guide:

- GAHAR surveyor may review medical imaging or ancillary pre-examination policy and medical imaging examination protocols during document review session.
- GAHAR surveyor may trace a patient receiving a medical imaging or any ancillary services and review service request, patient preparation, positioning, and radiographic factors.
- GAHAR surveyor may interview nurses and other healthcare professionals to check their awareness about preparation requirements and examination protocols.
- GAHAR surveyor may visit areas where medical imaging services are provided including radiology department or other departments where portable medical imaging services are provided to observe medical imaging equipment, setup, and modalities.

Evidence of compliance:

1. The facility has an approved policy and procedures to guide the medical imaging and ancillary services pre-examination process that includes elements mentioned in the intent from a) through d).
2. Medical imaging or ancillary service staff member ensures that a patient has complied with any preparation requirements (e.g., fasting) for the procedure that is being performed.
3. Medical imaging protocols are available and address elements mentioned in the intent from i) to iv)
4. Medical imaging staff members are trained on medical imaging protocols.

Related standards:

PCC.05 Patient and family education, IMT.06 Patient's Medical record Management, ACT.03 Patient identification, DAS.02 Technical standards (Practice Parameters), WFM.08 Continuous Education Program

Safe medical imaging studies

DAS.04 Copies of medical imaging or ancillary results are recorded in the patient's medical record.

Safety

Keywords:
Medical imaging results

Intent:
The written medical imaging report is the most important means of communication between the radiologist and the referring medical staff member. It is part of the patient's medical record and interprets the investigation in the clinical context.

Appropriate construction, clarity, and clinical focus of a radiological report within the planned and targeted timeframe are essential to high quality patient care that addresses at least the following:

a) The convalescent/long-term healthcare facility name.

b) Patient identifiers on each page.

c) Type of the investigation.

d) Results of the investigations.

e) Time of reporting.

f) Name and signature of the reporting radiologists.

Survey process guide:

- GAHAR surveyor may perform patient's medical record review and assess completion of medical imaging service reports.
- GAHAR surveyor may trace a patient receiving a medical imaging service and review service request, patient access to the service, study time and reporting time.
- GAHAR surveyor may interview nurses, medical imaging service staff members and other healthcare professionals to inquire about their experience regarding medical imaging service reporting time and report completion requirements and actions to be taken in case of incomplete reports.

Evidence of compliance:

1. The facility has a process to complete medical imaging and ancillary reports that addresses all elements mentioned in the intent from a) through f).
2. All medical imaging and ancillary staff involved in result reporting are trained on the required elements.
3. Results are reported within approved timeframe.

4. Complete medical imaging and ancillary reports are recorded in the patient's medical record.
5. When reports are not complete, there is a process to inform reporting radiologists.

Related standards:
ICD.16 Critical results, IMT.06 Patient's Medical record Management, QPI.02 Performance Measures, QPI.06 Sustaining Improvement

DAS.05 GSR.19 Radiation safety program is developed and implemented.

Safety

Keywords:
Radiation Safety Program.

Intent:
Radiation safety program ensures all activities with ionizing and non-ionizing radiation are conducted in a safe manner and in compliance with the law and regulations, and applicable standards and guidelines.

The program is administered by the Radiation Safety Officer and is designed to protect staff, patients, and the public from potential exposure to radiation from radioactive sources and radiation-emitting devices. The program maintains that all radiological equipment is used safely.

The convalescent/long-term healthcare facility monitors staff health by performing regular biannual CBC analysis and collecting their thermos-luminescent dosimeter (TLD) and/or badge film reports. When CBC results exceed the borderline further investigations are ordered.

The facility shall develop and implement a radiation safety program that address all components of the radiological services and include at least the following:

a) Compliance to laws, regulations, and guidelines.
b) Availability and applicability of the staff self-monitoring tools.
c) Availability and applicability of the suitable patient protective equipment.
d) Patients' radiation safety precautions.
e) Protocols to identify maximum dose of radiation for each type of examinations.
f) All ionizing and non-ionizing radiation equipment are maintained and calibrated.
g) Laser safety measures (if available) which include:
i. Laser safety PPEs
ii. Operating manual for laser equipment

iii. Non-refractive surface in the installed room

iv. Laser warning signs

Survey process guide:

- GAHAR surveyor may review the radiation safety program to check the approved level of exposure according to local laws and regulations, shielding methods, and safety requirements.
- GAHAR surveyor may review environmental radiation measures, thermos-luminescent dosimeter (TLD), and/or badge films of the staff results, CBC results, and lead aprons inspection.
- GAHAR surveyor may interview staff to check their awareness.
- GAHAR surveyor may observe the implemented radiation safety measures.

Evidence of Compliance:

1. The facility has an approved radiation safety program that addresses all elements mentioned in the intent from a) through g).
2. Staff members involved in medical imaging are aware of the radiation safety program and receive ongoing education and training for new procedures and equipment.
3. Exposure radiation doses are measured and monitored for exposed patients and does not exceed the approved maximum level.
4. Environmental radiation safety measures, patient monitoring devices results, and the regular CBC results are available and documented.

Related standards:

EFS.01 facility environment and safety, EFS.07 Safety Management Plan, EFS.09 Medical Equipment Plan, OGM.14 Staff Health, WFM.08 Continuous Education Program

Clinical Laboratory

Appropriate planning and management

DAS.06 Laboratory services are planned, provided, and operated by competent healthcare professionals according to applicable laws, regulations, and applicable guidelines.

Effectiveness

Keywords:

Laboratory services planning and management.

Intent:

Planned laboratory services are critical to ensure that communities receive good clinical care. Despite recent major efforts to improve laboratory services, many laboratory systems are inadequate to meet priority needs.

There is a major need to develop effective laboratory plans, provision, and operation to strengthen clinical care systems, as an integral part of strengthening overall convalescent /long-term healthcare facility systems.

The facility shall develop and implement a management and technical system for providing laboratory services required by its patient population, offered clinical services, and healthcare professional needs as well as the facility mission.

The laboratory scope of services is required to be enlisted and available for patients, facility staff, and healthcare professionals. The designated area shall fulfil the following:

- Is physically separate from other activities in the facility.
- Accommodate all laboratory activities.
- Aligned with the mission and serving the facility population flow.
- Dedicated area for collection of samples.

In addition, laboratory competent staff have an influential role in the creation of a safe, healthy, productive working environment. Staff competency assessment should be an ongoing process for managers to evaluate an employee's work performance, identify strengths and weaknesses, offer feedback, and set goals for future performance.

Survey process guide:

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

- GAHAR surveyor may interview laboratory and HR leaders to inquire about competence assessment of lab staff.
- GAHAR surveyor may review laboratory services to compare work rooster with the competencies assessed.

Evidence of compliance:

1. Laboratory services are available to meet the needs related to the facility mission, patient population, applicable guidelines, and laws and regulations.
2. Scope of services is defined and documented in the facility laboratory.
3. The plan for services is periodically reviewed and modified whenever a clinical service is added, modified, or deleted.
4. Lab staff competency assessment is performed annually and recorded in the staff file.
5. Laboratory work is scheduled and processed based upon the competencies assessed.
6. The designated laboratory area is available and separate from any other activities including a dedicated area for sample collection.

Related standards:

DAS.09 Technical Procedures, EFS.01 Facility environment and safety, WFM.09 Staff Performance Evaluation

DAS.07 The convalescent/long-term healthcare facility has a process to manage reagents and other laboratory supplies.

Effectiveness

Keywords:

Reagent Management

Intent:

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

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures that guide the process of management of laboratory reagents and other supplies that shall include at least the following:

a) Criteria for inspection, acceptance, and rejection of provided reagent.

b) Methods of identification, enlisting and labelling of all reagents present in the laboratory.

c) Method to ensure reagents quality before use for testing.

d) Measures to ensure that the laboratory does not use expired materials.

e) Good storage conditions of reagents and consumables.

f) Define safety limits for the reordering of the laboratory materials according to the laboratory needs.

g) Requesting, issuing and dispatching reagent and supplies as well as identifying responsible person.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved policy that addresses all the elements mentioned in the intent from a) through g).
2. The laboratory has an inventory for all reagents and supplies that are used for all testing processes.
3. Reagents and other supplies are inspected and accepted or rejected based on approved criteria.
4. Reagent and supplies are accurately labelled.
5. Reagents and supplies utilization are accurately monitored.
6. Reagents are requested, issued, and dispatched effectively.

Related standards:

OGM.07 Supply Chain Management, DAS.09 Technical Procedures, EFS.06 Hazardous materials safety, DAS.11 Laboratory Internal quality assessment, OGM.08 Stock Management

DAS.08 The convalescent/long-term healthcare facility has a process to select and monitor outsourced laboratory services.

Efficiency

Keywords:

Outsourced laboratory services

Intent:

A clinical Laboratory often requires the assistance of an outside laboratory or laboratories to perform unique or unusual services, as a backup service, or for routine services that the referring (primary) laboratory does not perform, as a result, primary laboratories refer selected tests as to be sent to referral laboratories or contracted lab.

Laboratory remains responsible for the quality of testing even when it refers samples for testing to other laboratories (referral laboratories), so the performance of the referral laboratories should be monitored to assure the quality of performance. The convalescent/ long-term healthcare facility shall develop and implement a policy and procedures to control the outsourced laboratory services that shall include:

a) Selection

Selection should be based primarily on quality of performance.

Whenever possible, referral specimens are sent to a national or international accredited laboratory.

b) Evaluation:

The laboratory should implement an evaluation process either before starting to contract, during the contract, or upon renewal of the contract for the referral laboratory through monitoring the quality of performance, turnaround time, and result reporting.

c) Requirements:

A signed agreement specifying the expectations of the two parties involved shall be readily available for quick referral. It shall include at least the following:

i. Scope of Service
ii. Agreement conditions (including accreditation status).
iii. Sample requirements
iv. Turnaround Time (TAT)
v. Result reporting
vi. Release of information to the third party
vii. Mean of solving disputes
viii. The validity of the agreement and review schedule.

Survey process guide:

- GAHAR surveyor may review facility policy during document review session, and review referral laboratory agreement and results during financial stewardship session or leadership interview session.
- GAHAR surveyor may review send-out test records in the laboratory.
- GAHAR surveyor may review the evidence of referral laboratory accreditation status.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through c).

2. There is a signed agreement between the two laboratories describing the expectations of the two parties fulfilling items mentioned in the intent from i) through viii).
3. Referral laboratory meets the selection criteria.
4. Referral laboratory is evaluated based on predefined criteria and timeframe.
5. Records of send-out tests support the compliance.

Related standards:

OGM.10 Contract Management, DAS.06 Laboratory services planning and management

DAS.09 Performance of laboratory technical procedures is standardized.

Effectiveness

Keywords:

Technical Procedures

Intent:

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

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

Survey process guide:

- The GAHAR surveyor may review laboratory procedures.

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

Evidence of compliance:

1. The laboratory has a written procedure for each analytical test method that addresses all elements mentioned in the intent from a) through e).
2. The technical laboratory procedures are readily available when needed and are taught to staff.
3. Appropriate pre-examination processes are implemented, including complete requesting forms, proper patient identification, proper sampling techniques, proper sample labelling, and proper sample transportation.
4. Appropriate examination processes are implemented, including documentation of examination procedures and identification of biological reference intervals.
5. Appropriate post-examination processes are implemented including the process of sample storage, defined retention time of laboratory results, and release of reports to the authorized recipients.

Related standards:

DAS.06 Laboratory services planning and management, WFM.08 Continuous Education Program, WFM.07 Orientation Program, DAS.10 Specimen reception, tracking, and storage

DAS.10 The convalescent/long-term healthcare facility has a process for specimen reception, tracking, and storage.

Effectiveness

Keywords:

Specimen reception, tracking, and storage.

Intent:

Specimen tracking is a process starting with specimen registration, collection, and labelling to specimen reception, analysis, and storage, to significantly allow workers to identify the specimen location, history, and status.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to describe securing patient samples and avoiding deterioration, loss, or damage during pre-examination activities and during handling, preparation, and storage.

The policy shall include at least the following:

a) Setting criteria for acceptance or rejection of specimens.

b) Evaluation of received specimens by authorized staff members to ensure that they meet the acceptance criteria relevant for the requested examination(s).

   i. Acceptable specimen: Specimen recording process in an accession book, worksheet, computer, or another comparable system, recording includes the date and time of specimen's reception/registration and the identity of the patient receiving the specimen.

   ii. Unacceptable specimen: Records of rejection are maintained, including the cause of rejection, time and date, name of rejecting patient, and name of the notified individual.

   iii. Suboptimal specimen: Recording includes the date and time of specimen's reception/registration and the identity of the patient, Indications of acceptance of suboptimal specimens, and measures taken accordingly.

c) Traceability of all portions of the primary specimen to the original primary sample.

d) Process of recording all specimens referred to other laboratories for testing.

e) Instructions for proper sample storage in the pre-examination phase.

Survey process guide:

- GAHAR surveyor may review the facility's policy during document review session followed by interviewing staff members to inquire about their awareness of facility policy.
- GAHAR surveyor may visit the laboratory to review records of received specimens and match reasons for rejection with approved criteria.
- GAHAR surveyor may also review laboratory specimen identification and traceability process.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements mentioned in the intent from a) through e).
2. All laboratory staff involved in receiving specimens are aware of the facility's policy requirements.
3. All received and accepted specimens are recorded including date and time of specimen's reception and the identity of the patient receiving the sample.
4. Records for specimen rejection and specimens referred to other laboratories are maintained and include all data mentioned in the intent.

5. Evidence of traceability of all portions of the primary sample to the original primary sample.
6. Samples are stored in appropriate conditions during all pre-examination activities.

Related standards:

ACT.03 Patient identification, DAS.09 Technical Procedures, IMT.01 Information management plan

DAS.11 An internal quality control process is developed and implemented for all tests.

Effectiveness

Keywords:

Laboratory Internal quality assessment

Intent:

Internal quality control testing is performed within a laboratory to monitor and ensure the reliability of test results produced by the laboratory.

Control materials are used to monitor the test system and verify that quality patient test results have been attained. A control is a stabilized sample with a predetermined range of result values that simulate a patient sample.

Quality control data should be reviewed at regular intervals (at least monthly) and recorded. Outliers or trends in examination performance, that may indicate problems in the examination system, should be analyzed, followed up and preventive actions should be taken and recorded before major problems arise.

The laboratory shall develop and implement a procedure for internal quality control that includes at least the following:

a) Elements of the internal quality control.
b) The frequency for quality control testing is determined by the convalescent/long-term healthcare facility according to guidelines and manufacturer instructions whichever is more stringent.
c) Quality control materials to be used. They shall be handled and tested in the same manner and by the same laboratory staff member testing patient samples.
d) Quality control performance expectations and acceptable ranges should be defined and readily available to staff so that they will recognize unacceptable results and trends in order to respond appropriately.
e) Acceptance-rejection rules for internal quality control results.

f) Quality control data is reviewed at regular intervals (at least monthly) by responsible authorized staff member.

g) Remedial actions taken for deficiencies identified through quality control measures and corrective actions taken accordingly.

Survey process guide:

- GAHAR surveyor may visit laboratory to check quality control procedures and records.
- GAHAR surveyor may interview laboratory staff members to check their awareness of quality control performance.

Evidence of compliance:

1. The facility has an approved procedure describing the internal quality control process of all laboratory tests addressing all elements mentioned in the intent from a) through g).
2. Laboratory staff members involved in internal quality control are competent in internal quality control performance.
3. All quality control processes are performed according to the internal quality control procedure.
4. All quality control processes are recorded.
5. Responsible authorized staff member reviews quality control process and check data at least monthly, and corrective action is taken when indicated.

Related standards:

DAS.07 Reagent Management, DAS.09 Technical Procedures, WFM.08 Continuous Education Program

DAS.12 External quality assessment program or its alternatives is developed and implemented.

Effectiveness

Keywords:

Laboratory external quality assessment

Intent:

External quality control program is a system designed to objectively assess the quality of results obtained by laboratories, by means of an external body.

It provides a measure for individual laboratory quality and “state of the art” for a test, It supplements internal quality control procedures, It obtains consensus values when true values are unknown and it acts as an educational stimulus to improvement in performance.

External quality testing can identify performance problems not identified by internal quality control systems and helps the laboratory determine how its results compare with those of other laboratories that use the same methodologies.

The laboratory should participate in an external quality assessment program that covers the maximum number and complexity of tests performed by the laboratory. The laboratory shall subscribe to proficiency testing according to the laboratory scope.

The laboratory shall test proficiency specimens according to a written protocol and submit results back to the proficiency-testing provider within the required time.

Samples shall be tested along with the laboratory's regular patient testing workload by staff members who routinely perform the laboratory test(s) using routine methods.

The laboratory shall not send samples to another laboratory for analysis.

Review of returned report shall include the following:

a) When results are graded and returned, the laboratory director or a designated supervisor shall review the report and document the review.
b) Remedial action is recorded for any single or multiple challenges of each analyte that does not fall within acceptable limits.
c) The results are used for education, re-education, or training of one or more employees when indicated.

The laboratory shall consistently analyze and report results. Records for test handling, examination, and reporting results are retained for at least two years.

When there is no proficiency testing available, the laboratory performs interlaboratory comparison, according to guidelines, with an accredited lab, and the results are recorded at least semi-annually.

Survey process guide:

- GAHAR surveyor may visit laboratory to check quality control procedures and records.
- GAHAR surveyor may interview laboratory staff members to check their awareness of quality control performance.

Evidence of compliance:

1. The laboratory subscribes to an external proficiency-testing program that covers maximum number and complexity of tests performed by the laboratory.
2. Evidence that the samples are tested along with the laboratory's regular patient testing workload by staff members who routinely perform the laboratory test(s) using routine methods.

3. The laboratory is consistent in testing and reporting results within the required timeframe.
4. A review of returned reports includes the requirements of elements mentioned in the intent a) through c).
5. Records of all processes, including testing, reporting, review, conclusions, and actions, are retained for at least two years.
6. Evidence of proficiency testing alternative procedure is used according to guidelines, whenever no proficiency testing is available.

Related standards:
OGM.10 Contract Management, DAS.09 Technical Procedures

DAS.13 Laboratory results are reported within the acceptable turnaround time.

Timeliness

Keywords:
Laboratory turnaround time

Intent:
Turnaround Time (TAT) is a crucial metric in medical laboratory. It refers to the total amount of time that elapses from the moment a specimen (such as a blood sample, or any other material) is collected from a patient until the results of the analysis or testing are reported to the requesting health-care provider or end-user. TAT is typically measured in hours or days, depending on the nature of the test and the laboratory's workflow.

The laboratory shall develop and implement a policy and procedure for measuring turnaround times and assign responsible laboratory staff member for measuring and monitoring it. The policy shall include each laboratory test's total turnaround time and means to ensure that turnaround times are acceptable. When turnaround times for one or more tests are unacceptable, laboratory leaders evaluate the data and, when necessary, the testing process and act to either modify the testing and reporting process or set more reasonable turnaround times. The final laboratory report shall include at least the following:

a) Clear identification of the examination.
b) Identification of the laboratory issuing the report.
c) Patient identification.
d) Name of the clinician ordering the test.
e) Date of primary sample collection.
f) Type of primary sample.

g) Biological reference intervals, clinical decision values.

h) Interpretation of results and any advisory comments, where appropriate.

i) Identification of the person(s) reviewing the results and authorizing the release of the report.

j) Date of the report, and time of release.

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

Survey process guide:

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

Evidence of compliance:

1. The facility has approved policy and procedures defining each laboratory test's total turnaround time and means of measuring it.
2. Turnaround times are reviewed and monitored for laboratory tests.
3. Laboratory final report includes all elements mentioned in the intent from a) through j).
4. Reference intervals are periodically updated in the laboratory report.
5. The facility, tracks, collects, analyzes, and reports data on its reporting times for laboratory tests and acts on identified improvement opportunities.
6. Delays in turnaround time are notified to requestors/end-users.

Related standards:

ICD.16 Critical results, IMT.06 Patient's Medical record Management, QPI.02 Performance Measures, QPI.06 Sustaining Improvement

Safe laboratory services

DAS.14 GSR.20 A comprehensive documented laboratory safety program is implemented.

Safety

Keywords:
Laboratory Safety Program

Intent:
The laboratory environment can be a hazardous place to work. Laboratory staff members are exposed to numerous potential hazards including chemical, biological, physical hazards, as well as musculoskeletal stresses.

Laboratory safety is governed by numerous regulations and best practices. Over the years, multiple guides were published to make laboratories increasingly safe for staff members.

Laboratory management should design a safety program that maintains a safe environment for all laboratory staff, patients, and families. The laboratory should have a documented program that describes the safety measures for laboratory facilities according to the national requirements. This program should be properly implemented and communicated to all staff. The program shall include at least the following:

a) Safety measures for healthcare professionals.
b) Safety measures for the specimen.
c) Safety measures for the environment and equipment.
d) Incidents handling and corrective action are taken when needed.
e) Proper Disposal of Laboratory Waste.
f) Material Safety Data Sheets (SDS) Requirements.
g) Handling Chemical Spills/Spill Clean Up.
h) Instructions for the use of patient protective equipment.
i) Risk management process.

Survey process guide:

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

Evidence of compliance:

1. A written program that describes safety measures for laboratory services and facilities is documented and includes the items mentioned in the intent from a) through i).
2. Laboratory staff are trained on the safety program.
3. Laboratory risk assessment is performed, and safety reports are issued at least semi-annually to the environment and facility safety committee.
4. Spill kits, safety showers, and eye washes are available, functioning, and tested.
5. Safety precautions are implemented.
6. The facility, tracks, collects, analyzes, and reports data on laboratory safety program and it acts on identified improvement opportunities.

Related standards:

EFS.01 Facility environment and safety, EFS.07 Safety Management Plan, EFS.09 Medical Equipment Plan, OGM.14 Staff Health, WFM.08 Continuous Education Program, EFS.06 Hazardous materials safety, IPC.01 IPC program, risk assessment, guidelines, IPC.04 PPE, guidelines, Physical Barriers

Effective Point of care testing

DAS.15 Point-of-care testing is monitored for providing accurate and reliable results.

Effectiveness

Keywords:

Point of care testing

Intent:

Point-of-care testing (POCT) is defined by the College of American Pathologists as “tests designed to be used at or near the site where the patient is located, that do not require permanent, dedicated space, and that are performed outside the physical facilities of the clinical laboratories.”

The laboratory shall assign a responsible staff member to ensure the quality of these devices and that the reagents and other laboratory supplies are consistently available for it.

The laboratory shall have a clearly defined approach to POCT to ensure that it is performed safely and correctly and that the results generated are accurate and reliable.

The convalescent/long-term healthcare facility shall identify all POCT sites, and the testing performed, prepare an audit form, perform inspection to determine if any deficiencies

currently exist, and implement corrective actions for any deficiencies identified in the inspection.

Survey process guide:

- GAHAR surveyor may review the procedure manual in each point of care testing area, patient results and reporting process, quality control, maintenance, and function checks, evidence of testing staff member training and competency records.

Evidence of compliance:

1. The laboratory assigns a competent responsible staff member for supervising the point-of-care testing services.
2. The facility identifies all POCT sites, and the testing performed.
3. There is a defined process for performing and reporting point-of-care testing (POCT).
4. Quality control procedures for POCT are recorded and implemented.

Related standards:

EFS.09 Medical Equipment Plan, WFM.08 Continuous Education Program, DAS.11 Laboratory Internal quality assessment , DAS.09 Technical Procedures

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Surgery and Invasive procedures (SIP)

Chapter intent

Invasive procedures are any medical procedures that involve puncturing or cutting the skin or inserting an instrument into the body. In convalescent / long-term healthcare facilities, certain invasive procedures may be performed as part of the patients' ongoing medical care. These facilities should have a trained healthcare professional who can perform these procedures safely and effectively.

Some examples of invasive procedures that may be performed in convalescent or long-term care settings include, wound care, surgical wounds, or other injuries and ulcers, tooth extraction, insertion of urinary catheters, insertion of feeding tubes for patients who are unable to eat or swallow safely, phlebotomy, and tracheostomy care.

The scope of this chapter covers any invasive procedures or interventions performed in any unit or clinic in the facility with or without anesthesia, such as dental clinics, specialized clinics or others.

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

Chapter purpose

- Safe and effective surgical and invasive procedures.

Implementation guiding documents

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

1. Egyptian Constitution
2. Law 51/1981 for healthcare organizations
3. MOH Ministerial Decree 216 for operation procedures
4. Prime Minister decree, 1063/2014 Management of Emergency cases
5. Patient Safety during operation procedure committee recommendations, 2003
6. Egyptian code of medical ethics 238/2003 (Medical Syndicate Publications)
7. Egyptian code of nursing ethics (Nursing Syndicate Publications)
8. WHO Patient Safety Assessment Manual, 2011.
9. WHO Surgical Safety Checklist.

Safe and effective surgical and invasive procedures care

SIP.01 Surgery and invasive procedure is provided according to applicable laws and regulations and clinical guidelines/protocols.

Safety

Keywords:

Surgery and invasive procedure services

Intent:

The laws, regulations, and guidelines control the provision of surgery and invasive procedure services by determining the appropriate spaces, infrastructure, flow of patients, clean and waste flow, and the minimum required equipment and staffing.

Patient assessment before surgery/invasive procedures with requesting the needed investigations either for ensuring the diagnosis, revealing risk factors, assessing patient medical condition, or determining baseline patient condition followed by proper management of all identified diagnoses and risk factors. Patient assessment should be reviewed and repeated if a surgery/invasive procedure postponed or cancelled to maintain the validity of the patient assessment.

Survey process guide:

- GAHAR surveyor may visit areas where invasive procedures are performed such as dental clinic and others. The visit includes observation of the place, infrastructure, supplies, medications, equipment available. Then the surveyor will obtain a sample from performed invasive procedures to check the staff competency in performing those procedures.
- GAHAR surveyor may trace a patient who underwent surgery or invasive procedure through staff interview and document review to ensure compliance with a complete assessment of the patient, and availability of results of requested investigations.

Evidence of compliance:

1. Units providing surgery and invasive procedure services have space, infrastructure equipment, medical supplies, and medication, as required by laws and regulations and/or clinical guideline and protocols.
2. Staff members performing surgery and invasive procedure services are competent, and qualified.
3. Patient assessment is performed for all patients going for surgical or invasive procedure.
4. All assessments are recorded in the patient's medical record.

Related standards:
EFS.01 Facility environment and safety, WFM.11 Clinical Privileges, IMT.06 Patient's Medical record Management.

SIP.02 Precise site where a surgery or invasive procedure is performed is marked by the physician with patient's involvement.

Safety

Keywords:
Surgical site marking

Intent:
Performing the right surgery/invasive procedures on the right patient and on the right side without any retained instrument is the mainstay objective of surgical safety.

Visible and clear site marking is an error reduction strategy that should be performed by the physician who will perform the surgery and invasive procedure with the involvement of the patient if the patient is an adult and fully conscious or patient's family in other situations.

The site marking in each convalescent / long-term healthcare facility should be unified, detectable, and placed on the nearest site to the surgical site. convalescent/long-term healthcare facility shall develop and implement a policy and procedures for site marking with the indication and exemption of invasive procedures from site marking, apply the process before the call for invasive procedure and continuously monitor the compliance with the process. The policy shall address at least the following:

a) The surgical or invasive procedure site is clearly marked.

b) The medical staff member with the involvement of the patient performs marking.

Survey process guide:

- GAHAR surveyor may review the facility policy for site marking, to check the presence of all required components in the policy.
- GAHAR surveyor may interview staff members to check their awareness of the facility policy.
- GAHAR surveyor may observe the presence of a clear, approved, non-washable mark on the surgery or invasive procedure site in a patient going for surgery and invasive procedure (when applicable).

Evidence of compliance:

1. The convalescent / long-term healthcare facility has an approved policy for site marking.
2. Staff are trained on the implementation of site marking.

3. Site marking is a unified mark all over the convalescent / long-term healthcare facility and performed by the responsible physician for the invasive procedure.
4. The convalescent / long-term healthcare facility tracks, collects, analyses and reports data on site marking process and acts on improvement opportunities identified in process.

Related standards:

SIP.04 Timeout, SIP.01 Surgery and invasive procedure services, QPI.02 Performance Measures.

SIP.03 Documents and equipment needed for procedures are verified to be on hand, correct, and properly functioning before calling for the patient.

Safety

Keywords:

Pre-operative checklist

Intent:

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

Survey process guide:

- GAHAR surveyor may review the approved facility policy.
- GAHAR surveyor may interview responsible staff members to check their awareness of the facility policy.
- GAHAR surveyor may observe the correct verification process for needed documents and other requested orders as investigations (when applicable).
- GAHAR surveyor may review a sample of patients' medical records for those who underwent surgery / invasive procedure, to check the presence of the checklist for

verification of the availability of all needed or requested documents and other items.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy for preoperative verification of all needed documents and equipment.
2. Responsible staff members are aware of the policy requirements.
3. Preoperative verification of all needed documents and equipment is done before each invasive procedure.

Related standards:

SIP.01 Surgery and invasive procedure services, QPI.02 Performance Measures, SIP.04 Timeout.

SIP.04 GSR.10 Correct patients, procedure, and body part is confirmed preoperatively and just before starting a surgical or invasive procedure (timeout).

Safety

Keywords:
Timeout

Intent:
Timeout for verification of the correct patient, correct surgery or invasive procedure, and correct site and side of invasive procedure is a single process that has been proved to reduce wrong-site surgery.

When performing a surgery or invasive procedure, healthcare professionals should verify the right patient, the right type of surgery, right site, right side, and the patient received the prophylactic antibiotic if applicable.

The convalescent / long-term healthcare facility shall develop and implement a policy and procedures to ensure correct patient, correct invasive procedure and correct site and side of invasive procedure and apply the time-out process just before the start of the invasive procedure.

Survey process guide:

- GAHAR surveyor may review the approved facility policy.
- GAHAR surveyor may interview involved staff members including the performing physician to check their awareness of the facility policy.
- GAHAR surveyor may observe a case during the time-out process (if applicable) to check compliance with the facility policy.

- GAHAR surveyor may review a sample of patients' medical records for those who underwent surgery / invasive procedure, to check for compliance with the facility policy.

Evidence of compliance:

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

Related standards:

SIP.01 Surgery and invasive procedure services, SIP.02 Surgical site marking, SIP.03 pre-operative checklist, QPI.02 Performance Measures, IMT.06 Patient's Medical record Management

Medication Management and Safety

Chapter intent:

Maximizing the benefits of medications, both for individual patient and society as a whole, is growing in significance as the prevalence of medication use continues to rise worldwide. Medications are widely provided by healthcare systems across the globe, serving as essential tools in the prevention, treatment, and management of numerous illnesses and conditions. They represent the cornerstone of healthcare interventions, with their usage being pervasive across various medical settings. Medication is defined as any prescription medications including narcotics, psychotropic medications, vitamins, nutraceuticals, over-the-counter medications; vaccines; biological, diagnostic, and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; parenteral nutrition; blood products; medication containing products, and intravenous solutions with electrolytes and/or medications. The definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases unless explicitly stated.

Medications in convalescent/long-term healthcare facilities play a critical role in the treatment of patients. The right medication can reduce or eliminate symptoms and significantly improve a patient's quality of life. Some medications in long-term care facilities are aimed at slowing disease progression or preventing complications. For example, medications for chronic conditions like diabetes, hypertension, and osteoporosis help control disease activity and reduce the risk of complications such as cardiovascular events, fractures, and neuropathy.

Medication management is one of the major responsibilities in any healthcare setting. It is a complex process that involves different phases, including planning, procurement, storage, prescribing, transcribing, ordering, dispensing, administration, monitoring of the medications, and evaluation of the program. Evidence suggests that, at each phase of the cycle, errors do occur adversely influencing patients' safety, which is a priority in today's practice. However, with substantial and increasing medication use comes a growing risk of harm. This is compounded by the need to prescribe for a special population, including the aging population with increasingly complex medical needs and the introduction of many new medications.

Additionally, medication errors are one of the most commonly occurring errors in healthcare institutes, and they can occur at any step along the pathway of medication management. It is further stated that morbidity from medication errors results in high financial costs for healthcare institutions and adversely affects the patient's quality of life.

Preventing medication errors is a major priority in the health system and many international organizations such as the JCI and the WHO have launched medication safety as part of their global patient safety initiatives.

Chapter purpose:

The main objective of this chapter is to:

1. Highlight the principle of medication management and safety in convalescent/long-term healthcare facility.
2. Promote safe, quality use of medications, and medication management.
3. Provide a framework for effective and safe medication management and safety program.
4. Evaluate the continuity of medication management processes; from planning to monitoring and evaluation with a special focus on the identification of risk points to improve patients' outcomes and safety

Implementation guiding documents:

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

1. The Pharmacy Profession Law 127/1955.
2. MOHP Decree for the Re-Regulation of Handling of the Pharmaceutical Substances and Products Affecting the Mental State 172/ 2011.
3. MOHP Decree for the Re-Regulation of Handling of the Pharmaceutical Substances and Products Affecting the Mental State 475/ 2019.
4. The Egyptian Drug Authority Decree for the Re-Regulation of Handling of The Pharmaceutical Substances and Products Affecting the Mental State 340/ 2021.
5. Narcotics Law No. 182/1960.
6. MOHP Ministerial Decree Number 496/ 2012.
7. MOHP Ministerial Decree for Developing a Pharmacovigilance Center Number / 2012.
8. Prime Minister's Decree about the EDA Executive Bylaws Number 777/2020.
9. Rational Drug Use Publication No: 1, the Year 2019 of the Egyptian Crash Cart And Emergency Drug List.
10. The Egyptian Drug Authority Decree on the Regulation of Drug Storage Requirements for Pharmaceutical Institutions Number 271/ 2021.
11. MOHP Ministerial Decree Number for the Regulation of Expiry Drugs. 104/ 2003.
12. The Minister of Finance Decree on the Regulation of Tenders and Auctions Law Promulgated, and Its Implementing Regulations No. 182, the Year 2018.

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Effective planning and management of medication

MMS.01 The Convalescent/long-term healthcare facility develops a medication management program aligned with the scope of services and applicable laws and regulations.

Effectiveness

Keywords

Medication management program.

Intent

Medication management remains a primary concern in Convalescent/long-term healthcare facilities and is an important component in the palliative, symptomatic, and curative treatment of many diseases.

The unsafe use of medication is not the only safety problem in the healthcare system, but it is certainly one of the most significant issues. Ensuring a safer medication management program in any Convalescent/long-term healthcare facility is a major challenge.

Medication management processes should be implemented according to the applicable laws and regulations (The Egyptian Drug Authority (EDA), the Unified Medical Procurement Authority, and the Egyptian Ministry of Health and population (MOHP)).

The Convalescent/long-term healthcare facility develops and implements a safe medication management program that addresses at least the following:

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

A qualified trained and licensed pharmacist/ healthcare professional shall directly supervise the medication management program, according to law and regulations, which shall be a multidisciplinary effort exerted by all healthcare professionals involved in the medication management process. Usually, the medication management system is managed and updated through Drug and Therapeutic Committee (DTC) (also known as pharmacy and therapeutic committee (PTC)). The presence of DTC with clear terms of reference is essential in the management of medication use. The DTC is involved in the development

and evaluation of the medication management program. In addition, a system review shall be performed at least annually.

Survey process guide

- GAHAR surveyor may review the medication management program.
- GAHAR surveyors may review the DTC terms of reference, the meeting minutes, and the medication management annual report.
- GAHAR surveyor may review staff files to evaluate the qualifications of individuals supervising the medication management program.
- GAHAR surveyor may interview healthcare professionals involved in medication management to check their awareness about all steps of the medication management process.

Evidence of compliance

1. The facility has medication management and safety program that addresses all elements from a) through h) in the intent.
2. Qualified and licensed pharmacist / healthcare professional are responsible for supervising medication management and safety activities
3. The facility has a drug and therapeutic committee (DTC) with clear terms of references.
4. Updated and appropriate medication-related information source(s) is/are available either in an electronic or in a paper-based format to those involved in medication management.
5. There is an annual documented review of the medication management and safety program, addressing elements from a) through h) in the intent as appropriate.

Related standards.

MMS.03 Medication Procurement, Formulary, MMS.04 Medication storage and labelling, MMS.11 Ordering, prescribing, MMS.13 Medication preparation, MMS.14 Medication dispensing, MMS.15 Medication administration, MMS.16 Medication Monitoring, WFM.04 Job Description.

MMS.02 Antimicrobial stewardship program is developed and implemented to enhance rational use of antimicrobials.

Safety

Keywords:
Antimicrobial Stewardship Program

Intent:
Due to repeated antimicrobial prescription for doubtful indications and for longer than necessary, antimicrobial resistance is acquired, which can have a negative impact on patient outcomes and poses a major threat to patient safety.

In 2018, the Egyptian Drug Authority (EDA) developed national guidelines for rational antimicrobial use aiming to reduce the unsafe and irrational use of antimicrobials and to standardize policies and procedures for the use of antimicrobials.

Antimicrobial stewardship is the effort to promote the optimal use of antimicrobial agents, reducing the transmission of infections and educate healthcare professionals, patients, and the public. Implementation of an antimicrobial stewardship program (ASP) should be considered as an organizational priority with leadership commitment and support.

An effective ASP will implement at least one intervention that meets a need within the Convalescent/long-term healthcare facility using a stepwise implementation approach will help to familiarize staff with the new policies and procedures. Interventions may include the following:

- The development and implementation of clinical guidelines based on either local, national, or international data (management of urinary tract infections, respiratory tract infection, etc.).
- Restricting the use of certain antimicrobial agents based on the spectrum of activity, or cost.
- Preauthorization, de-escalation of empirical antimicrobial therapy or the alteration of antimicrobial therapy once culture (if applicable) results become available.
- The development of clinical criteria and guidelines for switching from parenteral to oral agent.
- Detection and prevention of antibiotic-related drug-drug interactions can also be implemented.

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

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

- Evidence of a decrease in the inappropriate use of antimicrobials.
- Collecting data on adherence to antibiotic prescribing policies and antibiotic use.
- Tracking the appropriate use of prophylactic antibiotic.
- Measurement of antimicrobial consumption and cost (e.g., using defined daily doses (DDD), or days of therapy (DoT).
- Collecting data on resistance pattern in the Convalescent/long-term healthcare facility.

It is important to ensure that antimicrobial stewardship reports are available to leadership, and healthcare professionals regularly, which serves as a reminder of the program's importance. It is also important to educate healthcare professionals, patients and their families on optimal antimicrobial use, antimicrobial resistance, and antimicrobial stewardship practices.

Survey process guide:

- GAHAR surveyors may review the antimicrobial stewardship program document.
- GAHAR surveyors may interview the healthcare providers to check their awareness about any activity related to the antimicrobial stewardship program.
- GAHAR surveyors may review the antimicrobial stewardship report to check the process steps for selecting, ordering, dispensing, administering, and monitoring of the agent.

Evidence of compliance:

1. The facility has an approved multidisciplinary antimicrobial stewardship program based on national and/or international core elements and the law, regulations, and guidelines.
2. The facility educates staff, patients, and their families about antimicrobial stewardship practices and the appropriate use of antimicrobials.
3. The antimicrobial stewardship program uses the facility approved interdisciplinary protocols.
4. The facility tracks, collects, analyzes, data on its antimicrobial stewardship program and act on identified improvement opportunities.

Related standards:

MMS.01 Medication management program, IPC.01 IPC program, risk assessment, guidelines, IPC.16 Multi-Drug Resistant Organisms.

Efficient medication selection and procurement

MMS.03 Convalescent/long-term healthcare facility, medications are selected, listed, and procured based on approved criteria.

Efficiency

Keywords:
Medication Procurement, Formulary

Intent:
Medication selection and procurement is an interdisciplinary process, and it involves (if not being done through higher authority outside the convalescent/long-term healthcare facility efforts to quantify medications requirements, selecting appropriate procurement methods, prequalifying suppliers, and products. It also involves managing tenders, establishing contract terms, assuring medications quality, obtaining the best prices, and is performed based on a clear process according to applicable laws and regulations. The procurement process of narcotic and psychotropic medications shall be carried out in accordance with the law and regulations.

The Convalescent/long-term healthcare facility shall develop a list (known as a formulary) of all the medications it stocks. A formulary is selected based on disease prevalence, evidence of efficacy, safety, and comparative cost-effectiveness. Laws and regulations may determine the medications on the list. The formulary shall include (but not limited to):

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

Updating the medication list is guided by criteria like indications for use, effectiveness, drug interactions, adverse drug events, sentinel events, and population served (e.g., pediatrics, geriatrics). The Convalescent/long-term healthcare facility, develops and implements a process to evaluate the medication use in the facility to monitor and update the medication list.

Survey process guide:

- GAHAR surveyors may review the documents of selection and procurement of medications to check the process.
- GAHAR surveyors may review the convalescent care formulary.
- GAHAR surveyors may interview the DTC members to check their awareness about the process of adding/deleting medication to/from the convalescent care formulary.

- GAHAR surveyors may review a sample of prescriptions of a medication /or group of medications to check compliance with formulary.

Evidence of compliance:

1. The facility has a defined process for appropriate selection and procurement of medications.
2. The facility has an approved list of medications (formulary), which includes at least items mentioned in the intent from a) through e).
3. A printed and/or electronic formulary copy of the approved medications shall be readily available and accessible to all those involved in medication management.
4. The facility has a process for overseeing medication use to guide update, addition, or deletion of medications from the medication list, (formulary).
5. The facility has an approved process on proper communication about medication shortage and outage to prescribers and other healthcare professionals.

Related standards:

MMS.01 Medication management program, MMS.04 Medication storage and labelling, MMS.08 Medication recall, expired, and outdated medication, OGM.07 Supply Chain Management.

Safe medication storage

MMS.04 Medications are stored in a manner to maintain security and quality of the medications.

Safety

Keywords:

Medication storage and labelling

Intent:

Appropriate storage of medications can reduce waste, incorrect medication dispensing, handling, and the incidence of missed doses. Medications are normally stored in pharmacies, storage areas, or patient care areas in the Convalescent/long-term healthcare facility, facility according to the manufacturer's recommendation and according to the applicable laws and regulation.

The stability/effectiveness of some medications depends on storing them at the correct conditions such as light, humidity, and temperature. The Convalescent/long-term healthcare facility shall maintain appropriate storage conditions in medication storage areas to protect the stability of medications (temperature, light, humidity) 24 hours a day, 7 days a week.

The labelling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications. Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects the basic principles of safe medication management, yet it is routine in many healthcare facilities.

The Convalescent/long-term healthcare facility shall limit access to medication storage areas with the level of security required to protect it against loss or theft, depending on the types of medications stored.

Survey process guide:

1. GAHAR surveyor may observe the medication storage areas throughout the facility to assess storage conditions and labeling.
2. GAHAR surveyor may review the implemented process to deal with an electric power outage.

Evidence of compliance:

1. Medications are safely and securely stored under manufacturer/marketing authorization holder recommendations and kept clean and organized.
2. The facility has an approved process for the use and storage of multi-dose medications to ensure its stability and safety.
3. The facility has a clear process to deal with an electric power outage to ensure the integrity of any affected medications before use.
4. Medications in stores, pharmacies, and patient care areas are periodically (at least monthly) inspected to confirm compliance with proper storage conditions.
5. Medications, medication containers, other solutions, and the components used in their preparation are clearly labeled (if not clearly shown in the original packages or boxes) with the name, concentration/ strength, expiration date, batch number, and any applicable warnings.

Related standards:

MMS.01 Medication management program, MMS.06 High-alert medications, MMS.07 Look alike and Sound alike medications, EFS.10 Utilities Management plan, MMS.08 Medication recall, expired, and outdated medication.

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

Safety

Keywords:
Emergency Medications

Intent:
In situations when a patient emergency occurs, quick access to emergency medications is critical and may be lifesaving. Emergency medications shall be readily accessible and uniformly stored to facilitate quick access to the right medication to meet emergency needs. For example, in each emergency cart in the convalescent/long-term healthcare facility, emergency medications are in the same drawer and laid-out in the same manner within the drawer of each cart.

The convalescent/long-term healthcare facility develops and implements a policy and procedures to ensure the availability of emergency medications in patient care areas that addresses at least the following:

a) Emergency medications should be readily accessible and uniformly stored to facilitate quick access to the right medication to meet emergency needs.
b) Prevention of abuse, loss, or theft of emergency medications to ensure their availability when needed.
c) Replacement of emergency medication at the most appropriate time when used, damaged, or outdated.

Survey process guide:

- GAHAR surveyor may review the policy guiding the management of emergency medications and may interview responsible staff to check their awareness.
- GAHAR surveyor may observe the storage areas of emergency medications to assess the distribution, availability, and security of the emergency medications.

Evidence of compliance:

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

Related standards:
ICD.26 Cardiopulmonary resuscitation and medical emergencies, MMS.01 Medication management program, MMS.03 Medication Procurement, Formulary, MMS.04 Medication storage and labelling.

MMS.06 GSR.12 High-alert medications are identified, stored, and dispensed in a way that assures the risk is minimized.

Safety

Keywords:
High alert medications

Intent:
High-alert medications are those bear a heightened risk of causing significant patient harm when they are used in error. Examples of high-alert medications include, but not limited to, anticoagulants, hypoglycemic agents, medications with narrow therapeutic range, anesthesia medications and inotropic agents.

Concentrated electrolytes (if available) shall be safely stored including separation, and labeling throughout the convalescent/long-term healthcare facility, and stored in limited quantities in the designated areas. Avoiding storage of concentrated electrolytes in patient care areas is a one method to minimize the risk of death or injury associated with these medications.

The facility develops and implements a policy and procedures to guide the process of safe use of high-alert medications and concentrated electrolytes that address at least the following:

a) Lists of high-alert medications and concentrated electrolytes based on convalescent/long-term healthcare facility own data and both national and international recognized organizations (e.g., Institute of Safe Medication Practice (ISMP) and the World Health Organization (WHO)).
b) Strategies are in place to prevent the inadvertent use of these medications.
c) A uniform process for the safe storage and administration of high alert medications and concentrated electrolytes (if available)

Survey process guide:

- GAHAR surveyor may review the facility policy guiding the process of safe use of high-alert medications.
- GAHAR surveyor may review the facility list of high-alert medications.
- GAHAR surveyor may observe the implemented measures for safe storage, dispensing,

and administration of high-alert medications.

- GAHAR surveyor may interview responsible staff to check their awareness of the implemented process to safely manage high-alert medications.

Evidence of compliance:

1. The facility has an approved policy that guiding the safe use of high-alert medications addresses all elements mentioned in the intent from a) through c)
2. The facility has an approved and annually updated list(s) of high-alert medications and concentrated electrolytes.
3. The facility implements process(es) to prevent inadvertent use of high-alert medications and concentrated electrolytes.
4. Responsible staff members are aware of the strategies implemented when managing high alert medications, concentrated electrolytes.
5. The facility tracks, collects, analyzes, reports data on management of high alert medications and concentrated electrolytes and acts on identified opportunities for improvement.

Related standards:

MMS.04 Medication storage and labelling, MMS. 13 Medication preparation, MMS.15 Medication administration, MMS.17 Medication errors.

MMS.07 GSR.13 Look-alike and sound-alike medications are identified and stored in a manner to minimize the risk of medication dispensing and administration errors.

Safety

Keywords:

Look alike and Sound alike medications.

Intent:

Look-alike/sound alike (LASA) medications are those visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics. Any confusion between these medications may lead to harmful errors.

The Institute for Safe Medication Practices (ISMP) maintains an ongoing list of LASA medication names to highlight medications that may require special safeguards.

One strategy that ISMP recommends for reducing LASA medication errors is to include both the brand and non-proprietary names, dosage form, strength, directions, and the indication for use to help in differentiating LASA medication names. If LASA medications

have different indications, then associating an indication with a medication may help to differentiate it from another medication with a similar-sounding name.

Other recommendations focus on ensuring prescription legibility through improved handwriting and printing.

Some Convalescent/long-term healthcare facility may use physical separation and segregation of these medications in medication storage areas to minimize the risk

In addition, some Convalescent/long-term healthcare facility, facilities use specially designed labels or use "tall man" (mixed case) lettering (e.g., DOPamine versus DoBUTamine) to emphasize drug name differences.

The Convalescent/long-term healthcare facility, facility develops a risk management strategy to minimize adverse events with LASA medications and enhance patient safety.

The Convalescent/long-term healthcare facility develops and implements a policy and procedure to ensure safety of LASA that includes at least the following:

a) List of Look-alike Sound-alike medications.

b) Storage requirements.

c) Labeling requirements.

d) Dispensing requirements.

Survey process guide:

- GAHAR surveyor may review the Convalescent/long-term healthcare facility policy and the updated list of look-alike and sound-alike medications followed by interviewing pharmacists and nurses to inquire about processes to minimize the risk associated with using look-alike sound-alike medications.
- GAHAR surveyor may observe at the pharmacy, medication carts, medication storage, and medication preparation areas to check LASA medications labeling.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements in the intent from a) through d).
2. There is an approved list of LASA medications that is updated at least annually.
3. The facility provides training to the healthcare professionals involved in management and use of LASA.
4. LASA medications are stored, segregated, and labeled safely and uniformly in all locations.
5. The facility tracks, collects, analyzes, and reports data on management of LASA and acts on Identified opportunities for improvement.

Related standards:
MMS.04 Medication storage and labelling, MMS.06 High-alert medications and concentrated electrolytes, MMS. 13 Medication preparation, MMS.15 Medication administration, MMS.17 Medication errors, near miss, medication therapy problems.

MMS.08 The Convalescent/long-term healthcare facility has a system in place for medication recall.

Safety

Keywords:
Medication recall, expired, and outdated medication.

Intent:
The great benefits derived from medications are also accompanied by many risks, which may be derived from the properties of the drug substance, the quality of the medications, or in some cases, the defectiveness of the product itself. A medication recall is required when safety issues arise, and defective products are required to be returned to the manufacturer/distributor. This includes expired, outdated, damaged, and/or contaminated medications.

It also includes sterile and non-sterile compounded preparations in which recalled medications/ingredients have been used in its preparation.

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

The Convalescent/long-term healthcare facility must have a process in place for the proper identification and retrieval of medications recalled by the Egyptian Drug Authority (EDA), the manufacturer, or other well-recognized bodies. The convalescent/long-term healthcare facility develops and implements a policy and procedures to guide the process of managing recalled medication. It ensures that expired medications cannot be inadvertently distributed, dispensed, or administered that addresses at least the following:

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

Survey process guide:

- GAHAR surveyor may review the facility policy followed by interviewing pharmacists and nurses to inquire about processes to manage recalled, expired, outdated, damaged, dispensed but not used, and/or contaminated medications.
- GAHAR surveyor may observe at the pharmacy, medication carts, medication storage,

medication preparation, and patient care areas to check the presence of recalled, expired, outdated, damaged, dispensed but not used, and/or contaminated medications.

- GAHAR surveyor may request to trace a recalled medication from the reception of medication recall notice till disposal or removal.

Evidence of compliance:

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

Related standards:

MMS.01 Medication management program, MMS.04 Medication storage and labelling.

MMS.09 Medications require special considerations are managed to assure that risk is minimized.

Safety

Keywords:

Narcotics, medication brought by patients.

Intent

Some medications and nutrition products pose a challenge in their identification/labelling, storage, and control of use. They require special process(es) for handling. These medications include (but are not limited to): narcotics, psychotropic agents, nutritional products, and medications brought by patients.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures to guide the process of handling medications that may pose a challenge in their management that address at least the following:

a) Receipt.

b) Identification and labelling.

c) Storage.

d) Administration.

e) Monitoring.

Survey process guide:

- GAHAR surveyor may review the facility, policy followed by interviewing responsible staff members to check their awareness of the policy.
- GAHAR surveyor may observe at the pharmacy, medication storage, medication preparation and patient care to assess the identification, labeling, storage, and administration of these medications.

Evidence of compliance:

1. The facility has an approved policy to guide use of medications with special consideration that addresses all elements mentioned in the intent from a) through e).
2. Responsible staff members are aware of the facility policy and procedures.
3. Narcotics and psychotropic agents are procured, stored, prescribed, dispensed, administered, and monitored according to law and regulations.
4. Medications brought by patients are received, identified, labelled, stored, and administered according to the facility policy.

Related standards:

MMS.03 Medication Procurement, Formulary, MMS.04 Medication storage and labelling, MMS.11 Ordering, prescribing, transcribing, MMS.15 Medication administration, order verification, medication-self administration.

MMS.10 GSR.11 Medications are reconciled across all interfaces of care in the convalescent/long-term healthcare facility.

Safety

Keywords:

Medication Reconciliation, best possible medication history (BPMH)

Intent:

Patients often receive new medications or have changes made to their existing medications at times of transitions in care (convalescent/long-term healthcare facility admission, transfer from one unit to another, discharge from the convalescent/long-term healthcare facility or during receiving ambulatory care services).

As a result, the new medication regimen prescribed at the time of discharge may inadvertently omit needed medications, unnecessarily duplicate existing therapies, or contain incorrect dosages. These discrepancies place patients at risk for adverse drug events (ADEs).

Medication reconciliation is a process in which healthcare professionals work together with patients and families, to ensure accurate and comprehensive medication information

is communicated consistently across transitions of care by comparing the patient's current list of medications against the physician's admission, transfer, and/or discharge orders, receiving ambulatory care services with the goal of providing correct medications to the patient at all transition points within the Convalescent/long-term healthcare facility.

The Convalescent/long-term healthcare facility develops and implements a policy and procedures to guide the medication reconciliation process that addresses at least the following:

a) Situations where medication reconciliation is required:
   i. On admission (matching the current medication orders with the best possible medication history (BPMH), ideally within 24 hours of admission).
   ii. During the episode of care (verifying that the current list of medications is accurately communicated each time care is transferred and when medications are recorded).
   iii. On discharge (checking that medications ordered on the discharge prescription match those on the discharge plan and the medications list and confirming that changes have been documented).

b) Identify responsibility to perform medication reconciliation.

c) Patients and family involvement, as applicable.

d) Steps of medication reconciliation process

- Developing/collecting and documenting a complete list of patient's current medications (both prescribed and non-prescribed (e.g., vitamins, nutritional supplements, over-the-counter medications, and vaccines) including those taken at scheduled time and those taken on as needed basis) at the beginning of the episode of care.
- Developing a list of medications to be prescribed during episode of care in the facility.
- Comparing the medications on both lists and making necessary decision(s) based on this comparison (whether the medications in the prescribed list and their dosages are appropriate) to avoid medication errors such as omissions, dosing errors, continuation of incorrect medications, duplications.

Survey process guide:

- GAHAR surveyor may review the facility policy followed by interviewing medical staff members, pharmacists, nurses, and other healthcare professionals to inquire about the medication reconciliation process.
- GAHAR surveyor may review a sample of patient's medical records to assess recording of current medications upon admission.
- GAHAR surveyor may interview patients to inquire about medication history assessment.

- GAHAR surveyor may check if patient's own medications are matching the recorded current medications upon admission and are included in the medication reconciliation process.

Evidence of compliance:

1. The facility has an approved policy for medication reconciliation that includes all elements mentioned in the intent from a) through d).
2. Staff responsible for reconciling medications are trained to take the best possible medication history (BPMH) and reconcile medications.
3. Medication reconciliation occurs on admission, during the transition of care and upon discharge within a defined timeframe.
4. Medication prescriber compares the list of current medications with the list of medications to be prescribed during the episode of care.
5. Reconciled medications are clearly recorded, and related information is clearly communicated to healthcare professionals involved in the patient's medication prescribing.

Related standards:

MMS.11 Ordering, prescribing, transcribing, PCC.05 Patient and family education, ACT.11 Patient's flow out (transfer, referral, and discharge).

MMS.11 Medication ordering, prescribing, and transcribing processes are according to laws and regulations.

Safety

Keywords:
Ordering, prescribing, transcribing.

Intent:
When prescribed and used effectively medications have the potential to significantly improve the quality of lives and improve patient's safety and outcomes. However, the challenges associated with prescribing the right medications, transcribing, and supporting patients to use them effectively should not be underestimated. Treating a patient with medication(s) requires specific knowledge and experience.

Each convalescent/long-term healthcare facility is responsible for identifying those individuals by experience and who are permitted by licensure, certification, laws, or regulations to prescribe or to order and transcribing medications. Narcotic and controlled medications are safely prescribed, according to all applicable laws and regulations.

The convalescent/long-term healthcare facility develops and implements a policy and

procedures to guide the processes of ordering, prescribing, and transcribing of medications that addresses at least the following:

a) Identify who is authorized to prescribe which type of medications.
b) Uniform location in the patient's medical record to order/prescribe/transcribe medications.
c) The limited situation(s) where transcription process is necessary and cannot be avoided.
d) The process of discontinuing medication order/prescription
e) The minimum required elements of complete medication prescriptions to include:
    i. Patient's identifications.
    ii. Patient's demographics including weight and height.
    iii. Drug name.
    iv. Dosage form.
    v. Strength or concentration.
    vi. Dosage, frequency, and duration.
    vii. Route of administration.
    viii. Rates of administration (when intravenous infusions are ordered).
    ix. Indications for use, maximum frequency, and maximum daily dose for PRN orders.
    x. Date and time of the order.
    xi. Physician's identification.
f) The process to manage special types of orders, such as weight-based dosing, standing orders, emergency order, or orders needs titration, tapering, or range doses orders.
g) Narcotic and controlled medications are safely prescribed, according to all applicable laws and regulations.
h) Patient and family education on prescribing medication.
i) Process to manage medication orders that are incomplete, illegible, or unclear medication orders.

Survey process guide:

- GAHAR surveyor may review the facility policy followed by interviewing medical staff members, pharmacists, nurses, and other healthcare professionals to inquire about prescription/order process.
- GAHAR surveyor may review patients' medical records to assess the completion, legibility, and clarity of medication orders.

Evidence of compliance:

1. The facility has an approved policy to guide the processes of ordering/prescribing and transcribing medications that addresses all elements mentioned in the intent from a) through i).
2. Involved staff are aware of the contents of the policy.
3. The facility identifies healthcare professionals who are authorized to order, prescribe, and transcribe medications, according to laws and regulation and the facility policy.
4. Medication prescriptions are complete and recorded for each patient including elements from i) to xi) in the intent, as applicable.
5. Special types of orders, such as weight-based dosing, standing orders, emergency order, or orders needs titration, tapering, or range doses orders, are prescribed according to the policy.
6. Incomplete, illegible, or unclear prescriptions are managed according to the facility policy.

Related standards:

MMS.01 Medication management program, IMT.03 Standardized diagnosis codes and abbreviations, WFM.11 Clinical Privileges, IMT.06 Patient's Medical Record Management.

Safe medication preparation and dispensing

MMS.12 Medication prescriptions are reviewed for accuracy and appropriateness.

Safety

Keywords:

Medication appropriateness review, competent pharmacist

Intent:

All medication orders are reviewed for accuracy and appropriateness before dispensing or removal from floor stock. The appropriateness review is performed by competent individual(s) (e.g., clinical pharmacist).

Each newly prescribed medication is reviewed for the following elements (when applicable):

a) The suitability of the medication regarding the indication.

b) The dosage regimen including the dose, frequency, and route of administration, and duration of treatment considering patient's physiological information.

c) Therapeutic duplication.

d) Variation from the Convalescent/long-term healthcare facility criteria for use.

e) Contraindications.

f) Real or potential allergies/sensitivities.

g) Real or potential interactions between the medication and other medications or food.

h) Potential toxicity.

A new appropriateness review is performed when the dosage or other appropriateness factors noted before changes; for example, when new medication is prescribed, and therapeutic duplication may be an issue. The Convalescent/long-term healthcare facility defines what patient-specific information that is require for the appropriateness review of the prescription.

When circumstances are not ideal, for example if the pharmacy is not open and the medication to be dispensed from stock in the nursing unit, the full appropriateness review is performed within 24 hours from dispensing the first dose.

The facility is responsible for identifying those healthcare providers (qualified, competent, and trained pharmacists) permitted to conduct appropriateness reviews and provide them with current and updated resources to facilitate the review process.

Survey process guide:

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

Evidence of compliance:

1. The patient-specific information, required for an effective review process, and its sources are available and accessible.
2. Healthcare professionals permitted to perform appropriateness reviews are competent.
3. Each prescription is reviewed for appropriateness prior to dispensing including elements a) through h) in the intent.
4. When an on-site licensed, competent pharmacist is not available, a trained healthcare professional determined by the facility to perform a review of critical elements from f) through h) in the intent using current and updated resources.
5. There is a process to contact the prescriber when questions or concerns arise.

Related standards:

MMS.01 Medication management program, MMS.11 Ordering, prescribing, transcribing, MMS.14 Medication dispensing, distribution system.

MMS. 13 The convalescent/long-term healthcare facility has a process to ensure safe medications' preparation.

Safety

Keywords:
Medication preparation, medication preparation area, labeling of medications.

Intent:
A safe, clean, and organized working environment provides the basis for appropriate medication preparation practice. This includes qualified/trained staff, appropriate physical surroundings, adequate shelving and storage areas, proper work surfaces, suitable equipment, and necessary packaging materials.

The Convalescent/long-term healthcare facility identifies the standards of practice for a safe preparation environment.

Healthcare professionals who prepare medications are requested to use techniques to ensure accuracy (e.g., calculation double-checking), and avoid contamination, including using clean or aseptic technique, as appropriate, maintaining clean, and uncluttered areas for product preparation. Healthcare professionals preparing compounded sterile products or preparing medications using multi-dose vials are trained on the principles of medication preparation and aseptic technique. Similarly, laminar airflow hoods are available and used when indicated by professional practices (e.g., cytotoxic medications).

Medications are labeled in a standardized manner. This requirement shall be applied to any medication that is prepared but not administered immediately (this requirement does not apply to a medication prepared and administered immediately in the emergency situations).

At a minimum, labels must include the following (if any is not apparent from the medication container):

a) Patient identifications (2 unique identifiers).
b) Medication name.
c) Strength/concentration.
d) Expiration date.
e) Beyond use date, (for opened medication(s) or compounded preparations).
f) Directions for use.
g) Any special/cautionary instructions, (if any).
h) The diluent for all compounded intravenous (IV) admixtures, and parenteral solutions (if available).
i) Date of preparation

Survey process guide:

- GAHAR surveyor may observe at the pharmacy, medication preparation and patient care areas to assess the preparation and labelling of medications.
- GAHAR surveyor may interview pharmacists, nurses, and other healthcare professionals involved in medication preparation to inquire about processes of preparation and may observe the process.

Evidence of compliance:

1. Medications are prepared in clean, uncluttered, and separate areas provided with appropriate medical equipment and supplies and complying with the applicable professional standards of practice.
2. The facility identifies those healthcare professionals authorized to prepare medications in different situations.
3. The facility has a system for safely providing medications to meet patient needs when the pharmacy is closed.
4. The facility implements a process to guide the compounding and preparation of sterile and non-sterile preparations.
5. All medications prepared in the facility are correctly labeled in a standardized manner with at least the elements mentioned in the intent from a) to i).

Related standards:

ACT.03 GSR.01 Patient identification, IPC.03 Hand Hygiene, IPC.04 PPE, guidelines, Physical Barriers, MMS.11 Ordering, prescribing, transcribing.

MMS.14 Medications are dispensed according to convalescent/long-term healthcare facility policy, laws and regulations.

Safety

Keywords:

Medication dispensing, distribution system, patient education, and counseling.

Intent:

Dispensing medications within the convalescent/long-term healthcare facility follows standardized processes to ensure patient safety. A uniform system for dispensing and distributing medications can help to reduce the risk of medication errors.

The facility dispenses medications in the most ready-to-administer form possible to minimize opportunities for error during distribution and administration.

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

The Convalescent/long-term healthcare facility educates patients and their families so that they have the knowledge and skills to participate and make decisions related to patient care processes.

This education (especially on patients' discharge) includes but not limited to verbal explanation and instructions by a pharmacist to patients and their families on the storage, safe and effective use, administration of the prescribed medications.

Survey process guide:

- GAHAR surveyor may interview pharmacists, nurses, and other healthcare professionals involved in medication dispensing to inquire about the process, its variations and may observe the process.
- GAHAR surveyor may interview a patient and/or a family member to inquire about the medication education process.

Evidence of compliance:

1. The facility is responsible for identifying those healthcare professionals permitted by law and regulation, qualification, training, and experience to dispense medications.
2. The facility has a uniform medication dispensing and distribution system according to the applicable laws and regulations.
3. Medications are dispensed in the most ready-to-administer form and in quantities consistent with patient's needs and conditions.
4. The facility has a process for the provision of medication education and counseling (when applicable) to the patients and/or their families, especially on patients' discharge, and the patients are given a chance to ask questions.

Related standards:

MMS.01 Medication management program, MMS.11 Ordering, prescribing, transcribing, PCC.05 Patient and family education.

Safe medication administration

MMS.15 Medications are administered according to Convalescent/long-term healthcare facility policy and laws and regulations.

Safety

Keywords:
Medication administration, order verification, medication-self administration.

Intent:
Medication administration to manage a patient requires specific knowledge and experience. In addition, medications administered within the Convalescent/long-term healthcare facility follow standardized processes to ensure appropriateness, effectiveness, and safety of medication based on prescription or order.

The safe administration of medications includes verifying the following:

a) Presence of medication order.
b) Patient identifications (2 unique identifiers).
c) Right medication.
d) Reasons/indication of medication therapy.
e) Right dosage amount and regimen.
f) Right route of administration.
g) Right time and frequency of administration.
h) Review if the patient is allergic to any medication in the prescription or order.

The convalescent/long-term healthcare facility should identify those healthcare professionals, by law and regulation, qualification, training, experience, and job description, authorized to administer medications and admixtures, with or without supervision.

Self-administration of medications is clearly defined (e.g., use of inhalers, self-administration of insulin, insertion of suppositories/vaginal pessaries) if approved, known to the patient's physician, supervised, and noted in the patient's medical record. The processes of self–administration of medications if allowed should assure competency of patient (or in case of pediatrics patient's parents/guardians) and safety of administration by providing education to patient about medications, dose, frequency, route, indications, and possible side effects.

Survey process guide:

- GAHAR surveyor may interview pharmacists, nurses, other healthcare professionals, patients and their families involved in medication administration to check their awareness of the process.
- GAHAR surveyor may observe the process of medication administration.

Evidence of compliance:

1. The facility identifies those healthcare professionals, by law and regulation, qualification, training, experience, and job description, authorized to administer medications and admixtures, with or without supervision.
2. Medication administration includes a process to verify elements addressed in the intent from a) to h) in the intent.
3. Patients are informed about the medications that they are going to be given, including if needed, any potential adverse drug reactions, or other concerns about administering medication and are given a chance to ask questions.
4. Medications administered, refused, or omitted are recorded in the patient's medical record.
5. The facility implements a process that guides the safe and accurate self-administration of medications or administration of medications by a person who is not a staff member (if allowed) and addresses training, supervision, and administration documentation.

Related standards:

MMS.01 Medication management program, MMS.11 Ordering, prescribing, transcribing, IPC.07 Safe injection practices, PCC.05 Patient and family education.

Effective medication monitoring

MMS.16 Medication effect(s) on patients is/are monitored.

Safety

Keywords:

Medication Monitoring, first dose of medications, adverse drug reaction

Intent:

Medication monitoring is a multidisciplinary process where the patient and his or her physician, pharmacist, nurse, and other healthcare professions work together to monitor patients on medications.

The purpose of monitoring is to evaluate the therapeutic response of the medication(s), including safety and effectiveness, to adjust the dosage or type of medication when required, evaluate for any medication interaction, and evaluate the patient for adverse effects or allergic reactions.

Medications are monitored for patient clinical effectiveness, and adverse medication effects to ensure that medication therapy is appropriate, and risks are minimized.

The record of each patient who receives medications in the Convalescent/long-term healthcare facility contains a list of the current medications prescribed or ordered. This list

facilitates the monitoring of all medications that a patient may currently be taking.

Monitoring medication effects include observing and recording any adverse effects. This is done using a standardized format (e.g., The Egyptian National Forms) for reporting and educating staff on the process and the importance of reporting. Reporting to the authorized institutions is done in the most appropriate time without any delay as per national/international regulations.

Survey process guide:

- GAHAR surveyor may interview medical staff members, pharmacists, nurses, other healthcare professionals, patients and their families involved in medication administration to inquire about the process of medication monitoring.
- GAHAR surveyor may review the process of reporting adverse drug events.

Evidence of compliance:

1. The patient's response to his/her medication is monitored according to the clinical conditions/status of the patient.
2. The facility implements a process for monitoring the response to the first dose of medications that are new to the patient and expected to show noxious effect; while under the direct care of the facility.
3. Actual or potential medication adverse drug effects on patients are monitored and documented in the patient's record, including the action(s) to be taken in response.
4. Adverse drug events (ADEs) are reported in a manner consistent with national and international guidelines.
5. The facility implements a process informing the prescriber when an adverse effect(s) occur(s).

Related standards:

MMS.01 Medication management program, PCC.05 Patient and family education, adverse drug reaction, QPI.04 Incident Reporting System.

MMS.17 Medication errors, near misses, and medication therapy problems are detected, reported, and acted upon.

Safety

Keywords:
Medication errors, near miss, medication therapy problems

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

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

It is important that each convalescent/long-term healthcare facility develops a process to identify and report on medication errors and near misses. The process includes defining a medication error and near-miss, using a standardized format for reporting, and educating staff on the process and importance of reporting.

Definitions and processes are developed through a collaborative process that includes all those involved in the different steps in medication management. The reporting process shall be part of the facility quality improvement and patient safety program.

Medication errors, near misses and medication therapy problems, are identified and reported to:

a) Prescriber and/or another healthcare professional (as required).
b) Medication and therapeutics committee.
c) Quality department/ committee.
d) Leaders of the Convalescent/long-term healthcare facility.
e) Authorized institutions, according to national/international regulations, e.g., pharmacovigilance unit in Egyptian drug authority.

Survey process guide:

- GAHAR surveyor may review the facility policy for defining, reporting, analyzing and acting on medication errors.

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

Evidence of compliance:

1. The facility has an approved policy to guide the process of defining, reporting, analyzing and acting on for medication errors, near misses, and medication therapy problems based on national/international references.
2. The facility implements a process for detecting, reporting to bodies from a) to e) identified in the intent, and acting on medication errors, near misses, and medication therapy problems.
3. The facility utilizes reported medication errors, near misses, and medication therapy problems to improve medication management and use programs.
4. Effects and potential adverse effects of these medications are monitored.

Related standards:

MMS.01 Medication management program, MMS.11 Ordering, prescribing, transcribing, QPI.04 Incident Reporting System, QPI.05 Sentinel events.

MMS.18 The Convalescent/long-term healthcare facility develops effective polypharmacy management process.

Effectiveness

Keywords:

Polypharmacy management.

Intent:

The polypharmacy refers to the use of multiple medications by a patient, typically taking five or more medications concurrently. Since it is closely related to multi-morbidity, it peaks in older adults. Polypharmacy paves the way for drug interactions, adverse drug reactions and non-adherence. it leads to negative health outcomes, increased use of healthcare services and rising costs.

Although WHO has described polypharmacy as a significant public health challenge, not many polypharmacy management programs in the elderly have been introduced in practice. However, due to the rapid aging of societies, there is an urgent need to implement them more widely. The goal is to reduce inappropriate polypharmacy (irrational prescribing of too many medicines) and to ensure appropriate polypharmacy (rational prescribing of multiple medicines based on best available evidence. This requires a comprehensive, patient-centered approach that considers the unique needs of each individual.

Convalescent/long-term healthcare facility shall develop and implement a process to manage polypharmacy at the point of initiation of treatment, when prescribing, when adding a new medication to a patient's list of medications, during a medication review, or during a medication reconciliation. Patient and his family should be engaged in all stages. Raising patients and family's awareness about the problems of polypharmacy and non-adherence is crucial as they can play a key role in the prevention and early detection of inappropriate polypharmacy.

Survey process guide:

- GAHAR surveyor may interview healthcare professional involved in medication management process to check their awareness of polypharmacy management process.
- GAHAR surveyor may interview patients and their families to check their awareness of polypharmacy management process.

Evidence of compliance:

1. The facility has a defined process for polypharmacy management.
2. The facility provides training to the healthcare professionals involved in polypharmacy management process.
3. The facility raises patients and families' awareness of the problems of polypharmacy.

Related standards:

MMS.01 Medication management program, MMS.10 Medication Reconciliation, best possible medication history (BPMH), MMS.11 Ordering, prescribing, transcribing.

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SECTION 3

ORGANIZATION-CENTERED STANDARDS

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Section 3: Organization-Centered Standards

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

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

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

Convalescent/long-term healthcare facility structure provides guidance to all staff by laying out the official reporting relationships that govern the workflow of the company. A formal outline of a convalescent/long-term healthcare facility structure makes it easier to add new positions in the convalescent/long-term healthcare facility, as well, providing a flexible and

ready means for growth. Organization management needs to be according to a clear ethical framework that is responsive to community needs. Organizations have an obligation to act for the benefit of the community at large. Workers, as community members, need to be engaged in assessing community needs and responding to them, in addition, to being protected from safety and stress hazards while working in the convalescent/long-term healthcare facility. Nevertheless, both the convalescent/long-term healthcare facility and the staff have the responsibility to keep the workforce safe. For example, while management provides personal protective equipment (PPE), such as safety glasses to keep debris and chemical splashes away from the eyes, it is the staff's responsibility to wear the PPE when performing work that management has identified as requiring it. More generally, it is the responsibility of management to prepare detailed work instructions that clearly describe how work should be performed in order to prevent quality and safety failures; the staff is responsible for following these procedures.

Thus, this section shall focus on some of the newer ideas about healthcare workplace suitability to provide a safe, efficient, and improving environment for healthcare service. One of the tools used to design this section is called Health WISE, which is an action tool developed by the International Labor Organization (ILO) in collaboration with the WHO. This tool emerged from traditional thinking about patient safety and improvement more generally. It describes a process and structure that may lead to improved safety in a variety of healthcare settings.

Elements For Safe Healthcare

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

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

Environmental and Facility Safety

Chapter intent:

Environmental and Facility Safety (EFS) in convalescent/long-term healthcare facilities aims at minimizing potential risks for patients, visitors, staff, and buildings through compliance with local laws, regulations, fire, and building codes for providing a safe and secure work environment.

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

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

Globally, Healthcare design standards were developed to maintain a proper convalescent / long-term healthcare facilities structure that maintains safety and efficiency for all users. Facility Guideline Institute issues periodical research-based standards for healthcare facility designs. OSHA, CDC, WHO, and other international healthcare players set certain standards for various aspects of healthcare design. Locally, Regulatory requirements play an important role in EFS. The convalescent / long-term healthcare facilities shall identify and understand all relevant EFS regulations to implement the required measures. National initiatives include but are not limited to (Organization building codes, licensure requirements for the whole organization and the individual functions/machine/equipment/units inside the facility, Civil defense laws, Green hospital initiatives, and Environmental laws).

The GAHAR surveyors are going to meet the concerned staff in EFS and discuss the different standards of the chapter and review the documents, trace the activities and functions, and measure the facility's awareness of safety. A facility tour is an important tool used by surveyors to measure environmental safety risks in the facility.

Chapter purpose:

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

following:

- **Fire safety:**
  Prevention, early detection, response, and safe evacuation in case of fire.
- **Hazardous materials:**
  Safe handling, storage, transportation, and use of hazardous materials, and waste dis7 osal.
- **Safety:**
  Providing a safe work environment for all occupants, ensuring that the facility buildings, construction areas, and equipment do not pose a hazard or risk to patients, staff, and visitors.
- **Security:**
  Protection of all occupants' properties from loss, theft, destruction, tampering, or unauthorized access or use.
- **Medical equipment:**
  Selection, inspection, testing, maintenance, and safe use of medical equipment.
- **Utility systems:**
  Ensures efficiency and effectiveness of all utilities through regular inspection, maintenance, testing, and repair of essential utilities to minimize the risks of operating failures.
- **Disaster preparedness:**
  Responding to the disasters and emergencies that have the potential of occurring within the geographical area of the facility with an evaluation of the structural integrity of the patient care environment.

Implementation guiding documents:

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

1. The Egyptian code for healthcare facilities design.
2. Egyptian civil defense requirement
3. Law 51/1981 amended by law 153/2004, Healthcare facilities organization
4. MOH ministerial Decree for design standards of healthcare facilities number 402/2015
5. National Labor Law number 12/2007
6. Law of waste management number 202/2020
7. Prime minister decree for regulation of waste management number 722/2022.
8. Prohibiting smoking inside healthcare facilities Law 154/ 2007

9. National Law 4/1994 for environment amended by Law No. 9 of 2004
10. The Egyptian Drug Authority Decree on the regulation of Drug storage requirements for pharmaceutical institutions Number 271/ 2021.
11. Presidential decree number 3185/2016
12. Food safety Egyptian Guidelines.
13. Environmental Safety: Egyptian Guideline for Medical Device Vigilance System /2013.
14. Environmental Safety: National strategy in disasters management.
15. The Green Pyramid Rating System (GPRS)
16. WHO Early Warning Alert and Response Network in emergencies
17. WHO International Health Regulation, 2005.
18. WHO Core Medical equipment, 2011.

Effective leadership and planning of environment and facility safety

EFS.01 Convalescent/long-term healthcare facility comply with relevant laws and regulations.

Safety

Keywords:

convalescent/long-term healthcare facility environment and safety

Intent:

The safe physical environment of convalescent/long-term healthcare facility is crucial for ensuring the well-being of both patients and healthcare providers.

The convalescent/long-term healthcare facility shall comply with relevant laws, regulations, civil defense requirements, and building codes, to ensure the safety of patients, staff, visitors, vendors, and the environment. Health facilities that were designed and built before application of some codes or laws and regulations to re-adjust their current situation according to basic alternatives to keep safety for all.

While such facilities are meant to provide healing and comfort, they also include certain dangers, infectious matter, waste disposal, in addition, there are also dangers from fire and smoke that can be threatening to the facility patients, staff, visitors and vendors. Safe evacuation and traffic inside the facility are directly related to the design of exits, width of corridors, waiting areas otherwise the facility should have the safe alternative. For this reason, governmental authorities enforce laws and regulations to ensure protection against these exposures.

If an external authority, such as civil defense and other local authorities, reported an observation during inspection, the facility leadership is responsible for providing a corrective action plan and follow-up of any non-compliance within the required timeframe.

The facility shall have a current permits, licenses, and design drawings. When independent entities are present within such facilities (such as an independently owned coffee shop or gift shop), the facility has an obligation to ensure that these independent entities comply with, laws, regulations, and facility management and safety programs.

Survey process guide:

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

Evidence of compliance:

- The convalescent/long-term healthcare facility leadership maintains compliance with environmental safety laws and regulations.
- The convalescent/long-term healthcare facility leadership ensures response to external inspection reports and correction of observations done within the defined timeframe.
- The convalescent/ long-term healthcare facility works with the governing body for maintaining and upgrading of environment of care.
- The convalescent/ long-term healthcare facility ensures that the independent entities comply with all aspects of the facility management programs.

Related standards:

DAS.01 Planning medical imaging services, OGM.02 Qualified facility director, OGM.01 Governing body Structure and responsibilities, DAS.05 Radiation Safety Program, DAS.06 Laboratory services planning and management, DAS.14 Laboratory Safety Program, EFS.03 Fire and smoke safety, EFS.06 Hazardous materials safety, EFS.07 Safety Management Plan, EFS.11 Disaster Plan.

EFS.02 The environmental facility safety program is monitored and overseen by qualified staff.

Safety

Keywords:

Environment and facility safety program monitoring

Intent:

Maintaining an active environment and facility safety program requires special skills to measure performance, identify gaps and do corrective actions. The convalescent/ long-term healthcare facility ensures availability of a qualified staff according to the scope of the provided services, local laws, and regulations, such as training on safety requirements and civil defense.

One or more qualified individual is/are responsible for program oversight and management that includes:

a) planning all aspects of the program, such as development of plans and providing recommendations for space, equipment, technology, and resources.

b) implementing the program.

c) training of the staff.

d) continuous monitoring mechanisms for environment and facility safety using different tools like inspection checklist that cover different components of the program.

e) periodically reviewing and revising the program; and

f) periodically providing reports to the facility leadership on significant observations with corrective actions taken or needed.

Depending on the facility's size and complexity, a committee may be formed and given responsibility for overseeing the program and program continuity. The committee role includes review of aggregated essential data, incident reports, drill reports, and safety plans measures, recommended actions, and following up to ensure compliance with all safety requirements. The committee should report to the convalescent/ long-term healthcare facility leadership quarterly on effectiveness of the program.

Survey process guide:

- GAHAR surveyor may review documents that demonstrate environment and facility surveillance rounds schedule, plan, agenda, notes or reports.
- GAHAR surveyor may review environment and facility safety committee terms of reference, meeting minutes.

Evidence of compliance:

1. The convalescent/long-term healthcare facility ensures availability of qualified staff that matches the needs of the facility scope of services, laws, and regulations.
2. Evidence of the training and experience of the qualified individual(s) is documented.
3. The individual(s) plans and implements the program, including elements a) through f) of the intent.
4. When applicable, the facility has environment and facility safety committee with regular meeting according to terms of reference.
5. There is at least quarterly report submitted to the convalescent/ long-term healthcare facility leadership on the significant observations and corrective actions taken or needed.

Related standards:

OGM.03 Committee structure, OGM.04 The facility leaders, OGM.05 Departmental management, WFM.05 Verifying credentials,

Safe fire planning

EFS.03 GSR.15 Fire and smoke safety plan addresses prevention, early detection, response, and safe evacuation in case of fire and/or other internal emergencies.

Safety

Keywords:
Fire and smoke safety

Intent:
One of the critical considerations in the design for convalescent/ long-term healthcare facility is the prevention of fire, particularly with respect to the combustibility of construction and furnishing materials and the spread of fire and smoke.

In the event of either accidental or malicious fires; early detection and suppression equipment needs to be readily accessible to combat these fires.

Staff members of the facility need to have knowledge of how to use the equipment and to avoid panic and working in cooperation with each other according to previous arrangements and training.

other internal emergencies may affect patients' staff or vendors safety that may require evacuation when required and include but not limited to gas cylinder explosion, building collapse and sewage leakage.

The facility environment that includes fire and smoke separation, areas under construction and other high-risk areas for example stores, laundry, electrical control panels, medical records room, garbage room, etc. Risk mitigation measures are taken based on the fire risk assessment which should be updated annually.

The last resort, failing the ability to completely suppress the fire, is to evacuate the convalescent/ long-term healthcare facility. Moving all patients, visitors, and staff out of dangerous and/or damaged facilities as safely as possible is always the goal of an evacuation. With respect to priorities of evacuation as required of independent cases then dependent cases by use of simple and available tools like mattress, bedsheets, trolleys and wheelchairs or other tools.

It is important to recognize that people's attention to detail and processes will not be optimal in an evacuation scenario. To that end, understanding key principles will help staff members make good decisions during a chaotic event.

The facility shall develop a fire, smoke and non-fire safety plan that addresses at least the following:

a) Preventive measures: that include at least
   - Assesses compliance with Civil defense requirement. And related laws and regulations.
   - Safe storage and handling of highly flammable materials.
   - Comply with no smoking policy according to laws & regulations.
   - Safe handling of electric panel, cords and connections
   - Safe handling of flammable materials

b) Early detection of fire and smoke system, including the central control panel connected to all areas in the facility according to its functionality, and ensure continuous monitoring 24/7.

c) Regular inspection testing of early detection system & fire suppression systems.

d) Safe evacuation through availability of safe, unobstructed fire exits, with clear signage to assembly areas and emergency light, in addition to other related signage like how to activate the fire alarm, using a fire extinguisher and hose reel.

The facility shall perform proper training of all staff in a practical manner to make sure that everyone in the facility can demonstrate RACE and PASS and other activities that keep safety of all during fire and non-fire emergencies with documentation of all results regularly at least quarterly according to the training plan.

Survey process guide:

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

Evidence of compliance:

1. The convalescent/ long-term healthcare facility has an approved fire and smoke safety plan that includes all elements from a) through d) in the intent.
2. All staff are trained on fire safety plan and can demonstrate their rules during fire or non-fire internal emergencies
3. Fire risk assessment with risk mitigation measures are in place with corrective action when required
4. The facility fire alarm system is available, functioning, inspected, tested and maintained on regular basis.

5. The facility fire suppression system is available, functioning, inspected, tested and maintained on regular basis.
6. The fire and smoke safety plan are evaluated annually

Related standards:

EFS.01 facility environment and safety, EFS.05 Fire drills, EFS.04 Smoking-Free Environment, EFS.11 Disaster Plan, QPI.03 Risk Management Plan /Program, EFS.07 Safety Management Plan, WFM.07 Orientation Program, WFM.08 Continuous Education Program.

EFS.04 The convalescent/ long-term healthcare facility is smoking-free.

Safety

Keywords:

Smoking-Free Environment

Intent:

According to Center for Disease Control (CDC), smoking causes about 90% (or 9 out of 10) of all lung cancer deaths. More women die from lung cancer each year than from breast cancer. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD). Cigarette smoking increases risk for death from all causes in men and women. Literature shows that although convalescent/ long-term healthcare facility restricts smoking inside, many people continue to smoke outside, creating problems with second-hand smoke, litter, and negative role modelling. Smoke-free policies are an important component of an ecological and social-cognitive approach to reducing tobacco use and tobacco-related disease.

Regulations prohibit smoking inside healthcare facilities according to law No. 154/ 2007.

Smoking-free policies were reported to cause numerous positive effects on employee performance and retention. In addition to prevention of fires inside different healthcare facilities.

The convalescent/ long-term healthcare facility ensures a smoking-free environment for patients and environmental safety through the availability of smoking-free environment policy, procedure and proper signage.

The policy should include any exceptions, penalties, and the designated smoking area outside the building.

All staff should be oriented about the smoking-free environment policy.

Survey process guide:

- GAHAR surveyor may review the smoking-free policy followed by interviewing staff and/or patients to check their awareness of the policy, smoking areas' location and

consequences of not complying to the policy.

- During the GAHAR survey, surveyors may be observed evidence of not complying to the policy such as cigarette remnants and cigarette packs specially in remote areas.

Evidence of compliance:

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

Related standards:

EFS.01 facility environment and safety, EFS.03 Fire and smoke safety, EFS.07 Safety Management Plan, QPI.03 Risk Management Plan /Program.

EFS.05 GSR.16 Fire drills are performed in different clinical and non-clinical areas, including at least one unannounced drill annually.

Safety

Keywords:

Fire drills

Intent:

Fire drills are designed to ensure through regular training and simulations, staff members will have knowledge and understanding of the fire safety plan so that they can act swiftly, safely, and in an orderly manner. Also to have increased self-confidence of the staff and power to fulfil their responsibilities in the event of a fire.

The convalescent/ long-term healthcare facility staff should be well-trained on firefighting and safe evacuation through practical simulations and regular drills to ensure staff readiness in case of fire and/or other internal emergencies.

The facility records fire drills details including, but are not limited to, the following:

a) a) Dates and timings.

b) Staff who participated in the drill.

c) Involved areas.

d) Shifts.

Survey process guide:

- GAHAR surveyor may review the records of fire and evacuation drills with dates, timings, staff who participated, the involved areas in the facility and corrective action plan based

on the drill evaluation.

- GAHAR surveyor may interview staff to check the awareness of fire safety plan and basic procedures in such cases like RACE and PASS (Rescue, Alarm, Confine, Extinguish/ Evacuate and Pull, Aim, Squeeze, Sweep).

Evidence of compliance:

1. Fire drills are performed based on a predefined time interval, including one unannounced drill annually.
2. All staff members participate in fire drills at least once annually.
3. Fire drill results are recorded from a) through d) in the intent.
4. Fire drill results evaluation is performed after performing each drill.
5. The facility has a corrective action plan, when indicated.

Related standards:

EFS.03 Fire and smoke safety, EFS.11 Disaster Plan, WFM.08 Continuous Education Program.

Safe hazardous materials and waste management plan

EFS.06 GSR.17 The convalescent/ long-term healthcare facility plans safe handling, storage, usage and transportation of hazardous materials and waste management.

Safety

Keywords:

Hazardous materials safety

Intent:

Hazardous materials are substances, which, if released or misused, can pose a threat to the environment, life or health. Industry, agriculture, medicine, research, and consumer goods use these chemicals.

Hazardous materials come in the form of explosives, flammable and combustible substances, poisons, and radioactive materials. These substances are most often released because of transportation accidents or chemical accidents in the facility.

Because the effects of hazardous materials can be devastating and far-reaching, it is important that the facility shall plan their safe use and shall establish a safe working environment.

Convalescent/long-term healthcare facility waste is any waste which is generated in the diagnosis, treatment, or immunization of human beings in the facility.

Healthcare waste includes infectious, chemical, expired pharmaceutical, radioactive items

and sharps. These items can be pathogenic and environmentally adverse. Other waste items generated through healthcare but not hazardous include medication boxes, the packaging of medical items and food, remains of food, and waste from offices.

healthcare facility, Waste Management means the management of waste produced by facility's using such techniques that will help to check the spread of diseases.

Healthcare facility should identify and control hazardous material and waste all over the facility to ensure that staff, patients, relatives, vendors, and the environment are safe.

Hazardous material and waste are categorized into the following categories according to the WHO classification:

i. Infectious
ii. Pathological and anatomical
iii. Pharmaceutical
iv. Chemical
v. Heavy metals
vi. Pressurized containers
vii. Sharps

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

a) A current and updated inventory of hazardous materials used in the convalescent/ long-term healthcare facility, the inventory should include the material name, hazard type, location, usage, consumption rate, and responsibility.
b) Material safety data sheet (SDS) should be available and includes information such as physical data, hazardous material type (flammable, cytotoxic, corrosive, carcinogenic, etc.), safe storage, handling, spill management and exposures, first aid, and disposal.
c) Appropriate labelling of hazardous materials.
d) Procedure for safe usage, handling, and storage of hazardous materials.
e) Appropriate waste segregation, labelling, and storage,
f) Safe handling, transportation, and disposal of all categories of hazardous waste.
g) Availability of required protective equipment and spill kits, safe showers and eye washes.
h) Investigation and documentation of different incidents such as spill and exposure.
i) Compliance with local laws and regulations, availability of required licenses, and/or permits

j) Staff training and orientation.

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

Survey process guide:

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

Evidence of compliance:

1. The facility has hazardous material and waste management plan that addresses all elements from a) through k) in the intent.
2. Staff are trained on hazards material and waste management.
3. The facility ensures safe usage, handling, storage, availability of SDS and labelling of hazardous materials
4. The facility ensures safe, handling, storage, and labelling for waste occurs according to laws and regulations.
5. The facility has an approved document for spill management, Investigation, and recording of different incidents related to hazardous materials.
6. The plan is evaluated and updated annually with aggregation and analysis of necessary data and corrective actions acted upon.

Related standards:

EFS.01 facility environment and safety, DAS.14 Laboratory Safety Program, DAS.05 Radiation Safety Program, EFS.07 Safety Management Plan, WFM.08 Continuous Education Program, IPC.08 Environmental cleaning, evidence-based guidelines, IPC.04 PPE, guidelines, Physical Barriers

Safety and security planning

EFS.07 GSR.18 A safe work environment plan addresses high-risk areas, procedures, risk mitigation requirements, tools, and responsibilities.

Safety

Keywords:

Safety Management Plan

Intent:

Health services are committed to providing a safe environment for patients, staff, and visitors. Convalescent/ long-term healthcare facility safety arrangements keep patients, staff, and visitors safe from inappropriate risks such as electricity and from inappropriate behaviors such as violence and aggression.

Risk assessment shall be in place to identify potential risks because of system failure and/ or staff behavior, for example: wet floor; water leakage from the ceiling beside electrical compartments; unsecured electric panels, dealing with high voltage improper handling of sharps; non-compliance to protective equipment in case dealing hazardous materials or exposure to spills or splash, availability of eye washer in high-risk area like the laboratory, and unsafe storage.

The facility must have a safety plan with safety mitigation measures based on the risk assessment that covers the building, property, medical equipment, and systems to ensure a safe physical environment for patients, families, staff, visitors, and vendors.

The safety plan shall include at least the following:

a) Effective planning to prevent accidents and injuries and minimize potential risks, to maintain safe conditions for all occupants to reduce and to control risks.

b) Regular inspection with documentation of results, performing corrective actions, and appropriate follow-up.

c) Safety measures based on risk assessment for example infectious agents' exposure, electric, radioactive hazards, vibration and noise exposure.

d) Processes for pest and rodent control.

e) Responsibilities according to laws and regulations.

f) Safety training on general safety plan.

g) Annual evaluation of the plan.

Survey process guide:

- GAHAR surveyor may review safety plans to make sure that they include suitable risk assessment surveillance.

- GAHAR surveyor may review surveillance rounds plan. Checklist, different observations, and proper corrective actions when applicable.
- GAHAR surveyor may inspect workers in different areas like workshops and waste collection areas to check usage of suitable personal protective equipment (PPE).

Evidence of compliance:

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

Related standards:

DAS.14 Laboratory Safety Program, DAS.05 Radiation Safety Program, EFS.03 Fire and smoke safety, EFS.06 Hazardous materials safety, EFS.10 Utilities Management plan, EFS.11 Disaster Plan, QPI.03 Risk Management Plan /Program, IPC.04 PPE, guidelines, Physical Barriers, WFM.07 Orientation Program, EFS.04 Smoking-Free Environment, IPC.07 Safe injection practices.

EFS.08 Security plan addresses security of all occupants and properties including restricted and isolated areas with risk mitigation, control measures, tools, and responsibilities.

Safety

Keywords:

Security Plan

Intent:

Security issues such as violence, aggression, thefts, harassment, suicide, bomb threat, terrorism, gunshot, are not uncommon in convalescent/ long-term healthcare facility Usually, healthcare facility enforce a code of behavior that does not tolerate physical or verbal aggression, or abuse towards staff, patients, family members or visitors.

To keep staff, patients, and visitors safe, healthcare facility may use a range of security measures, including the use of (closed-circuit television) CCTV cameras, and electronic access control systems for doorways. Some facilities also employ security staff. The facility ensures protection of all occupants from violence, aggression, thefts, harassment, suicide, medical records and information security, and child abduction.

Security plan based on risk assessment. For identification of high-risk areas and measures for keeping staff, vendors, patients secured all the time

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

a) Identification of staff, vendors/contractors with the restriction of their movement within the facility
b) Identification of restricted areas
c) Vulnerable patients such as the elderly, and handicapped should be protected from the abuse and above-mentioned harms.
d) Occupants are protected from harm, such as violence and aggression.
e) Children should be protected from abduction.
f) Drill for child abduction should be performed and documented at least annually.
g) Monitoring of remote and isolated areas.
h) Staff training as regard security requirements.
i) The plan is evaluated annually.

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved security plan that includes items a) through i) in the intent.
2. All staff are trained on security plan
3. Risk mitigation is conducted based on risk assessment
4. Staff and vendors/contractors identification is implemented
5. Occupants are protected from harm, such as violence and aggression.
6. Security plan is evaluated and updated annually with aggregation and analysis of necessary data with the improvement.

Related standards:

PCC.02 Patient and family rights, PCC.11 Patient's belongings, QPI.03 Risk Management Plan /Program, QPI.02 Performance measures

Safe medical equipment

EFS.09 Medical equipment plan ensures selection, inspection, testing, maintenance, and safe use of medical equipment.

Safety

Keywords:
Medical Equipment Plan

Intent:
Medical equipment is critical to the diagnosis and treatment of patients.

In most convalescent/ long-term healthcare facilities, a trained biomedical manages the entire medical inventory and is responsible for dealing with medical equipment hazards. Being responsible for such an extensive array of devices can be cumbersome, especially when the stakes are so high. Not only does lazy monitoring and management lead to inefficiency, but it can also seriously harm patient outcomes. As an example, poor maintenance increases the chances of downtime, and inadequate servicing and sterilization can be harmful to both doctors and patients. This is why it is crucial to establish some basic equipment safety and service procedures according to the manual or contracted agent of the equipment.

The facility shall develop a plan for medical equipment management that address at least the following:

a) Developing criteria for selecting new medical equipment.
b) Inspection and testing of new medical equipment upon procurement and on a predefined interval basis.
c) Training of staff on safe usage of medical equipment upon hiring, upon installation of new equipment, and on a predefined regular basis by a qualified person/ company.
d) Inventory of medical equipment including availability and functionality.
e) Identification of critical medical equipment that should be available for the operator even through provision of back-up such as life-saving equipment, DC shock or AED.
f) Periodic preventive maintenance according to the manufacturer's recommendations which usually recommends using tagging systems by tagging dates and due dates of periodic preventive maintenance or labelling malfunctioned equipment.
g) Calibration of medical equipment according to the manufacturer's recommendations and/or its usage.
h) Malfunction and repair of medical equipment.
i) Dealing with equipment adverse incidents, including actions taken, backup system, and reporting.

j) Updating, retiring and/or replacing for medical equipment in a planned and systematic way.

k) Annual evaluation of the plan

Survey process guide:

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

Evidence of compliance:

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

Related standards:

DAS.11 Laboratory Internal quality assessment, DAS.12 Laboratory external quality assessment, DAS.15 Point of care testing, OGM.07 Supply Chain Management, WFM.08 Continuous Education Program, WFM.09 Staff Performance Evaluation.

Safe utility plan

EFS.10 Essential utilities plan addresses regular inspection, maintenance, testing and repair.

Safety

Keywords:
Utilities Management plan.

Intent:
Convalescent/ long-term healthcare facility are expected to provide safe and reliable healthcare to their patients. Planning appropriate response and recovery activities for a failure of the facility utility systems is essential to satisfy this expectation.

These systems constitute the operational infrastructure that permits safe patient care to be performed.

Some of the most important utilities include mechanical (e.g., heating, ventilation and cooling); electrical (i.e., normal power and emergency power); domestic hot and cold water as well as other plumbing systems; sewage technology systems, including communications system and data transfer systems; fire alarm, refrigerator, vertical transportation utilities; fuel systems; access control, and surveillance systems; medical gases, air and vacuum systems. The convalescent/ long-term healthcare facility must have a utility management plan to ensure efficiency and effectiveness of all utilities that includes at least the following:

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

Survey process guide:

- GAHAR surveyor may review utility management plan to confirm availability of all required systems, regular inspection, maintenance, and backup utilities.
- GAHAR surveyor may review inspection documents, preventive maintenance schedule, contracts, and equipment, as well as testing results of generators, tanks, and/or other key system to make sure of facility coverage 24/7.

Evidence of compliance:

1. There is a facility approved plan for utility management that includes items a) through i) in the intent.
2. Staff are trained on the utility systems plan.
3. Records are maintained for utility systems inventory, testing, periodic preventive maintenance, and malfunction history.
4. Critical utility systems are identified and back up availability is ensured.
5. The plan is evaluated and updated annually with aggregation and analysis of necessary data.

Related standards:

EFS.07 Safety Management Plan, OGM.07 Supply Chain Management, QPI.02 Performance measure.

Safe emergency preparedness plan

EFS.11 Emergency preparedness plan addresses responding to disasters that have the potential of occurring within the geographical area of the convalescent/ long-term healthcare facility.

Safety

Keywords:

Disaster Plan

Intent:

With the onset of climate change, escalating pollution levels, and technological advancements, the Earth is increasingly susceptible to natural disasters. Common occurrences include floods, droughts, earthquakes, and landslides, which have become more frequent in recent decades, resulting in significant human casualties, loss of life, disability, and extensive economic damage. While these events may not be entirely preventable, their impact can be mitigated through effective planning.

The convalescent/long-term healthcare facility must conduct a risk assessment for possible

emergencies and disasters, both internal and external in nature. These may include heavy rains, earthquakes, floods, extreme heat, acts of war, bomb threats, terrorist attacks, traffic accidents, power outages, fires, gas leaks, and the potential for epidemics or pandemics.

The facility needs a risk assessment tool to prioritize potential emergencies by considering both their likelihood and impact. Preparedness levels will then be evaluated based on the identified risks, with various tools like hazard vulnerability analysis (HVA) available for this assessment.

The facility shall develop and implement an emergency preparedness plan, the frequency of reviewing and updating the plan is done in accordance with the results of the current risk assessment and analysis.

The facility emergency preparedness plan shall include at least the following:

a) Communication strategies: Internal communication may be in the form of Clear call tree that includes staff titles and contact numbers, and External communication channels may include civil defense, ambulance center, police.
b) Clear duties and responsibilities for the facility leaders and staff.
c) Identification of required resources such as utilities, medical equipment, medical, and nonmedical supplies, including alternative resources.
d) Business Continuity:
    i. Triaging.
    ii. Staff main task is maintained in case of emergencies: management of clinical activities during a disaster such as operating theater and intensive care units.
    iii. Alternative care sites, and back-up utilities.
    iv. Safe patient transportation in case of emergency is arranged by the convalescent/ long-term healthcare facility.
e) Drill schedule:

    The facility must have a drill schedule for emergencies at least quarterly and ensure the attendance of staff; Proper evaluation and recording of the drill includes, but is not limited to:

    I. Scenario of the drill.
    II. Observations on code announcement, timing, staff attendance, response, communication, triaging, and clinical management.
    III. Clear corrective actions if needed.
    IV. Feedback to the environmental safety committee.
    V. Debriefing.

Survey process guide:

- GAHAR surveyor may review emergency preparedness plan and its records to confirm that it covered all the identified risks.
- GAHAR surveyor may review preparations in terms of equipment, medication, supplies, action cards and others during facility tours and tracers.
- GAHAR surveyor may interview staff to check their awareness of the plan.

Evidence of compliance:

1. There is approved facility emergency preparedness plan that includes items a) through e) in the intent.
2. Staff members are trained on the plan.
3. The facility performs at least one drill biannually that includes item (e) in the intent.
4. The facility demonstrates preparedness for identified emergencies based on risk assessment.
5. The plan is evaluated at least annually with aggregation and analysis of necessary data.

Related standards:

EFS.03 Fire and smoke safety, EFS.07 Safety Management Plan, EFS.05 Fire drills, QPI.03 Risk Management Plan /Program, WFM.08 Continuous Education Program, WFM.07 Orientation Program.

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Infection Prevention and Control

Chapter intent:

Infection Prevention and Control (IPC) represents a systematic and evidence-based strategy devised to mitigate the risks posed by infections to both patients and healthcare workers. It draws upon disciplines such as infectious diseases, epidemiology, social sciences, and health system enhancement. IPC holds a distinctive role in ensuring patient safety and the delivery of high-quality healthcare services universally, as it pertains to both healthcare providers and patients in every healthcare interaction. The IPC program aims at identifying and reducing or eliminating the risks of acquisition and transmission of infections among patients, healthcare workers, visitors, and the community. Usually, the IPC program is risk-based; this means that a risk assessment is required to promptly identify and proactively address possible infection risks among individuals and in the environment. Then, solutions shall be tailored accordingly by developing appropriate policies and procedures, in conjunction with proper staff education. Therefore, IPC activities shall differ from one organization to another, depending on the healthcare facility's clinical activities, the scope of services, and served patient population.

It is the responsibility of the IPC team members to oversee the IPC program, and they should all have detailed job descriptions. The staff member(s) shall be qualified enough to meet the facility needs. These needs are driven by the facility size, complexity of activities, and level of risks, as well as the program's scope. The required qualifications could be in the form of education, training, experience, and certification.

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

Chapter purpose:

1. To ensure the effective structure of infection prevention and control.
2. To address the standard precautions policies and procedures, implementation, and monitoring.
3. To highlight the environmental cleaning and disinfection activities.
4. To describe safe injection practices.
5. To explain the transmission-based precautions and patient placement.
6. To explain the infection prevention and control program in all supportive services (kitchen, laundry, and waste management).

7. To link infection control activities to the organizational quality program and determine needs for IPC improvement projects.

Implementation guiding documents:

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

1. Infection Control: National Guidelines for Infection Control, the Last Update.
2. MOHP Ministerial Decree Number for Infection Control Personnel Number 187/2004.
3. Law of Waste Management, 202/2020.
4. Prime Minster Decree for Regulation of Waste Management Number 722/2022.
5. MOHP Decree for Reuse of Single Used Devices and Instruments Number 523 / 2015.
6. The Egyptian Code for Healthcare Facilities Design.
7. MOH Ministerial Decree for Design Standards of Healthcare Facilities Number 402/2015
8. National Law 4/1994 for Environment Amended by Law No. 9 / 2004

Efficient structure of the infection prevention and control program

IPC.01 A comprehensive infection prevention and control program is developed, implemented, and monitored according to applicable laws and regulations, national and international guidelines.

Safety

Keywords:
IPC program, risk assessment, guidelines

Intent:
Healthcare Associated Infections are common risks encountered in Convalescent/long-term healthcare facility, setting, especially in elderly patients' health care–associated infections. Poor nutrition and hygiene, some medications, and invasive procedures like intravenous fluids and catheters increase the risk of healthcare-associated infections (HAI) in convalescent and long care settings and can make patients more vulnerable to infection. Infections in convalescent and long care settings can be serious, and in some cases, life-threatening, worsening existing medical conditions.

Therefore, constructing a comprehensive infection prevention and control (IPC) program is of utmost importance in order to effectively reduce these risks. The program development based on the annual facility risk assessment, national and international guidelines (CDC, WHO, APIC, IFIC, etc.), accepted practices, and applicable laws and regulations. The (IPC) program should include all areas of the convalescent setting and covers patients, staff, and visitors.

The presence of a qualified and dedicated IPC team in the convalescent/long-term healthcare facility ensures increased effectiveness of the IPC program in all its phases including development, implementation, and monitoring. The IPC team leader should be competent health care professional (physician, dentist, or pharmacist) and at least trained in IPC. The team members' qualifications, training and number meets the facility needs and based on the facility size, complexity of activities, and level of risks, as well as the program's scope.

The convalescent/long-term healthcare facility shall develop and implement an infection control program that addresses at least the following:

a) Scope and objectives,
b) Infection control policies and procedures,
c) Risk assessment to identifies departments and services with increased potential risk of infection,
d) Surveillance and monitoring system to monitor healthcare-associated infections (HAIs) and track infection rates within the facility.

e) Staff education and training on infection control principles and practices,

f) Outbreak management.

g) Staff immunization,

h) Antibiotic stewardship program to promote the appropriate use of antimicrobial agents,

i) Continuously assess and improve infection control practices within the Convalescent/ long-term healthcare facility.

Survey process guide:

- GAHAR surveyor may review to infection control program to evaluate the presence of a risk assessment, an IPC program that is based on the risk assessment and covers all the facility areas and includes all relevant individuals, a training plan or an annual evaluation report and update of the IPC program.
- GAHAR surveyor may review the monitoring of data, performance measures, data analysis reports, recommendations for improvement and observe their implementation.
- GAHAR surveyor may review IPC team leader's and members' qualifications and training documents.

Evidence of compliance:

1. The facility has infection control program that is based on risk assessment, current scientific knowledge, accepted practice guidelines, and applicable laws and regulations, and addresses all the elements mentioned in the intent from a) through i).
2. The healthcare professionals involved in infection control are aware of the contents of the program.
3. The facility has an assigned dedicated IPC team headed up by a qualified healthcare professional trained in IPC.
4. The program is implemented in all care facility areas and covers patients, visitors, and staff.
5. The facility tracks, collects, analyzes, and reports data on its infection control program and action(s) is/are taken on identified opportunities for improvement.

Related standards:

OGM.02 Qualified facility director, QPI.02 Performance Measures, WFM.08 Continuous Education Program, QPI.03 Risk Management Plan /Program, IPC.14 Surveillance, Healthcare associated infections, WFM.02 Staffing Plan, IPC.02 IPC committee meetings, EFS.07 Safety Management Plan.

IPC.02 The convalescent/long-term healthcare facility establishes a functioning multidisciplinary IPC committee that meets at least monthly.

Effectiveness

Keywords:

IPC committee, meetings

Intent:

IPC challenges continuously arise in the different Convalescent/long-term healthcare facility, setting, which in turn provide input for the IPC team for their continuous evaluation of the situation. Stakeholders and process owners are then involved in the decision-making stage; thus the presence of a multidisciplinary IPC committee is crucial in order to provide the continuous link between the upper managerial level, IPC team and all other convalescent/long-term healthcare facility departments.

There is a structured infection control committee; all relevant disciplines should be represented in the committee for example (but not limited to), medical department, nursing services, housekeeping, laboratory, pharmacy, and sterilization services etc., and the committee should have the right to summon whoever it deems appropriate. The IPC committee is responsible for at least the following.

a) Setting criteria to define healthcare associated infections (HAIs).
b) Surveillance methods and process
c) Strategies to prevent infection and control risks.
d) Reporting infection prevention and control activities
e) Reviewing and evaluating outbreaks or clusters of HAIs and recommending appropriate control measures.
f) Collaborating with relevant departments to ensure compliance with infection control standards and regulations.
g) Annual reviewing and evaluation of the program.

Survey process guide:

- GAHAR surveyor may review an approved IPC committee formation decision, recorded monthly meetings of the previous six months, recommendations as well as records to prove follow-up

Evidence of compliance:

1. There are clear terms of reference for the infection control committee in convalescent/long-term care facility, that includes at least from a) through g) in the intent.
2. All relevant disciplines are represented in the committee.

3. The committee meets at least monthly.
4. The committee meetings minutes are recorded.
5. Implementation of the decisions taken by the committee at the end of each meeting are followed up.

Related standards:
IPC.01 IPC program, risk assessment, guidelines, OGM.02 Qualified facility director, OGM.03 Committee structure, OGM.04 The facility leaders.

Safe standard precautions

IPC.03 GSR.14 Evidence-based hand hygiene guidelines are adopted and implemented throughout the Long-Term Care Setting in order to prevent healthcare-associated infections.

Safety

Keywords:
Hand Hygiene.

Intent:
Hand hygiene is the cornerstone of reducing infection transmission in all Convalescent/ long-term healthcare facility, settings. It is considered the most effective and efficient strategy for infection prevention and control and includes:

- Handwashing: washing hands with plain or antimicrobial soap and water
- Hygienic hand rub: treatment of hands with an antiseptic hand rub to reduce the transient flora without necessarily affecting the patient skin flora. These preparations are broad spectrum and fast-acting, and persistent activity is not necessary.
- Surgical hand antisepsis: antiseptic hand wash or antiseptic hand rub performed preoperatively by the surgical team to eliminate transient flora and reduce patient skin flora. Such antiseptics often have persistent antimicrobial activity.

Choosing the type of hand hygiene based on the type of procedure and risk assessment. Functional Hand hygiene stations (sinks, clean single use towels, hand hygiene posters, general waste-basket and appropriate detergent) must be present in appropriate numbers and places ideal ratio (1 sink : 4 beds). Alcohol-based hand rubs may replace hand wash in Long Term Care facilities unless hands are visibly soiled to overcome the shortage in sinks.

The convalescent/long-term healthcare facility develops and implements a policy and procedures to guide the hand hygiene that includes at least the following:

a) Hand hygiene techniques

b) Indications for hand Hygiene,
c) Personal protective equipment (PPE),
d) Accessibility of hand hygiene facilities,
e) Nail Care and Jewelery,
f) Hand hygiene education and training,
g) Monitoring and compliance.

Survey process guide:

- GAHAR surveyor may review the facility policy guiding hand hygiene and hand hygiene guidelines.
- The GAHAR surveyors may review hand hygiene education posters and records.
- The GAHAR surveyors may interview staff members to check their awareness of hand hygiene techniques and the WHO's five moments of hand hygiene.
- The GAHAR surveyors may observe hand-washing facilities at each patient care area and check the availability of supplies (soap, tissue paper, alcohol hand rub, etc.).
- The GAHAR surveyors may observe the compliance of healthcare professionals with hand hygiene techniques and the WHO's five moments of hand hygiene with WHO observation audit tool .

Evidence of compliance:

1. The convalescent/long-term healthcare facility has approved hand hygiene policies and procedures based on current evidence-based guidelines that address all the elements mentioned in the intent from a) through g).
2. Healthcare professionals are trained on the facility policy.
3. Hand hygiene facilities are available in numbers and places and Hand hygiene posters are displayed in required areas, as per the facility policy.
4. Hand hygiene is implemented according to the policy and monitored.
5. Results of staff compliance are linked and documented in the staff appraisal\ evaluation process.

Related standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.02 IPC committee, meetings, WFM.08 Continuous Education Program, QPI.02 Performance Measures, WFM.09 Staff Performance Evaluation, IPC.05 detergents, antiseptics, and disinfectants.

IPC.04 Personal protective equipment is available and used correctly when indicated.

Safety

Keywords:
PPE, guidelines, Physical Barriers

Intent:
Wearing personal protective equipment (PPE) is an important tool in the protection of both patients and healthcare professionals. PPE term refers to the availability and appropriate use of barriers that a susceptible host may wear to provide a physical barrier between him/her and an infectious agent/infected source. PPE include gloves, gowns, masks, facial protection, eye protection (including face shields, or masks with visor attachments) and respirators.

Proper selection of PPE depends on risk assessments that are performed at the points of care. Thus, staff education and training are therefore of utmost importance. The staff must be trained on the proper way and sequence of donning and doffing of various PPE to maintain maximum protection throughout the process.

Survey process guide:

- GAHAR Surveyor may observe to check the availability and accessibility of PPE.
- GAHAR Surveyor may interview staff members to inquire about the constant availability, accessibility and proper use of PPE.
- GAHAR surveyor may review PPE standardized products specifications.
- GAHAR surveyor may review disbursement permits of PPE.

Evidence of compliance:

1. Choice of PPE to be purchased is based on standardized products specifications.
2. The convalescent/long-term healthcare facility provides PPE that is easily accessible and appropriate to the task.
3. Proper selection and use of PPE according to the patient's suspected infection and when indicated.
4. The facility staff is trained on the proper way and sequence of donning and doffing of various PPE.

Related standards:
IPC.01 IPC program, risk assessment, guidelines, EFS.07 Safety Management Plan, QPI.03 Risk Management Plan /Program, DAS.14 Laboratory Safety Program, DAS.05 Radiation Safety Program, IPC.06 Respiratory Hygiene Protocol, IPC.10 Transmission based precautions, IPC.09 Sterile technique, Aseptic technique.

IPC.05 Detergents, antiseptics, and disinfectants are available, selected and used according to current professional standards of care.

Safety

Keywords:
detergents, antiseptics, and disinfectants

Intent:
Detergents, antiseptics, and disinfectants must always be available in the appropriate places and with sufficient amounts.

Availability of these products helps in implementation of several items of standard precautions like hand hygiene, environmental cleaning and disinfection, aseptic techniques and all of which are crucial for effective infection control.

Detergents, antiseptics and disinfectant are selected based on standardized prerequisite specifications. Their effective and appropriate use depends on risk assessment at the point of care and staff education and training is mandatory for proper use.

Survey process guide:

- GAHAR surveyor may observe the availability, accessibility and use of detergents, antiseptics, and disinfectants in the relevant areas and their compatibility with standardized products specifications.
- GAHAR surveyor may review disbursement permits of detergents, antiseptics, and disinfectants.

Evidence of compliance:

1. Choice of purchased detergents, antiseptics, and disinfectants is based on standardized productspecifications.
2. The Facility provides detergents, antiseptics, and disinfectants that are readily available, easily accessible, and appropriate to the task.
3. Selection and use of antiseptics and disinfectants according to the patient's suspected infection and according to the required procedure occurs.
4. Antiseptics and disinfectants are stored in appropriate areas that are easily accessible.

Related standards:
IPC.01 IPC program, risk assessment, guidelines, IPC.08 Environmental cleaning, evidence-based guidelines, IPC.03 Hand Hygiene, IPC.09 Sterile technique, Aseptic technique, OGM.07 Supply Chain Management.

IPC.06 Respiratory hygiene is implemented as an element of standard precautions.

Safety

Keywords:
Respiratory Hygiene Protocol.

Intent:
Respiratory hygiene and cough etiquette interventions are intended to limit the spread of infectious organisms from patients with potentially undiagnosed respiratory infections. For respiratory hygiene interventions to be effective, early implementation of infection prevention and control measures needs to exist at the first point of entry to the facility and be maintained throughout the duration of the stay.

The effort of respiratory hygiene interventions shall be targeted at patients and accompanying significant others with respiratory symptoms and applies to any patient entering the facility with signs of respiratory illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

Respiratory hygiene and cough etiquette interventions (alcohol rub, tissues, surgical masks, and posters) should be present in all entries of the convalescent/long-term healthcare facility and all waiting areas.

Survey process guide:

- GAHAR surveyors may observe to check the availability of respiratory hygiene/cough etiquette posters in appropriate places.
- GAHAR surveyors may observe to check the availability and accessibility of resources such as tissues and surgical masks.

Evidence of compliance:

- Respiratory hygiene/cough etiquette supplies are displayed at appropriate places.
- Resources such as tissues and surgical masks are available in numbers matching patients' and staff members' needs.
- The convalescent/long-term healthcare facility designates space for patients with suspected upper respiratory infections to separate them from others.
- Patients with suspected upper respiratory infections are identified and placed in designated areas, have priority in the waiting list.

Related standards:
IPC.01 IPC program, risk assessment, guidelines, IPC.04 PPE, guidelines, Physical Barriers, IPC.16 Multi-Drug Resistant Organisms, IPC.10 Transmission based precautions.

IPC.07 The convalescent/long-term healthcare facility ensures safe injection practices.

Safety

Keywords:
Safe injection practices

Intent:
The convalescent/long-term healthcare facility patients are continuously in need for injections whether for diagnostic or therapeutic purposes, unfortunately however it carries an associated risk of infection for the patients. Vascular access devices, like cannula or other instrument used to obtain venous or arterial access, are one of the main causes of healthcare-associated infections. The risk of infection is greatly reduced by complying with the process for safe insertion and maintenance of the device and its removal as soon as it is no longer needed.

Moreover, needle stick injury among healthcare professionals is a common accident so, safe injection practices are crucial to ensure both patient and healthcare professionals' safety.

Healthcare professionals must always use a sterile, single-use disposable syringe, needle for each injection given, and ensure that all injection equipment and medication vials remain free from contamination. Healthcare professionals must also consider that all ampoules by default are single use, not all vials are multi dose vials and syringes should not be used as a container or storage of drugs.

Survey process guide:

- GAHAR surveyor may observe the availability of Intravenous bottles and its proper use and of single dose vials and the proper use of multi-dose vials.
- GAHAR surveyor may observe to check, the compliance of responsible healthcare professionals to safe insertion and maintenance of the vascular access device procedures.

Evidence of compliance:

1. The intravenous bottles/bags are not used interchangeably between patients.
2. Use of single-dose vials versus multi-dose vials follows regulations and the facility approved clinical guidelines.
3. The facility ensures single use of the fluid's infusion sets.
4. The facility ensures sterility of any parenteral administration.

Related standards:
EFS.06 Hazardous materials safety, EFS.07 Safety Management Plan, IPC.01 IPC program, risk assessment, guidelines, IPC.04 PPE, guidelines, Physical Barriers, QPI.03 Risk Management Plan /Program.

IPC.08 Environmental cleaning and disinfection activities are aligned with current national/international guidelines.

Safety

Keywords:
Environmental cleaning, evidence-based guidelines

Intent:

Healthcare environment is considered a reservoir for pathogens and may be a significant source of healthcare associated infections so, cleaning and disinfection of environmental surfaces is an important tool to prevent development of these infections. Contact with contaminated surfaces in the convalescent/long-term healthcare facility can easily lead to cross contamination of microorganisms between the environment and healthcare professionals.

The determination of environmental cleaning and disinfection procedures for individual patient care areas, including frequency, method, and process, should be based on the risk of pathogen transmission. This risk is a function of the:

- probability of contamination
- vulnerability of the patients to infection
- potential for exposure (i.e., high-touch vs. low-touch surfaces)

To provide quality of care, the Facility must have a clear method and schedule for environmental cleaning and disinfection including walls, floors, ceilings, and furniture. Medical equipment should be cleaned on a regular schedule with an approved disinfectant based on the manufacturer's recommendations for use. Cleaning activities and times are listed for each area.

Schedule must address environmental cleaning activities for each area as follows:

i. Activities to be done every day.
ii. Activities to be done every shift.
iii. Deep cleaning activities

The facility shall develop and implement an environmental cleaning and disinfection policy and procedures, that addresses at least the following:

a) Identification of risk areas.

b) High-touch environmental surfaces

c) Frequency of environmental cleaning and disinfection

d) Environmental detergents and disinfectants to be used.

e) Method of cleaning and disinfection

Survey process guide:

- GAHAR surveyor may review the list of all environmental services that require cleaning, cleaning schedules and spill kits.
- GAHAR surveyor may interview healthcare professionals and environmental cleaning staff members to inquire about the availability and accessibility and use disinfectant and spill kits properly.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has approved cleaning and disinfection policy and procedures based on current evidence-based guidelines includes items from a) through e) in the intent.
2. Staff members involved in environmental cleaning and disinfection activities are trained on the policy.
3. The facility identifies high risk areas with different schedule for each area and include all elements mentioned in the intent from i) through iii).
4. Cleaning technique and disinfectant of choice matches the requirements of each cleaned area according to the approved policy.

Related Standards:

EFS.06 Hazardous materials safety, IPC.01 IPC program, risk assessment, guidelines, EFS.07 Safety Management Plan, IPC.05 detergents, antiseptics, and disinfectants.

IPC.09 Current evidence-based aseptic techniques are followed during all medical procedures.

Safety

Keywords:

Sterile technique, Aseptic technique

Intent:

Asepsis is a basic infection prevention method, as well as an important factor in patient safety in medical practice. Asepsis is defined as the process of keeping away disease-producing microorganisms. It is implemented to protect the patient by minimizing contamination to reduce the risk of infection.

Aseptic technique refers to practices designed to render and maintain objects and areas maximally free from microorganisms. Aseptic technique is adaptable to minimize the risk of infection transmission. This technique prevents contamination from patient to patient and from one body site to another and from the environment to the patient.

The term 'aseptic technique' encompasses several key elements: clean environment, conscientious practicing of hand hygiene, use of appropriate personal protective equipment, and use of standardized routine cleaning, disinfection, and sterilization practices.

All healthcare professionals shall be cognizant of their movement, barrier use, and practices to prevent inadvertent breaks in aseptic techniques, alerting others when the field or objects are potentially contaminated. Choice of level of antisepsis shall be based on a risk assessment.

- Surgical aseptic technique outside of the operating room refers to a practice in a setting outside the operating room may not have the capacity to follow the same strict level of surgical asepsis applied in the operating room. However, the goal to avoid infection remains in all clinical settings.
- Medical asepsis, or clean technique, refers to practice interventions that reduce the number of microorganisms to prevent and reduce transmission risk from one patient (or place) to another.

The convalescent/long-term healthcare facility shall develop and implement an aseptic techniques policy and procedures that address at least the following:

a) Identification of risk procedures,

b) Types of aseptic techniques,

c) Patient preparation.

Survey process guide:

- GAHAR surveyor may review to assess developed policy(policies) and procedures guiding aseptic techniques, training records of healthcare professionals.
- GAHAR Survey may observe the places and practices of performing aseptic techniques in the relevant departments.
- GAHAR surveyor may interview healthcare professionals to inquire about how they choose and perform aseptic techniques properly in relevant departments.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has approved aseptic techniques policy(s) and procedures based on current evidence-based guidelines and include items from a) through c) in the intent.

2. Healthcare professionals are trained and educated on aseptic techniques as relevant to their job and according to the policy.
3. Various aseptic techniques are performed in the facility according to evidence-based guidelines.
4. Patient preparation is done according to the type of procedures and to the facility policy.

Related standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.05 detergents, antiseptics, and disinfectants, IPC.04 PPE, guidelines, Physical Barriers, QPI.03 Risk Management Plan / Program, WFM.08 Continuous Education Program.

Safe transmission-based precautions and precautions for immunocompromised hosts

IPC.10 Patients with clinically suspected and/or confirmed communicable diseases follow transmission-based precautions according to mode(s) of transmission.

Safety

Keywords:

Transmission based precautions.

Intent:

Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection. TBPs are used for patient known or suspected to be infected or colonized with epidemiologically important or highly transmissible pathogens that can transmit or cause infection.

Transmission based precautions creates barriers between people and microorganisms that help in preventing the spread of germs in the facility. The convalescent /long-term care facility shall develop and implement policy(s) and procedures to guide transmission-based precautions for different modes of transmissions.

If the patient is determined to be at an increased risk for transmission of microorganisms, the patient is placed in the facility's standardized isolation room.

The convalescent/long-term healthcare facility shall have at least one negative pressure room (AIIR) and one or more standardized isolation rooms for other transmission-based precautions (droplet and contact). At least one standardized isolation room shall be available for suspected infections.

When the standardized isolation room(s) is not currently available, the patient shall be separated in separate assigned areas/room. Patients who present with clinical respiratory

syndromes are instructed to practice respiratory hygiene and cough etiquette and given a surgical mask to wear until an examination room can be provided.

The facility shall develop protocols to identify patients with known or suspected airborne infections. Patients requiring airborne precautions are placed in a negative pressure room (AIIR). If a negative pressure room is occupied, place the patient in a room with a portable high-efficiency particulate air (HEPA) filter. If no portable HEPA filter is available, ensure that the patient wears a surgical mask. Regardless of the type of room the patient is in, contacting staff must always wear appropriate respiratory protection (as N95 respirator) and regular cleaning of high touch surfaces is standard.

Survey process guide:

- GAHAR surveyor may review to assess developed policy(s) and procedures to guide transmission-based precautions, training records of healthcare professionals.
- GAHAR surveyor may observe at least one standardized isolation room(s) and assigned areas for patient placing according to the long-term care facility capacity.
- GAHAR surveyor may interview healthcare professionals to inquire about use of PPE and performance of hand hygiene according to the type of isolation, this can be observed as well.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy to guide transmission-based precautions and Healthcare professionals are trained and educated on approved policies.
2. The has one or more standardized isolation room(s) according to the facility capacity and at least one AIIR.
3. Required transmission-based precautions are implemented, according to national guidelines during facility stay and during transfer.
4. Patient with suspected/ confirmed communicable diseases are identified and separated in labelled assigned areas/room.
5. Healthcare professionals caring for patients with a suspected communicable disease are adherent to suitable PPE and hand hygiene practices according to the type of isolation.

Related Standard:

IPC.01 IPC program, risk assessment, guidelines, IPC.04 PPE, guidelines, Physical Barriers, IPC.03 Hand Hygiene, IPC.06 Respiratory Hygiene Protocol, IPC.16 Multi-Drug Resistant Organisms, QPI.03 Risk Management Plan /Program, WFM.08 Continuous Education Program.

IPC.11 Patient care equipment are disinfected/sterilized based on evidence-based guidelines and manufacturer recommendations.

Safety

Keywords:

Disinfection - Sterilization

Intent:

Processing of reusable patient care equipment is a very critical process inside any long-term care facility. In clinical procedures that involve contact with medical equipment, it is crucial that healthcare professionals follow standard practices and guidelines to clean and disinfect or sterilize.

Cleaning process is a mandatory step in processing of patient care equipment. Cleaning, disinfection, and sterilization can take place in a centralized sterile processing department. Assigned processing area shall have workflow direction.

The convalescent/long-term healthcare facility develops and implements a policy and procedures to guide the process of sterilization/disinfection that addresses at least the following:

a) Receiving and cleaning of used items.

b) Preparation and processing.

   i. Processing method to be chosen according to Spaulding classification. Disinfection of medical equipment and devices involves low, intermediate, and high-level techniques. High-level disinfection is used (if sterilization is not possible) for only semi-critical items that come in contact with mucous membranes or non-intact skin as gastrointestinal endoscopes, respiratory and anesthesia equipment, bronchoscopes and laryngoscopes etc. Chemical disinfectants approved for high-level disinfection include glutaraldehyde, orthophtaldehyde and hydrogen peroxide.

   ii. Sterilization must be used for all critical and heat-stable semi-critical items.

   iii. Low-level disinfection (for only non-critical items) are used for items such as stethoscopes and other equipment touching intact skin. In contrast to critical and some semi-critical items, most non-critical reusable items may be decontaminated where they are used and do not need to be transported to a central processing area.

c) Labelling of sterile packs.

d) Storage of clean and sterile supplies: properly stored in designated storage areas that are clean, dry and protected from dust, moisture, and temperature extremes. Ideally, sterile supplies are stored separately from clean supplies, and sterile storage areas must have limited access.

e) Logbooks are used to record the sterilization process.

f) Inventory levels.

g) Expiration dates for sterilized items.

Survey process guide:

- GAHAR surveyor may review to assess developed policies and procedures to guide the process of sterilization/disinfection, training records of healthcare professionals.
- GAHAR surveyor may observe the number of functioning pre-vacuum class B sterilizers, the presence of physically separated areas according to the standard with unidirectional airflow, and the presence of storage areas that meet the standard criteria.
- GAHAR surveyor may observe compliance of the staff involved in disinfection and sterilization with approved policy and procedures.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy to guide the process of disinfection and sterilization that addresses all element in the intent from a) through g).
2. Healthcare professionals involved in disinfection and sterilization are competent.
3. The facility has at least one functioning pre-vacuum class B sterilizer and at least three physically separated areas for cleaning, packaging and/or sterilization and storage.
4. The laws and regulations, Spaulding classification, and manufacturer's instructions (operating manual) guide sterilization or disinfection.
5. Clean and sterile supplies are properly stored in designated storage areas that are clean and dry and protected from dust, moisture, and temperature extremes.

Related standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.12 Disinfection/Sterilization quality control program, IPC.05 detergents, antiseptics, and disinfectants, OGM.07 Supply Chain Management, WFM.08 Continuous Education Program, IPC.04 PPE, guidelines, Physical Barriers.

IPC.12 A disinfection/sterilization quality control program is developed and implemented.

Safety

Keywords:
Disinfection/Sterilization quality control program

Intent:
Sterilization/ disinfection is a critical process in healthcare facility; therefore, monitoring of the sterilization/ disinfection process is crucial for ensuring a reliable and efficient sterilization process. Management of the routine quality control (QC) of medical equipment disinfection/sterilization is a major responsibility of the healthcare professionals. Quality control measures are performed to monitor and ensure the reliability of disinfection/ sterilization processes.

Quality controls can identify performance problems not identified automatically and helps to determine safety of procedures. Management of routine quality control includes developing the QC protocols, implementation of the program, oversight of the program, and responsibility for determining the need for corrective action.

Quality control data shall be reviewed at regular intervals and shall be recorded. Outliers or trends in performance, that may indicate problems in the disinfection/sterilization process, shall be analyzed, followed up and preventive actions shall be taken and recorded before major problems arise.

The convalescent/long-term healthcare facility shall develop and implement a policy for disinfection/sterilization quality control which includes at least the following:

a) Quality control elements, method and frequency include:
   i. Cleaning monitor: Visual inspection with magnifying glasses (lighted magnifying glasses is preferred) should be done for each instrument after cleaning.
   ii. Physical parameters (temperature, time and pressure), which are monitored every cycle.
   iii. Chemical parameters (internal chemical indicator inside the sterilization pack - external chemical indicator on the outside of the sterilization pack), which are monitored every pack.
   iv. Biological indicator which is done at least weekly.
   v. The test for adequate steam penetration and rapid air removal shall be done every day before starting to use the autoclave through the use of Class 2 internal chemical indicators and process challenge devices which is either porous challenge device or hollow challenge device.

vi. Porous challenge Pack: Bowie-Dick Sheets (class 2 indicator) inside a porous challenge pack (every load). Hollow load challenge (Helix test): a class 2 chemical indicator (strip) inside a helix (every load).

vii. Chemical test strips or liquid chemical monitors shall be used for determining whether an effective concentration of high-level disinfectants is present despite repeated use and dilution. The frequency of testing shall be based on how frequently these solutions are used.

b) Quality control performance expectations and acceptable results shall be defined and readily available to staff so that they will recognize unacceptable results in order to respond appropriately.

c) The quality control program is approved by the designee prior to implementation.

d) Responsible authorized staff member reviews Quality Control results at a regular interval.

e) Remedial actions taken for deficiencies identified through quality control measures and corrective actions taken accordingly.

Survey process guide:

- GAHAR surveyor may review developed policies and procedures guiding disinfection/ sterilization quality control program, training records of healthcare professionals and logbooks for chemical indicators and biological indicators documentation for each autoclave and logbook for chemical indicators.
- GAHAR surveyor may observe the centralized sterile processing department to check quality control procedures and records.
- GAHAR surveyor may interview staff members involved in sterilization/disinfection and other healthcare professionals to check their awareness on quality control program of disinfection and sterilization.
- GAHAR surveyor may observe to check the quality of packaging material, the availability of mechanical monitoring, chemical and biological indicators that meet the standardized productspecifications.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy guiding the quality control process of disinfection/sterilization process addressing all elements in the intent from a) through e).
2. Quality of packaging material, as well as chemical and biological indicators, are determined based on standardized product specifications.
3. Quality control tests for monitoring sterilization and high-level disinfectants are done

regularly according to evidence-based guidelines.

4. Healthcare professionals involved in sterilization/disinfection are competent in quality control performance.
5. Quality control processes are recorded and corrective action is taken whenever results are not satisfactory.

Related Standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.11 Disinfection - Sterilization, WFM.08 Continuous Education Program, OGM.07 Supply Chain Management.

Safe laundry and healthcare textile management

IPC.13 Laundry service and healthcare textile management are safe.

Safety

Keywords:
Laundry service, textile

Intent:
Procedures that involve contact with contaminated textile can be a source for introducing pathogens that lead to infection. Failure to properly clean, disinfect, or store textiles put not only patients, but also staff members who transport them at risk of infection.

It is critical that healthcare professional follow standard practices to clean and disinfect used textiles. Infection risk is minimized with proper cleaning and disinfection processes. The washing machine shall have a pre-cleaning cycle. Healthcare professionals shall follow manufacturer's instructions of detergents and disinfectants use and washing instructions.

The convalescent/long -term care facility shall develop and implement a policy and procedures to guide laundry and healthcare textile services that address at least the following:

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

Survey process guide:

- GAHAR surveyor may review to assess developed policies and procedures to guide laundry and healthcare textile services, training records of healthcare professionals.

- GAHAR surveyor may visit areas where laundry and health textile management is performed to observe its design, the presence of functioning washing machine/s, recorded water temperatures and quality control records

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy to guide the safe laundry and healthcare textile services management that addresses all elements in the intent from a) through e)
2. Involved staff members are aware of the approved policy.
3. Contaminated textiles are collected, stored, and transported according to the facility policy.
4. There is at least one functioning washing machine.
5. A quality control program, including water temperatures, is implemented and recorded.

Related standards:

IPC.01 IPC program, risk assessment, guidelines, EFS.07 Safety Management Plan, QPI.03 Risk Management Plan /Program, EFS.01 facility environment and safety.

Effective epidemiological surveillance and monitoring

IPC.14 The convalescent/long-term healthcare facility has established a healthcare-associated infections surveillance process.

Effectiveness

Keywords:

Surveillance, Healthcare associated infections.

Intent:

Surveillance is an essential component of an effective IPC program since the use of data contributes to improving the healthcare quality system. Surveillance plays a critical role in identifying outbreaks, emerging infectious diseases, and multidrug-resistant organisms in order to institute appropriate IPC measures.

An effective surveillance process shall be based on comprehensive epidemiological and statistical principles. The facility reports data on its surveillance process to stakeholders and reports are reviewed at least quarterly by the IPC committee.

Survey process guide:

- GAHAR surveyor may review an infection control program to assess developed policies and procedures guiding the surveillance process, training records of healthcare professionals.

- GAHAR surveyor may review surveillance documents, quarterly surveillance reports that are reviewed by the IPC committee and recommendations for improvement.
- GAHAR surveyor may observe implementation of IPC committee recommendations.

Evidence of compliance:

1. The convalescent/long-term care facility has an approved policy guiding the surveillance process.,
2. Healthcare professionals are trained on the approved policy.
3. The IPC committee reviews the data of surveillance program at least quarterly.
4. The convalescent/long-term healthcare facility tracks, collects, and analyses data on its surveillance process and acts on improvement opportunities identified.

Related standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.02 IPC committee, meetings, QPI.02 Performance Measures, IPC.16 Multi-Drug Resistant Organisms, IPC.15 Outbreaks investigation.

IPC.15 Outbreaks are investigated and managed according to national guidelines.

Effectiveness

Keywords:

Outbreaks investigation

Intent:

Outbreak is defined as occurrence of disease cases in excess of normal expectations. Outbreaks shall be suspected in cases of increased rate of healthcare associated infections or when new or unusual pathogens are recovered from samples.

Outbreaks of infectious diseases when occur in long term care facilities pose a threat to patient safety. The goal of outbreak investigations is to identify the most probable contributing factors in order to stop the outbreaks and prevent their recurrence. Effective management of outbreaks shall require cooperation between infection prevention and control team and other clinical specialties.

The following 10-step approach to investigate an outbreak have been described in the literatures:

1. Determine the existence of the outbreak,
2. Confirm the diagnosis,
3. Define a case,

4. Search for cases,
5. Generate hypotheses using descriptive findings,
6. Test hypotheses with an analytical study,
7. Draw conclusions,
8. Compare the hypothesis with established facts,
9. Communicate findings,
10. Execute prevention measures.

Survey process guide:

- GAHAR surveyor may review an infection control program to assess developed policies and procedures guiding outbreaks investigation and management, training records of healthcare professionals.
- GAHAR surveyor may review reporting system for notifiable communicable diseases and outbreaks investigation analysis reports.

Evidence of compliance:

1. The convalescent/long-term care facility has process for outbreak investigations and management.
2. Patients with suspected communicable diseases are reported as required by laws and regulations.
3. Outbreak investigation and management is performed through multidisciplinary efforts.
4. The facility tracks, collects, analyses, and reports data on its outbreaks and acts on improvement opportunities identified.

Related standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.02 IPC committee, IPC.14 Surveillance, Healthcare associated infections, QPI.03 Risk Management Plan /Program.

IPC.16 Multi - Drug resistant organisms (MDROs) are controlled.

Safety

Keywords:

Multi-Drug Resistant Organisms

Intent:

Convalescent/long-term healthcare facility, facilities have become pivotal in contemporary healthcare due to, an aging population and the frequent referral of patients to and from acute-care facilities.

Therefore, patients in such facilities may serve as an important reservoir of multidrug-resistant (MDR) organisms, and is considered as a significant risk for organism transmission.

MDROs, such as methicillin resistant Staph aureus (MRSA), vancomycin-resistant enterococci (VRE), drug resistant Streptococcus pneumoniae, and multidrug resistant gram-negative bacteria are important causes of colonization and infection in healthcare facilities.

MDROs have increased in prevalence over the last three decades and have become a global health-threatening problem and cause important implications for patients' safety. Successful prevention and control of MDROs require effective administrative and scientific leadership as well as a financial and human resources commitment. Resources needed for infection prevention and control, including expert consultation, laboratory support, adherence monitoring, and data analysis in order to prevent transmission.

Survey process guide:

- GAHAR surveyor may review to assess developed policies and procedures guiding
- Multi - Drug resistant organisms (MDROs) spread control, training records of healthcare professionals.
- GAHAR surveyor may observe the process of containment of MDROs such as isolation, monitoring....etc

Evidence of compliance:

1. The long-term care facility has an approved policy guiding MDRO spread control.
2. Healthcare professionals are trained on the approved policy.
3. The facility identifies and monitor MDROs.
4. Measures are taken to control MDRO infection spread.

Related Standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.02 IPC committee, IPC.14 Surveillance, Healthcare associated infections, IPC.10 Transmission based precautions, MMS.01 Medication management program, QPI.03 Risk Management Plan /Program.

Safe food services

IPC.17 The convalescent/long-term healthcare facility has as process to ensure safe food services.

Safety

Keywords:
Food Services

Intent:
Food services provided by the long-term care facility's kitchen can be a potential source of infection if improperly prepared, handled, and/or stored.

Foodborne illnesses can pose a significant health threat, especially to immunocompromised long term care patients. Consequently, effective IPC measures are crucial to prevent these infections.

Safe food services involve all processes starting from receipt of food and other nutritional products throughout their storage, preparation, handling, and until they are safely delivered.

The convalescent/long-term care facility shall develop and implement a policy and procedures guiding safe food services that address at least the following:

a) Food receiving process.
b) A safe storage process including food rotation system that is consistent with first in first out principles.
c) Monitoring of temperature during preparation and storage.
d) Functioning washing facility in the kitchen
e) Prevention of cross-contamination of food whether directly from raw to cooked food, or indirectly through contaminated hands, working surfaces, cutting boards, utensils, etc.
f) Food transportation process.
g) Preparation, storage, and administration of feeding tube nutritional therapy.

Survey process guide:

- GAHAR surveyor may review the facility policy guiding safe food services.
- GAHAR surveyor may interview involved staff to check their awareness of the facility policy.
- GAHAR surveyor may observe the measures for prevention of cross contamination as presence of separate cutting boards for different type of food, separated areas for receiving, storage, and preparation of food and nutritional products.

- GAHAR surveyor may review recorded food storage temperatures.
- GAHAR surveyor may observe the sanitary food storage, preparation and distribution.

Evidence of compliance:

1. The facility has an approved policy guiding safe food services, that addresses all the elements mentioned in the intent from a) through g).
2. Involved staff members are aware of the approved policy.
3. There are separate areas for receiving, storage, and preparation of food and nutritional products.
4. The facility prepares and distributes food using proper sanitation and temperatures.
5. Administration of feeding tube nutritional therapy is performed according to policy and procedure.

Related Standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.04 PPE, guidelines, Physical Barriers, ICD.17 Patient nutritional needs, OGM.14 Staff Health, OGM.10 Contract Management, QPI.03 Risk Management Plan /Program, EFS.07 Safety Management Plan.

IPC.18 Post-mortem care is managed according to guidelines, laws, and regulations.

Effectiveness

Keywords:

Post-mortem care

Intent:

Post-mortem care includes the processes of preparing the deceased for burial. Post-mortem care presents occupational risks that need to be anticipated and addressed in the policy.

The convalescent/ long-term care facility shall develop and implement a policy and procedures for post-mortem care includes at least the following:

a) Infection hazard assessments.

b) Procedures to minimize these hazards.

c) Use of appropriate engineering devices and personal protective equipment to minimize exposure.

d) Sorting of waste.

e) Record keeping.

f) Environmental cleaning procedures.

g) Reporting accidental exposures.

Generally, standard IPC precautions are applied and any transmission-based precautions that were applied on patients shall be continued after death.

Survey process guide:

- GAHAR surveyor may review the convalescent/long term care facility policy for post-mortem care
- GAHAR surveyor may interview involved staff members to check their awareness of the facility policy.
- GAHAR surveyor may observe that standard and transmission-based precautions are applied on dead bodies and body parts.

Evidence of compliance:

1. The facility has an approved policy that addresses all the elements mentioned in the intent from a) through g).
2. Staff members involved in post-mortem care are aware of approved policy.
3. Post-mortem care practices are implemented according to current evidence-based guidelines, laws and regulations.
4. Standard and transmission-based precautions are applied on dead bodies and all body parts as applicable.

Related Standards:

IPC.01 IPC program, risk assessment, guidelines, IPC.04 PPE, guidelines, Physical Barriers, IPC.08 Environmental cleaning, evidence-based guidelines, QPI.03 Risk Management Plan /Program, EFS.07 Safety Management Plan.

Organization Governance and Management

Chapter intent

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

Effective planning is initiated by identifying the stakeholders' needs and designing the service accordingly, Egypt's 2030 vision that has been recently developed provides a direction and common goal to all healthcare facilities to ensure effective safe, and patient-centered care is provided equally for all Egyptians and is to be considered the cornerstone for organization planning. The healthcare facility plan should be continuously aligned with the governmental-initiated campaigns addressing therapeutic, prophylactic, social, and nutritional aspects of healthcare. The chapter guides the convalescent/long-term healthcare facility to assign duties to the different levels of management and to ensure effective communication to achieve planned goals and objectives.

Recently the landscape of healthcare is shifting closer to a fully quality-driven future and pay-for-performance model. The chapter has focused on the financial side of healthcare, a focus that affects both patients and providers. With value-based care and higher levels of efficiency on the rise, the keys to medical practice success are evolving rapidly. The chapter handles various organization-wide topics such as contracted services, ethical management, and staff engagement, which may reflect efficient and effective collaborative management efforts.

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

Chapter purpose:

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

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

Implementation guiding documents:

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

1. Egyptian Constitution
2. Egypt 2030 Vision, Ministry of Planning
3. Law 51/1981 Amended by Law 153/2004, Healthcare Facilities Organization
4. Egyptian Law for the Care of Psychiatric Patients, 71/2009
5. Law No. 210/2020 Amendment for Law of Psychiatric Patient Care, 71/2009.
6. MOH Ministerial of Patient Right to Know The Expected Cost of Care, 186/2001
7. Egyptian Consumer Protection Law, 181/2018
8. Egyptian Standards for Accounting, 609/2016
9. Women Council Publications on Gender Equality
10. Egyptian Code of Medical Ethics 238/2003.
11. Advertisement for Healthcare Services Law, 206/2017
12. National Labor Law Number 12/2007
13. Staff Health and Safety Regulations.

Effective governing body

OGM.01 The convalescent/long-term healthcare facility has a defined governing body structure and identified responsibilities.

Effectiveness

Keywords:

Governing body Structure and responsibilities.

Intent:

The governing body is responsible for defining the facility's direction and ensuring the alignment of its activity with its purpose and within a predefined set of values. It is also responsible for monitoring its performance and future development.

The governing body of a convalescent/long-term healthcare facility can be a group of individuals (such as board of directors), one or more individual owners, or a central body that oversees multiple subsidiary facilities, defining the governing structure of the facility ensures that it operate effectively and efficiently. Members of the governing body are identified by title and name. The governing entity is represented or displayed in an organizational chart clearly defines lines of authority and accountability.

Mission statement is a description of the facility core purpose. It is the ground element for establishing the strategic direction of facility leading to the formulation of its objectives and related strategies. The governing body works with the facility leaders to set the mission statement of the facility. The mission statement should be visible in public areas to staff, patients, and visitors. The convalescent/long-term healthcare facility shall develop a policy that describes the structure, responsibilities and accountabilities of the governing body. The governing body's responsibilities include at least the following:

a) Approving and regular reviewing the mission statement of the facility.
b) Approving and regular reviewing the facility strategic plan through periodic reports provided by the facility, leaders.
c) Approving and regular reviewing the operational plans and budget, capital investments.
d) Approving and regular reviewing the quality improvement, patient safety, and risk management programs
e) Clear delegation of responsibilities to the facility director.

A clear two-way communication process between governance and facility management ensures that the governing body accurately understands the facility's performance and associated risks that can hinder the achievement of its goals. In addition, it provides the facility director the opportunity to report and receive feedback on the facility's performance especially those that are problematic. The convalescent/long-term healthcare facility needs

to define the types of communication channels between the governing body, the leadership team, and the staff which may be in the form of social media, town hall meetings, monthly or annual conferences or other channels, ensuring a clear two-way communication process between governance and facility management that accurately understands the facility's performance.

Survey process guide:

- GAHAR surveyors may review the policy that describes the structure, responsibilities and accountabilities of the governing body.
- GAHAR surveyors may review the recorded minutes of meetings.
- GAHAR surveyors may observe the availability of the approved mission statement in public areas to staff, patients, and visitors.

Evidence of compliance:

1. The facility has an approved policy describing the structure, responsibilities and accountabilities of the governing body that include items from a) to e) in the intent.
2. The governing body meets on predefined intervals, and minutes of meetings are recorded.
3. The facility has a mission statement approved by the governing body and, is visible in public areas to staff, patients, and visitors.
4. The governing body receives reports regarding the convalescent/long-term healthcare facility's performance at least quarterly and submits feedback reports to the facility director.
5. The facility has a defined process of communication between the governing body, leaders, and staff.

Related Standards:

OGM.02 Qualified facility director, OGM.04 The facility leaders, OGM.06 Strategic Planning and operational plans, QPI.01 Quality management program/plan, QPI.03 Risk Management Plan /Program.

Effective organization direction

OGM.02 A full-time qualified director is appointed by the governing body to manage the convalescent/long-term healthcare facility according to applicable laws and regulations.

Effectiveness

Keywords:
Qualified facility director.

Intent:

Any organization needs an executive that is responsible and accountable for implementing the governing body's decisions and to act as a link between the governing body and the leaders and staff.

The convalescent/long-term healthcare facility shall appoint a full-time qualified director and define any leadership delegation authority for managing the facility in the absence of the facility director. The facility director shall be responsible for the facility's compliance with all applicable laws and regulations. The director shall have appropriate training and/or experience in healthcare management, as defined in the job description.

The job description covers at least the following:

a) Providing oversight of day-to-day operations.
b) Ensuring clear and accurate posting of the facility's services and hours of operation to the community.
c) Ensuring that policies and procedures are developed, implemented by leaders, and approved by the governing body.
d) Providing oversight of human, financial, and physical resources.
e) Annual evaluation of the performance of the facility's committees.
f) Ensuring appropriate response to reports from any inspecting or regulatory agencies, including accreditation.
g) Ensuring that there is a functional, organization-wide program for performance improvement, patient safety, and risk management with appropriate resources
h) Setting a framework to support coordination within and/or between departments or units, as well as a clear process of coordination with relevant external services.
i) Regular reporting to the governing body on how legal requirements are being met.

Survey process guide:

- GAHAR surveyors may review the facility director's job description.

- GAHAR surveyors may review the facility staff file to check compliance with all required documents of training, job description, role and responsibilities.
- GAHAR surveyors may review an authority matrix or delegation letters for tasks that the facility director delegated to any other staff member.
- GAHAR surveyors may interview the facility to check his awareness of his responsibilities.

Evidence of compliance:

1. There is a full-time qualified director managing the facility.
2. There is an appointment letter for convalescent/long-term healthcare facility director according to applicable laws and regulations.
3. There is a job description for the facility director covering the items mentioned in the intent from a) through i).
4. The facility director has appropriate training and/or experience in healthcare management, as defined in the job description and/or his human resources file.
5. There is evidence of delegation of authority to another competent employee when needed.

Related Standards:

OGM.01 Governing body Structure and responsibilities, OGM.04 The facility leaders, OGM.06 Strategic Planning and operational plans, WFM.04 Job Description, QPI.01 Quality management program/plan, QPI.03 Risk Management Plan /Program.

OGM.03 The convalescent/long-term healthcare facility develops the required committees to support its performance.

Effectiveness

Keywords:

Committee structure

Intent:

Accomplishing the convalescent/long-term healthcare facility mission requires engagement and teamwork. Such requirements are established through knowledge sharing and staff involvement in decision-making. Committees are tools for mixing distributed knowledge and abilities of various parts of the facility in the format of one active and integrated team that can have an effective role in decision-making. A multidisciplinary selection of members of every committee and regular holding of committees can enhance its productivity.

The convalescent/long-term healthcare facility leadership, medical staff, nursing staff, and other staff shall be involved in the relevant committees.

Each committee must have terms of references that include its membership, duties,

accountability/reporting, frequency of meeting, quorum, and baseline agenda.

The committee meetings are to be held regularly and the meeting minutes are to be documented and communicated to involved staff members and the committees' performance shall be reviewed annually.

The convalescent/long-term healthcare facility shall have at least the following committees:

a) Environmental safety committee
b) Infection control committee
c) Pharmacy and therapeutic committee
d) Quality and patient safety committee
e) Mortality and Morbidity Committee

Survey process guide:

- GAHAR surveyors may encounter/review many committee functions during the course of GAHAR survey, a clear committee structure with meeting agendas, minutes and staff appointment shall be checked.
- GAHAR surveyors may review terms of reference of each committee.

Evidence of compliance:

1. The facility has at least the committees mentioned in the intent a) through e).
2. Each committee has terms of reference.
3. Committees are met regularly.
4. Committees' minutes of meetings are recorded and communicated to involved staff members.
5. The performance of committees is reviewed annually.

Related Standards:

EFS.02 Environment and facility safety program monitoring, IPC.02 IPC committee, meetings, MMS.01 Medication management program, QPI.01 Quality management program/plan.

OGM.04 The responsibilities and accountabilities of the convalescent/long-term healthcare facility leaders are identified.

Effectiveness

Keywords:

The facility leaders.

Intent:

Generally, the governing body relies on its executive to ensure that decisions are implemented and that the convalescent/long-term healthcare facility operates smoothly on a daily basis.

Additionally, roles such as nursing director, medical director, financial director, and others hold considerable responsibility in managing the facility.

The facility leaders shall be qualified and familiar with the concepts of performance improvement and patient safety plan(s). The qualifications and responsibilities of the facility leaders shall be addressed in their job descriptions.

The convalescent/long-term healthcare facility leadership is responsible for:

a) Sustaining firm facility structure:
   i. Planning for upgrading or replacing systems, buildings, or components needed for continued, safe, and effective operation.
   ii. Collaboratively developing a plan for staffing the facility that identifies the numbers, types, and desired qualifications of staff.
   iii. Providing appropriate facilities and time for staff education and training.
   iv. Ensuring all required policies, procedures, and plans have been developed and implemented.
   v. Providing adequate space, equipment, and other resources based on strategic and operational plans and needed services.
   vi. Selecting equipment and supplies based on defined criteria that include quality and cost-effectiveness.

b) Running smooth directed operations:
   i. Creating a “Just Culture” for reporting errors, near misses, and complaints, and use the information to improve the safety of processes and systems.
   ii. Designing and implementing processes that support continuity, coordination of care, and risk reduction.
   iii. Ensuring that services are developed and delivered safely according to applicable laws and regulations and approved organization strategic plan with input from the users/staff.

c) Continuous monitoring and evaluation:
   i. Ensuring that all quality control monitoring is implemented, monitored, and action is taken when necessary.
   ii. Ensuring the facility meets the conditions of facility inspection reports or citations.
   iii. Annually assessing the operational plans of the services provided to determine the required facility and equipment needs for the next operational cycle.
   iv. Annually reporting to the facility governing body or authority on system or process failures and near misses, and actions are taken to improve safety, both proactively and in response to actual occurrences. The facility data are reviewed, analyzed, and used by management for decision-making.

d) Continuous Improvement

Survey process guide:

- GAHAR surveyors may interview facility leaders to check their awareness of their roles and responsibilities.
- GAHAR surveyors may review the facility leaders' job descriptions.

Evidence of compliance:

1. There is a job description for each convalescent/long-term healthcare facility leader to identify the required qualification and responsibilities.
2. The responsibilities of the facility leaders include at least items from a) to d) in the intent.
3. Facility leaders are aware of and perform their responsibilities.
4. Facility leaders submit periodic reports on their activities.

Related Standards:

OGM.01 Governing body Structure and responsibilities, OGM.02 Qualified facility director, OGM.06 Strategic Planning and operational plans, WFM.04 Job Description, WFM.09 Staff Performance Evaluation, OGM.11 Safety Culture.

Effective departmental leadership

OGM.05 A designated qualified staff member is assigned to supervise each department and service with defined responsibilities.

Effectiveness

Keywords:

Departmental management

Intent:

An effective and efficient department/service supervisor ensures that department services are known and are aligned with other department services and that there are adequate resources to provide them.

Each department or service has to have a designated staff member responsible for delivering the required services as defined by the convalescent/long-term healthcare facility mission and related plans to ensure alignment between departments/services and with the convalescent/long-term healthcare facility as a whole.

The responsibilities of the designated supervisor of each department and service shall be defined in written document and include at least the following:

a) Defining a written description of the services provided by the department (scope of service).

b) Recommending space, staffing, and other resources needed to fulfil the department's approved scope of service.

c) Recommending staff minimum number and qualifications required according to workload and approved scope of service.

d) Defining education, skills, and competencies needed by each category of staff.

e) Ensuring that there is a department specific orientation and continuing education program for the department's staff.

f) Ensuring coordination and integration of these services with other departments when relevant.

g) Ensuring that the department's/service's performance is monitored and reported at least quarterly to leadership.

h) Ensuring that the department is involved in the performance improvement, patient safety, and risk management program(s).

Survey process guide:

- GAHAR surveyors may review each department/ service supervisor’s job descriptions.
- GAHAR surveyors may interview department and services heads to check their awareness of their roles and responsibilities.

Evidence of compliance:

1. There is a job description for each department/ service supervisor to identify the required qualification and responsibilities.
2. There is a supervisor for each department of the convalescent/long-term healthcare facility who is qualified as required by the job description.
3. The responsibilities of the departments/ services supervisor include at least a) to h) in the intent.
4. Departments and services heads are aware of and perform their responsibilities.
5. Departments and services heads submit periodic reports on their activities.

Related standards:

WFM.04 Job Description, WFM.02 Staffing Plan, WFM.07 Orientation Program, WFM.08 Continuous Education Program, QPI.02 Performance Measures, QPI.01 Quality management program/plan, QPI.03 Risk Management Plan /Program.

OGM.06 Strategic and operational plans are developed under oversight and guidance of the governing body.

Effectiveness

Keywords:

Strategic Planning and operational plans.

Intent:

Strategic planning is a process of establishing a facility plan to achieve the specified vision and mission of a Convalescent/long-term healthcare facility by attaining high-level strategic goals. The strategic plan looks out over an extended time horizon (over a period of 3 - 5 years). The plan outlines the present status of the Convalescent/long-term healthcare facility, charts the envisioned direction set by leadership, delineates the strategies for reaching these goals, and specifies the criteria for measuring achievement. A strategic plan might be established on a higher level (governing body) with the involvement of facility leaders. The strategic plan shall be based on a comprehensive evaluation of the internal and external environmental factors (e.g., SWOT analysis, PEST analysis) and shall be reviewed on a regular basis.

Operational plans are the means through which organization fulfil their mission. They shall be detailed, containing specific information regarding targets and related activities, and needed resources within a timed framework. Leaders establish operational plans that include at least the following:

a) SMART objectives. (SMART objective stands for Specific, Measurable, Achievable, Relevant, and Time-Bound).

b) Specific activities and tasks for implementation.

c) Timetable for implementation.

d) Assigned responsibilities.

e) Sources of the required budget and resources.

Leaders regularly assess the annual operational plans of the services provided to determine the required facility and equipment needs for the next operational cycle. Any planning cycle ends with an analysis or an assessment phase through which planners understand what went well and what went wrong with the plan. This analysis, better known as lessons learned, should inform the new cycle of planning to enhance the performance of the Convalescent/long-term healthcare facility.

While assessing components may include goals, actions, timelines, resource allocation, and risk management strategies, while Monitoring tools may include progress review reports, KPIs, audits, and gap analysis.

The governing body shall approve strategic plan, operational plans and resource allocation for implementation within the facility.

Survey process guide:

- GAHAR surveyors may review the facility's strategic plan.
- GAHAR surveyors may interview the facility leaders to check their involvement and participation in the development of the strategic plan.
- GAHAR surveyors may interview staff and leaders to check their awareness of the operational plan and participation in developing related operational plans and give them an opportunity to talk about their inputs and how they are communicated.
- GAHAR surveyors may review the evidence of monitoring operational plan Progress/ progress reports, and actions taken to improve performance.

Evidence of compliance:

1. The facility has a strategic plan with goals and defined timelines for objectives required to fulfil the facility's mission.
2. Facility leaders, community, and other identified stakeholders participate in the development of the strategic plan.
3. The strategic plan is reviewed annually.
4. The convalescent/long-term healthcare facility has operational plans that include items from a) to e) in the intent.
5. Staff is aware and participates in developing related operational plans.

6. The operational plans are reviewed annually, and progress reports are considered for a new cycle of planning.

Related standards:
OGM.01 Governing body Structure and responsibilities, OGM.02 Qualified facility director, OGM.04 The facility leaders, QPI.02 Performance Measures.

Efficient financial stewardship

OGM.07 The convalesc2ent/long-term healthcare facility defines supply chain management processes.

Efficiency

Keywords:
Supply Chain Management

Intent:
The supply chain generally refers to the resources needed to deliver goods or services to a consumer. The supply chain includes all the steps such as sourcing raw materials, manufacturing, distribution, and delivery.

In healthcare, managing the supply chain is typically a very complex and fragmented process.

Healthcare supply chain management involves obtaining resources, managing supplies, and delivering goods and services to providers and patients.

To complete the process, physical goods and information about medical products and services usually go through several independent stakeholders, including manufacturers, insurance companies, healthcare facilities, facility providers, group purchasing organizations, and several regulatory agencies. Each step in the supply chain plays a crucial role in ensuring that the product reaches its final destination efficiently and effectively.

The convalescent/long-term healthcare facility shall develop a policy and procedures for supply chain management The policy shall address at least the following:

a) Supplier's identification and selection process.
b) Methods for monitoring and evaluation of suppliers to ensure that the purchased supplies are provided from reliable sources that refrain from dealing with counterfeit, smuggled, or damaged supplies.
c) Criteria for suppliers' evaluation that may include their response upon request, quality of received materials, check for matching predefined acceptance criteria, Lot number, and expiry date.

d) Supplies monitoring and evaluation to ensure that no recalled medications, samples, devices, medical supplies, or equipment are provided.

e) Monitoring the transportation of supplies to ensure that it occurs according to applicable laws and regulations, approved organization policy, and manufacturer's recommendations.

Survey process guide:

- GAHAR surveyors may review supply chain management policy.
- GAHAR surveyors may interview the responsible staff to check their awareness of the policy.
- GAHAR surveyors may review a sample of supply chain records to check, assess and evaluate the process.

Evidence of compliance:

1. The facility has an approved policy of supply chain management that includes all items from a) through e) in the intent.
2. Involved staff are aware of the supply chain management policy.
3. Supply chain process is recorded, monitored, and evaluated at least annually.
4. Suppliers are monitored and evaluated at least annually.

Related standards:

OGM.02 Qualified facility director, OGM.04 The facility leaders, DAS.07 Reagent Management, OGM.10 Contract Management, MMS.03 Medication Procurement, Formulary, EFS.10 Utilities Management plan, EFS.09 Medical Equipment Plan, MMS.01 Medication management program.

OGM.8 The convalescent/long-term healthcare facility manages its storage, stock, and inventory.

Efficiency

Keywords:

Stock Management.

Intent:

Inventory is the stock of any item or resource used in the facility, while storage refers to the physical space or facility where items are kept or preserved for future use.

An inventory system is the set of policies and controls that monitor levels of inventory and determine what levels should be maintained, when stock should be replenished.

Inventory control is essential to achieve the aim of the right materials in the right quantity

at the right price and at the right place, and it is essential for the appropriate utilization of existing resources.

Unavailability of the needed supplies can adversely affect the convalescent/long-term healthcare facility operation and cause serious health problems for patients, especially the "critical" facility resources which their absence is likely to have a major impact on patient outcomes. Therefore, inventory control helps in efficient and optimum use of scarce financial resources, avoiding the shortage of medical materials and elimination of out-of-stock situations.

Using technology like barcode or radio frequency identification (RFID) to streamline data entry, track inventory movement, and improve accuracy is widely used nowadays.

The convalescent/long-term healthcare facility shall develop a policy and procedures for managing storage, stock, and inventory shall address at least the following:

a) Compliance with applicable laws, regulations, and organization policies
b) The inventory control system that includes identification of utilization rate, re-order limit for each item, and monitoring of out-stock events
c) Identify and track the use of critical resources and supplies.
d) Safe storage practices
e) Recording stock items that should at least have the following (unless stated otherwise by laws and regulations):
    i. Date received.
    ii. Lot number and expiration date
    iii. Whether or not acceptance criteria were met and if any follow-up
    iv. Date placed in service or disposition, if not used.

Survey process guide:

- GAHAR surveyors may review the facility policy for managing storage, stock, and inventory.
- GAHAR surveyors may interview the responsible staff to check their awareness of the policy.
- GAHAR surveyors may review a sample of storage, stock, and inventory records to check the process.

Evidence of compliance:

1. The facility has an approved policy for managing storage, stock, and inventory addresses at least from a) through e) in the intent.
2. Responsible staff is aware of the contents of the policy.

3. As required by laws and regulations, basic information is recorded for stock items as mentioned in the intent from i) through iv).
4. Critical supplies are identified and clear processes are followed in case of shortage

Related standards:

DAS.07 Reagent Management, MMS.03 Medication Procurement, Formulary, OGM.07 Supply Chain Management.

OGM.09 The convalescent/long-term healthcare facility manages the patient billing system.

Efficiency

Keywords:

Billing System.

Intent:

The billing process is a crucial component of convalescent/long-term healthcare facility management. Due to the complexity of the billing processes, billing errors may result in costly financial losses.

The billing process shall include that all the services and items provided to the patient are recorded to the patient's account, then all information and charges shall be processed for billing. For third-party payer systems, the processed for billing shall be based on the requirements of insurance companies/agencies which generally have reimbursement rules.

The convalescent/long-term healthcare facility shall ensure that patients and families are able to understand and participate in administrative processes such as obtaining pre-approval from insurance companies, providing reimbursement, paying deposits, and others. The convalescent/long-term healthcare facility on the other hand, shall monitor the timeliness of third-party approval.

The convalescent/long-term healthcare facility shall develop a policy and procedures for the billing process that addresses at least the following:

a) Availability of an approved price list.
b) Patients and families are informed of an initial estimated cost of required services and any potential cost pertinent to the planned care.
c) The process to ensure that patients and families obtained an accurate invoice for services rendered.
d) Patients/families are assisted to understand and manage administrative processes of billing.

e) Identifying patients whose conditions might require higher costs than expected and provides information to them periodically.

f) Use of approved codes for diagnoses, interventions, and diagnostics if applicable.

Survey process guide:

- GAHAR surveyors may review approved policy and price lists.
- GAHAR surveyors may interview some billing staff and some patients to check their awareness of the policy and the different payment methods.
- GAHAR surveyors may observe the presence of the price list for all provided services in its related areas.

Evidence of compliance:

1. The facility has an approved policy for billing that includes items from a) to f) in the intent.
2. There is an approved price list for healthcare services provided in the facility.
3. Patients are informed of any potential cost pertinent to the planned care.
4. Responsible staff is aware of various health insurance processes.

Related standards:

OGM.02 Qualified facility director, OGM.04 The facility leaders, PCC.02 Patient and family rights, PCC.03 Patient and family responsibilities, IMT.03 Standardized diagnosis codes and abbreviations.

OGM.10 The convalescent/long-term healthcare facility implements a process for selection, evaluation, and continuously monitoring contracted services.

Effectiveness

Keywords:

Contract Management.

Intent:

Convalescent/long-term healthcare facility leadership shall define the nature and scope of services provided by contracted services, including clinical and non-clinical services, for example, laboratory and radiology services, housekeeping, or catering services.

Head of departments/services shall participate in the selection, evaluation, and continuously monitoring contracted services to ensure service providers comply with required environmental safety, patient safety, and quality requirements, policies and procedures, and all relevant accreditation standards requirements.

The convalescent/long-term healthcare facility has to ensure current competency, licensure, education, and continuous improvement of competency for contracted clinical staff.

The contracted services shall be monitored through performance measures and evaluated at least annually to determine if a contract shall be renewed or terminated.

Survey process guide:

- GAHAR surveyors may review the approved documents for contracted services.
- GAHAR surveyors may review documents of selection criteria for each service.
- GAHAR surveyors may review performance measures for monitoring contracted
- Services.
- GAHAR surveyors may interview the head of departments/services and responsible staff to check/determine contract monitoring, evaluation, and renewal processes.

Evidence of compliance:

1. There is a list of all contracted services, including clinical and non-clinical services.
2. There are selection criteria for each service.
3. Head of departments/services participate in the selection, evaluation, and monitoring of contracted services.
4. There are performance measures for monitoring contracted services.
5. Each contract is evaluated at least annually to determine if it should be renewed or terminated.

Related standards:

OGM.02 Qualified facility director, OGM.04 The facility leaders, DAS.01 Planning medical imaging services, DAS.08 Outsourced laboratory services, DAS.12 Laboratory external quality assessment, QPI.02 Performance Measures.

Safe, ethical, and positive organization culture

OGM.11 Leaders create a culture of safety and quality within the facility.

Effectiveness

Keywords:

Safety Culture

Intent:

Creating a culture of safety and quality within a convalescent/long-term healthcare facility requires strong leadership commitment, effective communication, and a sustained effort to ensure patient safety and continuous improvement.

There are several strategies to foster such a culture. The convalescent/long-term healthcare facility shall adopt some of the following measures:

a) Lead by Example: Demonstrating a commitment to safety and quality in their actions and decisions sends a powerful message throughout the facility.

b) Open Communication: Encourage open and transparent communication at all levels. Staff shall feel comfortable reporting safety concerns, near misses, and incidents without fear of reprisal.

c) Provide Resources: to support high-quality care delivery.

d) Training and Education: invest in ongoing training and education programs for all staff members.

e) Feedback and Learning from Errors: establish a blame-free environment where errors and near misses shall be treated as learning opportunities.

f) Recognize and Reward: recognize and reward individuals and teams for their contributions to safety and quality.

g) Leadership safety rounds: to promote a no-blame and justice culture by encouraging open communication, addressing safety concerns, and fostering a collaborative and supportive environment focused on continuous improvement.

h) Data-Driven Approach: Use data to drive decisions and identify trends.

i) Sustain Focus: Consistently reinforce the importance of safety and quality. Make it an ongoing agenda item in meetings, share success stories, and celebrate milestones.

A no-blame culture emphasizes the importance of learning from mistakes and preventing future errors without assigning blame or punishment, while a just culture is a culture where individuals are accountable for their willful misconduct or gross negligence. A just culture helps create an environment where individuals feel free to report errors and help the facility to learn from mistakes. The focus is on identifying system failures, improving processes, and promoting open communication.

Survey process guide:

- GAHAR surveyors may review records of leaders' safety rounds to assess the process.
- GAHAR surveyors may interview staff to check support for quality initiatives safety culture.
- GAHAR surveyors may interview leaders to check their awareness for the measures to promote patient safety and quality culture.

Evidence of compliance:

1. The leaders are aware of the measures to promote patient safety and quality culture.

2. Leaders participate in safety rounds to support staff-reported errors.
3. Leaders creates a no blame/just culture to encourage reporting errors and near misses.
4. Lesson learned from root cause analysis (RCA) of sentinel events are discussed and communicated.

Related Standards:
OGM.02 Qualified facility director, OGM.04 The facility leaders, QPI.04 Incident Reporting System, QPI.01 Quality management program/plan, QPI.06 Sustaining Improvement.

OGM.12 The convalescent/long-term healthcare facility ensures ethical management.

Effectiveness

Keywords:
Ethical Management

Intent:
Medical ethics involves examining a specific problem, usually a clinical case, and using values, facts, and logic to decide what the best course of action should be.

Healthcare professionals may deal with a variety of ethical problems, for example, conflict of interest and inequity of patient care.

The policy of ethical management cover and be aligned with at least the following items:

a) Developing and implementing the code of ethics.
b) Developing and implementing the facility values.
c) Handling medical errors and medico-legal cases.
d) Management of ethical conflicts that may arise including reporting methods, resolving timeframe and communicating the results to impacted stakeholders.
e) Identifying conflict of interest.
f) Avoid the discrimination that may affect the staff employment practices or provision of patient care
g) Managing clinical research, (if applicable).

Survey process guide:

- GAHAR surveyors may review the ethical management facility policy.
- GAHAR surveyors may interview staff to check their awareness of the policy.
- GAHAR surveyors may interview staff to inquire about code of ethics, handling of medical errors and clinical research (if applicable) issues.
- GAHAR surveyors may interview human resources manager and facility leaders during

leadership session on to inquire about all elements including mechanisms put in place to ensure gender equality as per the Egyptian law requirements.

Evidence of compliance:

1. The facility has an approved policy for ethical management that includes items from a) to g) in the intent.
2. Staff members are aware of the policy.
3. Ethical issues are managed according to the approved code of ethic and resolved on a defined time frame.
4. Solved ethical issues are used for education and staff professional development.

Related standards:

PCC.02 Patient and family rights, APC.03 Professional standards during surveys, OGM.02 Qualified facility director, OGM.04 The facility leaders, OGM.13 Staff rest areas.

Effective staff engagement, safety, and health

OGM.13 The Convalescent/long-term healthcare facility, ensures availability of staff rest areas.

Effectiveness

Keywords:

Staff rest areas

Intent:

Staff rest areas, including spaces that are used solely by employees for hygiene needs, clothes change, rest, and eating when applicable, such as staff lounge and sleeping areas.

Providing a comfortable and ergonomically supportive setting for workers has become a priority to punch up staff productivity as well as recruitment and retention.

Staff rest areas should be ventilated, lit and clean, not overcrowded, reachable through communication tools, and secure.

Survey process guide:

- GAHAR surveyor may observe staff resting areas to check the availability of communications means, security, and ventilation.

Evidence of compliance:

- Staff rest areas are ventilated, lit, and clean.
- Staff rest areas are not overcrowded.
- Staff rest areas are reachable through communication tools.

- Staff rest areas are secured and not readily accessible for non-staff members.
- The staff has access to healthy food and water supply.

Related standards:
OGM.14 Staff Health, EFS.08 Security Plan, OGM.12 Ethical Management, OGM.02 Qualified facility director, OGM.04 The facility leaders, QPI.02 Performance Measures, WFM.01 Workforce Laws and regulations, EFS.01 facility environment and safety.

OGM.14 The convalescent/long-term healthcare facility has an approved staff health program that is monitored and evaluated annually according to laws and regulations.

Safety

Keywords:
Staff Health Program

Intent:
The convalescent/long-term healthcare facility shall implement a staff health program to ensure the safety of the staff according to workplace exposures.

A cornerstone of the staff occupational health program is the hazard/risk assessment, which identifies the hazards and risks related to each occupation.

This is done in order to take the necessary steps to control these hazards to minimize possible harm arising and, if not possible, to lessen its negative sequel.

This is achieved through a facility wide risk assessment program that identifies high risks areas and processes.

The program scope shall cover all staff; the program shall address at least the following:

a) Pre-employment medical evaluation of new staff.
b) Periodic medical evaluation of staff members.
c) Screening for exposure and/or immunity to in infectious diseases.
d) Exposure control and management to work-related hazards.
e) Ergonomic hazards that arise from the lifting and transfer of patient or equipment, strain, repetitive movements, and poor posture.
f) Physical hazards such as lighting, noise, ventilation, electrical and others.
g) Biological hazards from blood-borne and airborne pathogens and others.
h) Staff education on the risks within the facility environment as well as on their specific job-related hazards.
i) Staff preventive immunizations.

j) Recording and management of staff incidents (e.g., injuries or illnesses, taking corrective actions, and setting measures in place to prevent recurrences).

k) Results of the medical evaluation shall be documented in staff health records, and action shall be taken when there are positive results, including employee awareness of these results and provision of counselling and interventions as might be needed.

l) Infection control staff shall be involved in the development and implementation of the staff health program as the transmission of infection is a common and serious risk for both staff and patients in healthcare facilities.

m) All staff occupational health program-related results (medical evaluation, immunization, work injuries) shall be documented and kept according to laws and regulation.

Survey process guide:

- GAHAR surveyors may interview staff members who are involved in developing and executing staff health program to check program structure, risks, education and orientation records.
- GAHAR surveyors may review a sample of staff health records to ensure standard compliance.

Evidence of compliance:

1. There is an approved convalescent/long-term healthcare facility's staff health program according to local laws and regulations that cover a) through m) in the intent.
2. There is an occupational health risk assessment that defines occupational risks within the facility.
3. Staff members are aware about the risks within the facility environment, their specific job-related hazards, and periodic medical examination.
4. All staff members are subject to the immunization program and to work restrictions according to laws and regulations and approved facility guidelines.
5. All test results, immunizations, post-exposure prophylaxis and interventions are recorded in the staff's health record.
6. There is evidence of taking action and informing employees in case of positive results.

Related Standards:

EFS.07 Safety Management Plan, IPC.01 IPC program, risk assessment, guidelines, QPI.03 Risk Management Plan /Program, IPC.07 Safe injection practices, OGM.13 Staff rest areas, WFM.01 Workforce Laws and regulations, DAS.14 laboratory safety program, DAS.05 Radiation Safety Program.

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Community Assessment and Involvement

Chapter intent:

A convalescent/long-term healthcare facility serves as a vital component within the broader community, catering to the needs of individuals and families requiring extended medical care and support. It functions as a hub where patients, families, caregivers, and healthcare professionals interact, collaborate, and engage in shared activities aimed at promoting health and well-being. These facilities play a crucial role in addressing mutual concerns and challenges faced by individuals dealing with chronic illnesses, disabilities, or age-related conditions. Situated within the geographic area served by the facility, the community surrounding a convalescent/long-term healthcare facility acts as a supportive network, providing resources, assistance, and solidarity to those within its reach. Through cooperation and collective effort, these facilities contribute to the overall health and resilience of the community they serve, fostering a sense of belonging, connection, and mutual support among its members.

Convalescent and long-term healthcare facilities operate within dynamic communities that are constantly evolving. Changes in community structure, functions, conditions, and behaviors can impact the health needs and risks of individuals within these communities. To effectively address these evolving needs, convalescent and long-term healthcare facilities must proactively define their communities, regularly assess their needs, and respond accordingly. This response may involve expanding the scope of services offered, addressing internal issues to enhance patient perception and satisfaction, and collaborating with community leaders to engage residents in health-related activities. Through educational, cultural, artistic, and outreach initiatives, these facilities can promote healthy practices and lifestyles among community members, fostering a culture of well-being and resilience. Importantly, community involvement also entails a commitment to minimizing any potential risks or harm posed by the healthcare facility, ensuring the safety and welfare of the community at large.

During the GAHAR survey, surveyors shall evaluate the efficiency of the community assessment and involvement program of the convalescent and long-term healthcare facilities.

Chapter purpose:

The main objective is to ensure that the convalescent and long-term healthcare facility provides community involvement effectively; The chapter discusses the following objectives:

Effective community needs assessment.

- Effective community services.
- Effective alignment with healthcare eco-system changes.
- Effective promotion to the community stakeholders.

Implementation guiding documents:

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

1. Egyptian Elderly Rights Care Law,19/2024
2. Advertisement for Healthcare Services Law, 206/2017.
3. Rights of the Handicapped Law 10/2018.
4. Ministry of Planning publications; Planning of Healthcare services.
5. MOHP Social Services website.
6. AARP - Age-Friendly Communities.
7. WHO - Age-Friendly Environments.

Effective community services

CAI.01 The convalescent/long-term healthcare facility establishes a community health needs assessment and involvement program.

Patient-centeredness

Keywords:

Planning for community involvement

Intent:

Healthcare organizations must support communities to shape their own health by involving community members in the governance of a Convalescent/Long-Term healthcare facility in terms of policy formulation, decision-making, and oversight is important for ensuring the relevance of services offered to the community.

A comprehensive community health needs assessment and involvement program should encompass various components to effectively identify, address, and involve the community in addressing health needs.

The convalescent/long-term healthcare facility shall develop a community assessment and involvement program that addresses at least the following:

a) Identification and description of the targeted population.
b) Define the scope and objectives of the program.
c) Identification of community partners.
d) Identify communication channels with community partners.
e) Community needs assessment strategy.
f) Community involvement activities including health education.
g) Make use of and/or collaborate with international, regional, and/or national community initiatives.
h) Budget and resources.
i) Evaluation of the program.

Survey process guide:

- GAHAR surveyor may review the community assessment and involvement program to check that is it aligned with other initiatives and with laws and regulations.
- GAHAR surveyor may inquire about the community assessment program during the leadership interview session.
- GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. The facility has an approved program for community health needs assessment and involvement that covers all elements in the intent from a) through i).
2. There is a designated person (s) to oversee and coordinate the program.
3. Staff members are aware of the main components of the program.
4. The program is annually evaluated.

Related standards:

CAI.02 Community partners and channels of communication, CAI.03 Community Health Needs Assessment, CAI.04 Community Education, CAI.05 Community Involvement program evaluation

CAI.02 The convalescent/long-term healthcare facility identifies community partners and has defined channels to communicate with them.

Effectiveness

Keywords:

Community partners and channels of communication.

Intent:

Organizations should ensure the availability of a transparent, visible, two-way communication process for their community to express their concerns and for The convalescent/long-term healthcare facility to show its adequate and caring response.

The facility shall develop and implement a plan to guide the process of communicating with at least the following:

a) Authorities (e.g., Ministries, municipality, civil defense, etc.)

b) Business customers. (e.g., corporate customers, insurance companies, suppliers, etc.)

c) Social and governmental organizations.

d) Media.

The facility shall have different communication channels to communicate with community stakeholders either internally or externally including E-mail, standing committees, or communication boards for internal stakeholders as well as official website, media, and social media for external stakeholders.

Survey process guide:

- GAHAR surveyor may review the communication plan to check that it measures its outcomes.
- GAHAR surveyor may inquire about communication with community stakeholders

during leadership interview sessions.

- GAHAR surveyor may interview staff to check their awareness of the communication plan.

Evidence of compliance:

1. The facility has an approved communication plan with community stakeholders.
2. The facility identifies the proper communication channels with different community stakeholders.
3. The facility communicates effectively with community stakeholders.
4. The facility evaluates the communication plan annually and the results of the evaluation are used to improve communication with the community.

Related standards:

CAI.01 Planning for community involvement, PCC.13 Complaints and suggestions, PCC.12 Patient and family feedback.

CAI.03 Community health needs are assessed in collaboration with community partner(s) and results are used to design the provided services.

Patient-centeredness

Keywords:

Community Health Needs Assessment

Intent:

The availability of population information that is updated regularly as defined by the policy and when new data is available promotes evidence-based decisions and optimizes health program utilization. Local population data may include demographics, and health determinants that should be regularly reviewed for better health planning, as data sources could be primary or secondary. Primary data is data directly collected through surveys of citizens and providers, interviews, focus groups, etc. Secondary data is data obtained from other entities such as vital statistics, registries, censuses, etc. The convalescent/long-term healthcare facility uses information collected from primary and/or secondary sources to understand the health needs of targeted populations and to decide which services to be provided or update the package of services already provided.

The facility shall assess the community health needs that address at least the following:

a) Identification and description of the targeted population.

b) Health needs assessment including at least the following:

   i. Accessibility and timeliness of services.

   ii. Community hazards assessment including environmental problems.

iii. Unmet healthcare needs.

iv. Healthcare education needs.

v. Healthcare expectation.

c) Planning to provide or update the package of services provided based on needs assessment.

The facility should align their services with community health needs. Such a process requires collaboration with specialized bodies that have the capacity to define community health needs. Such an approach accomplishes the facility's responsibility towards its community.

Survey process guide:

- GAHAR surveyor may review the community assessment and involvement program to check that is it aligned with other initiatives and with laws and regulations.
- GAHAR surveyor may inquire about the community health needs assessment during the leadership interview session.
- GAHAR surveyor may interview staff to check their awareness about the community health needs.

Evidence of compliance:

1. There is evidence that community needs assessment is done including items from a) to c) as mentioned in the intent.
2. The facility shares information related to community health needs assessment with governing body and community partners.
3. The facility uses assessed community health needs to plan the provided services in collaboration with community partners.
4. The facility updates the services provided based on updates on the health needs of community stakeholders.

Related standards:

CAI.01 Planning for community involvement, CAI.04 Community Education, CAI.05 Community Involvement program evaluation.

CAI.04 The convalescent/long-term healthcare facility provides community involvement activities in cooperation with community partner(s).

Effectiveness

Keywords:

Community Education

Intent:

Community partners could include community health programs and agencies, social service organizations, primary care providers, home care, municipalities, education services, public health services, inpatient facilities or units, pharmacies, and academic and research institutes. When possible, the convalescent/long-term healthcare facility works in collaboration with organizations from other industries.

The facility may decide to perform multiple activities to achieve a certain health improvement goal. These activities may be in the form of educational, cultural, recreational, outreach, or other activities. There may be performed in collaboration with nearby schools, factories, markets, malls, police stations, or other community partners. The facility may provide education to the community on different topics, as appropriate, such as smoking cessation, life cycle approach to nutrition, healthy lifestyle, healthy aging, role of physical therapy, and exercises for improved mobility, sexual and reproductive health, and mental health, including depression and addiction.

Survey process guide:

- GAHAR surveyor may review the identified community partner organizations.
- GAHAR surveyor may inquire about the community involvement activities during the leadership interview session.
- GAHAR surveyors may review the evidence of community involvement activities conducted by the convalescence care facility.
- GAHAR surveyor may interview staff to check their awareness of community health needs and educational health needs.

Evidence of compliance:

1. The facility identifies the community partner organizations that can collaborate with it in community involvement activities.
2. The facility provides community involvement activities in collaboration with community partners.
3. The facility leaders are aware of their specific community health needs and health educational needs.

4. The performed community involvement activities meet the identified community health needs.

Related standards:
CAI.01 Planning for community involvement, CAI.02 Community partners and channels of communication, CAI.03 Community Health Needs Assessment.

Alignment with healthcare eco-system changes

CAI.05 Outcomes of the community health needs assessment and involvement program are evaluated.

Effectiveness

Keywords:
Community Involvement program evaluation

Intent:
Evaluation of the community needs assessment and involvement program is important to assess whether the program has achieved its intended goals and had a positive impact on the community's health and well-being.

The convalescent/long-term healthcare facility may perform an evaluation of the community involvement program as follows:

a) Annual review of the program including:
   i. Comparing the actual outcomes with the predefined program objectives.
   ii. Reviewing the conducted activities against the planned activities.
   iii. Effectiveness of interventions. (e.g., number of patients discovered with chronic diseases, number of patients referred to a nutritionist, number of patients referred to chest clinic for quit smoking ...etc.).

b) Community satisfaction with provided social activities is measured. (e.g., net promoter scoring for conducted activities or customer satisfaction survey).

c) Reassessment of community needs every two years.

Survey process guide:

- GAHAR surveyor may review the community assessment and involvement program to check that it measures its outcomes.
- GAHAR surveyor may inquire about community assessment and involvement plan during the leadership interview session.
- GAHAR surveyor may interview staff to check their awareness of community initiatives.

Evidence of compliance:

1. The facility reviews the community assessment and involvement program annually.
2. The facility performs an evaluation of the community health needs every two years.
3. The facility measures community satisfaction with the provided community activities.
4. The community needs and the related services are updated based on the evaluation.

Related standards:

CAI.01 Planning for community involvement, CAI.03 Community Health Needs Assessment.

Promotion to the community stakeholders

CAI.06 The Convalescent/Long-Term healthcare facility advertises its services to the community according to laws and regulations.

Effectiveness

Keywords:

Convalescent/long-term healthcare facility advertisement

Intent:

Usually, convalescent/long-term healthcare facility uses advertisements as an important tool to improve the utilization of services. Good advertisement to help the community have a better understanding of the available health services. The facility might use newspapers, TV advertisements, banners, brochures, pamphlets, websites, social media pages, call centers, SMS messaging, mass emailing, or other media to advertise provided services. According to Egyptian laws and regulations, an advertisement for healthcare services should be done honestly. Medical syndicate, nursing syndicate, pharmacists syndicate, and others addressed honesty and transparency as high values in their codes of ethics. The convalescent/long-term healthcare shall explore the relevant laws, regulations, and ethical codes and finding out how they apply to the facility advertisement/communication plan. The information must be accurate, updated, and clearly communicated about types of services, healthcare professionals, cost of services, and working hours.

Survey process guide:

- GAHAR surveyors may check the convalescence care facility website, social media, or other forms of advertisement at any time from the receiving of the application and assigning of surveyors until sending the survey report. Advertisements may be matched with the application information and with survey visit observations.

Evidence of compliance:

1. Advertisements are done in compliance with laws, regulations, and ethical codes of

healthcare professionals' syndicates.

2. Community stakeholders receive clear, updated, and accurate information about the facility's services, healthcare professionals, and working hours.
3. Violations of advertisements or providing false information to the community are subjected to actions according to the facility code of ethics.

Related standards:

ACT.01 Granting access, OGM.12 Ethical Management.

CAI.07 The convalescent/long-term healthcare facility supports accreditation promotion to the community stakeholders and shares experience with other healthcare organizations.

Effectiveness

Keywords:

Promoting quality of care

Intent:

Being accredited is one of the most important achievements for any convalescent/long-term healthcare facility where accreditation is an official proof that the facility is meeting the standards of quality of care which results in increased trust in the facility's services from community stakeholders.

Accredited convalescent/long-term healthcare facility carries a social responsibility towards their communities to raise awareness of the quality of care, as the facility shall be a model in providing excellent quality of care through proper implementation of accreditation standards which push other facility to raise the bar of quality of provided services to the community.

The facility shall conduct awareness sessions as a part of its social corporate responsibility to the different stakeholders in the community (e.g., awareness session to non-accredited convalescent/long-term healthcare facility about the benefits of accreditation and how it impacts the quality of services provided or inviting teams from non-accredited convalescent/long-term healthcare facility for grand tours in the facility to check the quality of services)

The convalescent/long-term healthcare facility could gain many benefits from accreditation including improving the quality indicators, patient experience, and patient journey in the facility ...etc.

The facility shall share those benefits with other convalescent/long-term healthcare facilities to encourage them to go through the accreditation process.

Survey process guide:

- GAHAR surveyor may review convalescence home activities regarding promoting its accreditation to the community stakeholders.

Evidence of compliance:

1. The facility has a process to support promoting accreditation to the community stakeholders.
2. The facility conduct awareness activity about accreditation benefits to the community stakeholders.
3. The facility shares its gained benefits from accreditation with the community stakeholders.
4. The facility cooperates with other convalescence care facility s seeking accreditation upon their request.

Related standards:

CAI.02 Community partners and channels of communication, CAI.06 Convalescent/Long-Term healthcare facility advertisement.

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Workforce Management

Chapter intent:

Convalescent / long-term healthcare facilities have a special nature of work, dealing with a special type of patients, thus needing a variety of skilled, qualified people to fulfill their mission and to meet patient needs. The convalescent facility workforce refers to the staff within the facility. Planning the appropriate number and skill mix of the workforce is essential. Developing clear job descriptions, strong orientation, and training programs help staff in delivering proper healthcare and wellbeing. A good organization should always have a clear structure of its medical staff, including departments, divisions, and medical committees.

This chapter defines the medical staff leaders' roles and responsibilities in credentialing, privileging, bylaws development, committees, and departments' management (head), as well as performance improvement. The medical staff includes licensed physicians and licensed dentists, it’s particularly important to carefully review the credentials of all medical staff and other healthcare professionals, The convalescent / long-term healthcare facility should provide medical staff with opportunities to learn and to advance personally and professionally. Independent practitioners are other licensed healthcare professionals as (pharmacists, nutritionist…) that are permitted by law and regulation to provide patient care services independently in the facility, those special groups of healthcare professionals shall be identified by the facility and their clinical privileges shall be clarified and reviewed.

In some countries, licenses are renewable, which means that physicians, nurses, and other healthcare professionals need to go through a renewal process periodically and prove their competence and continuous development. National bodies that govern medical and nursing education are established in different countries. National performance evaluation and ranking of healthcare professionals is on the rise, with many healthcare systems moving towards the pay-per-performance concept.

The new Universal Health Insurance system tackled the pay-per-performance concept in its initial phases. Licenses are not linked to the frequent evaluation of professional development yet, but discussions are established to build a system for monitoring this process. MOHP licensing body requires specific lists of documents for almost all healthcare professionals.

The GAHAR surveyors shall review the implementation of laws and regulations, medical bylaws, nursing bylaws, Policies, procedures, and plans reflecting processes of the human resources department through interviews with leadership and staff and reviewing different healthcare professionals' staff files.

Chapter purpose:

The main objective is to ensure that convalescent / long-term healthcare facilities maintain an effective Workforce Management program; the chapter addresses the following objectives:

1. Effective workforce planning.
2. Effective orientation, continuous medical education, and training program
3. An efficient mix of staff
4. Periodic evaluation of staff performance.

Implementation guiding documents:

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

1. Egyptian Code of Medical Ethics 238/2003.
2. Egyptian Code of Nursing Ethics (Nursing Syndicate Publications).
3. Code of Ethics and Behavior for Civil Service Staff, 2019.
4. Pharmacist Code of Ethics.
5. Egyptian Health Council Establishment and Organization Law 12/2022
6. Presidential Decree for Performance Evaluation Number 14 / 2014.
7. The Pharmacy Profession Law 127/1955.
8. National Law for Laboratories 367/ 1954.
9. Regulation of Medical Imaging Work, Law 59/1960.
10. MOH Ministerial Decree for Practicing of Foreign Experts 90/1999.
11. MOH Ministerial Decree on Anesthesia Service Requirements, Number 236/2004.
12. Law of Trade Unions and Protection 213/2017.
13. MOHP Ministerial Decree for Medical Responsibility and Suspension of Medical Practice Number 25/2002.
14. MOHP Ministerial Decree for Promotion of Doctors 665/2018.
15. MOH Ministerial Decree on the Promotion of Healthcare Professionals 62/2004.

Efficient workforce planning

WFM.01 Workforce recruitment, education, training, and appraisal processes comply with laws and regulations.

Efficiency

Keywords:
Workforce Laws and regulations

Intent:

The relationship between workers, healthcare facilities, syndicates, and the government is regulated by labor laws, which serve as a mediator in this dynamic interaction. The convalescent/long-term healthcare facility shall outline the essential aspects of workforce recruitment, education, training, and appraisal processes within the organization and ensure that these processes are aligned with relevant laws and regulations. Ensuring compliance not only safeguards the facility from legal risks but also promotes fairness, equity, and professionalism in the workforce practices.

The convalescent/long-term healthcare facility identifies all applicable laws, regulations and norms including syndicates codes and requirements and define the legal framework for its workforce management.

Survey process guide:

- GAHAR surveyor may review the legal framework documents, observe workforce management practices, or review staff files including independent practitioner to check compliance to laws and regulations.

Evidence of compliance:

1. There is a qualified staff to manage and develop workforce.
2. The facility identifies all applicable laws, regulations and norms that guide workforce management.
3. Responsible staff members are aware of laws, regulations and norms. That guide workforce management.
4. Workforce is managed and developed according to applicable laws, regulations and norms that guide workforce management.

Related standards:
WFM.02 Staffing Plan, WFM.04 Job Description, WFM.05 Verifying credentials, WFM.03 Recruitment process, IMT.02 Documents management system.

WFM.02 Convalescent/long-term healthcare facility staffing plan identifies the number of staff and defines the desired skill mix and qualifications needed to meet the facility mission, professional practice recommendations, and safe patient care.

Efficiency

Keywords:
Staffing Plan.

Intent:
Staff planning is the process of making sure that a convalescent/long-term healthcare facility has the right people to carry out the work needed for business successfully through matching up detailed staff data including skills, potential, aspirations, and location with business plans.

The convalescent/long-term healthcare facility must comply with laws, regulations and recommendations of professional practices that define desired education levels, skills, or other requirements of individual staff members including independent practitioner or that defines staffing numbers or mix of staff for the facility. The staffing plan is reviewed on a regular basis and updated as necessary by the leaders of each clinical or managerial area who defines the individual requirements of each staff position.

Leaders shall consider the following factors to project staffing needs:

a) The facility mission, strategic and operational plans
b) Complexity and severity mix of patients served by facility.
c) Services provided by the facility.
d) Workload during working hours and different shifts
e) Technology and equipment used in patient care.

Survey process guide:

- GAHAR surveyor may review the staff documents, observe workforce allocation and skills, or review staff including independent practitioner's files to check compliance of staffing plan to the facility mission, laws, regulations, and professional practices recommendations.

Evidence of compliance:

1. Staffing plan matches the mission, strategic and operational plans.
2. Staffing plan complies with laws, regulations, and recommendations of professional practices.
3. Staffing plan identifies the estimated needed staff numbers including independent

practitioners, skills and qualifications required to meet the convalescent/long-term healthcare facility's specific needs.

4. Staffing plan consider allocation of staff assignment and reassignment.
5. Staffing plan is monitored and reviewed at least annually.

Related standards:

WFM.01 Workforce Laws and regulations, OGM.02 Qualified facility director, OGM.04 The facility leaders, WFM.04 Job Description, WFM.03 Recruitment process.

WFM.03 The convalescent/long-term healthcare facility implements a uniform recruitment process.

Equity

Keywords:

Recruitment process

Intent:

Recruitment and selection of a person for a certain job begin with advertising a vacant position and choosing the most appropriate person for the job.

The convalescent/long-term healthcare facility shall provide an efficient and centralized process for recruiting and hiring staff members including independent practitioners for available positions. If the process is not centralized, similar criteria and processes must result in a uniform process across the convalescent/long-term healthcare facility for similar types of staff. The convalescent/long-term healthcare facility shall develop and implement a policy guiding the recruitment process that addresses at least the following:

a) Collaboration with service/department leaders to identify the need for a job,
b) Communicating available vacancies to potential candidates,
c) Announcing criteria of selection,
d) Application process,
e) Recruitment procedures.

Survey process guide:

- GAHAR surveyor may review a policy guiding the recruitment process.
- GAHAR surveyor may interview staff members who are involved in recruitment process to assess their awareness of the policy.
- GAHAR surveyor may check a sample of staff files including independent practitioner's files to assess compliance with the facility policy.

Evidence of compliance:

1. The facility has an approved policy to recruit staff members that address all the elements from a) through e) in the intent.
2. Responsible staff members are aware of the facility policy.
3. The recruitment process is uniform across the facility for similar types of jobs.
4. The facility leaders participate in the recruitment process.

Related standards:

WFM.01 Workforce Laws and regulations, WFM.02 Staffing Plan, OGM.04 The facility leaders, WFM.05 Verifying credentials

WFM.04 Job descriptions, address each position requirements and responsibilities.

Effectiveness

Keywords:

Job Description

Intent:

The job description is a broad, general, and written statement of a specific job, based on the findings of a job analysis and complies with laws and regulations.

It generally includes duties, purpose, responsibilities, scope, and working conditions of a job. In the convalescent/long-term healthcare facility, a job description is required to make sure that staff including independent practitioner's requirements and responsibilities are aligned with the facility mission.

It allows leaders to make informed staff assignments, recruitment, and evaluation. It also enables staff members to understand their responsibilities and accountabilities, in general job descriptions are used for the following:

i. Addressing the qualifications required to hire, transfer, and promote staff for each position.
ii. Addressing the duties and responsibilities used for job specific orientation for newly hired.
iii. The staff annual performance evaluation will be linked to the duties and responsibilities in the job descriptions.

The convalescent/long-term healthcare facility starts by building a job description template that includes a description of the job. The facility ensures that results of staff planning process, such as skill mix, are aligned with job requirements mentioned in the job description.

Job descriptions are required for all clinical, non-clinical, full-time, and part-time, temporary staff, and those who are under training or supervision. However, the duties and responsibilities for the clinical performance of physician may be available in the physician clinical privileges, however physicians in managerial positions requires job descriptions for their administrative roles.

Survey process guide:

- GAHAR surveyor may review a sample of staff files of different positions to check for the signed job description.
- GAHAR surveyor may interview staff to check their awareness of their job description.

Evidence of compliance:

1. There is a job description for every position.
2. Job descriptions address the job responsibilities, the required qualifications, and the reporting structure of each position.
3. On assignment, job description is discussed with staff member including independent practitioners.
4. The job description is signed by the staff and kept in the staff's file.

Related standards:

WFM.01 Workforce Laws and regulations, WFM.02 Staffing Plan, WFM.10 Medical Staff Structure, WFM.15 other health care practitioners' job responsibilities, WFM.14 Nursing laws and regulations, WFM.09 Staff Performance Evaluation, OGM.04 The facility leaders, WFM.06 Staff Files, WFM.07 Orientation Program.

WFM.05 Staff credentials are collected, evaluated, and verified.

Safety

Keywords:

Verifying credentials

Intent:

Credentials are documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements, such as a diploma from a medical school, specialty training (residency) completion letter or certificate, completion of the requirements of the related syndicates, authorities and/or others, a license to practice.

Staff credentials must be evaluated before recruitment to ensure that they are matching the requirements of the needed position and qualifications required for the job responsibilities, through comparing the candidate credentials with the qualifications and experience

mentioned in the job description of such position, the evaluation need to be documented in the staff files.

These documents, some of which are required by law and regulation, and need to be verified from the original source that issued the document. Primary source verification is required through contact with the original source either directly, or through letters, Emails, telephone call, Fax, website, or a similar method. Credible effort is required to complete the primary source verification through at least three different attempts within 60 days. Verification through a third party is acceptable if the third party is using acceptable method for verification.

When staff members including independent practitioners are hired by the convalescent/ long-term healthcare facility, the process of verifying credentials and evaluating the qualifications that match the requirements of the position with the qualifications of the prospective staff member must be done.

Survey process guide:

- GAHAR surveyor may review the credential verification process.
- GAHAR surveyor may review a sample of staff members (including independent practitioners) files to check the availability of required credentials for each position.
- GAHAR surveyor may interview staff members who are involved in the credentialing process to check their awareness of the process.

Evidence of compliance:

1. There is a process for evaluating and verification of the credentials in the convalescent/ long-term healthcare facility.
2. Required credentials for each position are collected and kept in staff files including independent practitioners' files.
3. Primary source verification is uniformly applied for all required credentials.
4. Credible efforts are utilized for the verification from the primary sources either directly or through a third party.

Related standards:

APC.01 Registration of staff, WFM.10 Medical Staff Structure, WFM.14 Nursing laws and regulations, WFM.01 Workforce Laws and regulations, WFM.11 Clinical Privileges.

Efficient staff filing process.

WFM.06 A staff file is developed for each workforce member.

Efficiency

Keywords:
Staff Files

Intent:
It is important for the convalescent/long-term healthcare facility to maintain a staff file for each staff member including independent practitioners.

An accurate staff file provides recording about the staff's knowledge, skill, competency, and training required for carrying out job responsibilities.

In addition, the record shows evidence of staff performance and whether they are meeting job expectations.

Each staff member in the convalescent/long-term healthcare facility including independent practitioners have a record(s) with information about his/ her qualifications; required health information, such as immunizations and evidence of immunity; evidence of participation in orientation as well as ongoing in-service and continuing education; results of evaluations, including staff member performance of job responsibilities and competencies; and work history.

Records are standardized and kept currently according to the convalescent/long-term healthcare facility policy.

Staff files including independent practitioners may contain sensitive information and that must be kept confidential.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures that guide management of staff files including independent practitioners that address at least the following:

a) Staff file initiation
b) Standardized Contents such as:
    i. Qualifications; including education, training, licensure, registration, as applicable.
    ii. Work history.
    iii. Documentation of credentials evaluation and primary source verification.
    iv. Current job description.
    v. Recorded evidence of newly hired general, departmental, and job specific orientation.
    vi. Ongoing facility and professional education received.

vii. Copies of provisional and annual performance evaluations

c) Update of file contents

d) Storage

e) Retention time

f) Disposal

Survey process guide:

- GAHAR surveyor may review the facility policy that guide management of staff files.
- GAHAR surveyor may interview staff involved in creation, use and storage of staff files to assess their awareness.
- GAHAR surveyor may check a sample of staff files to assess the standardized contents.
- GAHAR surveyor may visit the area where staff files are kept assessing storage conditions, retention, confidentiality, and disposal mechanism.

Evidence of compliance:

1. The facility has an approved policy to maintain and standardize staff files that addresses at least elements from a) through f) in the intent.
2. Staff members who are involved in creation, storage, and use of staff files, are aware of the policy requirements.
3. Staff files are confidential and protected.
4. Staff files include all the required records, at least elements from i) through vii) in the intent.
5. Former staff files are retained for a specific time as per convalescent/long-term healthcare facility policy and the facility maintain confidentiality during disposal of files.

Related standards:

WFM.05 Verifying credentials, WFM.07 Orientation Program, WFM.08 Continuous Education Program, WFM.09 Staff Performance Evaluation, WFM.04 Job Description, WFM.12 Medical Staff Performance Evaluation.

Effective orientation program

WFM.07 Newly Appointed, contracted, and outsourced staff, undergo a formal orientation program.

Effectiveness

Keywords:
Orientation Program

Intent:
A new staff member, no matter what his or her employment experience, needs to understand the entire convalescent/long-term healthcare facility structure and how his/ her specific clinical or nonclinical responsibilities contribute to the convalescent/long-term healthcare facility mission.

This is accomplished through a general orientation to the convalescent/long-term healthcare facility and his/ her role and a specific orientation to the job responsibilities of his/ her position.

Staff orientation, especially when first employed, with the convalescent/long-term healthcare facility policies, ensures alignment between facility mission and staff activities.

It also helps to create a healthy facility culture where all staff works with a shared mental model and towards agreed-upon objectives.

Staff orientation also facilitates the integration of new staff with the already available to rapidly form effective teams that offer safe and quality care.

The convalescent/long-term healthcare facility builds a comprehensive orientation program that is provided to all staff members regardless of their terms of employment.

Staff orientation occurs on three levels: General orientation, department orientation and job-specific orientation.

a) The general orientation program shall address at least:
   i. The facility mission, vision, values, and facility structure.
   ii. Facility policies for Environmental and Facility Safety.
   iii. General information about infection control policies and procedures.
   iv. Facility policies for performance improvement, patient safety and risk management.
   v. Ethical framework and code of conduct.
   vi. Patient and Family rights.

b) The department orientation program shall address at least:
   i. Review of relevant policies and procedures

ii. Operational processes,

iii. Work relations.

c) Job Specific orientation shall address at least:

i. Job specific duties and responsibilities as per the job description.

ii. Technology and equipment use.

iii. High risk processes

iv. Staff safety and health

The convalescent/long-term healthcare facility developed a staff manual that describe processes of staff appointment and reappointment, staff appraisal, staff complaints management, staff satisfaction measurement, code of ethics, disciplinary actions, and termination.

Survey process guide:

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

Evidence of compliance:

1. General orientation program is performed, and it includes at least the elements from I) through VI).
2. Department orientation program is performed, and it includes at least the elements from i) through iii).
3. Job specific orientation program is performed, and it includes at least the elements from I) through IV).
4. All New staff members, including contracted and outsourced staff, attend orientation program regardless of employment terms.
5. There is evidence that each staff member has completed the orientation program and is recorded in his file.

Related standards:

WFM.04 Job Description, WFM.08 Continuous Education Program, EFS.11 Disaster Plan, IPC.03 Hand Hygiene, IPC.07 Safe injection practices, EFS.03 Fire and smoke safety, EFS.06 Hazardous materials safety, QPI.01 Quality management program/plan, EFS.07 Safety Management Plan.

Effective training and education

WFM.08 A continuing education and training program is developed and implemented.

Effectiveness

Keywords:
Continuous Education Program

Intent:
For any convalescent/long-term healthcare facility to fulfil its mission, it has to ensure that its human resources have the capacity to deliver its services over time. Continuous education and training programs help guarantee that, especially if designed to satisfy staff needs necessary to deliver the facility mission.

The program is designed in a flexible manner that satisfies all staff categories based on services provided, needs assessment, new information, and tailored training plan and delivery.

Evidence-based medical and nursing practices and guidelines and other resources are accessible 24 hours to all staff.

The convalescent/long-term healthcare facility ensures that education and training are provided and recorded according to the staff member's relevant job responsibilities and training needs assessment, that may include the following:

a) Patient assessment
b) Infection control policy and procedures, needle stick injuries and exposures
c) Environment safety plans
d) Occupational health hazards and safety procedures, including the use of personal protective equipment.
e) Information management, including patient's medical record requirements as appropriate to responsibilities or job description.
f) Pain assessment and treatment
g) Clinical guidelines used in the facility.
h) Basic cardiopulmonary resuscitation training at least every two years for all staff that provides direct patient care.
i) Quality concept, performance improvement, patient safety, and risk management.
j) Patient rights, Patient satisfaction, and the complaint/ suggestion process.
k) Provision of integrated care, shared decision-making, informed consent, interpersonal

communication between patients and other staff cultural beliefs, needs and activities of different groups served

l) Defined abuse and neglect criteria

m) Medical equipment and utility systems operations and maintenance

Survey process guide:

- GAHAR surveyor may review the facility continuous education and training program.
- GAHAR surveyor may check a sample of staff files to assess for evidence of attendance in the education and training program.

Evidence of compliance:

1. There is a continuing education and training program for all staff categories that may include elements in the intent from a) through m).
2. Resources (human and non-human) are available to deliver the program.
3. The educational program is based on training needs assessment of the staff.
4. Department heads approves the departmental education activities necessary to maintain departmental care delivery.
5. There is adequate budget, resources, and times provided to deliver the program.

Related standards:

WFM.07 Orientation Program, QPI.02 Performance Measures, WFM.09 Staff Performance Evaluation, EFS.07 Safety Management Plan, QPI.01 Quality management program/plan, IPC.01 IPC program, risk assessment, guidelines.

Equitable staff performance evaluation

WFM.09 Staff performance and competency are regularly evaluated.

Equity

Keywords:

Staff Performance Evaluation

Intent:

Staff performance evaluation is an ongoing process that is also called performance appraisal or performance review which is a formal assessment for managers to evaluate an employee's work performance, identify strengths and weaknesses, offer feedback to staff, and set goals for future performance. Performance evaluation should be based on a defined transparent process with clear declared criteria relevant to the job functions.

Competency is the process to determine the ability of staff to fulfill the primary responsibilities of the position for which they were hired. Observing and measuring

competency for every position in the convalescent/long-term healthcare facility is one of the most important duties of the department leaders and to ensure that each staff member shall understand the expectations, responsibilities, activities, and competencies required for his or her position.

Competency shall be done after the probationary period (initial competency assessment), then on an ongoing basis at least annually for at least the following (the nursing staff, staff who provide medical imaging services, laboratory services, procedural services, POCT services, and staff who are handling critical medical equipment).

The performance and competency evaluation tools are utilizing objective data collected from different sources that identify achievements and areas for improvement.

The convalescent/long-term healthcare facility should have a process for employees' performance evaluation that includes performance review methods, tools, evaluation dimensions, criteria, time interval, appeal process, and responsible patient for each staff category, and the effective management of underperformance.

Survey process guide:

- GAHAR surveyor may interview department/service or convalescent/long-term healthcare facility leaders and inquire about used tools for staff performance evaluation.
- GAHAR surveyor may check a sample of staff files to assess completion of performance evaluations.

Evidence of compliance:

1. Performance and competency evaluation is performed at least annually for each staff member.
2. Performance and competency evaluation is performed by the employee' department.
3. Performance and competency evaluation is based on job description.
4. There is evidence of employee feedback on performance and competency evaluation.
5. Actions are taken based on a performance review.

Related standards:

WFM.01 Workforce Laws and regulations, WFM.04 Job Description, WFM.08 Continuous Education Program, WFM.11 Clinical Privileges, OGM.04 The facility leaders.

Efficient medical staff structure

WFM.10 An organized medical staff structure is developed to provide oversight on quality of care, treatment, and services.

Effectiveness

Keywords:

Medical Staff Structure

Intent:

Medical staff are all physicians, dentists, and other professionals who are licensed to practice independently (without supervision) and who provide preventive, curative, restorative, surgical, rehabilitative, or other medical or dental services to patients; or who provide interpretative services for patients, such as radiology, or laboratory services.

The term medical staff is thus inclusive of all physicians, dentists, and other professionals permitted to treat patients with partial or full independence, regardless of their relationship to the facility.

The convalescent/long-term healthcare facility defines those other practitioners, such as house officers, and junior doctors, that are no longer in training, but may or may not be permitted by the facility to practice independently. Those medical staff have a diagram describing the line of authority within the facility. Medical staff appointments are made according to the medical staff bylaws, and laws and regulations.

"Medical staff bylaws" refer to a set of rules and regulations established by a convalescent/long-term healthcare facility or healthcare institution that govern the activities, conduct, and responsibilities of the medical staff. These bylaws outline criteria for granting and maintaining privileges, as well as procedures for peer review, credentialing, and other important aspects of healthcare delivery within the institution.

Medical Staff Bylaws may address the following points:

a) Entire medical staff structure

b) Medical staff committee structure and function

c) Medical staff categories and the specific qualifications necessary for each category, (consultant, registrar, patient, etc.)

d) Roles and responsibilities of each staff category including status of employment (full-time, part-time, locum, visitor, etc.)

e) Credentialing, re-credentialing, appointment, and re-appointment processes including primary source verification as applicable.

f) The privileging and re-privileging (application, granting, revision, renewal) including temporary and emergency privileges.

g) Ethics of good medical practice and conflict of interest.

h) Defined criteria and process for suspension and other disciplinary actions, including the mechanism for a fair hearing and appeal process.

i) Defined criteria and process for peer review

Survey process guide:

- GAHAR surveyor may review a document describing medical staff structure and medical staff bylaws.
- GAHAR surveyor may interview staff members to check their awareness of the medical staff structure.

Evidence of compliance:

1. The facility has a medical staff structure that is developed according to the facility's mission, scope of services, recommendations of professional practices to meet patient needs, and be consistent with relevant laws and regulations.
2. The facility has medical staff bylaws that define the structure, operations, and responsibilities of the medical staff within the convalescent/long-term healthcare facility as described in the intent from a) through i).
3. Medical staff appointments and re-appointment are performed according to the facility medical staff bylaws and laws and regulations.
4. The appointment decisions and recommendations are approved by a relevant council/ committee and/or by the medical director.

Related standards:

OGM.01 Governing body Structure and responsibilities, OGM.02 Qualified facility director, WFM.01 Workforce Laws and regulations, WFM.02 Staffing Plan, WFM.05 Verifying credentials, WFM.11 Clinical Privileges.

WFM.11 Medical staff members have current and specific delineated clinical privileges approved by the medical staff committee.

Safety

Keywords:

Clinical Privileges

Intent:

Clinical privilege refers to the specific authorization or permission granted to a healthcare provider, typically a physician or other licensed healthcare practitioner, by a healthcare institution or medical facility. These privileges allow the provider to perform specific clinical activities, procedures, or services within that institution. Clinical privileges are essential in

maintaining the quality and safety of patient care by ensuring that healthcare providers are qualified and competent in their respective specialties or areas of practice.

The process of granting clinical privileges involves a thorough evaluation of the healthcare provider's education, training, experience, and credentials. It also considers the provider's demonstrated ability to perform specific clinical tasks safely and effectively. The granting of clinical privileges is typically governed by medical staff bylaws, convalescent/long-term healthcare facility policies, and regulatory bodies to ensure that only qualified individuals are permitted to provide patient care within the facility.

Clinical privileges are specific to the healthcare institution or facility where they are granted and may vary from one institution to another based on the institution's needs, the provider's qualifications, and the services offered. Providers are required to adhere to the scope of their granted clinical privileges and must undergo periodic re-evaluation to maintain or update these privileges as their skills and qualifications evolve.

The clinical privileges policy addresses the following:

a) Medical staff members and independent practitioners with clinical privileges are consistent with the medical staff bylaws.
b) Privileges indicate if the medical staff can admit, consult, and treat patients.
c) Privileges define the scope of patient care services and types of procedures they may provide in the facility.
d) Privileges are determined based on documented evidence of competency (experience-qualifications – certifications-skills) that are reviewed and renewed at least every three years.
e) Privileges are available in areas where medical staff provides services pertinent to granted privileges.
f) Medical staff members with privileges do not practice outside the scope of their privileges.
g) When medical staff granted a privilege under supervision, clinical privileges address the accountable supervisors, mode, and frequency of supervision.

Survey process guide:

- GAHAR surveyor may review the clinical privileges delineation policy.
- GAHAR surveyor may interview medical staff to check their awareness of the clinical privilege delineation policy.
- GAHAR surveyor may review medical staff files to check for the recording of clinical privilege.

Evidence of compliance:

1. The facility has an approved policy that addresses at least all elements from a) through g) in the intent.
2. Medical staff members are aware of the policy of delineation of clinical privileges.
3. Physicians' and dentists' files contain personalized recorded clinical privileges, including renewal when applicable.
4. Physicians and dentists comply with their clinical privileges.

Related standards:

WFM.04 Job Description, WFM.01 Workforce Laws and regulations, WFM.10 Medical Staff Structure, WFM.12 Medical Staff Performance Evaluation, WFM.09 Staff Performance Evaluation.

WFM.12 Performance of each medical staff member is reviewed and recorded at least annually.

Efficiency

Keywords:
Medical Staff Performance Evaluation

Intent:
Evaluation of medical staff performance over their professional career ensures quality and safe patient care and determine continued competence to provide patient care services.

Ongoing professional practice evaluation (OPPE) for medical staff involves a continuous and systematic assessment of the clinical performance, competence, compliance to standards, and overall professional conduct, used at the time of re-privileging.

As it helps healthcare professionals develop their knowledge, skills, and attitudes (competencies) in a manner that fulfills their needs and ensures the sustainability of services offered by the facility.

The availability of agreed-upon criteria for performance evaluation ensures process uniformity and relevance of assessment towards the convalescent/long-term healthcare facility mission and healthcare professional efficiency. Performance evaluation criteria include those related to patient's medical record documentation and may include:

I. Clinical care provision such as
   a) Compliance with evidence-based protocols for specific conditions or procedures
   b) Completeness and timeliness of medical records documentation.
   c) Appropriate use of resources e.g., Medication use, Blood and blood product, antibiotic usage, etc.

d) Appropriateness of patient admissions.

II. Clinical outcome such as:
   a) Rates of mortality and morbidity.
   b) Adverse events and procedure complication rate
   c) Discrepancies between pre- and post-operative diagnoses.
   d) Sentinel events.

III. Attitude and behavior
   a) Incidents related to ethical conduct.
   b) Disciplinary actions
   c) Attendance pattern and Absenteeism
   d) Patient complaints
   e) Staff Complaints

Survey process guide:

- GAHAR surveyor may interview medical staff members and inquire about performance evaluation.
- GAHAR surveyor may check a sample of medical staff files to review the evaluation criteria.

Evidence of compliance:

1. Ongoing professional practice evaluation (OPPE) of the medical staff performed at least annually.
2. Medical staff members are aware of performance evaluation criteria.
3. The evaluation is utilizing objective data to measure the achievement in clinical care provision, clinical outcome, attitude and behavior.
4. Performance evaluation results are used to improve individual medical performance.
5. The results will be used to help decisions related to re-privileging and re-credentialing and re-appointment.

Related standards:

WFM.09 Staff Performance Evaluation, WFM.04 Job Description, WFM.08 Continuous Education Program, WFM.11 Clinical Privileges, WFM.01 Workforce Laws and regulations, QPI.02 Performance Measures.

WFM.13 An ongoing peer review process is developed.

Effectiveness

Keywords:

Peer Review

Intent:

Peer review is an activity that involves case evaluation by an unbiased internal or external practitioner to measure, assess, and improve professional practice and the quality of patient care. The results of peer review activities are used to identify opportunities for improving patient care, improving clinical judgment and technical skill, and as necessary, for implementing corrective action. The convalescent/long-term healthcare facility may also conduct peer review as part of the credentialing process when granting or renewing clinical privileges for healthcare providers.

Criteria for referring clinical cases for internal and external peer review in healthcare organizations can vary based on the specific goals and policies of the organization. However, here are some common criteria that may be used:

- Internal peer review criteria
  - Adverse event or unexpected complication,
  - Significant variation from clinical guidelines/protocols/ best practice,
  - Unusual or rare cases
  - When a pattern of similar issues or complications arises within a specific department or service.
- External peer review criteria
  - Complex or controversial cases,
  - Cases with legal or ethical implications,
  - Cases where a second opinion is deemed necessary by the patient or healthcare provider can,
  - When a case requires expertise beyond what is available within the facility.
  - Cases where there may be perceived or actual conflicts of interest within the organization.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for peer review process that addresses at least the following:

a) Defined criteria for referring clinical cases for internal peer review.

b) Defined criteria for referring clinical cases for external peer review.

c) The data or information from peer review that are used for re-appointment and re-privileging.

Survey process guide:

- GAHAR surveyor may review the facility policy for peer review process.
- GAHAR surveyor may interview medical staff members to check their awareness of the policy.

Evidence of compliance:

1. The facility has an approved policy that addresses all elements from a) through c) in the intent.
2. Medical staff members are aware of the peer review processes.
3. Peer review processes are implemented.
4. Results of peer review are communicated to the concerned staff and to the medical director in a confidential manner to take corrective actions and improve the performance.
5. Results/reports of peer review are used for reappointment and re-privileging.

Related standards:

WFM.12 Medical Staff Performance Evaluation, WFM.11 Clinical Privileges.

Organized nursing structure

WFM.14 Legal requirements governing the professional regulation of nurses are followed.

Effectiveness

Keywords:

Nursing laws and regulations

Intent:

The convalescent/long-term healthcare facility needs to ensure that it has qualified nursing staff that appropriately matches its mission, resources, and patient needs. The nursing staff is responsible for providing direct patient care and nursing care contributes to overall patient outcomes.

Standards of nursing practice provide and outline the expectations of the professional role for nurses, including scope and standards of practice and related competencies. They reflect a desired and achievable level of performance against which a nurse's actual performance can be compared. The main role of the nursing director is to direct and maintain the safe and effective nursing practice.

The nursing department is managed by a qualified nursing director with suitable education, training, and experience. The nurse director responsibilities are to include at least the following:

a) Responsible for developing and implementing written nursing standards of practice and recording for nursing assessment, nursing care plan, nursing reassessment, and treatments.
b) Responsible for evaluating the effectiveness of nursing treatments.
c) Member of the senior leadership team of the facility and attending the senior leadership staff meetings
d) Ensuring that schedules and assigned tasks to the staff are completed.

The convalescent/long-term healthcare facility ensures that each nurse is qualified to provide safe and effective care and treatment to patients by understanding the applicable laws and regulations that apply to nurses and nursing practice. The facility defines trainee nurses and the duration of working under training. Trainee nurses' practice under supervision and their performance is monitored and evaluated.

The convalescent/long-term healthcare facility ensures that legal requirements governing the professional regulation of nurses and other healthcare professionals are followed.

Survey process guide:

- GAHAR surveyor may review the nursing director's job description.
- GAHAR surveyor may review the nursing director's file to check for licensure, qualification, and expertise.
- GAHAR surveyor may interview trainee nurses to check their awareness of their job description.
- GAHAR surveyor may observe the implementation of the nursing standards of practice.

Evidence of compliance:

1. The nursing director is qualified and has approved job description describing responsibilities from a) to d) in the intent.
2. The process of appointing nursing staff is in consistent with laws and regulations, and corrective actions are taken when a violation is identified.
3. Nurses not fully employed by the convalescent/long-term healthcare facility are following the same credentialing process.
4. Nursing standards of practice are adopted and educated.
5. Nursing standards of practice are implemented.

Related standards:

WFM.01 Workforce Laws and regulations, WFM.02 Staffing Plan, WFM.04 Job Description, WFM.05 Verifying credentials, WFM.09 Staff Performance Evaluation.

WFM.15 Legal requirements governing the professional regulation of other healthcare practitioners are followed.

Effectiveness

Keywords:

other health care practitioners' job responsibilities

Intent:

Other healthcare practitioner is an individual other than a physician or dentist who is licensed or otherwise authorized to provide health care services. Other qualified healthcare professionals include physical, speech, occupational, and massage therapists, nutritionist, psychologist, etc.

The convalescent/long-term healthcare facility is responsible for identifying the types of activities or range of services these individuals will provide in the facility. This can be accomplished through agreements, job assignments, job descriptions, or other methods. In addition, the facility defines the level of supervision (consistent with existing laws and regulations), if any, for these professionals

Survey process guide:

- GAHAR surveyor may review the other health care practitioners framework documents, observe other healthcare professional practices to check compliance with the laws and regulations

Evidence of compliance:

1. Licensure, education, training, and experience of other health care practitioners are used to make clinical work assignments.
2. The process considers relevant laws and regulations.
3. The process supports the staffing process for other health care practitioners.
4. When a violation to other health care professionals' laws or regulations is identified, corrective actions are taken.

Related standards:

WFM.01 Workforce Laws and regulations, WFM.02 Staffing Plan, WFM.04 Job Description, WFM.05 Verifying credentials, WFM.09 Staff Performance Evaluation.

WFM.16 The convalescent/long-term healthcare facility ensures safe and efficient working hours.

Safety

Keywords:
Working Hours

Intent:
Attention to the health and well-being of healthcare professionals become more important when we consider the fact that employees are the greatest cost in a convalescent/long-term healthcare facility.

Burnout is a combination of exhaustion, cynicism, and perceived inefficacy resulting from long-term job stress.

The consequences of burnout are not limited to the personal well-being of healthcare professionals; many studies have demonstrated that healthcare professional burnout is detrimental to patient care. For example, the number of major medical errors committed by a surgeon is correlated with the surgeon's degree of burnout and the likelihood of being involved in a malpractice suit. Among nurses, higher levels of burnout are associated with higher rates of both patient mortality and the dissemination of healthcare- transmitted infections.

The convalescent/long-term healthcare facility shall develop a policy and procedures to ensure management of staff working hours efficiently to avoid burnout that addresses at least the following:

a) Measures to avoid staff burnout.

b) Planned rest times.

c) Maternity protection and arrangements for breastfeeding

Survey process guide:

- GAHAR surveyor may review approved convalescent/long-term healthcare facility policy.
- GAHAR surveyor may interview staff to inquire about the measures taken to ensure appropriate working hours.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy to ensure safe and efficient working hours. The policy addresses a) to c) in the intent.
2. Staff are aware of the facility policy.
3. The staff schedules ensure suitable working hours planned rest times, maternity

protection, and arrangements for breastfeeding according to laws and regulations.

4. When working hours exceed the approved limits, measures are taken to ensure staff safety and satisfaction.

Related standards:

OGM.13 Staff rest areas, QPI.02 Performance Measures, OGM.14 Staff Health.

Information Management and Technology

Chapter intent

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

Another risk is associated with the use of abbreviations that may cause misunderstanding and affect patient safety. Implementation of a do-not-use abbreviation list for medication shall be guided by reliable references, e.g., The Institute for Safe Medication Practices (ISMP) list. Abbreviations also may cause harm regardless of the language used; organizations need to identify the approved reference in English or Arabic language.

Globally, Information management and technology are emerging in healthcare. Artificial intelligence is on the surge where symptom checkers and clinical decision support systems becoming widely used.

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

Practically, facilities need to provide resources for the implementation of an information management system that ensures resident safety, continuity of care, security, and confidentiality of information.

During GAHAR Survey, surveyors shall be able to measure how organizations implement information management systems and technologies through reviewing documents pertinent to this chapter and doing resident tracers and interviews with staff. The leadership interview session may touch on this topic, as well.

Chapter purpose:

1. To address Effective Information Management Processes
2. To Maintain Information Confidentiality and Security
3. To ensure the Availability of residents' medical records
4. To describe effective Information Technology in Healthcare.

Standards included in this chapter applies to paper and electronic data and information.

Implementation guiding documents:

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

1. Egyptian law for personal data protection, 151/2020
2. Egyptian Code of Medical Ethics 238/2003.
3. Egyptian Code of Nursing Ethics (Nursing Syndicate Publications).
4. Ministry of Finance Decree for Governmental Archives List Number 270/2009.
5. Ministry of Finance Decree: Non-Monetary Payment, 18/2019.
6. MOH Ministerial Decree for Medical Reports Regulations Number 187/2001.
7. MOH Ministerial Decree for Discharge Summary Requirements 254/2001.
8. Ministry of Communication and Information Technology Decree for Electronic Signature Number 109/2005.
9. National Census and Statistics, Law 35/1960.
10. Establishment of Central Agency for Public Mobilization and Statistics, Law 2915/1964.
11. Jeddah Declaration on resident Safety, 2019.
12. HIPAA- Health Insurance Portability and Accountability Act Regulations1996.
13. Institute for Safe Medication Practices (ISMP): List of Error-Prone Abbreviations, Symbols, and Dose Designations.

Effective documentation management processes

IMT.01 The convalescent/long-term healthcare facility has information management plan that meets information needs and complies with laws and regulations.

Effectiveness

Keywords:
Information management plan.

Intent:
Information management system is a system that provides managers with the necessary information to make decisions about an organization's operations.

Egyptian laws and regulations address topics related to information management process that include confidentiality and release of patient information, the retention period for documents, reporting of specific information to inspecting and regulatory agencies etc.

An information plan includes identification of the information needs of different departments, external authorities and agencies and implementation of a process to meet those needs. The information plan is aiming to provide accurate, meaningful, comprehensive, and timely information to assist in an information-based decision-making process.

International Classification of Diseases (ICD) provides a common language that allows health professionals to share standardized information across the world. The code is used to transform descriptions of medical diagnoses or procedures into standardized statistical code in a process known as clinical coding. Diagnosis classifications list diagnosis codes, which are used to track diseases and other health conditions. Procedure classifications list procedure code, which are used to capture interventional data. These diagnosis and procedure codes are used by health care providers, government health programs, private health insurance companies, workers' compensation carriers, software developers, and others for a variety of applications in medicine, public health, and medical informatics.

The convalescent/long-term healthcare facility shall develop an information management landscape in response to identified needs and a qualified individual should oversee the health information system.

Development of an effective information management plan shall include at least the following:

a) Identify the information needed for facility clinical and managerial leaders.
b) Identify the information needs and requirements from external authorities and agencies.

c) Match the scope, size, and type of services provided by the facility.

d) Clinical coding (diagnosis and procedure codes).

e) Determine the adequate timeframe required in the information dissemination process (either internal or external dissemination).

f) Education and training of staff according to their responsibilities, job descriptions, and data and information needs.

Survey process guide:

- GAHAR surveyor may review the facility information management plan.
- GAHAR surveyor may interview staff to check their awareness of the information management plan.
- GAHAR surveyor may observe the sent and received information at time intervals to assess compliance with the facility policy.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved information management plan that addresses elements from a) through f) in the intent.
2. The convalescent/long-term healthcare facility leadership and responsible staff members of information management are aware of the requirements of law and regulations.
3. The convalescent/long-term healthcare facility stores all its records and information according to law and regulations.
4. The convalescent/long-term healthcare facility leadership has performed information needs assessment.
5. All staff members are educated and trained on the information management plan according to their responsibilities, job descriptions, and data and information needs.
6. Health information system is overseen by a qualified individual.

Related Standards:

IMT.02 Documents management system, IMT.08 Health information technology, OGM.02 Qualified facility director, OGM.04 The facility leaders, QPI.01 Quality management program, QPI.02 Performance Measures.

Effective quality management system

IMT.02 The facility establishes a document management system for its key functions.

Effectiveness

Keywords:
Document management system.

Intent:
The convalescent/long-term healthcare facility shall establish a uniform and consistent method for developing, approving, and tracking its documents (such as policies, plans, programs, procedures, guideline, and others), to prevent duplication, discrepancies, omissions, misunderstandings, and misinterpretations.

The tracking system of issuing and changes, allows staff to easily identify relevant policies and procedures, programs, plan, guideline and ensures that staff are informed about changed policies.

The facility shall develop and implement a policy and procedures for document management system that addresses at least the following:

a) Standardized formatting
b) Document control system for tracking of issues and tracking of changes.
c) The system allows each document to be identified by title, date of issue, edition and/or current revision date, the number of pages, who authorized issue and/or reviewed the document and identification of changes of version.
d) Required policies, procedures, plans, program and guideline are available and disseminated to relevant staff.
e) Staff understand how to access those documents relevant to their responsibilities.
f) Retirement of documents.

Survey process guide:

- GAHAR surveyor may review the facility policy of document management system followed by checking for the standardized format, tracking system, identified approver, issuing and revision date for all policies of the facility.
- GAHAR surveyor may interview staff members to check their awareness of the process of development, approving, tracking, revising of documents, of the proper access to relevant documents, tracking changes in the documents and process for management of retirement of documents.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved document management system policy that address at least elements a) through f) in the intent.
2. The facility leadership, heads of services, and the relevant processes owners are aware of the policy.
3. There are standardized formats for all similar documents throughout the facility.
4. Only the last updated versions of documents are accessible and distributed between relevant staff.
5. Each document type has a defined validity time fame, and the policies and procedures are revised at most every three years.

Related Standards:

IMT.03 Standardized diagnosis codes and abbreviations, IMT.06 Patient's Medical record Management, IMT.01 Information management plan, IMT.04 Information security, QPI.01 Quality management program, IMT.05 Retention of medical records, data, and information, IMT.08 Health information technology.

IMT.03 GSR.21 The Convalescent/long-term healthcare facility defines standardized symbols and abbreviations.

Effectiveness

Keywords:

Standardized symbols and abbreviations.

Intent:

Usually, the use of codes, symbols and abbreviations is done to squeeze a lot of writing into a small space. This may cause miscommunication between healthcare professionals and potential errors in patient care.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures for approved and non-approved symbols and abbreviations according to the facility scope of service. The policy shall address at least the following:

a) Approved symbols/abbreviations list

b) Not-to- use symbols/abbreviations list guided by reliable references, for example the Institute for Safe Medication Practices (ISMP) list.

c) Non-English abbreviation and illegible handwriting.

d) Situations where Symbols and abbreviations (even the approved list) must not be used, such as informed consent and any record that patients and families receive from the facility about the patient's care.

Survey process guide:

- GAHAR surveyor may review the facility policy for approved and non-approved symbols and abbreviations.
- GAHAR surveyor may interview responsible staff members to check their awareness.
- GAHAR surveyor may review a sample of medical records to check for the used abbreviations/Symbols with medication orders and in patient medical record.

Evidence of compliance:

1. The facility has an approved policy that includes all the elements in the intent from a) through d)
2. All staff who records in the medical record are trained on the policy requirements.
3. Symbols and abbreviations including the approved list, are used according to the policy.
4. Violation of the list of not-to- use symbols/abbreviations is monitored, and corrective actions are taken.

Related Standards:

OGM.09 Billing System, IMT.02 Documents management system, IMT.06 Patient's Medical record Management, IMT.07 Medical Record Review, MMS.11 Ordering, prescribing, transcribing.

Patient-centered confidentiality and security of information

IMT.04 the Convalescent/long-term healthcare facility ensures data and information confidentiality, security, and integrity.

Patient-centeredness

Keywords:

Confidentiality, Security and Integrity of information.

Intent:

Confidentiality means that health information is not made available or disclosed to unauthorized patients or processes.

Information security is the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction. Information security is achieved by ensuring the confidentiality, integrity, and availability of information.

Integrity means the property that health information has not been altered or destroyed in an unauthorized manner. Data integrity ensures that data remains unchanged and uncorrupted from the moment it is created, or entered into a system, until the time it is no longer needed or is archived. Patient's medical record and information are protected

at all times and in all places. Including protecting it from water, fire, or other damage, and unauthorized access.

Availability denotes that health information is accessible and useable upon demand by an authorized person. The facility shall define who is authorized to view and administer health information or clarify and improve how and when health information is provided to patients or other healthcare entities.

To ensure information confidentiality and security, it is necessary for all staff members to sign an agreement stating their commitment. This agreement confirms their understanding of the confidentiality policy and procedures, as well as their familiarity with their respective roles.

Egyptian laws and regulations address topics related to confidentiality, the release of patient information, and reporting of specific information to inspecting and regulatory agencies. The facility shall make the needed efforts and take steps to comply with relevant laws and regulations in the field of information management.

The facility shall develop and implement policy and procedures to ensure data confidentiality, security, and integrity that addresses at least the following:

a) Determination of who can access (list of authorized individuals).
b) The circumstances under which access is granted.
c) Confidentiality agreements with all those who have access to patient data.
d) Procedures to follow if confidentiality or security of information has been breached.
e) Procedures to secure medical report release, in accordance with law and regulations.
f) Procedures to secure the confidentiality of patient information that is communicated through e-mail or mobile applications.
g) Protective measures to ensure medical information integrity in the medical records department and server storage area.
h) Action(s) to be taken when an integrity issue is identified.

Survey process guide:

- GAHAR surveyor may review the facility policy for data confidentiality, security, and integrity.
- GAHAR surveyor may interview responsible staff members to check their awareness of the facility policy.
- GAHAR surveyor may observe the implemented measures for medical records and information protection.
- GAHAR surveyor may review staff files to check for the signed confidentiality agreement.

Evidence of compliance:

1. The facility has an approved policy that includes all the points in the intent from a) through h).
2. All responsible staff members are aware of the policy requirements.
3. Only authorized individuals have access to patient's medical records (information) according to the level of accessibility.
4. There is a signed confidentiality agreement in each involved staff member's file.
5. Procedures are followed if confidentiality, security, or integrity of information has been violated.
6. The medical records department and server storage area have measures to ensure medical records and information protection.

Related Standards:

IMT.05 Retention of medical records, data, and information, IMT.06 Patient's Medical record Management, IMT.08 Health information technology, PCC.02 Patient and family rights, IMT.07 Medical Record Review, IMT.01 Information management plan.

Effective, safe document retention process.

IMT.05 Retention time of records, data, and information are performed according to applicable laws and regulations.

Effectiveness

Keywords:

Retention of medical records, data, and information.

Intent:

Data, information, and medical records have an important role in patient care.

The convalescent/long-term healthcare facility has to retain all types of documents for a sufficient period of time. This retention time should be determined by the national, applicable laws and regulations.

The facility shall develop and implement a retention policy that addresses at least the following:

a) The retention time for each type of document in accordance with national law and regulations.

b) Measures to maintain information confidentiality during the retention time.

c) Retention conditions, archival rules, and permissible means of storage, access, and encryption.

d) Data destruction methods that respect security and confidentiality measures.

The facility shall ensure the retention of records, data, and information is consistent with facility confidentiality and security policy.

Survey process guide:

- GAHAR surveyor may review the facility policy guiding medical records, data, and information retention.
- GAHAR surveyor may interview staff members to check their awareness of the facility policy.
- GAHAR surveyor may observe the implemented measures to maintain information confidentiality during the retention time.

Evidence of compliance:

1. The facility has an approved policy guiding medical records, data, and information retention that includes all the items in the intent from a) through d).
2. Responsible staff members are aware of the policy requirements.
3. The facility has clear measures to maintain information confidentiality during the retention time.
4. Data are archived as per policy.
5. Destruction and/ or removal of records, data, and information are done as per the facility policy and in accordance with the applicable law and regulations.

Related Standards:

IMT.04 Information security, IMT.01 Information management plan, IMT.06 Patient's Medical record Management, IMT.08 Health information technology, IMT.02 Documents management system, IMT.07 Medical Record Review.

Effective patient Medical Record Management and Review.

IMT.06 The convalescent/long-term healthcare facility ensures effective management of medical record.

Effectiveness

Keywords:

Patient's Medical record Management

Intent:

The convalescent/long-term healthcare facility has a standardized process for proper medical record management and flow that includes initiation of a patient's medical record, assigning the unique identifiers, tracking medical records movement, and storage requirements.

Every patient assessed or provided with care and/or services by the facility has a record. The record is assigned by an identifier unique to the patient, or some other mechanism is used to link the patient with his or her record. A single record and a single identifier enable the facility to easily locate patient records and to document the care of patients over time.

The patient's medical record must have uniform contents and order. The main goal of developing a uniform structure of the patient's medical record is facilitating the accessibility of data and information to provide more effective and efficient patient care. Patients' medical records are available to assist the healthcare professional in having quick access to patient information and to promote continuity of care and patient satisfaction.

The facility shall develop and implement a policy and procedures guiding patient medical record management that addresses at least the following:

a) Medical record flow management: Initiation of a patient's medical record, unique identifiers generation, tracking medical records movement, storing and availability when needed to healthcare professionals.
b) Medical record contents and order uniformity
c) Medical record standardized use.
d) Patient/patient's medical record release
e) Management of voluminous patient's medical record

Survey process guide:

- GAHAR surveyor may review the policy followed by checking the implementation of the process.
- GAHAR surveyor may interview staff members to check their awareness of managing patient's medical record in the facility.
- GAHAR surveyor may check that each patient's medical record has a unique identifier for each patient, medical record contents, format and location of entries and medical records movement logbook.
- GAHAR surveyor may observe patient's medical record availability when needed by healthcare professional, contain up-to-date information within in an appropriate timeframe.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has an approved policy guiding patient medical record management that includes all the items in the intent from a) through e)
2. Responsible staff is aware of the policy requirements.
3. A patient's medical record is initiated with a unique identifier for every patient evaluated or treated.

4. The patient's medical record contents, format, and location of entries are standardized.
5. The patient's medical record is available and accessible when needed by a healthcare provider within a timeframe described in the facility's policy.

Related Standards:

IMT.02Documents management system, IMT.03 Standardized diagnosis codes and abbreviations, IMT.04 Information security, IMT.05 Retention of medical records, data, and information, IMT.07 Medical Record Review.

IMT.07 The Convalescent/long-term healthcare facility establishes Patient's medical record review process.

Effectiveness

Keywords:

Medical Record Review

Intent

The Convalescent/long-term healthcare facility ensures through the medical record review that they have accurate, current, clinically pertinent, complete, and readily available medical records as to ensure the continuous patient care process.

Medico-legal requirements and medical research recommend action when problems arise in relation to medical records and the medical filing service.

The convalescent/long-term healthcare facility shall develop and implement a policy and procedures that assess the content and the completeness of patient's medical record, that addresses at least the following:

a) Review of a representative sample of all services
b) Review of a representative sample of all disciplines/staff
c) Involvement of representatives of all disciplines who make entries.
d) Review of the completeness and legibility of entries
e) Review occurs at least quarterly.
f) Random sampling and selecting approximately 5% of patient's medical record.

Survey process guide:

- GAHAR surveyor may review the facility policy of patient's medical record review.
- GAHAR surveyor may interview the staff members responsible for the medical record review, to assess their awareness of the process of reviewing patient's medical record.
- GAHAR surveyor may review results of medical record completeness review process and actions taken to improve performance.

Evidence of compliance:

1. The facility has an approved policy that includes all the points in the intent from a) through f)
2. All responsible staff members are aware of the policy requirements.
3. The facility leaders are reported of the review's findings.
4. Corrective interventions are taken when needed.

Related Standards:

IMT.02 Documents management system, IMT.03 Standardized diagnosis codes and abbreviations, IMT.06 Patient's Medical record Management, QPI.02 Performance Measures, IMT.04 Information security.

Selection and Implementation of Health Information Technology.

IMT.08 Health information technology systems are assessed, tested, and backed up prior to and following implementation.

Effectiveness

Keywords:

Health information technology

Intent:

Implementation of health information technology systems can facilitate workflow; improve the quality of patient care and patient safety. The selection and implementation of health information technology systems require coordination between all involved stockholders to ensure proper selection and integration with all interacting processes. Following implementation, an evaluation of the usability and effectiveness of the system shall be done.

Data backup is a copy of data that is stored in a separate location from the original, which may be used to restore the original after a data loss event, having a backup is essential for data protection. Backups shall occur regularly to prevent data loss. The Convalescent/long-term healthcare facility shall ensure the backup information is secure and accessible only by those authorized to use it to restore lost data.

Survey process guide:

- GAHAR surveyor may observe the facility health information technology systems.
- GAHAR surveyor may interview staff members to check their awareness of the facility health information technology systems.

Evidence of compliance:

1. Health information technology stakeholders participate in the selection, implementation, and evaluation of information technology.
2. Health information technology systems are assessed and tested prior to implementation.
3. Health information technology systems are evaluated following implementation for usability, effectiveness, and patient safety.
4. There is an implemented process for data backup that include the type of data, frequency of backup, and location.
5. Backup data is secured during extraction, transfer, storage, and retrieval.
6. Corrective actions are taken when defective issues are detected.

Related Standards:

IMT.01 Information management plan, IMT.04 Information security, IMT.05 Retention of medical records, data, and information, IMT.02 Documents management system.

IMT.09 Response to planned and unplanned downtime of data systems is tested and evaluated.

Efficiency

Keywords:

Downtime of Data Systems

Intent:

Downtime event is any event where a health information technology system is unavailable or fails to perform as designed. The downtime may be scheduled (planned) for purposes of maintenance or upgrading the system or unplanned due to unexpected failure. These events may significantly threaten the safety of the care delivery and interruption of organization operations in addition to the risk of data loss.

The Convalescent/long-term healthcare facility shall develop and implement a program to ensure continuity of safe patient care processes during planned and unplanned downtime, that include the alternative paper forms and other resources required. The program includes the downtime recovery process to ensure data integrity. Unplanned events are documented and investigated to determine corrective actions. All staff shall receive training about the transition into a downtime environment to respond to immediate patient care needs.

Survey process guide:

- GAHAR surveyor may review of the planned and unplanned downtime program, followed by checking the implementation of the process by review of the related

documents, which include departmental workflow and work instructions for planned and unplanned downtime, stock of needed forms to be used during downtime and result of annual program testing.

- GAHAR surveyor may review documented events for unplanned downtime event and action taken.
- GAHAR surveyor may interview staff to assess awareness about the response to planned and unplanned downtime.

Evidence of compliance:

1. There is a program for response to planned and unplanned downtime.
2. The program includes downtime recovery process.
3. The staff is trained in response to the downtime program.
4. The facility tests the program at least annually to ensure its effectiveness.

Related Standards:

IMT.02 Documents management system, IMT.01 Information management plan, QPI.02 Performance measures.

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Quality and Performance Improvement

Chapter intent:

It is essential for organizations to have a framework to support continuous improvement and risk management activities. This requires leadership support, well-established processes, and active participation from all heads of departments and staff. Performance improvement and risk management are parts of both strategic and departmental operational plans.

Globally, healthcare facilities have adopted, adapted, and even created improvement tools to help to enhance the services provided to patients. Florence Nightingale, a nurse, was one of the pioneers in improving healthcare quality. Dr. Avedis Donabedian was a founder of the study of the quality of healthcare and medical outcome research. Multiple quality improvement methodologies were used in healthcare facilities such as PDCA, FOCUS PDCA, Six Sigma, Lean Methodology, and others.

Practically, convalescent/long-term healthcare facilities need to cherish the culture of continuous improvement. GAHAR standards do not mandate a specific improvement tool nor specific monitoring performance measures, yet, a minimum number of monitoring indicators are required. Among many improvement opportunities, GAHAR standards highlighted the importance of improving patient journey and supply chain. It is important that each one in the facility understand his/her role in improving healthcare quality and safety by focusing on leadership support, department-level input and participation, measures and data collection, and sustaining improvement. The application of the standards should be according to applicable Egyptian laws and regulations.

During the GAHAR survey, surveyors are going to meet the leadership, heads of departments, and staff to discuss the QPI aspects, and projects. Surveyors may perform tracers to check data selection, collection, and analysis of data, and methods that are used to follow the improvement projects and the impact of projects on improving the quality dimensions.

Chapter purpose:

The main objective is to ensure that the facility provides an effective performance improvement program; the chapter discusses the following objectives:

1. Effective leadership support
2. Effective departmental participation
3. Effective performance measurement and data management
4. Effective improvement and sustainability

Implementation guiding documents:

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

1) MOH Quality and Safety Guide, 2019
2) Hospital Performance Indicators Guide by HIO, 2013
3) National EFQM-based excellence award www.Egea.gov.eg
4) National census and statistics Law, 35/1960
5) Establishment of Central Agency for Public Mobilization and Statistics Law, 2915/1964

Effective quality management program

QPI.01 The convalescent/long-term healthcare facility leaders plan, document, implement, and monitor an organizational-wide quality improvement and patient safety plan.

Effectiveness

Keyword

Quality improvement plan

Intent:

It is essential for organizations to have a framework for their quality management system to support continuous improvement. This requires leadership support, well-established processes, as well as active participation from all heads of departments and staff. Leaders shall develop a performance improvement, patient safety, and risk management plan(s) that should be comprehensive, and adequate to the size, complexity, and scope of services provided. The plan(s) shall address at least the following:

a) The goal(s) (clinical and operational goals) that fulfil the facility's mission.

b) Defined responsibilities of improvement activities.

c) Data collection, data analysis tools, and validation process.

d) Defined criteria for prioritization and selection of performance improvement projects.

e) Quality improvement model(s) used.

f) Information flow and reporting frequency.

g) Training on quality improvement and risk management approaches.

h) Regular evaluation of the plan (at least annually).

The convalescent/long-term healthcare facility leaders shall assign a qualified individual(s) to oversight, communicate the quality activities, provide management, leaders, and responsible staff with all needed information and should have the proper support from them.

The facility shall establish a multidisciplinary committee for performance improvement, patient safety, and risk management, with a membership of top leaders as committee chairpersons. The committee shall provide oversight and making recommendations to the governing body concerning the effectiveness, efficiency, and appropriateness of quality, safety and risk management of health services provided across the facility. The committee shapes the quality culture of the facility through terms of references that includes at least the following:

i. Ensuring that all designated care areas participate in quality improvement activities,

ii. Ensuring that all required measurements are monitored, including the frequency of data collection,
iii. Reviewing adverse events, near-misses, and root cause analyses to prevent recurrences.
iv. Developing and implementing strategies to enhance patient safety and minimize risks.
v. Monitoring compliance with regulatory and accreditation standards related to quality and safety.
vi. Reviewing patient satisfaction data and identifying opportunities to enhance patient experience.
vii. Reporting information to governing body and/or leaders, and appropriate staff members about the performance data and quality improvement activities.

Survey process guide:

- GAHAR surveyor may review the quality improvement plan, related documents, and tools.
- The GAHAR surveyor may interview responsible staff and the leader(s) of the facility to identify leadership's approach for improving the quality of care and continuous performance improvement.
- GAHAR surveyors may interview staff to check their awareness of the plan.

Evidence of compliance:

1. The facility has an approved quality improvement plan containing the items in intent from a) through h).
2. A qualified individual(s) is assigned to oversights the quality improvement plan.
3. The plan is communicated to all relevant stakeholders.
4. There is a multidisciplinary performance improvement, patient safety, and risk management committee(s) with terms of references including items from (i) through (vii) in the intent.
5. The committee(s) meets at predefined intervals and documents the minutes of meeting.
6. The quality improvement plan is updated at least annually.

Related Standards:

OGM.02 Qualified facility director, OGM.04 The facility leaders, OGM.11 Safety Culture, QPI.02 Performance Measures, OGM.03 Committee structure, QPI.06 Sustaining Improvement.

Efficient data management and performance measurement

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

Effectiveness

Keywords:
Performance Measures.

Intent:
Performance measurement aims to monitor, evaluate, and communicate the extent to which various aspects of the healthcare system meet their key objectives.

The performance measure is a quantitative variable that either directly measures or may indirectly reflect the quality of care provided and must be aligned with accountability by enabling stakeholders to make informed decisions by collecting the data and being able to interpret it.

Performance measures must be Specific, Measurable, Achievable, Relevant, and Time-bounded (SMART). To define a measure properly, a description of at least the following is needed:

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

Collection of data will create a database that shall be aggregated and trended over time and used for comparison over time internally within the convalescent/long-term healthcare facility, and for comparisons externally with other organizations and the performance results/data shall be made publicly available at least annually.

The facility shall select a mixture of measures that focus on activities that might be risky in nature to patients or staff, occurring in high volume, associated with problems, or high cost, includes appropriate and relevant indicators in the following areas:

a) Waiting times in the relevant service areas.
b) Patient assessment is complete, accurate, and within approved time frames.
c) Use of medications.
d) Patient's medical record, including availability and content.
e) Infection prevention, control, and surveillance.

f) Medication errors, near-miss, and adverse outcomes.
g) Patient safety requirements.
h) Compliance with law and regulations
i) Patient and family expectations and satisfaction
j) Patient complaints and suggestions
k) Staff expectations and satisfaction
l) Staff complaints and suggestions
m) Patient demographics and diagnoses.
n) Procurement of routinely required supplies and medications.
o) Financial management.

The amount of data that needs to be evaluated for a performance measure will obviously vary based on how often the data is reported and the frequency with which the subject of the measure occurs.

Once data has been collected for a meaningful amount of time, process improvements can begin to be evaluated. The convalescent/long-term healthcare facility uses different charts to track the improvement progress and decides the next step in the improvement plan. The facility makes its performance results publicly available at least annually.

Survey process guide:

- GAHAR surveyor may review the list of the facility quality measures.
- GAHAR surveyor may interview responsible staff to check their awareness of the data collection and interpretation process.
- GAHAR surveyor may review performance measures analysis results.

Evidence of compliance:

1. There is a list of the convalescent/long-term healthcare facility measures including both clinical and managerial processes.
2. There is an approved identity card for each selected performance measure, that includes all elements mentioned in the intent from i) through vi).
3. Staff responsible for the collection, interpretation, and/or use of performance measurement are aware of its definition and identity card contents.
4. The relevant clinical and managerial performance measures are monitored frequently.
5. Results of measures analysis are regularly reported to the governing body and to those accountable for improvement and action taking.

Related Standards:

OGM.02 Qualified facility director, OGM.04 The facility leaders, QPI.01 Quality management program/plan, QPI.06 Sustaining Improvement, WFM.09 Staff Performance Evaluation.

Adverse Event Identification, Analysis, and Prevention

QPI.03 A risk management plan/program is developed.

Safety

Keywords:

Risk Management Plan /Program.

Intent:

Risk management is designed to identify potential events that may affect any healthcare facility, to protect and minimize risks to its property, services, and employees.

The convalescent/long-term healthcare facility shall adopt a proactive approach to risk management, such as risk analysis where it can assess the high-risk processes, including developing risk mitigation strategies, plans, policies, procedures, a risk register, and processes that support the risk management framework.

The facility shall take reactive and proactive measures to address the identified risks.

A risk management plan/program contains essential components that include at least the following:

a) Scope, objective, and criteria for assessing risks.
b) Risk management responsibilities and functions.
c) Staff training on risk management concepts and tools.
d) Risk identification (risk register).
e) Risk prioritization and categorization (i.e., strategic, operational, reputational, financial, other).
f) Risk reporting and communication with stakeholders.
g) Risk Reduction plans and tools with priority given to high risks.

The convalescent/long-term healthcare facility shall review the risk management plan/program on a regular basis as determined by the facility's leaders and according to the results of the current risk analysis.

Survey process guide:

- GAHAR surveyor may review the facility risk management plan/program.
- GAHAR surveyor may review the proactive risk reduction tool for the high risks.

- GARAR surveyor may review the risk register.
- GAHAR surveyor may observe the implemented measures for risk reduction.

Evidence of Compliance:

1. The convalescent/long-term healthcare facility has a risk management plan/ program that includes all the elements from a) through g) in the intent.
2. Risk mitigation processes are developed based on identified risks and risk analysis.
3. The convalescent/long-term healthcare facility has an approved proactive risk reduction tool for at least one high-risk process, updated annually.
4. The risk management plan/program and the risk register are updated at least annually.
5. Results of risk management activities are reported at least quarterly to the governing body.

Related Standards:

EFS.07 GSR.19 Safety Management Plan, IPC.01 IPC program, risk assessment, guideline, QPI.04 Incident Reporting System, QPI.05 Sentinel events, OGM.02 Qualified facility director, OGM.04 The facility leaders.

QPI.04 The convalescent/long-term healthcare facility has established an incident-reporting system.

Safety

Keywords:

Incident Reporting System.

Intent:

Strong risk management is supported by efficient incident reporting systems. An incident is defined as any event that affects patient or employee safety.

In most convalescent/long-term healthcare facilities injuries, patient complaints, medication errors, equipment failure, adverse reactions to drugs or treatments, or errors in patient care are to be included and reported.

Incident reporting has an important influence on improving patient safety as it provides valuable insights into how and why patients can be harmed at the facility level.

The facility shall develop and implement an Incident reporting policy, that helps to detect, monitor, assess, mitigate, and prevent risks. The policy shall include at least the following:

a) Definition of incidents, near misses, adverse events, and sentinel events.

b) Incident management process includes how, when, and by whom incidents are reported and investigated.

c) Identify Incidents requiring immediate notification to the management.
d) Incident classification, analysis tools and results reporting.
e) Indication for performing intensive analysis and its process.
f) Procedures for managing adverse events consequences including the first and second victims affected.

Survey process guide:

- GAHAR surveyor may review the incident reporting policy.
- GAHAR surveyor may interview staff to check their awareness of the incident reporting system and the proper implementation.
- GAHAR surveyor may check for evidence of corrective actions taken when gaps are detected.

Evidence of compliance:

1. The facility has an approved policy that defines the incident type and reporting system that includes a) through f) in the intent.
2. All staff members are aware of the incident-reporting system, including contracted and outsourced staff members.
3. All reported incidents are investigated and gaps in services are identified.
4. Corrective actions are taken on time when gaps are detected.
5. The facility communicates with patients/service users about adverse events that they are affected by.

Related Standards:

QPI.01 Quality management program/plan, OGM.11 Safety Culture, QPI.05 Sentinel events, QPI.06 Sustaining Improvement, MMS.17 Medication errors, near miss, medication therapy problems

QPI.05 The convalescent/long-term healthcare facility defines investigates, analyzes, and reports sentinel events, and takes corrective actions to prevent harm and recurrence.

Safety

Keywords:
Sentinel events.

Intent:
According to World Health Organization, an adverse event is an injury related to medical management, in contrast to complications of the disease. Adverse events may be preventable or non-preventable. A preventable adverse event is an adverse event caused by an error relevant to medical management. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care.

Near-miss or close call is a serious error that has the potential to cause an adverse event but fails to do so, because of chance or because it is intercepted. Also called a potential adverse event.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury. A sentinel event signals an immediate investigation and response. Root cause analysis is also indicated in potential adverse event (near-miss).

The convalescent/long-term healthcare facility shall develop and implement a policy for sentinel event management that includes at least the following:

a) Type of sentinel events that include at least the following:
   i. Unexpected mortality or major permanent loss of function not related to the natural course of the patient's illness or underlying condition.
   ii. Patient suicide or attempted suicide.
   iii. Patient self-harm or violence leading to death or permanent loss of function.
   iv. Transmission of a chronic or fatal disease or illness as a result of infusing blood or blood products (if applicable).
   v. Systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances.
   vi. Patient abduction during receiving care, treatment, and services.
   vii. Rape and physical harassment.
   viii. Workplace violence such as assault (leading to death or permanent loss of function), or homicide of a patient, staff member, trainee, visitor, or vendor.

ix. Any elopement (that is, unauthorized departure) leading to death, permanent harm, or severe harm.

x. Fire

b) Internal reporting of sentinel events.

c) External reporting of sentinel events.

d) Team member's involvement.

e) Root cause analysis.

f) Corrective actions plan taken.

All sentinel events are communicated to GAHAR within 48 hours of the event or becoming aware of the event. All events that meet the definition must have a root cause analysis to have a clear understanding of contributing factors behind the system gaps. The analysis and action must be completed within 45 days of the event or becoming aware of the event.

Survey process guide:

- The GAHAR surveyors may review the facility policy for sentinel events management.
- The GAHAR surveyors may review evidence of sentinel events analysis and the reporting.
- The GAHAR surveyors may review evidence of corrective actions taken to prevent the recurrence of the event.

Evidence of compliance:

1. The convalescent/long-term healthcare facility has a sentinel events management policy covering the intent from a) through f) and leaders are aware of the policy requirements.
2. Sentinel events are analyzed and communicated to the direct upper management by a root cause analysis in a time period specified by leadership as per facility policy.
3. The root cause analysis identifies the main reason(s) behind the event and the leaders take corrective action plans to prevent recurrence in the future.
4. The sentinel events are communicated to GAHAR within 48 hours of the event.
5. Results of root cause analysis with related actions are reported to the facility governing body and GAHAR.

Related Standards:

QPI.01 Quality management program/plan, QPI.04 Incident Reporting System.

QPI.06 Sustained improvement activities are performed within an approved time frame.

Efficiency

Keywords:
Sustaining Improvement.

Intent:
Although staff plays a vital part in the continuous improvement process, it is management's role to train, empower and encourage them to participate with their ideas.

An effective continuous improvement program needs continuous measurement and feedback. Before starting, baseline performance needs to be measured, as new ideas for improving performance can then follow.

On an annual basis, the convalescent/long-term healthcare facility shall identify the initiatives for improvement and use prioritization tools (e.g., prioritization matrix) to select the most important improvement opportunities.

One of the important initiatives that need to be considered in this aspect is utilization management.

The convalescent/long-term healthcare facility can ensure efficient utilization of its resources through identification of high frequency and high-cost processes, either clinical or non-clinical, and perform improvement projects to eliminate wastes and redundancies in these processes.

Plan-Do-Check-ACT (PDCA) cycle, Focus PDCA, or other improvement tools allows to scientifically test improvement progress. The cycle ensures continuous improvement by measuring the performance difference between the baseline and target conditions.

This information gives immediate feedback on the effectiveness of the change that can help in measuring the impacts of a continuous improvement program and that is the most effective way of sustaining it.

Survey process guide:

- GAHAR surveyor may review the written process for improvement.
- GAHAR surveyor may review the improvement activities to learn how the facility utilizes data to identify potential improvements and to evaluate actions' impact.
- GAHAR surveyor may review the facility monitoring and control mechanisms to sustain achieved improvements.

Evidence of compliance:

1. The convalescent/long-term healthcare facility identifies opportunities for improvement.
2. There is a written process of the methodology and tools used for improvement.
3. Improvement activities were tested, and the results were recorded and implemented.
4. There is evidence that patient safety processes are improved and controlled.
5. The convalescent/long-term healthcare facility has at least one utilization improvement project annually.
6. Quality improvement activities are monitored, and results are reported to the governing body on a regular basis as per the facility's established process.

Related Standards:

QPI.01 Quality management program/plan, QPI.02 Performance Measures, OGM.02 Qualified facility director, OGM.04 The facility leader, OGM.11 Safety Culture.

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ANNEX A
MEDICAL WELLNESS SERVICES ACCREDITATION STANDARDS

Introduction:

Wellness is a state of optimal health covering physical, mental, social, spiritual aspects of an individual.

Medical wellness facilities, includes preventive and therapeutic interventions aimed at promoting overall health, well-being, and disease prevention, where focus is balanced between medical treatment and tourism, resulting in a harmonized mix offering healing, recuperation and curative programs using natural resources or environmental assets.

All such activities are practiced under medical supervision. Clients mostly receive the medical wellness programs, providing special therapeutic/curative services like aromatherapy, thalassotherapy, acupuncture, climate-therapy, medical spa weight loss, detoxification, and stress therapy.

These standards are meant for medical wellness care facilities, that provide standards for safety in the practice of different care models. The purpose is to establish a framework for ensuring that the facility delivers high-quality, safe, and effective medical wellness services, minimize the risk of infection and accidents, alert wellness care professionals to contraindications, and to advise on the management of complications occurring during treatment.

This manual outlines the standards and criteria that the facility must meet to achieve accreditation, demonstrating its commitment to providing exceptional care and services to clients seeking medical wellness interventions.

Implementation guiding documents:

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

1) Egyptian Constitution
2) Law 51/1981 to regulate the healthcare organizations
3) Law 8/2022 to regulate hotel and tourism facilities.
4) Universal Declaration of Human Rights, 1964
5) Egyptian Code of Medical Ethics 238, 2003
6) Law 181/2018, Egyptian Consumer Protection

7) Law 2/2018 on Universal Health Insurance
8) Egyptian guidelines for registration of herbal medicines, Egyptian Drug Authority, EDA, 2020
9) The Egyptian Guidelines of Medication Management Standards first edition (2018)
10) MOHP Ministerial decree 186/2001 Patient right to know expected cost of care
11) law No154/ 2007 Prohibit smoking inside healthcare facilities.
12) HIPAA— Health Insurance Portability and Accountability Act Regulations1996.
13) WHO Model List of Essential Medicines - 23rd list, 2023.
14) WHO guidelines on good herbal processing practices for herbal medicines.
15) Guidelines for non-invasive medical aesthetic practices (medical spas), the American med spa association,2020.
16) American Society of Plastic Surgeons Issued December 15, 2023, Appropriate Business and Clinical Management of Medical Spa.
17) Accreditation standards for wellness centers, National Accreditation Board for Hospitals and Healthcare Providers, second edition 2010.
18) NZAZA code of safe practice (Acupuncture), 2020.
19) ISO, 21426,2018
20) Standards-Excellence in Medical Tourism-GAHAR
21) Safety in Chinese medicine clinical practice guidance (acupuncture and associated techniques), Chinese Medicine Council of New Zealand.
22) Minerals latu sensu and Human Health, Celso Gomes, Michel Rautureau.

Accreditation Prerequisites and Conditions

MWS.01 The medical wellness facility complies with GAHAR prerequisite conditions.

Effectiveness

Keywords:
Prerequisite conditions.

Intent
When applying for GAHAR accreditation, the medical wellness facility is expected to register all members of healthcare professions at GAHAR (e.g., physicians, dentists, pharmacists, nurses, physiotherapists, and technicians). Healthcare professionals' registration process aims at ensuring the competence of healthcare professionals by matching their qualifications and experience to the accredited medical wellness facility's scope of medical services. The medical wellness facility has also to register all applicable newly hired staff members within 3 months of being recruited.

During accreditation processes, there are many points at which GAHAR requires data and information. The medical wellness facility is expected to provide timely, accurate, and complete information to GAHAR regarding its structure, scope of work, building, governance, licenses, and evaluation reports by external evaluators. The medical wellness has also to report within 30 days any structural changes in the scope of work, addition, or deletion of medical services by more than 15% (of beds, specialties, staff), building expansions, or demolitions. GAHAR requires each medical wellness, to be engaged in accreditation process with honesty, integrity, and transparency.

During the survey process, the medical wellness is expected to maintain professional standards in dealing with surveyors. The medical wellness expected to report to GAHAR if there is a conflict of interest between a surveyor and the medical wellness that could affect any of the surveying process values like integrity, objectivity, professional competence, confidentiality, and respect.

Survey process guide:

- GAHAR surveyor may review healthcare professionals' registration process.
- GAHAR surveyor may inquire about how the facility provides GAHAR with information.
- GAHAR surveyor may observe how the facility maintain professional standards during survey.

Evidence of compliance:

1. The healthcare facility has an approved process for registering all members of the required healthcare professionals.

2. The healthcare facility provides GAHAR with accurate and complete information through all phases of accreditation process.
3. The healthcare facility maintains professional standards during the survey including all values mentioned in the intent.
4. The accredited healthcare facility can use GAHAR accreditation seal according to GAHAR's rules.

Related Standards:
MWS.02 Medical Wellness Facility advertisement, MWS.36 Organization governance and management, MWS.37 Workforce management practices.

Client centeredness culture

MWS.02 The Medical Wellness Facility advertisements are clear and comply with applicable laws, regulations, and ethical codes of the healthcare professionals' syndicate.

Client- centeredness

Keywords:
Medical Wellness Facility advertisement.

Intent:
Usually, The Medical Wellness Facilities use advertisements as an important tool to improve the utilization of services. Good advertisement aims to help the community have a better understanding of the available services. Medical Wellness Facilities might use newspapers, TV advertisements, banners, brochures, pamphlets, websites, social media pages, call medical wellness facility, SMS messaging, mass emailing, or other media to advertise provided services.

According to laws and regulations, an advertisement for healthcare services should be done honestly. Medical syndicates, nursing syndicates, pharmacist's syndicates, and others addressed honesty and transparency as high values in their codes of ethics.

The Medical Wellness Facility shall develop and implement a policy and procedures to ensure clear, updated, and accurate advertisements of services.

This policy shall include Information about the types of services offered, healthcare professionals, cost of service, possible channels used in advertisements, and ethics code followed.

Survey process guide:

- GAHAR surveyors may review the facility advertisement policy.

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

Evidence of compliance:

1. The Medical Wellness Facility has an approved policy guiding the process of providing clear, updated, and accurate advertisements of services.
2. Advertisements are done in compliance with the ethical codes of healthcare professionals' syndicates.
3. Clients, and community receive clear, updated, and accurate information about the facility's services, healthcare professionals, and working hours in a language they can understand.

Related Standards:

MWS.01 Prerequisite conditions, MWS.07 Registration process, MWS.36 Organization governance and management.

MWS.03 Client and family rights and responsibilities are protected and informed to clients and families.

Client- centeredness

Keywords:

Client family rights and responsibilities.

Intent:

Seeking and receiving care and treatment at Medical Wellness Facilities can be overwhelming for clients, making it difficult for them to act upon their rights and understand their responsibilities in the care process. Clients shall be able to understand their rights and know how to use them. If for any reason, a client does not understand his/her right and responsibilities; the Medical Wellness Facility is committed to help the client to gain knowledge about his/her rights and responsibilities.

Client and family rights shall be defined according to laws and regulations, and the ethical code of healthcare professionals' syndicates. The Medical Wellness Facility provides direction to staff regarding their role in protecting the rights of clients and families. The medical wellness facility shall ensure the effective communication and understanding of client's rights, including a list of spoken languages by the staff as well as access to a competent interpreter when needed.

Client emotional, religious, spiritual needs and other preferences shall be addressed and

recognized. Individual preferences may be influenced by the educational, cultural, or religious background, age or gender of the client. Whenever appropriate, provide separate facilities and services for women and men according to their cultural needs.

The medical wellness facility shall empower the staff members, clients, and families to report violations for any client's or family's rights and responsibilities.

The Medical Wellness Facility shall develop and implement a policy and procedures to ensure that client and family rights and responsibilities are protected. The policy addresses at least the following:

Client and family rights:

a) Access care that is provided by the facility.
b) Know the name of the treating, supervising, responsible healthcare professional and who to contact in an emergency.
c) Respect the client's values, preferences, and beliefs with equality and non-discrimination.
d) Be informed and participate in making decisions related to their care.
e) Refuse care and discontinue treatment.
f) Be protected against torture or cruelness, exploitation, neglect, violence, abuse or harassment, and degrading treatment or punishment.
g) Have respect to their confidentiality, and dignity.
h) Have respect to their personal safety and privacy that including (physical, information, and during client's transport privacy).
i) Have pain assessed and managed.
j) Make a complaint or suggestion without fear of retribution or discrimination.
k) Know the price of services and procedures in a manner and a language they understand.
l) Receive medical report describing their care journey in the facility.

Client and family responsibilities:

i. Provide clear and accurate information on the disease/condition current and past medical history.
ii. Comply with the system and working hours of the facility.
iii. Comply with financial obligations according to laws and regulations and the facility policy.
iv. Show respect to other clients and healthcare professionals.
v. Follow the recommended treatment plan.

Client and family education

I. Mass education may take the form of videos, social media posts, brochures, pamphlets, text messages, or other forms as to support, maintain and improve their own health and wellbeing.

II. Education materials should be appropriate for the center scope of services and the client health needs, level of education, language, and culture.

III. This may include requirements relating to smoking cessation programs, stress management advice, diet and exercise guidance and substance abuse management.

Survey process guide:

- GAHAR surveyor may review client and family rights' policy and related documents.
- GAHAR surveyor may interview staff to check their awareness of the facility policy.
- GAHAR surveyor may observe client rights and responsibilities' statements availability in the facility.
- GAHAR surveyor may observe how clients receive information about their rights and may check conditions under which client rights are protected.

Evidence of compliance:

1. The Medical Wellness Facility has an approved policy guiding the process of defining client and family rights and responsibilities, including all items mentioned in the intent.
2. All staff members are aware of the clients' and families' rights and responsibilities.
3. Information about client rights and responsibilities is provided in a manner and language that the clients and their families understand.
4. Client and family rights are protected in all areas and at all times.
5. Violation against clients' right and responsibilities are reported, analyzed and corrective action are done.
6. Health education materials are available for the topics identified by the center and in a language they can understand.

Related Standards:

MWS.04 Physical comfort, MWS.05 Informed consent, MWS.06 Client and family feedback, MWS.07 Registration process.

MWS.04 The Medical wellness facility manages the physical aspects to support the client's and staff's physical comfort.

Client- centeredness

Keywords:

Physical comfort

Intent:

The client care area in a medical wellness facility provides diverse services, ensuring comfort, privacy, and safety during medical treatments and consultations. Creating a comfortable environment for recovery is essential for ensuring clients leave the facility with positive feelings about their experience. The Medical wellness facility shall provide an environment of care that supports the client's and staff's physical comfort and characterized by:

- Convenient to clients' condition regarding space, lighting, noise, and equipment.
- Proper temperature control and ventilation
- Accommodation rooms have designed with sufficient lighting, privacy, and safety to enhance client comfort while reducing injury risks.
- Cleanliness shall be provided across the facility that enhances the comfort of clients and their families.
- Access to healthy food options and ensuring an available supply of drinking water.
- Convenient waiting spaces for both clients and their families, addressing issues such as seating comfort, access to basic needs such as toilets and potable water.
- Respective infrastructure for disabled clients and those with special needs is available. This may include handicapped parking, wheelchair-accessible entrances toilets for disabled clients, walking rails, clear signage to ensure ease of access etc.

Survey process guide:

- GAHAR surveyors may visit multiple wellness facility rooms to assess their comfort.
- GAHAR surveyors may interview clients and staff to inquire about healthy food availability, and comfortable stay.

Evidence of compliance:

1. Environment of care is convenient to clients' condition such as space, ventilation, temperature, lighting, noise, and equipment.
2. Waiting spaces are planned to accommodate the expected number of clients and families.
3. Waiting spaces provide access to satisfy basic human needs such as toilets and potable water.

4. Healthy food and beverages are available and accessible for clients, when needed.

Related Standards:
MWS.03 Client family rights and responsibilities, MWS.06 Client and family feedback.

MWS.05 Informed consent is obtained and recorded for certain medical wellness programs.

Client- centeredness

Keywords:
Informed consent

Intent:
One of the main pillars to ensure client's involvement in their care decisions is by obtaining informed consent. Informed consent is a process for getting permission before performing a healthcare intervention on a person, or for disclosing personal information. To give consent, a client should be informed of many factors related to the planned care. These factors are required to make an informed decision. The information must be delivered at a level and presented in a language the client understands, and if there is a language barrier that require the use of an interpreter during the consent process.

The Medical Wellness facility shall develop and implement a policy and procedures to describe how and when informed consent is used. The policy includes at least the following:

I. Informed consent for certain wellness programs.
   a) The list of medical wellness programs when informed consent is needed, this list may include:
      i. Acupuncture and Moxibustion.
      ii. Aromatherapy
      iii. Thalassotherapy
      iv. Medical Spa services
      v. Research participation, if applicable
   b) The likelihood of success and the risk of not doing the service, benefits, and alternatives to performing that particular medical process.
   c) Certain situations when consent can be given by someone other than the client, and mechanisms for obtaining and recording it according to applicable laws and regulations and approved medical wellness facility policies.
   d) Required staff training on obtaining informed consent.
   e) Consent forms available in all applicable locations.

II. Informed consent in case of refusing care or discontinuing treatment against medical advice (AMA).
   a) Consent is documented,
   b) Client and families are informed of the consequences of their decision.
   c) Client and families are informed about available care and treatment alternatives.

III. Informed consent in case of clients' participation in clinical trial/research and the medical wellness facility shall follow research ethics including ethical review of the research protocol by the research ethics committee.

Survey process guide:

- The GAHAR surveyor may review the facility policy describing the client informed consent process.
- GAHAR surveyor may observe the process of obtaining the Informed consent
- GAHAR surveyor may observe the availability of informed consent forms in care areas.
- GAHAR surveyor may review a sample of client's medical record to check informed consent completion.

Evidence of compliance:

1. The medical wellness facility has an approved policy guiding the process of informed consent that includes all elements mentioned in the intent from I) through III).
2. Involved staff member are aware of the informed consent policy.
3. Informed consent is obtained in a manner and language that the clients understand.
4. Informed consent is obtained and documented according to the facility policy.
5. Informed consent is recorded and kept in the client's medical record.

Related Standards:

MWS.03 Client family rights and responsibilities, MWS.15 Medical wellness services.

MWS.06 The medical wellness facility improves the provided services based on clients' and families' feedback.

Client- centeredness

Keywords:
Client and family feedback.

Intent:
In a Medical wellness facility, client satisfaction/experience enhance overall well-being, create an environment where clients feel valued, supported, and empowered to achieve their health and wellness goals, leading to better care and happier clients. Client feedback includes concerns, compliments, suggestions, and formal complaints that may help the facility to better understand the client's needs.

The facility can solicit feedback from clients in phone surveys, written surveys, focus groups, or personal interviews. The responsible staff shall be educated on how to manage the client feedback process.

The medical wellness facility shall develop and implement a policy and procedures to guide the client's feedback process. The policy address at least the following:

1. Process of managing client feedback:
   a) Ways to solicit client satisfaction/experience from the clients.
   b) Tracking, collecting, analyzing the data.
   c) Interpretation of information obtained from measured feedback and identify opportunities for improvement.
2. Process to make oral or written complaints or suggestions:
   i. Mechanisms to inform clients and families of communication channels to voice their complaints and suggestions.
   ii. Tracking processes for clients' and families' complaints and suggestions.
   iii. Responsibility for responding to clients' complaints and suggestions.
   iv. Timeframe for giving feedback to clients and families about voiced complaints or suggestions.

Survey process guide:

- GAHAR surveyor may review the facility policy that guide client and family feedback and complaints.
- The GAHAR surveyor may interview staff to check their awareness.

Evidence of compliance:

1. The medical wellness facility has an approved policy guiding the process of client and

family feedback measurement including all items mentioned in the intent.

2. Responsible staff is aware of the client feedback policy.
3. There is evidence that the facility has received, analyzed, and interpreted feedback from clients and families.
4. The interpreted feedback has been communicated to concerned staff members and used as improvement opportunities.
5. The facility allows the complaining process to be publicly available.
6. Clients and families receive feedback about their complaints or suggestions within approved timeframes.

Related Standards:

MWS.03 Client family rights and responsibilities, MWS.35 Quality and performance improvement.

Effective and safe client access and checkout

MWS.07 The Medical Wellness Facility has a process in place guiding client registration and appointment scheduling.

Client - centeredness

Keywords:

Registration process

Intent:

Client registration serves as the initial step to access medical wellness services. This typically involves gathering and recording pertinent information to ensure effective wellness care service delivery.

This includes gathering demographic details, such as personal and contact information, scheduling appointments or client referrals, collecting health history, and verifying health payer coverage. The facility shall use methods to organize attendance at scheduled appointments.

The facility shall develop and implements a policy and procedures to manage scheduling and registering clients that include at least the following:

a) The required client information for registration process.

b) The pre-set eligibility criteria for medical wellness services.

c) Communications channels for client registration e.g. (call center, platforms, ...).

d) Method for scheduling and appointments, taking into considerations the waiting area capacity.

e) The staff who is responsible for scheduling and registering clients.

Survey process guide:

- GAHAR surveyor may review the scheduling and registering process of client and any related documents.
- GAHAR surveyor may interview staff to check their awareness of the process.
- GAHAR surveyor may interview clients to ask about how they were informed about the process.
- GAHAR surveyor may observe the registration process.

Evidence of compliance:

1. The medical wellness facility has a policy for scheduling and registering clients that includes at least items from (a) to (e) in the intent.
2. All staff members involved in client registration are aware of the facility policy
3. The scheduling and registering process is informed to the clients in a language they can understand.
4. Client registration processes are uniform to all clients.

Related Standards

MWS.02 Medical Wellness Facility advertisement, MWS.08 Client identification, MWS.03 Client family rights and responsibilities, MWS.37 Workforce management practices.

MWS.08 GSR.01 The medical wellness facility ensures accurate client identification using at least two unique identifiers.

Safety

Keywords:

Client identification

Intent:

Providing wellness care or performing interventions on the wrong client are significant errors, which may have grave consequences. Using two unique identifiers for each client is the key driver in minimizing such preventable errors, which is especially important with the administration of high alert medications or performing high risk or invasive procedures.

The Medical wellness facility shall develop and implement a policy and procedures to guide the process of client identification. The policy addresses at least the following:

a) Two unique identifiers (personal).

b) Occasions when verification of client identification is required.

c) Method to document identifiers such as wristbands, ID cards, and others.

Survey process guide:

- GAHAR surveyor may review policy and procedures guiding the process of client identification and check the required two (unique) identifiers (personal).
- GAHAR surveyor may interview staff members to check their awareness of the facility policy.
- The GAHAR surveyor may observe the client identification process before providing wellness services.

Evidence of compliance:

1. The Medical wellness facility has an approved policy and procedure for client identification that addresses all elements mentioned in the intent from a) through c).
2. All staff members are aware of facility policy.
3. Verification of Client identification is done before providing the wellness services.
4. The client's identifiers are recorded in the client's medical record.
5. The facility tracks, collects, analyses, and reports data on the client's identification process and acts on identified improvement opportunities.

Related Standards:

MWS.07 Registration process, MWS.11 Client medical assessments, MWS.14 Plan of Care, MWS.15 Medical wellness services, MWS.34 Information Management and Technology system, MWS.37 Workforce management practices.

MWS.09 Processes of client referral, transfer, and checkout are defined.

Safety

Keywords:

Referral, transfer, and checkout.

Intent:

Checkout from the facility is the point at which the client leaves the facility and returns home. A referral is when the client leaves the facility to seek additional medical wellness care temporarily in another organization. A transfer is when the client leaves the facility and gets transferred to another organization, such as a tertiary care organization, to a rehabilitation organization, or to a nursing home.

For medical wellness facilities, an effective client referral system is an integral way of ensuring that clients receive optimal wellness care at the right time. Recording and responding to referral feedback ensures continuity of care and completes the cycle of referral. The wellness facility shall establish a protocol agreement with nearby healthcare facilities to ensure access to emergency services.

Checkout report is a document that summarizes a client's stay and progress. It typically includes information from various stages of the visit, acting as a record for both the facility and the client. This Checkout report details the client's reason for visit, services received, highlighting any significant changes in the client's health or well-being during their stay, medications (if applicable), and ongoing wellness recommendations. A copy of this checkout report shall be kept in the client medical record.

The checkout, referral, and/or transfer policy addresses at least the following:

a) Planning for checkout, referral, and/or transfer out begins as assessment is settled and, when appropriate, includes the client.

b) The checkout, referral/transfer process documentation requirements include at least the following:
   i. Reason for referral/transfer.
   ii. Collected information through assessments and care.
   iii. Medications and provided treatments.
   iv. Transportation means and requires monitoring.
   v. Condition on checkout or referral/transfer.
   vi. Destination on checkout or referral/transfer.
   vii. Name and signature of the healthcare professional who decided the client checkout or referral/transfer.
   viii. Any special checkout instructions for the client.
   ix. Client details, checkout or referral/transfer' date and time.

c) Determine who is responsible for ordering and executing the checkout, referral, and/or transfer out of clients.

d) Defined criteria determine the appropriateness of referrals and transfers-out are based on the approved scope of service and client's needs for continuing care.

e) Coordination with transfer/ referral agencies, if applicable, other levels of health service and other organizations.

Survey process guide:

- GAHAR surveyor may review the facility policy and procedures guiding the processes of client checkout, referral, and/or transfer.
- GAHAR surveyor may review a sample of medical records to check the presence of all documentation requirements of checkout, referral/transfer processes and a copy of the checkout summary.
- GAHAR surveyor may interview involved staff members to check their awareness of the facility policy.

Evidence of compliance:

1. The medical wellness facility has an approved policy that addresses all elements mentioned in the intent from a) through e).
2. All staff members involved in checkout, referral and transfer of clients are aware of the policy.
3. All documentation requirements of checkout orders, and referral are timely recorded in the client's medical record using all the required elements from I) through IX).
4. A copy of the checkout summary is kept in the client's medical record.

Related Standards:

MWS.14 Plan of Care, MWS.11 Client medical assessments, MWS.10 Professional practice guidelines, MWS.37 Workforce management practices.

Sustaining a uniform care

MWS.10 The process of adopting and adapting professional practice guidelines is defined.

Effectiveness

Keywords:

Professional practice guidelines.

Intent:

The professional practice guidelines aim to provide evidence-based recommendations for medical wellness practitioners, include standards for client care, safety, ethical conduct, and holistic well-being, promoting excellence in wellness care delivery and client satisfaction. These guidelines serve as a framework to ensure the delivery of high-quality, ethical, and client-centered medical wellness services such as Acupuncture, Moxibustion, cupping and spooning, auricular needles, press needles, beads, and plum blossom needles aromatherapy and thalassotherapy, climate therapy, and Massage Therapy.

The medical wellness facility shall select guidelines from among those applicable to the services and client population; it should formally be approved or adopted from an authoritative source.

Facility's leaders shall periodically measure the consistent use and effectiveness of the implemented guidelines. The medical wellness facility shall develop and implement a policy and procedure for professional practice guidelines adaptation and adoption.

The policy addresses at least the following:

a) Selection criteria of professional practice guidelines,

b) How to monitor and evaluate implementation of professional practice guidelines/ protocols,

c) Staff training is required to apply the selected guidelines, pathways, or protocols.

d) Periodic update of professional practice guidelines based on changes in the evidence and evaluation of processes and outcomes.

Survey process guide:

- GAHAR surveyor may review the facility policy guiding the professional practice guidelines adaptation and adoption.
- GAHAR surveyor may interview staff members to check their awareness of the policy.
- GAHAR surveyor may review clients' records to check the implementation of professional practiceguidelines.
- GAHAR surveyor may review a sample of staff files to check for the training records.

Evidence of compliance:

1. The medical wellness facility has an approved policy guiding the professional practice guidelines adaptation and adoption that includes all the elements mentioned in the intent from a) through d).
2. Responsible staff is trained on the implementation of the relevant approved professional practiceguidelines.
3. Professional practice guidelines are followed.

Related Standards:

MWS.15 Medical wellness services, MWS.11 Client medical assessments, MWS.14 Plan of Care, MWS.37 Workforce management practices.

MWS.11 The medical wellness facility ensures that a comprehensive, effective client assessment process is implemented.

Effectiveness

Keywords:

Client medical assessments.

Intent:

A comprehensive initial assessment in medical wellness care to evaluate the client's health status, medical history, and current needs. This guides the establishment of personalized care plans and ensures implementation of suitable treatment / interventions to improve the client's well-being.

The medical wellness facility shall develop and implement a policy and procedures to define the acceptance criteria and the minimum contents of the initial assessments. The

policy shall include at least the following:

a) Define the minimum content of the initial assessment forms that include at least the following:
   i. Family and medical history, medications, and past experiences with wellness treatments. Determine client's wellness goals and expectations.
   ii. Vital signs (blood pressure, heart rate, BMI)
   iii. Cognitive and mental health assessment
   iv. Functional status
   v. Nutritional status.
   vi. Lifestyle and behavioral assessments
   vii. Cultural and Personal Preferences, and goals.
   viii. Identify any contraindications or risks
b) Identification of special-needs client populations that visit the facility and need to modify the general assessment form (like pediatrics, adolescents, elderly, disabled clients, and clients with special psychosocial needs).
c) The qualified responsible individuals.
d) Define measures to be followed if specific further assessments are needed.
e) Ensure all requested examinations, investigations, and results are performed before the client's arrival to the facility.
f) Determine the timeframe for completing the initial assessments and situations when to consider the initial assessments not valid
g) Frequency of reassessments if applicable.
h) Determine who is responsible to develop and perform the assessments and reassessments.
i) Determine the need for check out planning in the initial assessments.

Survey process guide:

- GAHAR surveyor may review the facility policy guiding the initial assessment and reassessment process
- GAHAR surveyor may interview staff members to check their awareness.
- GAHAR surveyor may review clients' medical records to check the completeness of initial clients' assessment and reassessment documentation.

Evidence of compliance:

1. The medical wellness facility has an approved assessment and re-assessment policy

that contains at least from a) to i) in the intent.

2. All staff who participate in the client assessment process are aware, and well-trained on the components of the policy.
3. Only qualified and well-trained individuals conduct the client' medical assessments and reassessment.
4. The assessment process for special groups and populations is modified to reflect their needs.
5. Client assessments and reassessment are performed and timely documented in the client's medical record according to the facility's policy.

Related Standards:

MWS.14 Plan of Care, MWS.10 Professional practice guidelines, MWS.12 Pain screening, assessment and management, MWS.09 Referral, transfer, and checkout, MWS.13 Fall assessment and prevention, MWS.15 Medical wellness services.

MWS.12 clients are screened for pain, assessed, and managed accordingly.

Client-Centeredness

Keywords:

Pain screening, assessment and management.

Intent:

Each client has the right to a pain-free life. Pain, when managed properly, it results in client comfort and satisfaction. Medical Wellness programs, including acupuncture, moxibustion, cupping, thalassotherapy, massage therapy, and various other interventions, are tailored to alleviate the pain and discomfort and specific needs of each client. These programs involve a combination of therapies aimed at reducing pain, improving relaxation, enhancing circulation, and promoting overall well-being. The medical wellness facility shall develop and implement a policy and procedures guiding screening, assessment, and management of pain processes.

The policy addresses at least the following:

a) Pain screening tool consistent with the client's age.
b) Complete pain assessment elements that include nature, site, and severity.
c) Training of the responsible staff on pain assessment.
d) The need and frequency of pain reassessments.
e) Pain management protocols.
f) Assign responsibility for managing the pain.
g) Process of recording pain management plan in the client's medical record

h) Clients' education and empowering with self-management strategies like exercises, stress management, and lifestyle changes for pain relief.

Survey process guide:

- GAHAR surveyor may review the policy guiding screening, assessment, and management of pain.
- GAHAR surveyor may interview relevant staff members to check their awareness of the policy.
- GAHAR surveyor may review a client t's medical record to check for evidence of pain assessment, re-assessment, and management.

Evidence of compliance:

1. The medical wellness facility has an approved policy guiding pain screening, assessment, and management processes that address all elements mentioned in the intent from a) through h).
2. Relevant staff members are aware of how to apply the policy.
3. All clients are screened for pain using a valid, approved tool.
4. Pain assessment, re-assessment, and management plans are recorded in the client's medical record.

Related Standards:

MWS.11 Client medical assessments, MWS.14 Plan of Care, MWS.03 Client family rights and responsibilities, MWS.34 Information Management and Technology system.

MWS.13 GSR.02 Client's risk of falling is screened, assessed, periodically reassessed, and prevented.

Safety

Keywords:

Fall assessment and prevention.

Intent:

Fall risk screening in medical wellness facilities identifies clients prone to falls. Identified fall-risk client will be assessed in order to offer tailored preventative measures against falling.

Certain wellness services inherently carry a higher fall risk and can lead to serious injuries and negatively impact a client's well-being. Medical wellness facility shall assess and manage the specific risks associated with each service, such as clients in massage therapy may be positioned in awkward positions or have limited mobility during a massage, wet surfaces

and slippery pool floors in hydrotherapy that increase fall risk, and clients in acupuncture/ moxibustion may feel lightheaded after treatment.

When fall risk is identified, tailored preventive measures shall be implemented to mitigate/ reduce identified risks and ensuring client safety in wellness facilities. The medical wellness facility shall develop and implement a policy and procedures to guide the fall assessment and prevention that addresses at least the following:

a) Criteria for fall screening
b) Fall risk assessment using appropriate tools suitable for the client population.
c) Timeframe to complete the fall risk assessment.
d) The need and frequency of fall reassessment.
e) General measures required to reduce the risk of falling such well-lit areas, clear handrails and grab bars in appropriate locations, avoid chairs with wheels, signage indicating wet floors or potential hazards, and handholds in swimming pools avoid non-slip surfaces.
f) Supervision for clients with mobility limitations.
g) Monitoring and addressing environmental factors related to fall risks.
h) Implementing procedures for immediate response and reporting of falls.
i) Tailored care plans based on individual client's fall risk assessment.
j) Educational programs on fall prevention and safe movement techniques.
k) Fall assessment, reassessment and tailored care plan are documented in the medical record.

Survey process guide:

- GAHAR surveyor may review the policy guiding screening and prevention of client falls.
- GAHAR surveyor may review a sample of medical records to check the completeness of the client fall screening/ assessment forms.
- GAHAR surveyor may interview healthcare providers, to assess their knowledge about the client fall screening/ assessment process.
- GAHAR surveyor may observe client fall prevention' general measures.

Evidence of compliance:

1. The medical wellness facility has an approved policy and procedures for fall screening and prevention that addresses items from a) to k) of the intent.
2. The staff is aware of the fall screening, assessment, and prevention policy.
3. Clients at high risk of falls are identified, assessed and preventive measures are taken.
4. Client who has higher level of fall risk, is aware and involved in fall prevention measures.

5. Fall risk screening and assessment are documented in the client's medical record.

Related Standards:

MWS.11 Client medical assessments, MWS.14 Plan of Care, MWS.03 Client family rights and responsibilities, MWS.04 Physical comfort, MWS.30 Safety Management Plan.

MWS.14 An individualized plan of wellness care is developed for every client.

Effectiveness

Keywords:

Plan of Care.

Intent:

A plan of wellness care provides direction on the type of wellness care interventions, treatments, or services the client may need.

The focus of the plan is to facilitate standardized, evidence-based, and holistic care.

Recording a plan of care shall ensure medical staff members, nurses, and other healthcare professionals integrate their findings and work together with a common understanding of the best approach to the client's condition. The plan of wellness care is:

a) Developed by all relevant disciplines provided under the supervision of healthcare professionals such as physicians, nurses, or wellness coordinators.
b) Developed and updated according to professional practice guidelines and client needs and preferences.
c) Based on assessments of the client performed by the various healthcare disciplines and healthcare professionals including the investigations' results, if any.
d) Developed with the involvement of the client through shared decision-making, with the discussion of benefits and risks that may involve decision aids.
e) Includes identified needs, and interventions, to obtain the desired outcomes and goals within the determined timeframe for each intervention.
f) Updated as appropriate based on the client reassessment's findings, needs, preferences, and the resources available.
g) The progress of the client /service user in achieving the goals or desired outcomes is monitored.

Survey process guide:

- GAHAR surveyor may review a client's medical record to review the recorded plan of care.
- GAHAR surveyor may interview healthcare professionals to check their awareness of the process.

Evidence of compliance:

1. The client's plan of care is performed and followed by all relevant disciplines based on their assessments and addresses all the elements mentioned in the intent from a) through g).
2. The individualized plan of wellness care is recorded in each client's medical record.
3. Healthcare professionals are aware of the plan of wellness care components.
4. The plan of wellness care is revised/updated based on a re-assessment finding or any significant changes in client condition.

Related Standards:

MWS.15 Medical wellness services, MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.37 Workforce management practices.

MWS.15 The Medical Wellness Care Facility ensures providing effective medical wellness services.

Effectiveness

Keywords:

Medical wellness services.

Intent:

Medical Wellness Care Facilities provide a diverse range of services and integrated care models which are tailored to address specific medical needs and conditions.

Integrated care model refers to an approach that coordinates various healthcare services to provide a comprehensive and cohesive client experience. These models are designed to provide targeted care and support to individuals requiring specialized treatments such as acupuncture, moxibustion, cupping and spooning, aromatherapy and thalassotherapy, massage therapy, medical spa weight loss, etc.

To ensure the provision of high-quality care in medical wellness facility, it's required to establish and implement standard care programs for the different integrated care models provided.

A standard care program refers to a structured and coordinated approach to provide comprehensive and person-centered medical wellness care. It is a systematic framework designed to optimize the quality, safety, and effectiveness of healthcare services within a specific area of practice or specialty.

These programs often follow professional practice guidelines, best practices, and established protocols to ensure standardized and consistent care delivery.

The components of standard care program may vary depending on the area of practice, the target population, and the individual needs. However, common elements include the following:

a) Qualified staff responsible to develop and oversight the provision of each wellness care model.

b) Identify target population eligible for the care model.

c) The use of professional practice guidelines for the care and interventions that should include:

   I. Assessment and evaluation of the client's condition and goals.

   II. Plan of care, based on the assessment, to address the client's specific needs and goals.

   III. Multidisciplinary team of healthcare professionals who collaborate to provide the required care, including their competences and required training.

   IV. Education and counseling to help clients, and accompanying person, understand the condition, cope with the challenges, and make informed decisions regarding their care.

   V. Regular monitoring of the client's progress.

   VI. Determine any actual or potential complications.

   VII. Managing and preventing adverse events

d) Equipment and resources needed to provide the required care.

e) Checkout planning and follow-up care to ensure a smooth transition from the program to a suitable setting. This may involve arranging for home modifications, recommending community resources and support services, and coordinating with other healthcare providers to ensure continuity of care.

f) Medical records documentation requirements for each care model

g) Ethical consideration including:

   i. The process of obtaining written informed consent before the procedures containing disclosure of information statement.

   ii. Respect for client autonomy, cultural beliefs, and values in the delivery of different care model.

   iii. Maintaining client confidentiality and professionalism in all interactions.

   iv. Incident handling, reporting and corrective action are taken when needed.

   v. Ethical dilemmas reporting, management, resolving and communicating the results with impacted stakeholders on a defined time frame.

h) Performance measures to evaluate the program.

The medical wellness facility shall provide all health care practitioners with appropriate training and education for the safe provision of direct and ongoing oversight of professional guidelines/protocols.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility standard care program for each wellness care model provided.
- GAHAR surveyor may interview involved staff members to check their awareness of the relevant facility standard care program.
- GAHAR surveyor may review sample of involved staff members files of to check their training and qualifications to handle the relevant program.
- The GAHAR surveyor may review sample of the clients' medical records to check documentation of assessment, plan of care, monitoring of progress and evidence of education on the care plan.

Evidence of compliance:

1. The medical wellness facility has a standard care program for each wellness care model provided that addresses all the elements mentioned in the intent from a) through h).
2. Staff involved in each model are qualified and trained to handle the program.
3. The care provided is according to professional practice guidelines.
4. Assessment, plan of care and monitoring of progress are documented in the client medical record.
5. The client and/or accompanying person are educated on the care plan.

Related Standards:

MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.14 Plan of Car, MWS.37 Workforce management practices.

MWS.16 The medical wellness facility ensures that Acupuncture and Moxibustion services are effective, safe, and appropriate to the client's needs.

Safety

Keywords:

Acupuncture and Moxibustion

Intent:

According to the second global survey conducted by the World Health Organization (WHO), acupuncture is the most popular form of traditional and complementary medicine globally. Acupuncture is an important element of traditional Chinese medicine. Acupuncture points are believed to stimulate the central nervous system. This, in turn, releases chemicals into the muscles, spinal cord, and brain. These biochemical changes may stimulate the body's natural healing abilities and promote physical and emotional well-being.

Moxibustion is a form of therapy that entails the burning of mugwort leaves. Moxibustion is commonly used alongside acupuncture in China, but it's not as common in other countries.

Traditional therapies include also Cupping and GuaSha. Each of these therapies increases blood flow, decreases stagnation or pain in the body, and encourages relaxation. Cupping is an ancient therapy where glass cups are applied to the skin using some form of suction, usually created through heat or reverse mechanical pressure. GuaSha can be described as a massage of the skin using a flat edged tool to increases blood flow and release muscle tension effectively. 'Gua' means to scrape or rub, while 'Sha' describes the temporary redness that results temporarily marking the skin.

The medical wellness facility shall ensure that Acupuncture, Moxibustion, Cupping, Gua Sha services are provided effectively through development of a standard care program as described in standard MWS.15 and based on professional practice guidelines.

The medical wellness facility shall provide all health care practitioners with appropriate training and education for the safe provision of direct and ongoing oversight of acupuncture and moxibustion protocols.

Survey process guide:

- GAHAR surveyors may review the medical wellness facility standard care program for Acupuncture, Moxibustion, Cupping, Gua Sha services.
- GAHAR surveyors may interview involved staff members to check their awareness of the relevant facility standard care program
- GAHAR surveyor may review sample of involved staff members files of to check their training and qualifications to handle the relevant program.

- GAHAR surveyor may review sample of the clients' medical records to check documentation of assessment, plan of care, monitoring of progress and evidence of education on the care plan.

Evidence of compliance:

1. The facility has a standard care program for Acupuncture, Moxibustion, Cupping, Gua Sha services provided that addresses all the elements mentioned in the intent from a) through h) in standard MWS.15.
2. Staff involved in each model are qualified and trained to handle the program.
3. The care provided is according to professional practice guidelines.
4. Assessment, plan of care and monitoring of progress are documented in the client medical record.
5. The client and/or accompanying person are educated on the care plan.

Related Standards:

MWS.15 Medical wellness services, MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.14 Plan of Car, MWS.24 IPC program, risk assessment, guidelines, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices.

MWS.17 The medical wellness facility ensures safe thalassotherapy activities.

Safety

Keywords:

Thalassotherapy activities

Intent:

Thalassotherapy is the use of seawater, sea products (sand, mud, salt, algae, aerosols…) and seaside climate as a form of therapy. It is the combined use of preventive and therapeutic purposes of seawater and sea derived products, under counselling and medical supervision, inside the adequate facilities located nearby the sea. Thalassotherapy comprises healthy activities such as:

- Thermalism/Crenotherapy: using natural mineral water and natural mud/peloid in Thermal Resorts as healthy resources.
- Mud-therapy/Pelotherapy: using mud/peloidal, that as a rule could be derived from the sea or from natural mineral water, as healthy resource.
- Psammotherapy or Arenotherapy: using special natural sands as a rule derived from the sea, as healthy resource.
- Halotherapy: using sea salt as healthy resource.

- Climatotherapy (using seaside climate as healthy resource

Thalassotherapy provides an opportunity to maximize the potential for tourism in the coast regions within a planned and environmentally respectful framework. The wellness facility shall provide a thalassotherapy activity on defined criteria which at least includes:

a) The facility shall be located away from all known sources of pollution (like sewage discharges, oil spills, agricultural runoff, shipping activities, etc...) and at a maximum of 1000 m from the coastline.
b) Only natural seawater shall be used.
c) The seawater shall be protected against physical, chemical and microbiological alterations during transportation and used within pre-determined time frame (not more than 24 hours).
d) Seawater shall never be reused in care basins.
e) Products directly extracted from the sea (marine mud and seaweed) and used in thalassotherapy shall be 100% natural and shall never be reused once used in a treatment.
f) Seaweed shall be mixed with seawater in dosage levels and at temperatures specified by the practitioner.
g) Seaweed and algae-based cosmetic products shall be stored in a manner which enables the retention of the original quality characteristics.

The medical wellness facility shall ensure that all thalassotherapy activities are provided effectively through development of a standard care program as described in standard MWS.15.00 and based on professional practice guidelines.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility standard care program for all thalassotherapy activities performed.
- GAHAR surveyor may review the medical wellness facility defined process for stable supply of not polluted natural seawater.
- GAHAR surveyor may review sample of involved staff members files of to check their training and qualifications to handle the relevant program.
- GAHAR surveyor may check compliance with professional practice guidelines during care provision.
- GAHAR surveyor may review sample of the clients' medical records to check documentation of assessment, plan of care and monitoring of progress.

Evidence of compliance:

1. The facility provides thalassotherapy activities on defined criteria that include items from a) to g) in the intent.
2. The facility has defined process for stable supply of not polluted natural seawater.
3. The facility has a standard care program for all thalassotherapy activities that addresses all the elements mentioned in the intent from a) through h) in standard MWS.15.
4. Staff involved in each model are qualified and trained to handle the program.
5. The care provided is according to professional practice guidelines.
6. Assessment, plan of care and monitoring of progress are documented in the client medical record.

Related Standards:

MWS.15 Medical wellness services, MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.14 Plan of Car, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices.

MWS.18 The medical wellness facility ensures safe use of hydrotherapy and the relative hot bags paraffin wax.

Safety

Keywords:

Safe use of hydrotherapy.

Intent:

The use of hydrotherapy, whirlpools, and aquatic therapy pools and the relative hot bags

paraffin wax in the medical wellness facilities is of great benefit to clients for the care of pain, and immobility. It is also beneficial for relaxation and recreation. However, water can be a source of and vehicle for transmission of infectious organisms.

Maintaining the proper levels of disinfectant in pools can help control the organic load. Some clients may have to be excluded from these types of therapies due to presence of open wounds or any other contraindicated health conditions.

The medical wellness facility shall develop policy to address the proper way Immersion tanks and whirlpools need to be cleaned with the appropriate disinfectant and following manufacturer's recommendations. Equipment with agitator jets must be disinfected with the solution covering the jets and circulating through the jets while disinfecting. Logs should be maintained of the results of water testing and remediation. Therapy pools and spas shall be included in the infection control risk assessment, and appropriate screening

(for waterborne illnesses such as Legionella and others) shall be performed as indicated.

The medical wellness facility shall ensure that all hydrotherapy activities are provided effectively through development of a standard care program as described in standard MWS.15 and based on professional practice guidelines.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility policy guiding safe hydrotherapy, whirlpools, and aquatic therapy pools.
- GAHAR surveyor may interview involved staff members to check awareness of the facility policy.
- GAHAR surveyor may review the medical wellness facility standard care program for all hydrotherapy activities performed.
- GAHAR surveyor may review sample of involved staff members files of to check their training and qualifications to handle the relevant program.
- GAHAR surveyor may review sample of the clients' medical records to check documentation of assessment, plan of care and monitoring of progress.

Evidence of compliance:

1. The medical wellness facility has an approved policy and procedure to ensure safe hydrotherapy, whirlpools, and aquatic therapy pools.
2. Regular water chemical and bacteriological analysis are performed.
3. The facility has a standard care program for all hydrotherapy activities that addresses all the elements mentioned in the intent from a) through h) in standard MWS.15
4. Staff involved in hydrotherapy are qualified and trained to handle the program.
5. The care provided is according to professional practice guidelines.
6. Assessment, plan of care and monitoring of progress are documented in the client medical record.

Related Standards:

MWS.15 Medical wellness services, MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.14 Plan of Car, MWS.24 IPC program, risk assessment, guidelines, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices.

MWS.19 medical wellness facility ensures that the provision of aromatherapy procedures is effective, safe, and appropriate to the client's needs.

Safety

Keywords:

Safe use of Aromatherapy.

Intent

Nowadays, use of complementary and alternative therapies is increasingly being used alongside traditional medicine. Aromatherapy is a fast-growing complementary therapy worldwide which involves using essential oils for therapeutic purposes to treat various diseases, Essential oils are used as valuable supportive therapy for health and wellness.

According to the Food and Drug Administration (FDA), classify the aromatherapy product as drug if is intended for therapeutic purposes, such as treating or preventing disease. Aromatherapy is used in a wide range of settings to treat a variety of conditions. Also, it's called Clinical aromatherapy and can be used for symptom management for pain, nausea, vomiting, preoperative anxiety, critical care, well-being, anxiety, depression, stress, insomnia, respiratory, dementia, and oncology. Healthcare professionals should be knowledgeable about the quality and safety of essential oils when using them for clinical purposes.

The medical wellness facility shall ensure that Aromatherapy or clinical aromatherapy services are provided effectively through development of a standard care program as described in standard MWS.15 and based on professional practice guidelines (e.g., WHO Model Lists of Essential Medicines on Selection and Use of Essential Medicines).

The medical wellness facility shall provide all health care practitioners with appropriate training and education for the safe provision of direct and ongoing oversight of aromatherapy guidelines and protocols.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility standard care program for aromatherapy services provided.
- GAHAR surveyor may interview involved staff members to check their awareness of the relevant standard care program.
- The GAHAR surveyor may review sample of staff files to check their training and qualifications for handling the relevant program.
- The GAHAR surveyor may check the compliance with professional practice guidelines during care provision.
- The GAHAR surveyor may review sample of the clients' medical records to check

documentation of assessment, plan of care, monitoring of progress and education on care plan.

- The GAHAR surveyors may interview the client and/or accompanying person to check their education on the care plan.

Evidence of compliance:

1. The Medical wellness facility has a standard care program for aromatherapy services provided that addresses all the elements mentioned in the intent from a) through h) in standard MWS.15.
2. Staff involved in each model are qualified and trained to handle the program.
3. The care provided is according to professional practice guidelines.
4. Assessment, plan of care and monitoring of progress are documented in the client medical record.
5. The client and/or accompanying person are educated on the care plan.

Related Standards:

MWS.15 Medical wellness services, MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.14 Plan of Car, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices.

MWS.20 The Medical wellness facility ensures safe use of medical spas services under the supervision and direction of licensed and qualified healthcare professionals.

Safety

Keywords:

Safe use of medical spas.

Intent:

The continued growth of client demand for medical aesthetic services is strongly linked to having safe, high-quality medical practices that comply with law and regulations and professional practice guidelines.

Medical spas competent staff have an influential role in ensuring that all procedures and treatments provided at the medical spa are performed safely and effectively. Licensed, qualified, and experienced individual/(s) or team shall perform and supervise the services provided.

Medical spas provide a combination of aesthetic and medical services and provide specialized medical skin care treatments under the supervision of a physician usually a plastic surgeon. Medical spas provide treatments involve the use of specialized tools,

specialized equipment, and injections, these procedures stimulate, alter, or destroy living tissue and can cause certain safety risks for clients, the delivery of this care shall be involving proper physician oversight and supervision and require practitioners to have adequate training to perform them effectively and, most critical, manage any complications that may arise. This involves verifying educational backgrounds, certifications, and ongoing training in their areas of expertise. Staff qualifications are a cornerstone of spa operations, as they directly impact the quality of care and treatments provided.

The medical wellness facility shall ensure that medical spa services are provided effectively through development of a standard care program as described in standard MWS.15 and based on professional practice guidelines.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility standard care program for medical spas services provided.
- GAHAR surveyor may interview involved staff members to check their awareness of the relevant standard care program of the facility.
- GAHAR surveyor may review sample of staff files to check evidence of their training and qualifications for handling the relevant program.
- GAHAR surveyor may check compliance with professional practice guidelines during care provision.
- GAHAR surveyor may review sample the clients' medical records to check documentation of assessment, plan of care and monitoring of progress.

Evidence of compliance:

- The Medical wellness facility has a standard care program for medical spas services provided that addresses all the elements mentioned in the intent of from a) through h) in standard MWS.15.
- Staff involved in each model are qualified and trained to handle the program.
- The care provided is according to professional practice guidelines.
- Assessment, plan of care and monitoring of progress are documented in the client medical record.
- Licensed, qualified physician is assigned to supervise and operate medical spa services and duties.

Related Standards:

MWS.15 Medical wellness services, MWS.10 Professional practice guidelines, MWS.11 Client medical assessments, MWS.14 Plan of Car, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices.

MWS.21 GSR.03 Response to cardio-pulmonary arrests in the facility is managed.

Effectiveness

Keywords:

Cardiopulmonary resuscitation.

Intent:

Any client receiving care within a medical wellness facility is liable to suffer from a medical emergency requiring a rapid and efficient response. Time and skills are essential elements for an emergency service to ensure satisfactory outcomes. Therefore, trained staff members, at least on basic life support, shall be available during working hours ready to respond to any emerging situation. Availability, all the time, of adequate and functioning equipment and supplies is also cornerstone for resuscitating clients in emergency conditions. The medical wellness facility shall develop and implement a policy and procedures to ensure safe management of cardio-pulmonary arrests.

The policy shall address at least the following:

a) Defined criteria of recognition of emergencies and cardio-pulmonary arrest including adults and pediatrics.
b) The required qualifications and basic life support training of the medical wellness facility code teams.
c) Education of staff members on the defined criteria.
d) Identification of involved staff members to respond.
e) Mechanisms to call staff members to respond; including code(s) that may be used for calling emergency.
f) The time frame of response.
g) The response is uniform 24 hours a day and seven days a week.
h) Emergency carts / bags containing defibrillators, as well as automated external defibrillators (AEDs), are readily accessible in all client care areas in all times.
i) Recording of response and management.
j) Management of emergency equipment and supplies including:
    i. Identification of required emergency equipment and supplies list according to laws, regulations, and standards of practice.
    ii. Emergency equipment and supplies are available all over the facility and checked daily for their readiness.
    iii. Emergency equipment and supplies are age appropriate.

iv. Emergency equipment and supplies are replaced immediately after use or when expired or damaged.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility policy guiding safe cardio-pulmonary arrest.
- GAHAR surveyor may interview the involved staff members to check their awareness of the facility policy.
- GAHAR surveyor may observe compliance with policies for cardio-pulmonary arrest.

Evidence of compliance:

1. The medical wellness facility has an approved policy that addresses all the elements mentioned in the intent from a) through j).
2. All staff members involved in medical emergencies and cardiopulmonary resuscitation are aware of the facility policy.
3. Age-appropriate emergency equipment, medications and supplies are available all over the facility, checked daily and replaced after use.
4. Management of medical emergencies and cardio-pulmonary arrests are recorded in the client's medical record.
5. Reports of cardiopulmonary resuscitation are discussed, and corrective actions are done.

Related Standards:

MWS.11 Client medical assessments, EFS.32 Health equipment plan, MWS.22 Medication management program, MWS.37 Workforce management practices.

Medication management and safety

MWS.22 The medical wellness facility ensures effective medication management processes.

Effectiveness

Keywords:
Medication management program.

Intent:
Medication management remains a primary concern in wellness care, and is often an important component in the palliative, symptomatic, and curative treatment of many diseases and conditions. The unsafe use of medication causes a significant safety concern and ensuring a safer medication management program at an organizational level, is a major challenge.

The medical wellness facility shall develop and implement a medication management program addresses at least the following:

a) Selection and procurement: this process is carried out in accordance with the law and regulations. It involves selecting criteria for appropriate medications for dispensing or administering to clients, pre-selecting suppliers, managing procurement, and evaluating supplier performance.

b) Storage: Medications stored in designated areas per manufacturer guidelines. Proper storage ensures quality, security, clear labeling, and strategies for high-risk and look alike and sound alike medications. Expired/recalled medications tracked for disposal. Emergency carts with defibrillators are readily accessible in all client care areas in all times.

c) Ordering and prescribing: the facility shall develop and implement structured medication reconciliation for admission and checkout. Only authorized individuals can prescribe medications permitted by law and regulations, following standardized process for use of abbreviations and symbols.

d) Preparing and dispensing: Medication orders reviewed thoroughly for accuracy and appropriateness by qualified professionals. Dispensing follows standardized procedures, safe and accurate medication preparation, labelling, and clear instructions regarding prescribed medications in understandable language.

e) Administration: Medication administration requires competent, trained healthcare professionals to administer medications, ensuring appropriateness, effectiveness, and safety, including verifying client details, medication accuracy, timing, dosage, route, indication, and allergies.

f) Monitoring and Evaluation: Effective medication management system includes monitoring clients, checking responses, reporting adverse reactions/medication errors, and evaluating therapeutic and adverse effects, and possible referral for adverse events. The medication management program is regularly evaluated and undergoes an annual review to ensure effectiveness and compliance.

All medication management and safety processes in medical wellness facilities are conducted and implemented according to Egyptian laws and regulations (The Egyptian Drug Authority (EDA), and the Egyptian Ministry of Health (MOH). Medical wellness facility is equipped with updated and appropriate medication-related information source(s) in electronic or paper-based formats for staff members involved in medication use. A qualified licensed individual shall directly supervise the medication management and safety program and only a licensed medical health professional shall prescribe the medications according to the national law and regulations.

Survey process guide:

- GAHAR surveyors may review the medical wellness facility medication management policies and procedures and the approved updated medication list.
- The GAHAR surveyors may interview the responsible staff to check their awareness of the facility program.
- The GAHAR surveyors may review staff files to evaluate the qualifications of individual(s) supervising the medication management program.
- The GAHAR surveyors may check availability of updated and appropriate medication-related information sources either in written and/or electronic formats to those involved in medication use.

Evidence of compliance:

1. The medical wellness facility has a medication management program addresses the items from a) to f) in the intent.
2. Qualified healthcare professional(s) supervise and oversee the medication management program.
3. The medical wellness facility has an approved and updated list of the medications.
4. Only a licensed medical health professional shall prescribe the medications according to the national law and regulations.
5. Storage, labelling, dispensing, administration, and monitoring are performed according to the policies,
6. Updated and appropriate medication-related information sources are available in written and/or electronic formats to those involved in medication use.

Related Standards:
MWS.23 Phytotherapy, MWS.10 Professional practice guidelines, MWS.14 Plan of Care, MWS.11 Client medical assessments, MWS.37 Workforce management practices.

MWS.23 The medical wellness facility ensures that phytotherapy are safe, effective, and appropriate to the client's needs.

Safety

Keywords:
Phytotherapy.

Intent:
Phytotherapy is the use of plants or herbs to manage health conditions. Medicinal plants and herbs are a form of complementary medicine. These are therapies that you can receive alongside traditional western medicine. Currently, herbal medicines are used to treat a wide range of illnesses.

Phytopharmaceuticals, phytomedicines, herbal medicines and botanicals are other terms often used for herbal medicines. These supplements come in all forms: dried, chopped, powdered, capsule, or liquid, and can be used in various ways, including s wallowed as pills, powders, or tinctures, brewed as tea, applied to the skin as gels, lotions, or creams, added to bath water.

With the ever-increasing use of herbal medicines and the global expansion of the herbal medicines market, safety has become a major concern. The quality of herbal medicines has a direct impact on safety and efficacy. Herbs can interact with other pharmaceutical medications and should be taken with care. Herbal medicine represents an important component part of the health care system for the population that relies on natural remedies for their health care needs.

Phytotherapy is a science-based medical practice and thus is distinguished from other, more traditional approaches, such as medical herbalism, which relies on an empirical appreciation of medicinal herbs, and which is often linked to traditional knowledge.

The medical wellness facility shall implement policy and procedures for Phyototherapy that contain at least the following:

a) Herbal medicines management following similar phases as those utilized for medications management start from procurement, storage, ordering, prescribing, preparation, dispensing, administration, monitoring, and end to evaluation, all those processes shall comply with the EDA's general regulatory requirements for registration and re-registration and follow the professional practice guidelines for handling these medicines.

b) The process to ensure clear identification of prescribing herbal medicines is done under the supervision of a qualified practitioner e.g., to review the interactions between herbal medicines and medications. Also, for assessing the medical history, that certain herbal medicines may interact with anesthesia and blood clotting or pressure, increasing bleeding risks during or after surgery.

c) Identify high-risk client groups for herbal medicine usage: individuals on concurrent medications, those with severe health issues, pre-surgery clients, pregnant or breastfeeding women, older adults, and children.

d) Implement measures to reduce the increased risks of obtaining fake, substandard, unlicensed, or contaminated herbal medicines via online or mail-order transactions.

e) Instructions for clients on the safe and effective use of herbal medicines in the medical wellness facility.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility policy guiding phytotherapy.
- GAHAR surveyor may interview relevant staff members to check their awareness of the policy.
- GAHAR surveyor may observe the process of preparing/compounding herbal medicines' orders.
- GAHAR surveyor may review staff files to check the competencies and qualifications of the staff responsible for supervision of prescribing herbal medicines.
- GAHAR surveyor may review evidence documents for the facility's continuous feedback, monitoring, and evaluation of phytotherapy.

Evidence of compliance:

1. The medical wellness facility has an approved policy for Phytotherapy that addresses all the elements mentioned in the intent from a) through e).
2. All relevant staff are aware and well-trained in the policy components.
3. All herbal medicines available in the facility are registered and re-registered with EDA requirements with displaying a national label.
4. The facility has mechanisms for continuous feedback, monitoring, and evaluation of phytotherapy.

Related Standards:

MWS.22 Medication management program, MWS.10 Professional practice guidelines, MWS.14 Plan of Care, MWS.11 Client medical assessments, MWS.37 Workforce management practices.

Infection and prevention control

MWS.24 A comprehensive infection prevention and control program is developed, implemented, and monitored.

Safety

Keywords:

IPC program, risk assessment, guidelines.

Intent:

Constructing a comprehensive IPC program is of utmost importance in order to effectively reduce infection risks. An effective medical wellness facility program shall be comprehensive and shall include all aspects of client care, staff health, and the entire services provided by the medical wellness facility. The program development requires a multidisciplinary approach that is carried on by qualified staff members and is reinforced by sound up-to-date knowledge and resources in order to fulfil its mission and objectives. The program shall also assure the education and training of all working staff members and provide necessary clients, visitors, and families' education. Surveillance of all activities shall be performed by the medical wellness facility based on the IPC program is also a necessity.

The IPC program shall be based on the annual facility risk assessment plan, national and international guidelines (CDC, APIC, IFIC, etc.), accepted practices, and applicable laws and regulations.

Each medical wellness facility shall design its own key performance indicators to monitor, assess, and improve the IPC program. Examples of KPI include the percentage of hand hygiene compliance and the results of sterilization monitoring.

Survey process guide:

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

Evidence of compliance:

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

Related Standards:

MWS.25 Infection prevention and control activities, MWS.26 Safe injection and needling practices, MWS.10 Professional practice guidelines, MWS.33 Hazardous materials and waste management, MWS.27 Disinfection, sterilization, MWS.37 Workforce management practices.

MWS.25 GSR.04 Hand hygiene and standard precautions are implemented in order to prevent healthcare associated infections.

Effectiveness

Keywords:

Infection prevention and control activities.

Intent:

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

i. Use of personal protective equipment (PPE) (e.g., gloves, masks, eyewear).
ii. Use of soap, washing detergents, antiseptics, and disinfectants.
iii. Respiratory hygiene / cough etiquette.
iv. Sterile instruments and devices.
v. Clean and disinfected environmental surfaces.

One of the pillars for the elimination of infections is proper hand hygiene. The medical wellness facility is requested to follow currently published, evidence-based hand hygiene guidelines. “Five Moments for Hand Hygiene” may be used to identify key moments for hand hygiene for health care professionals. Soap, disinfectants, and towels or other means of drying are located in areas where handwashing, and hand-disinfecting procedures are required.

As part of infection prevention measures cleaning and disinfection services are available and implemented, the personal protective equipment are adequate and available, facial tissues, surgical masks and respirators are available that will protect workers against infectious diseases to which they may be exposed.

The medical wellness facility shall communicate effectively to the staff the main principles of worker protection that includes at least the following:

a) Consistently practice social distancing.
b) Cover coughs and sneezes.
c) Maintain hand hygiene.
d) Clean surfaces frequently
e) Utilizing a flexible leave permission when they are sick, and the available options for working remotely.

Applicable laws and regulations define the minimum infection preventive practices and precautions that should be implemented, the response to infectious disease outbreaks, and any reporting requirements.

Survey process guide:

- GAHAR surveyor may interview staff to check their awareness of the infection prevention and control standard precautions including hand hygiene technique.
- GAHAR surveyor may the check availability functional Hand hygiene stations.
- GAHAR surveyor may observe compliance of healthcare professionals with hand hygiene technique and WHO five moments of hand hygiene.
- GAHAR surveyor may observe the availability of PPE, detergents, antiseptics, and disinfectants.

Evidence of Compliance:

1. Handwashing and hand-disinfection procedures are used in accordance with hand-hygiene guidelines throughout the facility.
2. The PPE, detergents, antiseptics, and disinfectants are readily available, easily accessible.
3. Healthcare professionals are knowledgeable and aware of their role in infection prevention and control activities.

4. Cleaning technique and disinfectant of choice matches the requirements of each cleaned area.

Related Standards:

MWS.24 IPC program, risk assessment, guidelines, MWS.33 Hazardous materials and waste management, MWS.37 Workforce management practices.

MWS.26 The medical wellness facility ensures safe injection and needling practices.

Safety

Keywords:

Safe injection and needling practices

Intent:

In the medical wellness facility clients may require injection that may carry risk of infection for the clients. Unsafe injection practices are associated with transmission of blood-borne pathogens, in addition to needle stick injuries which is a common accident among healthcare professionals.

Accordingly, safe injection practices are crucial to ensure both client and healthcare professionals' safety. Healthcare professionals must always use a sterile, single-use disposable syringe, needle for each injection given, and ensure that all injection equipment and medication vials remain free from contamination. Implementation and compliance to safe needle practices in a medical wellness facility to ensure secure administration, minimizing infection risks, and prioritizing overall client safety.

Acupuncture in medical wellness facilities involves the insertion of thin, sterile needles into specific points on the body to stimulate various physiological responses. All acupuncture needles must be single-use, pre-sterilized, disposable needles. All needles should be purchased from a reputable medical supplier and ensuring any needle used is within its use by date.

The use of disposable needles is essential. It would be difficult to defend the use of reusable or re-sterilized needles in a case of acupuncture induced infection. All the major infections reported in the acupuncture literature, including HIV, but more frequently Hepatitis B, have resulted from errors in sterilization of reusable needles.

To protect both practitioners and clients against infections, stringent safety measures are implemented. The medical wellness facility shall develop and implement policy and procedures for safe Acupuncture needle.

The policy shall address at least the following:

a) Select appropriate acupuncture needles according to the client's specific needs, including their age, physical constitution, state of illness, and the location of the chosen acupoint.

b) Both clients and practitioners follow evidence-based hand hygiene guidelines before client contact, before inserting and removing needles and whenever there is a risk of cross infection from practitioner or client to client.

c) Assess client's condition for needle retention duration.

d) Determine safe location and number of needles per treatment, ensuring complete removal.

e) Store acupuncture needles and tools in dry, well-ventilated conditions.

f) Management of the risk of needle stick injury.

Survey process guide:

- GAHAR surveyor may review the approved medical wellness facility policy guiding the safe Acupuncture practices.
- GAHAR surveyor may interview staff to check their awareness of approved facility policy.
- GAHAR surveyor may observe staff compliance to the facility policy.
- GAHAR surveyor may observe the availability of Intravenous bottles and their proper use, and of single dose vials and the proper use of multi-dose vials.

Evidence of compliance:

1. The medical wellness facility has an approved policy for safe acupuncture needle practices that define items from a) to f) in the intent.
2. The facility uses a sterile, single-use disposable syringe, needle for each injection given.
3. Use of multi-dose vials is done in accordance with the manufacturers' recommendations to ensure that vials remain free from contamination.
4. The medical wellness facility ensures that all staff has trained and aware of safe injection and needling practices.

Related Standards:

MWS.33 Hazardous materials and waste management, MWS.27 Disinfection, sterilization, MWS.24 IPC program, risk assessment, guidelines, EFS.32 Health equipment plan, MWS.37 Workforce management practices

MWS.27 Client care equipment are disinfected/sterilized based on evidence-based guidelines and manufacturer recommendations.

Safety

Keywords:
Disinfection, sterilization

Intent:
Processing of client care equipment is a very critical process inside any medical wellness facility. In clinical procedures that involve contact with medical/surgical equipment, it is crucial that healthcare professionals follow standard practices and guidelines to clean and disinfect or sterilize. Cleaning process is a mandatory step in processing of client care equipment. Cleaning, disinfection, and sterilization can take place in a centralized processing area. Assigned processing area shall have workflow direction.

The medical wellness facility shall develop and implement a policy and procedures to guide the process of sterilization/disinfection. The policy shall address at least the following:

a) Receiving and cleaning of used items.
b) Preparation and processing.
    i. Processing method to be chosen according to Spaulding classification:
    Disinfection of medical equipment and devices involves low, intermediate, and high-level techniques. High-level disinfection is used (if sterilization is not possible) for only semi-critical items that come in contact with mucous membranes or non-intact skin. Chemical disinfectants approved for high-level disinfection include glutaraldehyde, orthophtaldehyde, and hydrogen peroxide.
    ii. Sterilization shall be used for all critical and heat-stable semi-critical items.
    iii. Low-level disinfection (for only non-critical items) shall be used for items such as stethoscopes and other equipment touching intact skin. In contrast to critical and some semi-critical items, most non-critical reusable items may be decontaminated where they are used and do not need to be transported to a central processing area.
c) Labelling of sterile packs.
d) Storage of clean and sterile supplies: properly stored in designated storage areas that are clean, dry and protected from dust, moisture, and temperature extremes. Ideally, sterile supplies are stored separately from clean supplies, and sterile storage areas shall have limited access.
e) Logbooks are used to record the sterilization process.
f) Inventory levels.
g) Expiration dates for sterilized items.

Survey process guide:

- GAHAR surveyor may review approved medical wellness facility policy guiding the process of sterilization/disinfection, training records of healthcare professionals.
- GAHAR surveyor may interview responsible staff members to check their awareness of the approved facility policy.
- GAHAR surveyor may observe the number of functioning pre vacuum class B sterilizers, the presence of physically separated areas for cleaning, packaging and sterilization, according to the standard with unidirectional airflow and the presence of storage areas that meet the standard criteria.

Evidence of compliance:

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

Related Standards:

MWS.24 IPC program, risk assessment, guidelines, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices.

Environmental Facility Safety

MWS.28 GSR.05 Fire and smoke safety plan addresses prevention, early detection, response, and safe evacuation in case of fire and/or other disasters.

Safety

Keywords:

Fire and smoke safety plan

Intent:

A key factor in designing a medical wellness facility is fire prevention, especially regarding the combustibility of construction and furnishing materials, as well as controlling the spread of fire and smoke. In the case of accidental or intentional fires, early detection

and suppression equipment must be easily accessible. Staff should be trained to use this equipment effectively, remain calm, and work cooperatively in line with prior training. Other emergencies may affect clients' and staff's safety that may require evacuation and include but not limited to gas cylinder explosion, building collapse, floods, or others.

The medical wellness facility shall perform risk assessment of the facility environment that include fire and smoke separation, areas under construction and other high-risk areas, for example, stores, electrical control panels, garbage room, etc. Risk mitigation measures are taken based on the fire and other disasters risk assessment which shall be updated annually.

The medical wellness facility shall develop and implement a fire, smoke and non-fire (other disasters safety plan that addresses at least the following:

a) Preventive measures, that include at least:
   i. Assesses compliance with Civil Defense requirement. And related laws and regulations.
   ii. Safe storage and handling of highly flammable materials.
   iii. Comply with no smoking policy according to laws and regulations.
   iv. Safe handling of electric panel, cords, and connections
   v. Safe handling of flammable materials
b) Early detection of fire and smoke system, including the central control panel connected to all areas in medical wellness facility according to its functionality, and ensure continuous monitoring 24/7.
c) Regular inspection testing of early detection system & fire suppression systems.
d) Safe evacuation through availability of safe, unobstructed fire exits, with clear signage to assembly areas and emergency light, in addition to other related signage's like how to activate the fire alarm, using a fire extinguisher and hose reel.
e) Plan is evaluated and updated annually.

A drill ensures staff preparedness for fire and other disasters by equipping them with a solid understanding of the fire safety plan through regular training and simulations. The medical wellness facility must train all staff practically to demonstrate RACE, PASS, and other safety procedures during disasters. Training results should be documented quarterly in line with the training plan.

Survey process guide:

- GAHAR surveyor may review the approved fire and smoke safety plan, facility fire safety inspections, and fire system maintenance.

- GAHAR surveyor may interview staff to check their awareness of the facility plan.
- GAHAR surveyor may observe that fire alarm; firefighting and smoke containment systems are working effectively and complying with civil defense requirements.
- GAHAR surveyor may review plan of testing (drills) and staff training documents.

Evidence of compliance:

1. The medical wellness facility has an approved fire and smoke safety plan that includes all elements from a) through e) in the intent, evaluated and updated annually.
2. All staff are trained on fire safety plan and can demonstrate their roles during fire or other disaster.
3. Fire and other disasters risk assessment, with risk mitigation measures, is in place with corrective action when required.
4. The medical wellness facility fire alarm and firefighting systems are available, functioning, inspected, tested, and maintained on regular basis.
5. The wellness facility guarantees safe evacuation through unobstructed and clearly signage for evacuation.
6. Fire drill is performed at least annually.

Related Standards:

MWS.29 Smoking-Free Environment, MWS.31 Utilities Management, MWS.30 Safety Management Plan, MWS.37 Workforce management practices.

MWS.29 The medical wellness facility is smoking-free.

Safety

Keywords:

Smoking-Free Environment

Intent:

According to Center for Disease Control (CDC), smoking causes about 90% (or 9 out of 10) of all lung cancer deaths. More women die from lung cancer each year than from breast cancer. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD). Cigarette smoking increases risk for death from all causes in men and women. Literature shows that although medical wellness facility restricts smoking inside, many people continue to smoke outside, creating problems with second-hand smoke, litter,

and negative role modelling. Smoke-free policies are an important component of an ecological and social-cognitive approach to reducing tobacco use and tobacco-related disease.

Smoking-free policies were reported to cause numerous positive effects on employee performance and retention. In addition to prevention of fires inside different healthcare

The medical wellness facility ensures a smoking-free environment for clients and environmental safety through the availability of smoking-free environment policy and procedure, proper signage

The policy shall include any exceptions, penalties, and the designated smoking area outside the building.

All staff shall be oriented about the smoking-free environment policy.

Survey process guide:

- GAHAR surveyor may review the smoking-free facility policy.
- GAHAR surveyor may interview staff and/or clients to check their awareness of medical wellness facility policy, smoking areas' location and consequences of not complying to the policy.
- GAHAR surveyor may observe evidence of not complying to the policy such as cigarette remnants and cigarette packs specially in remote areas.

Evidence of compliance:

- The medical wellness facility has an approved policy for a smoking-free environment.
- Staff, clients, and visitors are aware of the medical wellness facility policy.
- Occupants, according to laws and regulations and facility policy, do not smoke in all areas except in allowed places.
- The medical wellness facility monitors compliance to smoking-free policy.

Related Standards:

MWS.28 Fire and smoke safety, MWS.37 Workforce management practices.

MWS.30 The medical wellness facility ensures a safe and secure work environment.

Safety

keywords:

Safety and security management plan.

Intent:

Health services are committed to providing a safe environment for clients, staff, and visitors. Medical wellness facility safety arrangements keep clients, staff, and visitors safe from inappropriate risks such as electricity, insects, climate changes like high temperature, rain and from inappropriate behavior such as violence and aggression.

The medical wellness facility must have a safety plan with safety mitigation measures based on the risk assessment that covers the building, property, and systems to ensure a safe physical environment for all occupants. The safety plan shall include at least the following:

a. Regular inspection with documentation of results, performing corrective actions, and appropriate follow-up.
b. Safety measures based on risk assessment for example electric hazards
c. Processes for pest, insects, and rodent control.
d. Responsibilities according to laws and regulations.
e. Safety training on general safety plan.
f. The plan is evaluated and updated annually.

To address security challenges like violence, theft, and harassment, these facilities adopt a range of security measures including the use of (closed-circuit television) CCTV cameras, and electronic access control systems for doorways. By employing and training security staff, they can protect individuals from various threats, ensuring that clients can engage in their wellness treatments in a secure environment, free from safety concerns.

The medical wellness facility shall develop and implement a security plan based on Security risk assessment that includes at least the following:

a) Ensuring the identification of staff in the facility.
b) Ensuring the identification of visitors and vendors/contractors with restrictions on their movement within the facility.
c) Identification of restricted areas.
d) Vulnerable clients such as the elderly, those with mental disorders, and handicapped should be protected from abuse.
e) Workplace violence management.
f) Staff training and orientation.
g) The plan is evaluated and updated annually.

Survey process guide:

- GAHAR surveyor may review the facility safety plan/s security plan/s.
- GAHAR surveyor may interview staff to check their awareness of the facility safety and security plan/s.
- GAHAR surveyor may review surveillance rounds plan. Checklist, different observations, and proper corrective actions when applicable.
- GAHAR surveyor may observe worker's compliance to the safety and security measures.

- GAHAR surveyor may observe the implemented security measures, e.g., cameras, monitors, staff ID, and access-controlled areas.

Evidence of compliance:

1. The medical wellness facility has an approved plan to ensure a safe work environment that includes all elements from a) through f) in the intent.
2. The medical wellness facility has an approved security plan that includes items a) through g) in the intent.
3. Staff are trained on safety and security plan/s.
4. Safety measures and PPEs are available and used whenever indicated.
5. Security measures are implemented.

Related Standards:

MWS.31 Utilities Management, MWS.28 Fire and smoke safety, MWS.33 Hazardous materials and waste management, MWS.37 Workforce management practices

MWS.31 Essential utilities plan addresses regular inspection, maintenance, testing and repair.

Safety

Keywords:

Utilities Management

Intent:

Medical wellness facility is expected to provide safe and reliable healthcare to their clients. Planning appropriate response and recovery activities for a failure of the medical wellness facility utility systems is essential to satisfy this expectation. These systems constitute the operational infrastructure that permits safe client care to be performed.

Some of the most important utilities include mechanical (e.g., heating, ventilation, and cooling); electrical (i.e., normal power and emergency power); domestic hot and cold water as well as other plumbing systems; sewage, including communications system and data transfer systems; fire alarm, refrigerator, vertical transportation utilities; fuel systems; access control, and surveillance systems. Staff awareness as regard to essential instructions for safe use like emergency electric outlet, safe water temperature.

The medical wellness facility must have a utility management plan to ensure efficiency and effectiveness of all utilities that includes at least the following:

a) Inventory of all utility key systems, for example, electricity, water supply, heating, ventilation and air conditioning, communication systems, sewage, fuel sources, fire alarm, and elevators.

b) Layout of the utility system.
c) Training of responsible staff on utility plan.
d) Regular inspection, testing, and corrective maintenance of utilities.
e) Testing of the electric generator with and without a load on a regular basis.
f) Providing fuel required to operate the generator in case of an emergency.
g) Process of the management of water services
h) Preventive maintenance plan, according to the manufacturer's recommendations.
i) The medical wellness facility performs regular, accurate data aggregation, and analysis for example, frequency of failure, and preventive maintenance compliance for proper monitoring, updating, and improvement of the different systems.
j) Annual evaluation of the plan

Survey process guide:

- GAHAR surveyor may review utility management plan to confirm availability of all required systems, regular inspection, maintenance, and backup utilities.
- GAHAR surveyor may interview responsible staff to check their awareness of the facility plan.
- GAHAR surveyor may review inspection documents, preventive maintenance schedule, contracts, and equipment, as well as testing results of generators, tanks, and/or other key system to make sure of facility coverage 24/7.

Evidence of compliance:

1. There is a medical wellness facility approved plan for utility management that includes items a) through j) in the intent.
2. Responsible staff are trained and aware of the plan.
3. Records are maintained for utility systems inventory, testing, periodic preventive maintenance, and malfunction history.
4. Routine maintenance and monitoring of water distribution and treatment systems.
5. Critical utility systems are identified and back up availability is ensured.
6. The plan is evaluated and updated annually.

Related Standards:

MWS.30 Safety Management Plan, MWS.37 Workforce management practices, MWS.35 Quality and performance improvement.

MWS.32: The medical wellness facility develops and implements a plan for selecting, inspecting, maintaining, testing, and safe usage of health equipment.

Safety

Keywords:

Health equipment plan.

Intent:

The equipment management plan is a guide developed by healthcare facility to oversee and maintain medical/health equipment to safe and readily available standards. The medical wellness facility should have a documented plan for health equipment that addresses at least the following:

a) Developing criteria for selecting new health equipment.
b) Inspection and testing of new equipment upon procurement and on a predefined interval basis.
c) Training of staff on safe usage of health equipment upon hiring, upon installation of new equipment, and on a predefined regular basis by a qualified person/ company.
d) Inventory of medical equipment including availability and functionality.
e) Periodic preventive maintenance according to the manufacturer's recommendations
f) Calibration of health equipment according to the manufacturer's recommendations and/or its usage.
g) Malfunction and repair of health equipment.
h) Dealing with equipment adverse incidents, including actions taken, backup system, and reporting.
i) Updating, retiring and/or replacing for health equipment in a planned and systematic way.
j) Annual evaluation of the plan

Survey process guide:

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

Evidence of compliance:

1. The facility has an approved health equipment management plan that addresses all elements from a) through j) in the intent.
2. The facility has a qualified individual to oversee health equipment management.
3. An updated inventory of all health equipment is available.
4. Preventive maintenance, and calibration are done according to the manufacturer's recommendations and frequency of repair and breakdown.
5. The medical wellness facility ensures only trained and competent people handle specialized equipment.
6. Investigations of related equipment failures are documented, and proper corrective action taken.

Related standards:

MWS.37 Workforce management practices, MWS.35 Quality and performance improvement.

MWS.33 The medical wellness facility plans safe handling, storage, usage, and transportation of hazardous materials and waste disposal.

Safety

Keywords:

Hazardous materials and waste management.

Intent:

Hazardous materials are substances, which, if released or misused, can pose a threat to the environment, life, or health. These substances are most often released because of transportation accidents or chemical accidents in health facilities. Because the effects of hazardous materials can be devastating and far-reaching, it is important that health facilities plan their safe use and establish a safe working environment. Healthcare waste includes infectious, chemical, expired pharmaceuticals, and sharps. These items can be pathogenic and environmentally unsafe. Other waste items generated through healthcare but not hazardous include medication boxes, the packaging of medical items and food, remains of food, and waste from offices.

The medical wellness facility shall identify and control hazardous material and waste all over the facility to ensure that staff, clients, and the environment are safe and shall be kept away and not easily accessible at any time by clients.

Hazardous materials and waste management shall ensure full compliance with laws and regulations, availability of required licenses, and/or permits. The plan shall include, but is not limited to, the following:

a) A current and updated inventory of hazardous materials used in the facility.
b) Material safety data sheet (SDS) shall be available and includes information such as physical data, hazardous material type (flammable, cytotoxic, corrosive, carcinogenic, etc.), safe storage, handling, spill management, exposures, first aid, and disposal.
c) Appropriate labeling of hazardous materials,
d) Procedure for safe usage, handling, and management of spillage of hazardous materials.
e) Appropriate segregation, storage, transportation, and disposal of all categories of hazardous waste.
f) Availability of required protective equipment and spill kits.
g) Investigation and documentation of different incidents such as spills and exposure.
h) Staff training and orientation.
i) The plan is evaluated and updated annually and/or when required.

Survey process guide:

- GAHAR surveyors may review the hazardous material and waste disposal plan, hazardous material, and waste inventories, as well as Material Safety Data Sheet (SDS)
- GAHAR surveyors may interview responsible staff to check their awareness of the hazardous material and waste disposal plan.
- GAHAR surveyors may observe hazardous material labeling and storage in addition to waste collection segregation storage and final disposal.

Evidence of compliance:

1. The facility develops hazardous material and waste management plan that addresses all elements from a) through i) in the intent.
2. Staff are trained on hazards material and waste management.
3. The facility ensures availability of SDS and labelling of hazardous materials.
4. Handling, storage, and labelling of wastes are according to laws and regulations and the facility plan.
5. Spills are managed and investigated, and different incidents related to hazardous materials are recorded.

Related standards:

MWS.24 IPC program, risk assessment, guidelines, MWS.25 Infection prevention and control activities, MWS.37 Workforce management practices MWS.30 Safety Management Plan.

Information management and technology

MWS.34 The medical wellness facility maintains an effective Information Management and Technology system.

Effectiveness

Keywords:
Information Management and Technology system

Intent:
An effective information management system is a vital component of the wellness service. Information management and technology in medical wellness facility includes clinical and managerial information, and information required by external authorities and agencies. Medical wellness facility ensures compliance with relevant laws and regulations in the field of information management.

The medical wellness facility shall develop and implement a policy and procedures for information management system that addresses at least the following:

a) Approved process for document management system of the main organizational key functions, including document formatting and controlled process for creation, distribution, amendment, updates and disposal of documents with a defined time frame.

b) Standardized and uniform use of procedure codes, symbols, and abbreviations.

c) Measures to protect the client's medical records from damage and unauthorized access at all times such as controlled access and appropriate fire safety equipment to ensure the integrity of the records.

d) Data confidentiality procedures, access authorization, breach response actions, and confidentiality agreements for individuals with data access and confidentiality during retention. In case of international clients, compliance with the client's home country regulations regarding data confidentiality is assured.

e) Retention, Destruction and/ or removal of client medical records, data, and information determined by the national, applicable laws and regulation.

f) Standardized process for medical record flow management includes initiation, unique identifiers, tracking, and storage.

g) Regular review of the medical record focusing on timeliness, accuracy, completeness, and legibility of the medical record.

h) Measures during planned/unplanned downtime recovery process e.g., data backup

Survey process guide:

- GAHAR surveyor may review the approved medical wellness policy guiding information management and technology system.
- GAHAR surveyor may interview the involved staff members to check their awareness on facility policy.
- GAHAR surveyor may interview responsible staff for the reviewing process of the records to check their awareness on the process.
- GAHAR surveyor may observe client's medical record access and availability when needed by healthcare professionals within the pre-determined timeframe.
- GAHAR surveyor may observe the facility information technology system.

Evidence of compliance:

- The medical wellness facility has an approved policy for the management of Information Management and Technology system that addresses all the elements mentioned in the intent from a) through h).
- All staff members involved in Information Management and Technology system are full aware and trained on the policy.
- Only authorized responsible staff has access to clients' medical records and perform the reviewing process of the records.
- The client's medical record is available when needed by a healthcare provider within a timeframe.
- Data backup is frequency done within the predefined time frame.

Related standards:

MWS.11 Client medical assessments, MWS.35 Quality and performance improvement, MWS.14 Plan of Care, MWS.37 Workforce management practices, MWS.38 International clients care.

Quality and performance improvement

MWS.35 Quality and performance improvement activities are implemented.

Effectiveness

Keyword

Quality and performance improvement

Intent:

It is essential for organizations to have a framework for their quality management system to support continuous improvement. This requires leadership support, well-established processes, as well as active participation from all heads of departments and staff. Leaders

develop a performance improvement, client safety, and risk management program/plan that should be comprehensive, adequate to the size, complexity, and scope of services provided. The program/plan shall address at least the following:

a) The goals and objectives of the quality management program
b) A multidisciplinary performance improvement, client safety, and risk management committee with defined terms for providing oversight and making recommendations concerning the effectiveness, efficiency, and appropriateness of quality, safety and risk management of health services provided across the medical wellness facility.
c) The role of leaders and defined responsibilities of improvement activities.
d) Incident reporting system.
e) Sentinel event management.
f) The quality measures (clinical and managerial).
g) Staff Training on quality improvement and risk management approaches.
h) The plan is communicated to the relevant stakeholders.
i) Regular reporting to the governing body on performance results and quality improvement activities.
j) Regular evaluation of the program/plan (at least annually).

Medical wellness facility leaders shall assign a qualified individual(s) to oversight and communicate the quality activities and provide management, leaders, and responsible staff with all needed information and have the proper support from them.

The medical wellness facility should have a process in place for performance measures selection and monitoring that is consistent with significant processes. A performance measure is a quantitative variable that either directly measures or may indirectly reflect the quality of care provided and enable stakeholders to make informed decisions by collecting the data and being able to interpret it. The medical wellness facilities shall make their performance results publicly available at least annually.

The medical wellness facility assesses high-risk processes, develop risk mitigation strategies, and implements both reactive and proactive measures through a risk management program and/or plan containing essential components such as scope, objectives, risk assessment criteria, management responsibilities, supporting policies and procedures, staff training, risk identification and register updates, prioritization and categorization of risks (strategic, operational, reputational, financial, etc.), stakeholder communication and governing body, risk reduction plans prioritizing high risks, and annual updates to the program or plan.

Strong risk management is supported by efficient incident reporting systems. An incident

is defined as any event that affects clients or employee safety. In most healthcare facilities injuries, clients' complaints, medication errors, equipment failure, adverse reactions to drugs or treatments, or errors in care are to be included, reported, and analyzed.

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury. While both adverse events and sentinel events involve harm to clients, sentinel events are a subset of adverse events that are particularly severe and demand immediate attention and investigation. The findings from these investigations are essential for improving client safety and preventing recurrence. Thus, a sentinel event signals an immediate investigation (root cause analysis) and response (corrective/preventive actions). Root cause analysis is also indicated in potential sentinel event (near-miss). The facility shall communicate with clients regarding any adverse events that affect them. The facility shall ensure that all explanations are clear and thorough, providing detailed information about the nature of the event, its potential impact, and the steps being taken to address it.

Survey process guide:

- GAHAR surveyor may review the approved medical wellness performance improvement, client safety and risk management plan/program.
- GAHAR surveyor may review evidence of incident/sentinel event reporting, analysis and corrective actions taken when gaps are detected.
- GAHAR surveyor may interview medical wellness, facility leaders to identify leadership's approach in developing the facility plan / program.
- GAHAR surveyor may interview responsible staff for facility performance measures to check their awareness of the data collection and interpretation process.

Evidence of compliance:

- The medical wellness has an updated and approved quality management plan/program containing the items in intent from a) to j).
- A qualified individual is supervising the quality management plan and activities.
- Performance measures are identified, defined, and monitored for all significant processes.
- The medical wellness facility has an approved risk management program/plan with updated risk register.
- The medical wellness facility has an approved and implemented incident-reporting system.
- All sentinel events are investigated thoroughly, and corrective/preventive actions are taken based on identified root cause analysis.

Related Standards:

MWS.37 Workforce management practices, MWS. Information Management and Technology system, MWS.10 Professional practice guidelines MWS.15 Medical wellness services MWS.36 Organization governance and management.

Organization Governance Management

MWS.36 The medical wellness facility ensures an effective governance framework, including defining mission, appointing accountable leadership, and ensuring effective billing processes and oversight of contracted services.

Effectiveness

Keywords

Organization governance and management.

Intent

The governing body is responsible for defining the medical wellness facility's direction and ensuring the alignment of its activity with its purpose and within a predefined set of values. It is also responsible for monitoring its performance and future development. Therefore, defining the governing structure of a healthcare facility ensures that it operate effectively and efficiently. Governing body can be board of directors, committee, or a single owner in case of private.

Mission statement is a description of the healthcare facility's core purpose, defining the main purpose of the facility e.g., scope of service, specialty, population served, level of care in the form of a mission is one of the fundamental roles of the governing body. The scope of services will be determined through a community assessment to evaluate the available natural resources and identify the community's health needs.

Any organization needs an executive that is responsible and accountable for implementing the governing body’s decisions and to act as a link between the governing body and the facility staff and providing oversight of day-to-day operations. Such a position requires a dedicated qualified director guided by relevant laws and regulations and as defined in the job description. Additionally, the role should specify any delegated authority for managing the facility in the director's absence.

According to the size of the facility, each department or service has to have a designated staff member responsible for supervising the delivery of the required services as defined by the facility mission to ensure alignment between departments/services and with the facility a whole. The responsibilities of the designated supervisor of each department and service are defined in writing his job description.

Strategic planning is a process of establishing a facility plan to achieve the specified vision and mission over an extended time. The medical wellness facility shall develop a strategic plan with clear objectives and shall be reviewed on a regular basis. The facility shall develop operational plans by which the facility mission can be achieved. The plans should be detailed, including specific information on targets, related activities, and required resources within a timeframe. The facility leaders shall monitor the progress in achieving the facility objectives.

The billing process is a crucial component of medical wellness management. The billing process includes that all the services and items provided to the client are recorded to his account, then all information and charges are processed for billing. The medical wellness facility develops a policy and procedures for the billing process that addresses availability of an approved price list, a process to ensure accurate billing, and clients are informed of any potential cost pertinent to the planned care.

The facility leadership defines the nature and scope of services provided by contracted services, including clinical and non-clinical services, for example, laboratory and radiology services, housekeeping, or catering services. The contracted services shall be monitored through performance measures and evaluated at least annually to determine if a contract should be renewed or terminated.

The facility leadership also establishes a code of ethics and conducts that promotes fairness, integrity, and accountability, while actively avoiding any form of discrimination that could negatively impact staff or the quality of client care.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility an approved policy for billing process/ list of all contracted services.
- GAHAR surveyor may review staff file of the facility director to check qualifications, the availability of required credentials for that position and job description.
- GAHAR surveyor may review a sample of staff files of assigned department supervisor to check qualifications and the availability of required credentials for that position.
- GAHAR surveyor may observe approved mission statement visible in public areas to staff, clients and visitors.

Evidence of compliance:

1. The medical wellness facility has a mission statement that is approved by governing body and visible in public areas to staff, clients, and visitors.
2. A qualified director is appointed to manage the medical wellness facility with clear job description.

3. A designated qualified staff member is assigned to supervise each department and service with defined responsibilities.
4. The medical wellness facility has an approved policy for billing clients that addresses all items mentioned in the intent.
5. There is a list of all contracted services, including clinical and non-clinical services, that are evaluated at least annually based on defined selection criteria for each service.
6. Ethical issues are managed according to the approved code of ethic and resolved on a defined time frame.

Related Standards:

MWS.01 Prerequisite conditions, MWS.37 Workforce management practices MWS.38 International clients care, MWS.35 Quality and performance improvement.

Workforce Management

MWS.37 The medical wellness facility ensures effective workforce management practices, aligned with facility mission and delivery of quality care.

Effectiveness

Keywords

Workforce management practices.

Intent

Labor laws and regulations mediate the relationship between workers, healthcare facility, syndicates and the government. The medical wellness facility identifies all applicable laws, regulations and norms including syndicates codes and requirements and define the legal framework for its workforce management.

Staff planning is the process of making sure that a healthcare facility has the right people to carry out the work needed for business successfully through matching up detailed staff data including skills, potential, and location with business plans. The leaders shall consider the facility mission, strategic and operational plans to project staffing needs. Staffing plan should be monitored and reviewed at least annually.

The job description is a broad, general, and written statement of a specific job, based on the findings of a job analysis and complies with roles and regulation. It generally includes qualifications, education, experience, training, and technical skills necessary for entry into this job as well as the purpose, responsibilities, scope, and working conditions. It allows leaders to make informed staff assignments, recruitment, and evaluation. It also enables staff members to understand their responsibilities and accountabilities.

Credentials are documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements, such as a diploma from a medical school, specialty training (residency) completion letter or certificate, completion of the requirements of the related syndicates, authorities and/or others, a license to practice. Staff credentials must be evaluated before recruitment to ensure that they are matching the requirements of the needed position and qualifications required for the job responsibilities. These documents, some of which are required by law and regulation, and need to be verified from the original source that issued the document.

It is important for the facility to maintain a staff file for each staff member, including independent practitioners, with information about his/ her qualifications (education, training, licensure, registration, as applicable), work history, documentation of credentials evaluation and primary source verification, current job description, recorded evidence of newly hired orientation, ongoing professional education received, copies of provisional and annual performance evaluations.

Staff orientation, especially when first employed, ensures alignment between the facility mission and staff activities, and creates a healthy culture where all staff works with a shared mental model and towards agreed-upon objectives. The facility builds a comprehensive orientation program that is provided to all the new staff members regardless of their terms of employment. Staff orientation occurs on three levels: General orientation, department orientation and job-specific orientation.

The medical wellness facility shall develop a continuous training program in a structured approach based on services provided and needs assessment to ensure that the staff are well-equipped to deliver high-quality care. The training may include the client centered care, integrated care, client's rights, shared decision-making, communication skills, informed consent, complaint management, and the cultural beliefs and needs of different clients.

Staff performance evaluation is an ongoing process based on a defined transparent process with clear declared criteria relevant to the job functions. It is also called performance appraisal or performance review which is a formal assessment for managers to evaluate an employee's work performance, identify strengths and weaknesses, offer feedback, and set goals for future performance. Competency involves assessing staff's ability to fulfil their job responsibilities, and department leaders play a crucial role in observing and measuring competencies for all positions. Performance appraisal offers the chance to give feedback to staff about what they do well or poor in a confidential respectful manner with clear procedures for the effective management of underperformance to promote a learning culture within the medical wellness facility. The staff annual performance evaluation will be linked to the duties and responsibilities in the job descriptions.

The medical wellness facility shall have an approved staff health program to promote staff health and well-being that include staff preventive immunization, and work-related hazards according to laws and regulations. The facility shall take also the required measures to maintain a balanced work environment that prevents burnout and enhances job satisfaction through workload monitoring and resolution of workplace issues.

Survey process guide:

- GAHAR surveyor may review the medical wellness facility staffing plan.
- GAHAR surveyor may interview the medical wellness facility leaders to discuss the used factors to establish and monitor the staffing plan and inquire about the used methods and tools for staff performance and competency evaluation.
- GAHAR surveyor may interview staff members to check their awareness of their job description and general, department, and Job specific orientation programs.
- GAHAR surveyor may review a sample of staff files to check for the availability of job descriptions and assess the completion of orientation programs, performance and competency evaluations.

Evidence of compliance:

1. Staffing plan identifies the estimated needed staff numbers, skills and qualifications required to meet the facility's specific needs.
2. There is a job description for every position addresses the job responsibilities, the required qualifications, and the reporting structure of each position.
3. All New staff members, including contracted and outsourced staff, attend orientation program regardless of employment terms.
4. There is a continuing education and training program for all staff categories.
5. Performance and competency evaluation is performed at least annually for each staff member.
6. There is an approved facility' staff health program according to laws and regulations.

Related Standards:

MWS.15 Medical wellness services, MWS.36 Organization governance and management MWS.35 Quality and performance improvement.

MWS.38 The medical wellness facility ensures the requirements of international client care.

Effectiveness

Keyword

International clients care.

Intent:

The medical wellness facility has to define the framework for dealing with international clients, before, during, and after managed in the facility through a professional, multidisciplinary team.

Flow charts or processes are available from pre-travel, on arrival, onsite treatment, discharge/checkout, and post-treatment follow-up, including defined reaction times. The respective processes as well as the link-up and applicable interactions shall ensure continuity of care, client management, and effective communication throughout the complete client care cycle.

An assigned contact person for international clients is essential to facilitate:

- Pre-travel services for client and accompanying relatives/friend,
- Travel, arrival and reception services for international clients and attendants.
- Accommodation for the admission process for international client.
- Services and nonmedical support on-site
- Concierge and post-treatment services

Outsourced services to third parties (e.g., transportation, visa services, and the like) are clearly defined and respective quality control takes place (see MWS.36).

The scope of services for international clients are described, regularly updated and accessible for all stakeholders, e.g., via the facility's website. The scope of services is defined based on the domestic and international community needs.

The language skills of clinical and non-clinical staff assure proper communication with international clients. A list of spoken languages by the staff and respective grading as well as external translation services are available for involved staff (admission, HR, reception, etc.). Interpreters are accepted for translation. It must be ensured that interpreters have the respective and certified qualification and are familiar with medical terms.

Clients from different countries may have different expectations and demands regarding the services offered by the healthcare organization. Staff members should be aware of cultural differences to optimize services and avoid misunderstandings.

When accommodation is available, food flexibility for international clients is considered.

Appropriateness of food for culture, religion, special physical needs, allergies or food intolerances, and any other food related needs or preferences.

Furthermore, medical wellness facilities that provide services for international clients, all medical practices should be in accordance with international standards of medical ethics, as stated in the World Medical Association (WMA) International Code of Medical Ethics and are able to meet the demands of international clients and the needs of international insurance and assistance companies in areas including documentation, billing, and accounting.

Survey process guide:

- GAHAR surveyor may review the approved facility policy for dealing with international clients.
- GAHAR surveyor may interview involved staff members to check their awareness of the facility policy.
- GAHAR surveyor may interview the assigned contact persons for international clients to assess how they facilitate the provided services to the international clients.
- GAHAR surveyor may review the scope of services for the international clients and assess its availability for different stakeholders.

Evidence of compliance:

1. The medical wellness facility has a policy and procedures for dealing with international clients from pre-travel, on arrival, onsite treatment, discharge, and post-treatment follow-up, including defined reaction times.
2. Relevant staff members are aware and trained on the policy.
3. The medical wellness facility assigned a contact person for international clients.
4. Outsourced services to third parties (e.g., transportation, visa services, and the like) are clearly defined and available.
5. The scope of services for international clients are described, regularly updated and accessible for all stakeholders, e.g., via the facility's website.
6. A list of spoken languages by the staff and respective grading as well as external translation services are available.

Related Standards:

MWS.36 Organization governance and management, MWS.37 Workforce management practices, MWS.35 Quality and performance improvement, MWS.02 Medical Wellness Facility advertisement, MWS.03 Client family rights and responsibilities, MWS.34 Information Management and Technology system.

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.

Convalescent /Long-term healthcare facility			
	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	Convalescent/long-term healthcare facility, 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	Patients 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

Convalescent /Long-term healthcare facility			
Activity		Timeframe	Location in survey agenda
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 Convalescent/long-term healthcare facility
10	Environment and facility safety plans review	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the Convalescent/long-term healthcare facility
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

Medical wellness facility survey activities			
	Activity	**Timeframe**	**Location in survey agenda**
1	Arrival and Coordination	10-20 minutes	upon arrival
2	Opening meeting	15 minutes	As early as possible
3	Medical Wellness facility Orientation	20-30 minutes	1st day, As early as possible
4	Survey Planning	30-60 minutes	1st day, as early as possible
5	Document Review Session	40-60 minutes	In the middle of the survey.
6	Clients 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 medical Wellness facility
10	Environment and facility safety plans review	30-45 minutes	After some individual tracer activity has occurred; at a time negotiated with the medical Wellness facility
11	Environment of care evaluation tour	40-60 minutes	After document review
12	Leadership interview	30 minutes	During early or middle of survey
13	Infection Prevention and Control Review.	30-60 minutes	In the middle of survey
14	Medication Management Review	20-30 minutes	In the middle of survey
15	Client' medical record review	30-45 minutes	Towards the end of survey

Medical wellness facility survey activities			
Activity		Timeframe	Location in survey agenda
16	Quality Program Review	60 minutes	Towards the end of survey
17	Report Preparation	60-90 minutes	Last day of survey
18	Executive Report	15 minutes	Last day of survey
19	Exit meeting	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 Convalescent/long-term healthcare facility, and may present themselves to the facility's security or desk. The Convalescent/long-term healthcare facility, 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 Convalescent/long-term healthcare facility, staff and leaders

Opening conference

Why will it happen?

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

What will happen?

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

How to prepare?

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

Who should collaborate?

Suggested participants include members of 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.

Convalescent/long-term healthcare facility Orientation

Why will it happen?

GAHAR surveyors shall learn about the Convalescent/long-term healthcare facility, through a presentation or an interactive dialogue to help focus subsequent survey activities.

What will happen?

Convalescent/long-term healthcare facility, representative (usually the Convalescent/long-term healthcare facility, director or his/her designee) shall present information about the facility.

How to prepare?

Prepare a brief summary (or a presentation) about the Convalescent/long-term healthcare facility, that includes at least information about:

- Convalescent/long-term healthcare facility, mission, vision, and strategic goals
- Organization structure and geographic locations
- Information management, especially the format and maintenance of medical records
- Contracted services
- Compliance with GAHAR Safety Requirements
- Summary of Community Involvement
- healthcare facility patients population, most common 5 diagnoses, and most common 5 procedures
- Whether the Convalescent/long-term healthcare facility, has any academic, research, or transplantation activities
- Whether the Convalescent/long-term healthcare facility, provides any home care or services outside the boundaries of the Convalescent/long-term healthcare facility, facility.
- Compliance to GAHAR reports and recommendations during the pre-accreditation visit period

Who should collaborate?

Suggested participants include the same participants as the Opening Conference.

Survey planning

Why will it happen?

To ensure efficiency of survey time

What will happen?

Surveyors shall begin selecting Patients for tracers based on the care, treatment, and services the Convalescent/long-term healthcare facility, provides.

How to prepare?

Survey coordinator need to ensure that the following information is available for surveyors.

- List of sites where high-level disinfection and sterilization are in use.
- List of units/ areas/programs/services within the facility, if applicable.
- List of Patients/ Patients that includes: name, location, age, diagnosis, length of stay, admit date, and point of admission.

Who should collaborate?

GAHAR surveyors only.

Document review session

Why will it happen?

To help GAHAR surveyors understand Convalescent/long-term healthcare facility, operations.

What will happen?

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

How to prepare?

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

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

1) List of unapproved abbreviations.
2) Performance improvement data from the past 12 months.

3) Documentation of performance improvement projects being performed, including the reasons for performing the projects and the measurable progress achieved (this can be documentation in governing body minutes or other minutes).
4) Patient flow documentation: Dashboards and other reports reviewed by Convalescent/ long-term healthcare facility, leadership; documentation of any Patient flow projects being performed (including reasons for performing the projects); internal throughput data collected by, inpatient units, diagnostic services, and support services such as patient transport and housekeeping
5) Analysis from a high-risk process
6) Emergency Management Policy
7) Emergency management protocols
8) Annual risk assessment and Annual Review of the Program
9) Assessment-based, prioritized goals
10) Infection Control surveillance data from the past 12 months

Who should collaborate?

Survey coordinator and policy stakeholders

Patient journey tracer

Why will it happen?

Patient journey tracers are defined as an assessment, made by surveyors shadowing the sequential steps of Patient's clinical care, of the processes in an organization that guide the quality and safety of care delivered (Greenfield et al., 2012a: 495).

GAHAR surveyors shall follow course of care and services provided to the Patient/ Patient to assess relationships among disciplines and important functions and evaluate performance of processes relevant to the individual

- The tracer process takes surveyors across a wide variety of services.
- The tracer methodology's use of face-to-face discussions with healthcare professionals, staff members and Patients, combined with review of patient's medical records and the observations of surveyors.
- Quality, timeliness of entries and legibility of recording in patient's medical record is also crucial to safe, effective care because healthcare professionals rely on it to communicate with each other about treatment needs and decisions.
- This shall help guide surveyors as they trace a Patient's progress.
- The individual tracer begins in the location where the Patient and his/her medical record

are located. The surveyor starts the tracer by reviewing a file of care with the staff person responsible for the individual's care, treatment, or services. The surveyor then begins the tracer by following the course of care, treatment, or services provided to the Patient from preadmission through post-discharge, assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided which may lead to identifying issues related to care processes

- Most of GAHAR standards can be triggered during Patient journey tracer activity which may also include interviewing staff, Patient or family members
  - Staff members may be interviewed to assess organization processes that support or may be a barrier to Patient treatment and services, Communications and coordination with other staff members, Discharge planning, or other transitions-related resources and processes available through the facility, Awareness of roles and responsibilities related to the various policies
  - Patient or family members may be interviewed to assess coordination and timeliness of services provided, Education, including discharge instructions, Perception of care, treatment or services, Understanding of instructions (e.g., diet or movement restrictions, medications, discharge, and healthcare professional follow-up), as applicable.

How to prepare?

- Every effort needs to be exerted to assure confidentiality and privacy of Patient during tracers including no video or audio recording and no crowdedness.
- A surveyor may arrive in a department and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate the environment of care issues or observe the care, treatment, or services being assessed.
- All efforts will be done to avoid having multiple tracers or tours in the same place at the same time.

Who should collaborate?

Survey Coordinator and any staff member (when relevant)

Break

Why will it happen?

To allow time for surveyor and for Convalescent/long-term healthcare facility, staff to use the information learned

What will happen?

GAHAR surveyor shall meet in their base alone

How to prepare?

Make sure that the place is not going to be used during the break time

Who should collaborate?

GAHAR surveyors only.

Daily briefing

Why will it happen?

GAHAR surveyor shall summarize the events of the previous day and communicate observations according to standards areas

What will happen?

GAHAR surveyors briefly summarize the survey activities completed the previous day.

GAHAR surveyors shall make general comments regarding significant issues from the previous day and note potential noncompliance, with a focus on Patient safety.

GAHAR surveyors shall allow time to provide information that they may have missed or that they requested during the previous survey day.

*Note: Convalescent/long-term healthcare facility, staff may present to surveyor's information related to corrective actions being implemented for any issues of non-compliance. Surveyors may still record the observations and findings.

How to prepare?

- A room shall be available to accommodate all attendees

Who should collaborate?

Suggested participants include representative(s) from governance, Convalescent/long-term healthcare facility, Director, Convalescent/long-term healthcare facility, leaders, individual coordinating the GAHAR survey, and other staff at the discretion of Convalescent/long-term healthcare facility, leaders

Staff members file review

Why will it happen?

The review of files, in itself, is not the primary focus of this session; however, the surveyor shall verify process-related information through recording in staff member's files. The surveyor shall identify specific staff whose files they would like to review.

What will happen?

- GAHAR surveyor may ensure that a random sample of staff files is reviewed.
- The minimum number of case file records required to be selected by the surveyor for review is no more than 5 (five) records in total.
- If findings are observed during the file review, the survey team may request additional file samples to substantiate the findings recorded from the initial sample.
- Throughout the review process, if a large number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance
- The total number of records within the six-month case period Should be recorded on the review form.
- Surveyor may focus on orientation of staff, job responsibilities, and/or clinical responsibilities, Experience, education, and abilities assessment, Ongoing education and training, performance evaluation, credentialing and privileging, and competency assessment

How to prepare?

The Convalescent/long-term healthcare facility, shall produce a complete list of all staff members including outsourced, contracted, full-timers, fixed-timers, part-timers, visitors, volunteers, and others.

Who should collaborate?

Representatives from medical management, nursing management, and human resources management teams.

Environment and facility safety plans review

Why will it happen?

GAHAR surveyor may assess the Convalescent/long-term healthcare facility, degree of compliance with relevant standards and identify vulnerabilities and strengths in the environment and facility safety plans.

What will happen?

There shall be a group discussion. Surveyors are not the primary speakers during this time; they are listeners to the discussion. the surveyor shall review the Environment of Care risk categories as indicated in the Convalescent/long-term healthcare facility, risk assessment and safety data analysis and actions taken by the facility.

How to prepare?

Make sure that those responsible for environment and facility safety plans are available for discussion.

Also, the following documents have to be available.

- Convalescent/long-term healthcare facility, licenses, or equivalent
- An organization chart
- A map of the organization, if available
- List of all sites that are eligible for survey
- Environment and facility safety data
- Environment and facility safety Plans and annual evaluations
- Environment and facility safety multidisciplinary team meeting minutes prior to survey
- Emergency Operations Plan (EOP) and documented annual review and update, including communications plans
- Annual training

Who should collaborate?

Environment and facility safety responsible staff members such as safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

Environment of care tour

Why will it happen?

GAHAR surveyor observes and evaluates the Convalescent/long-term healthcare facility, actual performance in managing environment and facility risks.

What will happen?

- GAHAR surveyor may Begin where the risk is encountered, first occurs, or take a top-down/bottom-up approach.
- GAHAR surveyor may interview staff to describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident.
- GAHAR surveyor may assess any physical controls for minimizing the risk (i.e., equipment, alarms, building features), Assess the emergency plan for responding to utility system disruptions or failures (e.g., an alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services), assess If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures.

- GAHAR surveyor may also assess hazardous materials management, waste management, safety, or security measures.

How to prepare?

Ensure that keys, communication tools, and contacts are available, so GAHAR surveyor may be able to access all Convalescent/long-term healthcare facility, facilities smoothly.

Who should collaborate?

Environment and facility safety responsible staff members such as safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

Leadership interview

Why will it happen?

The surveyor will learn about Convalescent/long-term healthcare facility, governance and management structure and processes.

What will happen?

GAHAR surveyor addresses the following issues:

- The structure and composition of the governing body.
- The functioning, participation, and involvement of the governing body in the oversight and operation.
- The governing body's perception and implementation of its role in the facility.
- Governing body members' understanding of performance improvement approaches and methods.
- Pertinent GAHAR Leadership standards relevant to the governing body, direction, and leadership in the Convalescent/long-term healthcare facility, including organizational culture.
- Surveyors may explore, through Convalescent/long-term healthcare facility, specific examples, Leadership commitment to improvement of quality and safety, creating a culture of safety, Robust process improvement, and Observations that may be indicative of system-level concerns.

How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with Convalescent/long-term healthcare facility, leaders The following documents may be reviewed during this session:

- Convalescent/long-term healthcare facility, structure

- Convalescent/long-term healthcare facility, strategic plan
- Convalescent/long-term healthcare facility, ethical framework
- Governing Body minutes for the last 12 months
- Leadership safety rounds
- Safety culture assessment
- Patient centeredness initiatives Medical Staff Bylaws and Rules and Regulations
- Medical Executive Committee meeting minutes
- Peer Review process and results

Who should collaborate?

Required participants include at least the following: Convalescent/long-term healthcare facility, director, governing body representative, clinical responsible leaders, Human resources management leader, performance improvement coordinator.

Financial stewardship review

Why will it happen?

The surveyor will learn about Convalescent/long-term healthcare facility, financial stewardship structure and processes.

What will happen?

GAHAR surveyor addresses topics related to financial stewardship such as observations noted during Convalescent/long-term healthcare facility, tours and tracers, billing process, contractor's performance, availability of staff, supplies, and equipment.

How to prepare?

GAHAR surveyor may need a quiet area for a brief interactive discussion with financial stewardship representatives.

The following documents may be reviewed during this session:

- List of all contracted services
- Agreements with outside blood suppliers, referral laboratories, radiology, and other services
- Contractor monitoring data
- Feedback reports from payers
- Cost reduction projects
- Financial audit schedules, focus, and major findings

Who should collaborate?

Required participants include at least the following: Convalescent/long-term healthcare facility, director, procurement responsible leader, clinical responsible leader, finance responsible leader

Patient's medical record review

Why will it happen?

The review of files, in itself, is not the primary focus of this session; however, the surveyor verifies process-related information through recording in Patient's/ Patient's medical records. The surveyor identifies specific Patients/ Patients whose files they would like to review.

What will happen?

- GAHAR surveyor may ensure that a random sample of Patient's/ Patient's medical record is reviewed.
- A sample of both open and closed cases Should be reviewed. Record review should include a random sample from each of active and discharged cases.
- The sample selected represents a cross-section of the cases in the facility.
- The minimum number of case file records required to be selected by the surveyor for review is no more than 5 (five) records in total.
- If findings are observed during the file review, the survey team may request additional file samples to substantiate the findings recorded from the initial sample.
- Throughout the review process, if a large number of findings are observed, the survey team may document whether the findings constitute a level of non-compliance
- The total number of records within the six-month case period Should be recorded on the review form.

How to prepare?

The Convalescent/long-term healthcare facility, is required to produce a log or other record of closed cases for the previous six-month period and the surveyor will select a sample of medical records to review.

Who should collaborate?

Representatives from Convalescent/long-term healthcare facility, medical, nursing, and other healthcare teams in addition to information management representatives.

Medication management review

Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of medication management program, identify who is responsible for its day-to-day implementation, evaluate its outcome, and understand the processes used by the Convalescent/long-term healthcare facility, to reduce medication errors and antibiotics stewardship.

What will happen?

GAHAR surveyor will evaluate Convalescent/long-term healthcare facility, medication management systems by performing system tracers. Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities, and communication among staff involved in the process with a focus on management of high-risk medications, look-alike sound-alike, concentrated electrolytes, and medication errors.
- Strengths in the processes and possible actions to be taken in areas needing improvement; with a special focus on:
  - Antimicrobial Stewardship includes: A document that describes how the Convalescent/long-term healthcare facility, uses Antibiotic Stewardship Program, Convalescent/long-term healthcare facility, -approved antimicrobial stewardship protocols (e.g. policies, procedures or order sets are acceptable), Antimicrobial stewardship multidisciplinary team.
  - Process for reporting errors, system breakdowns, near misses, or overrides, Data collection, analysis, systems evaluation, and performance improvement initiatives.

How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussions with staff who oversee the medication management program. Then time may be spent where the medication is received, stored, dispensed, prepared, or administered.

The following documents may be reviewed during this session:

- Medication management policies
- Core Elements of Convalescent/long-term healthcare facility, Antibiotic Stewardship Programs
- Antimicrobial stewardship data
- Antimicrobial stewardship reports documenting the improvement

Who should collaborate?

Suggested participants include clinical and support staff responsible for medication management processes.

Infection prevention and control program review

Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of infection prevention and control program, identify who is responsible for its day-to-day implementation, evaluate its outcome, and understand the processes used by the Convalescent/long-term healthcare facility, to reduce infection.

What will happen?

GAHAR surveyor will evaluate Convalescent/long-term healthcare facility, IPC systems by performing system tracers. Discussions in this interactive session with staff include:

- The flow of the processes, including identification and management of risk points, integration of key activities and communication among staff involved in the process; How individuals with infections are identified, Laboratory testing and confirmation process, if applicable, Staff orientation and training activities, Current and past surveillance activity - Strengths in the processes and possible actions to be taken in areas needing improvement; Analysis of infection control data, Reporting of infection control data, Prevention and control activities (for example, staff training, staff vaccinations and other health-related requirements, housekeeping procedures, organization-wide hand hygiene, food sanitation, and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment), staff exposure, Physical facility changes that can impact infection control and Actions taken as a result of surveillance and outcomes of those actions.

How to prepare?

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

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

Who should collaborate?

Suggested participants include the infection control coordinator; physician member of the infection control team; healthcare professionals from the laboratory; Safety management staff; organization leadership; and staff involved in the direct provision of care, treatment, or services.

Activity quality program review

Why will it happen?

GAHAR surveyor will Learn about the planning, implementation, and evaluation of quality management program, identify who is responsible for its day-to-day implementation, evaluate its outcome and understand the processes used by the Convalescent/long-term healthcare facility, to reduce risks

What will happen?

Discussions in this interactive session with staff include:

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

How to prepare?

GAHAR surveyor may need a quiet area for brief interactive discussion with staff who oversee the quality management program. Then time may be spent where improvement was implemented, the following documents may be reviewed during this session

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

Who should collaborate?

Suggested staff members include quality management staff, healthcare professionals involved in data collection, aggregation and interpretation, performance improvement team.

Report preparation

Why will it happen?

Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting the Convalescent/long-term healthcare facility, compliance with the standards.

Surveyors may also ask organization representatives for additional information during this session

How to prepare?

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

Who should collaborate?

GAHAR surveyors only.

Executive report

Why will it happen?

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

What will happen?

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

How to prepare?

GAHAR surveyor may need a quiet private area for brief interactive discussion with the most senior leader

Who should collaborate?

Convalescent/long-term healthcare facility, available most senior leader and others at his/her discretion

Exit conference

Why will it happen?

To thank the Convalescent/long-term healthcare facility, team for participation and share the important findings in the accreditation journey

What will happen?

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

How to prepare?

Convalescent/long-term healthcare facility, available most senior leader may invite staff to attend, an area that can accommodate attending staff is required

Who should collaborate?

Suggested participants include the Convalescent/long-term healthcare facility, available most senior leader (or designee), senior leaders and staff as identified by the most senior leader

Glossary

A communicable disease: it is a disease that is capable of spreading from one person to another through a variety of ways, including contact with blood and bodily fluids, breathing, etc.

A convalescent home: it is a facility that provide medical and nursing care to people who are recovering from an illness or injury.

Abuse: Intentional mistreatment that may cause either physical or psychological injury.

Activities of daily living (ADLs): include eating, bathing, grooming, dressing, and going to the toilet. People with dementia may need aid to perform these tasks. Questions about ADLs help decide what type of care a person needs.

Acupuncture: the insertion of very thin needles through skin at strategic points on the body

Adverse drug event (ADE): This is an injury resulting from medication intervention related to a drug.

Adverse drug reaction (ADR): A response to a medication that is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or the modifications of physiological function.

Adverse effect: medical occurrence temporally associated with the use of a medicinal product, but not necessarily causally related.

Airborne: are particles ≤ 5μ in size that remain suspended in the air and travel great distances. among health care professionals, among organizations, and over time.

Ancillary services: are supportive or diagnostic measures that supplement and support a primary physician, or other healthcare provider in treating a patient. Some examples of ancillary services include: Imaging tests (e.g., X-rays, MRI, CT scan, ultrasound)

Antiseptics: are substances that reduce or stop the growth of potentially harmful microorganisms on the skin and mucous membranes. Or Antimicrobial substances that are applied to the skin to reduce the number of microbial flora.

Appointment: The process of reviewing an initial applicant's credentials to decide if the applicant is qualified to provide patient care services.

Aromatherapy: the therapeutic use of essential oils from plants for the improvement of physical, emotional, and spiritual well-being

Aseptic technique: It is a method designed to reduce the risk of microbial contamination in a vulnerable body site. This may include procedures like undertaking a wound dressing or performing an invasive procedure such as inserting a urinary catheter or preparing an intravenous infusion.

Auricular needles: A type of acupuncture in which thin needles are inserted at specific points on the outer ear to control pain and other symptoms. It is thought that the outer ear contains a "map" of the whole body and that specific points on this map match up with certain parts of the body.

Best Possible Medication History: A complete and accurate list of all the medications that the patient is taking is created using at least 2 sources of information including a client and/or family interview.

Beyond use date: the date or time after which a compounded sterile preparation (CSP) or compounded nonsterile preparation (CNSP) may not be stored or transported or used and is calculated from the date or time of compounding.

Care Plan: A comprehensive and individualized document that outlines the specific care and services a person requires, considering their unique health conditions, preferences, and goals.

Carer: A person who provides personal care, support, and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness), or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative, or guardian of an individual, or live with an individual who requires care.

Certification: The procedure and action by which an authorized organization evaluates and certifies that a person, institution, or program meets requirements.

Chronic Condition: A long-lasting medical condition that requires ongoing management and may impact an individual's daily functioning.

Cleaning: It is the process of removing foreign material (e.g. soil, organic material, micro-organisms) from an object.

Climate-therapy: temporary or permanent relocation of a patient to a region with a climate more favourable to recovery from or management of a condition.

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

Clinical pathway: An agreed-upon treatment regime that includes all elements of care.

Competence or competency: A determination of the staff's job knowledge, skills, and behaviors to meet defined expectations. Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific actions, and behaviors, such as the ability to work in teams, which are frequently considered a part of competence.

Contamination: The presence of unwanted material or organism, such as an infectious agent, bacteria, parasite, or another contaminant, that is introduced to an environment, surface, object, or substance, such as water, food, or sterile medical supplies.

Continuity: The degree to which the care, treatment, or services of individuals are coordinated.

Continuum of Care: A coordinated system of healthcare services that ensures seamless transitions across various stages of an individual's health and care needs.

Convalescent Care Director: A job as a director falls under the broader career that plans, directs, or coordinates medical and health services in Convalescent Care facilities, clinics, managed care organizations, public health agencies, or similar organizations.

Credentialing: is the process of obtaining, verifying, assessing, and attesting the qualifications of a physician. The process determines if a staff member can provide patient care services in or for a healthcare organization. The process of periodically checking the physician's qualifications is called re-credentialing.

Credentials: Evidence of competence, current and relevant licensure, education, training, and experience. Other defined criteria may be added by a healthcare organization.

Critical results and values: Any value/result or interpretation where a delay in reporting may result in a serious adverse outcome for the patient.

Cultural Competence: The ability of healthcare providers to understand, respect, and respond effectively to the cultural needs and preferences of individuals receiving care.

Cupping: therapy is an ancient healing technique that some people use to ease pain. A provider places cups on your back, stomach, arms, legs or other parts of your body. A vacuum or suction force inside the cup pulls your skin upward.

Dementia Care: Specialized care and support for individuals with cognitive impairments, such as Alzheimer's disease, focusing on managing symptoms and enhancing quality of life.

Discharge summary: A section of the patient's medical record that summarizes the reasons for admission, significant findings, procedures performed, treatment rendered, patient's condition on discharge, and any specific instructions given to the patient or family.

Disinfectants: are substances that are applied to the surface of non-living objects in order to destroy microorganisms but not necessarily bacterial spores.

Disinfection: It is the process of reducing the number of pathogenic microorganisms, but not necessarily bacterial spores to a level that is no longer harmful to health. It may be high-level, intermediate-level, or low-level disinfection depending on the level of probable risk.

Dispensing: Preparing, packaging, and distributing to a patient a course of therapy on the basis of a prescription.

Drug Formulary: A manual containing a clinically oriented summary of pharmacological information about a selected number of medications. The manual may also include administrative and regulatory information about medication prescribing and dispensing.

Drug Recall System: A system defined that alert appropriate individuals when a company/manufacturer is calling back a drug product due to a defect in manufacturing, contamination, or being discovered to violate laws and regulations.

Drug Recall: Is action taken at any time to call back or remove a defective or harmful drug product from the market when it is discovered to violate laws and regulations. This includes expired, outdated, damaged, dispensed but not used, and/or contaminated medications.

Emergency, life-threatening: A situation (for example, cardiac arrest, respiratory arrest) in which an individual may require resuscitation or other support to sustain life.

Emergency: An unexpected or sudden event that significantly disrupts the organization's ability to provide care, treatment, or services or the environment of care itself or that results in a sudden, significantly changed, or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity.

Epidemic infection: A higher-than-expected level of infection by a common agent in a defined population during a defined period.

Ergonomic hazards: are workplace situations that cause wear and tear on the body and can cause injury.

Evidence-based practices: Integrating the best research evidence with practitioner expertise and other resources, and with the characteristics, needs, values, and preferences of the population(s) served, to make decisions about how to promote health or provide care, treatment, or services.

Expired medication: is past the expiry date listed on the original packaging from the manufacturer.

Failure mode and effects analysis (FMEA): A systematic approach to examining a design prospectively for possible ways failure may occur. The ways failure may occur are then prioritized to help organizations create design improvements that shall have the most benefit. This tool assumes that no matter how knowledgeable or careful people are, errors shall occur in some situations and may even be likely to occur.

Fall Prevention: Strategies and interventions implemented to reduce the risk of falls among individuals, including assessment, environmental modifications, and staff training.

Following information: chief complaint, details of the present illness or care needs,

Governing body: is the individual(s) or group that has ultimate authority and responsibility for developing policy, maintaining the quality of care, and providing for the organization.

Hand hygiene: A general term that applies to handwashing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

Handover: The transfer of responsibility for a patient and patient care that occurs in the healthcare setting.

Head of the department: The staff member who manages and directs the subgroups of the organization, commonly referred to as departments, services, units, or wards.

Healing mud: scientifically referred to as peloidal, is a product of humus and minerals which have undergone years and years of geological, biochemical, and physical processes.

Health information: Any information, oral or recorded, in any form or medium, that is created by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse that relates to past, present, or future physical; the provision of health care; or payment for the provision of health care to an individual.

Healthcare professional: He is any person working in healthcare facility, whether he is a physician, nurse, technician, housekeeper, administrator, etc.

Healthcare-associated infections (HAI): Any infection(s) acquired by a patient while receiving care or services in a healthcare organization. Common HAIs are urinary infections, surgical wound infections, pneumonia, and bloodstream infections.

HEPA filter: High-efficiency particulate air filter is defined as a filter with an efficiency of 99.97% in removing particles 0.3 microns or more in size, which makes it suitable for the prevention of airborne pathogens.

Herbal medicines: A type of medicine that uses roots, stems, leaves, flowers, or seeds of plants to improve health, prevent disease, and treat illness.

High-alert medication: Medications that bear a heightened risk of causing significant patient harm when they are used in error. History, obtained whenever possible from the individual, and including at least the

Hospice Care: End-of-life care that emphasizes comfort and support for individuals facing terminal illnesses. It addresses physical, emotional, and spiritual needs while prioritizing dignity and quality of life.

Hydrotherapy: is a form of physical medicine using the therapeutic application of water in a variety of ways.

Hygiene: The practice that serves to keep people and environments clean and prevent infection. Illness or underlying condition of an individual served) that reaches an individual served and results in death, permanent harm, or severe temporary harm. Sentinel events are a subcategory of adverse events.

Immunization: is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (active immunization) or serum-containing desired antibodies (passive immunization). Vaccines stimulate the immune system to protect the person against subsequent infection or disease. Infection control practitioner.

Infection control program: an organized system of services designed to meet the needs of the facility in relation to the surveillance, prevention, and control of infection, which impacts patients, staff, physicians, and/or visitors.

Infection: The transmission of a pathogenic microorganism.

Interdisciplinary: An approach to care, treatment, or services that involves two or more disciplines or professions (for example, physician, nursing, physiotherapist, dietitians, pharmacist, or social workers) collaborating to plan, treat, or provide care, treatment, or services to an individual served and/or that person's family.

Inventory: A written list of all the objects, abilities, assets, or resources in a particular place.

Investigational drug: A chemical or biological substance that has been tested in the laboratory and approved for testing in people during clinical trials.

IPC committee: The Infection Control Committee is generally comprised of members from a variety of disciplines within the healthcare facility; bringing together individuals with expertise in different areas of healthcare.

Job description: Statements or directions specifying required decisions and actions. Penalties, legal or otherwise, are normally assessed when laws and regulations are not followed.

Just Culture: is a system that holds itself accountable, holds staff members accountable, and has staff members who hold themselves accountable. In a Just Culture, shared responsibility is the norm, and a commitment to eliminating the possibility of error is widespread Just Culture.

Laws and regulations: Statements or directions specifying required decisions and actions. Penalties, legal or otherwise, are normally assessed when laws and regulations are not followed.

Leader: A person who sets expectations plans and implements procedures to assess and improve the quality of the facility governance, management, clinical, and support functions and processes.

Legibility: The possibility to read or decipher. The writing is clearly written so that every letter or number cannot be misinterpreted. It is legible when any ONE individual can read the handwritten documentation or physician order.

Licensure: A legal right that is granted by a government agency in compliance with a statute governing an occupation (such as medicine, nursing, clinical counseling, or clinical social work) or the operation of activity in a health care occupancy (for example, skilled nursing facility, residential treatment center, convalescent care).

Long-Term Care (LTC): a variety of services designed to meet a person's health or personal care needs when they can no longer perform everyday activities on their own.

Look-alike Sound-Alike medications: These are medications that are visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics.

management and planning for the organization.

Medical history: A record consisting of an account of an individual's physical health

Medical staff bylaws: Regulations and/or rules adopted by the medical staff and the governing body of the facility for governance, defining rights and obligations of various officers, persons, or groups within the medical staff's structure.

Medical staff: Licensed physician and licensed dentist.

Medication error: Any preventable event that may cause inappropriate medication use or endanger patient safety. Examples are wrong patient, medication, dose, time, and route; incorrect ordering, dispensing, or transcribing; missed or delayed treatments. Any professional/discipline/staff who handles medications can be involved in the error.

Medication Management: Medication management is defined as patient-centered care to optimize safe, effective, and appropriate drug therapy. Care is provided through

collaboration with patients and their healthcare teams.

Medication reconciliation: is a formal process that has been demonstrated to improve the continuity of medicines management.

Medication: Any prescription medications including narcotics; herbal remedies; vitamins; nutraceuticals, over-the-counter medications; vaccines; biological, diagnostic, and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood products; medication containing products, and intravenous solutions with electrolytes and/or medications. The definition of the medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases unless explicitly stated.

Moxibustion: a type of heat therapy in which an herb is burned on or above the skin to warm and stimulate an acupuncture point or affected area.

Multidisciplinary team: A group of staff members composed of representatives from a range of professions, disciplines, or service areas.

N95 respirator: it is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 microns) test particles.

Natural agents: it refers to substances derived from nature that are intended to have a health-related effect. This could include (Botanical drugs, Dietary supplements).

Natural thermal water: are waters with high mineral content and high temperatures that emerge from underground to the earth.

Near miss: is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so.

Non-ionizing radiation: non-ionizing radiation is any kind of radiation in the electromagnetic spectrum that does not have enough energy to remove an electron from an atom and turn it into an ion, so non-ionizing radiation can generate heat.

Ordering: is written directions provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a licensed person such as a pharmacist or a nurse.

Outbreak: An excess over the expected (usual) level of a disease within a geographic area; however, one case of an unusual disease may constitute an outbreak.

Outdated medication: is opened and is typically safe and effective to use for a short period of time after opening (shelf life).

Palliative Care: Specialized medical care focused on providing relief from the symptoms and stress of a serious illness, with the goal of improving the quality of life for both the patient and their family.

Patient-centered care: Approach to healthcare that prioritizes the individual's values, preferences, and involvement in decision-making.

Performance measures: it is a quantifiable measure used to evaluate the success of the facility employees, etc.

Personal protective equipment: it is equipment worn to minimize exposure to hazards that cause serious workplace injuries and/or illnesses.

Pharmacy and Therapeutic Committee (DTC): The committee evaluates the clinical use of medications, policies for managing pharmaceutical use and administration, and manages the formulary system.

Physical Therapy: Rehabilitation services that focus on restoring and improving physical function, mobility, and strength through therapeutic exercises and interventions.

Phytotherapy: is the use of plants or plant extracts for medicinal uses.

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

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

Policy : is a guiding principle used to set direction in the facility.

Practice guidelines: Tools that describe processes found by clinical trials or by consensus opinion of experts to be the most effective in evaluating and/or treating a patient who has a specific symptom, condition, or diagnosis, or describe a specific procedure. Synonyms include practice parameters, protocol, preferred practice pattern, and guidelines. Also, see evidence- (scientific) - based guidelines and clinical practice guidelines.

Practitioner: A licensed healthcare professional who is authorized within the institution to prescribe, dispense, or administer medications, such as a physician, nurse practitioner, nurse), pharmacist, or respiratory therapist.

Prescriber: A practitioner authorized by law and organizational policy to order medications for individuals served.

Prescribing: advising and authorizing the use of a medication or treatment for someone, especially in writing.

Privileging: The process whereby specific scope and content of patient care services (clinical privileges) are authorized for a healthcare professional by the organization, based on the evaluation of the physician's credentials and performance.

PRN: Latin abbreviation (Pro re nata) is frequently used to denote whenever necessary or As needed.

Processing: All operations performed to render a contaminated reusable or single-use (disposable) device ready again for patient use. The steps may include cleaning and disinfection/sterilization. The manufacturer of reusable devices and single-use devices that are marketed as non-sterile should provide validated reprocessing instructions in the labeling.

Procurement: The process of acquiring supplies, including those obtained by purchase, donation, and manufacture. It involves efforts to quantify requirements, select appropriate procurement methods, and prequalify suppliers and products. It also involves managing tenders, establishing contract terms, assuring medication quality, obtaining the best prices, and ensuring adherence to contract terms.

Project: A planned set of interrelated tasks to be executed over a fixed period and within certain costs and other limitations.

Protocol: A detailed scientific treatment plan for using a new treatment.

Psammotherapy: is a traditional therapeutic practice in which baths with hot sand are used for the treatment of several chronic conditions, mainly rheumatic musculoskeletal diseases.

Quality Improvement: Ongoing efforts to enhance the effectiveness, safety, and efficiency of healthcare services through systematic assessment and improvement initiatives.

Referral: The sending of a patient from one clinician to another clinician or specialist or from one setting or service to another or another resource

Rehabilitation A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.

Relevant past history, and relevant inventory by body systems

Respiratory hygiene: This comprises infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplets or airborne routes.

Risk assessment: The identification, evaluation, and estimation of the levels of risks involved

in a situation, their comparison against benchmarks or standards, and determination of an acceptable level of risk.

Root cause analysis: A process for identifying the basic or causal factor(s) that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event.

Safe injection: It is a practice intended to prevent needle stick injuries and other possible contamination during syringe introduction in a patient; ultimately preventing transmission of blood-borne infectious diseases between one patient and another or between a patient and a healthcare professional.

Sanitation: is a condition concerning public health, especially indicating the provision of clean drinking water and adequate sewage disposal.

Scope (care or services): The range and type of services offered by the Convalescent Care and any conditions or limits to the service coverage.

Seaweed: any of the macroscopic marine algae.

Sentinel event: A patient safety event (not primarily related to the natural course of an

Side effect: is the pharmacological effect of a medication, normally adverse, other than the one(s) for which the medication is prescribed.

Single-use device Also referred to as a disposable device: it is intended for use on one patient during a single procedure. It is not intended to be reprocessed (cleaned and disinfected or sterilized) and used on another patient. Using disposable items improves patient safety by eliminating the risk of patient-to-patient contamination because the item is discarded and not used on another patient (According to the Food and Drug Administration).

Spaulding classification: is a method of classification of the different medical instrumentation based on device usage and body contact into three categories, critical, semi-critical, and non-critical dictated by the infection risk involved in using it.

Spooning: also Known as (Gua sha) as a technique in traditional East Asian medicine. It is the practice of using a tool to apply pressure and scrape the skin to relieve pain and tension. This action causes light bruising, which often appears as purple or red spots known as petechiae or sha. It may also be called skin scraping, or coining. The name gua sha — pronounced gwahshah — comes from the Chinese word for scraping.

Standing orders: are standardized prescriptions for nurses to implement to any patient in clearly defined circumstances without the need to initially notify a provider

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

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

Surveillance: A systemic and ongoing method of data collection, presentation, and analysis, followed by dissemination of that information to those who can improve outcomes.

Survey A key component in the accreditation process whereby a surveyor(s) conducts an on-site evaluation of an organization's compliance with General Authority for Healthcare Accreditation and regulation.

The research ethics committee (REC): Reviews research proposals and gives an opinion about whether the research is ethical.

Therapeutic duplication: One person using two medications, usually unnecessarily, from the same therapeutic category at the same time.

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

Tracer methodology: A process surveyors use during the on-site survey to analyze an organization's systems or processes for delivering safe, high-quality care, treatment, or services by following an individual served through the organization's care, treatment, or services in the sequence experienced by each individual. Depending on the setting, this process may require surveyors to visit multiple programs and services within an organization or within a single program or service to "trace" the care, treatment, or services rendered.

Transcribing: the legitimate copying of prescription information from one source to another without any alterations or additions.

Transition Care: Services focused on supporting individuals as they move between different levels of care, such as from Convalescent Care to home or from rehabilitation to independent living.

Transmission-based precautions: Infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are Specific and based on the way the pathogen is transmitted. Categories include contact, droplet, airborne, and a combination of these.

Utilization: The use, patterns of use, or rates of use of specified healthcare services. Overuse occurs when a healthcare service is provided under circumstances in which its potential for harm exceeds the possible benefits. Underuse is the failure to use a necessary healthcare service when it would have produced a favorable outcome for a patient. Misuse occurs

when an appropriate service has been selected, but a preventable complication occurs. All three reflect a problem in the quality of healthcare. They can increase mortality risk and diminish the quality of life.

Variation: The differences in results obtained in measuring the same event more than once. The sources of variation can be grouped into two major classes' common causes and special causes. Too much variation often leads to waste and loss, such as the occurrence of undesirable patient health outcomes and increased cost of health services.

Violence: A range of behaviors or actions that can result in harm, hurt or injury to another person, regardless of whether the violence or aggression is physically or verbally expressed, physical harm is sustained or the intention is clear.

Youth: A person of age or older who has not reached the age of majority, or as identified by law and regulation.

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