



Egyptian
Patient Safety
Standards for
Primary
Health Care
Units

Ministry of Health, 2011



Egyptian Patient Safety Standards for Primary Health Care Units

Egyptian Patient Safety Standards (16 Standards)

Standards for Primary Health Care Units / Centers, Ministry of Health, 2011

Code	Standard
	General Patient Safety
A PS.1	There are Policies & Procedures related to patient's safety in the organization.
A PS.2	The patient's safety policy defines Egyptian and WHO Patient Safety recommendations and solutions that include at least the following: PS.2.1 Accurate standardized patient identification in all service areas. PS.2.2 Standardized process for dealing with verbal or telephone orders. PS.2.3 Handing critical values/tests. PS.2.4 Hand hygiene throughout the organization. PS.2.5 Prevention of patient's risk of falling.
B PS.3	The staffs are educated regarding the Egyptian and applicable WHO Patient Safety recommendations and solutions and the facility policy.
B PS.4	At least two (2) defined and standardized ways are used to identify a patient when giving medicines, taking specimens for clinical testing; or providing any other treatments or procedures.
B PS.5	MoH and/or WHO hand hygiene guidelines, laws and regulations are implemented to prevent healthcare-associated infections.
B PS.6	Single use injection devices are discarded after one time use to prevent healthcare-associated infections.
B PS.7	A process for taking verbal or telephone orders and for the reporting of critical test results, that requires a verification "read-back" of the complete order or test result by the person receiving the information is implemented.
B PS.8	Each patient's risk of falling, including the potential risk associated with the patient's medication regimen is assessed during initial assessment and periodically reassessed according to the policy.



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- B PS.9** Patient and his family are informed about actions to be taken to decrease or eliminate any identified risks of falling.

Medication Management Safety

- B PS.10** Abbreviations not to be used throughout the organization are defined.
- B PS.11** Look-alike and sound-alike medications are identified, stored and dispensed to assure that risk is minimized.
- B PS.12** All medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions in any setting are labeled.
- B PS.13** A process is implemented to obtain and document a complete list of the patient's current medications upon visit to the facility and with the involvement of the patient.
- B PS.14** The patient medication list is communicated to the next provider of service when the patient is referred or transferred outside the organization.

Invasive Procedure Safety

- B PS.15** A process or checklist is developed and used to verify that all documents and equipment needed by invasive procedures are on hand, correct and functioning properly before beginning.
- B PS.16** There is a documented process just before starting an invasive procedure, to ensure the correct patient, procedure, and body part.