

Hospital Accreditation Standards: A Case Study from Egypt

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ABSTRACT

Background: The development of hospital accreditation standards is essential for ensuring healthcare quality and patient safety worldwide, Hospital accreditation standards in Egypt have evolved significantly along the years to be more specialized and outcome-driven systems.

Objective: To examine Egypt's hospital accreditation evolution from 2007–2025, and comparing the Ministry of Health and Population (MOHP) and the General Authority for Healthcare Accreditation and Regulations (GAHAR) frameworks.

Methods: This study conducted a comparative analysis on Egyptian hospital accreditation standards across five iterations (2007, 2013, 2017, 2021, 2025) using a structured framework. Key parameters included ownership, ISQua accreditation status, chapter structure, standard characteristics, scoring methodology, and accreditation levels

Results: GAHAR reduced standards by 66.4%, while expanding chapters (9 to 17), shifting from compliance-based to outcome focused metrics. Scoring transitioned from numerical counts to percentage tiers (e.g., $\geq 80\%$ compliance). Qualitative improvements included clearer chapter structures and alignment with global benchmarks. The reforms reflect strategic consolidation—prioritizing precision over volume—while maintaining ISQua accreditation.

Conclusion: Egypt's approach mirrors international trends, balancing rigor and practicality to enhance healthcare quality.

Keywords: Egypt; Hospital accreditation standards; Healthcare quality in Egypt; quality in Egypt; Egyptian accreditation; Hospital standards.

INTRODUCTION

Healthcare accreditation is a formal process through which an independent body evaluates healthcare organizations against predefined standards to ensure quality and patient safety. Originating in high-income countries, it had become a global tool for improving healthcare systems through all countries⁽¹⁾, as it typically focus on standardizing clinical processes, enhancing organizational performance, and fostering a culture of continuous improvement⁽²⁾.

The heart of accreditation programs lies in the reliability, validity, measurability, and the objectivity of its standards⁽³⁾ that is created by the standards research and development process. Hospital standards, which have one of the most complex healthcare settings and provide high-impact patient care⁽⁴⁾, have long been the key standard for all accreditation programs.

Accreditation Development in Egypt:

Egypt's accreditation journey began in the late 1990s, when the Ministry of Health and Population (MOHP) initially focused on primary healthcare accreditation before expanding to hospitals, adapting international standards to local contexts⁽⁵⁾.

In 2003, the MOHP launched a national accreditation program through a ministerial decree for the creation of a National Accreditation Board (NAB)⁽⁶⁾.

The NAB developed the first Egyptian accreditation standards accredited by the International Society for Quality in Health Care (ISQua) in 2007⁽⁷⁾ both in Egypt and in the middle east region by that time. Egypt revitalized its accreditation program in 2018 by a broader context with the establishment of the General Authority for Healthcare Accreditation and Regulation (GAHAR), a national authority tasked with overseeing healthcare quality and compliance⁽⁸⁾.

AIM OF THE STUDY

To conduct a comparative analysis of the evolution of Egyptian hospital accreditation standards from 2007 to 2025. It seeks to evaluate the changes in their structure, content, and scoring methodology to understand the shift from the MOHP standards to the GAHAR standards.

METHODOLOGY

This study conducted a comparative analysis on Egyptian hospital accreditation standards across five iterations (2007, 2013, 2017, 2021, 2025) using a structured framework. Key parameters included ownership, ISQua accreditation status, chapter structure (number, names, and components), standard characteristics (types, components, and count), scoring methodology, and accreditation levels (**Table 1**).

Table 1: A comparative analysis of the key parameters of the Egyptian hospital accreditation standards across five iterations (2007, 2013, 2017, 2021, 2025)

Point of comparison	Standards for Hospitals 2007	Standards for Hospitals 2013	Standards for Hospitals 2017	GAHAR Handbook for Hospital Standards 2021	GAHAR Handbook for Hospital Standards 2025
Owner	Ministry of Health and Population (MOHP) - Egyptian Healthcare Accreditation Program	Ministry of Health and Population (MOHP) - Egyptian Healthcare Accreditation Program	Ministry of Health and Population (MOHP) - Egyptian Healthcare Accreditation Program	The General Authority for Healthcare Accreditation and Regulation (GAHAR).	The General Authority for Healthcare Accreditation and Regulation (GAHAR).
ISQua accredited	Accredited (july2007-june2011)	Not accredited	Accredited (December 2017- December 2021)	Accredited (February 2021- February 2025)	Accredited (December 2024- December 2028)
Chapters' number	Nine chapters (9)	Nine chapters (9)	Nine chapters (9)	Sixteen chapters (16)	Seventeen chapters (17)
Chapters' names	Patient Rights and Responsibilities, Organization Ethics (PR)	Patient Rights and Responsibilities, Organization Ethics (PR)	Patient Rights and Responsibilities, Organization Ethics (PR)	Accreditation prerequisites and conditions (APC)	Accreditation prerequisites and conditions (APC)
	Patient Access (PA) Assessment of patients (AP)	Patient Access (PA) Assessment of patients (AP)	Patient Access (PA) Assessment of patients (AP)	National safety requirement (NSR)	GAHAR safety requirement (GSR)
	Providing Care (PC) Diagnostic Services (DS) Blood Bank and Transfusion Services (BB) Invasive Procedures (IP) Patient and Family Education (PE)	Providing Care (PC) Diagnostic Services (DS) Blood Bank and Transfusion Services (BB) Invasive Procedures (IP) Patient and Family Education (PE)	Providing Care (PC) Diagnostic Services (DS) Blood Bank and Transfusion Services (BB) Invasive Procedures (IP) Patient and Family Education (PE)	Patient-Centeredness Culture (PCC)	Patient-Centeredness Culture (PCC)
	Medication Management (MM)	Medication Management (MM)	Medication Management (MM)	Access, Continuity, and Transition of Care (ACT)	Access, Continuity, and Transition of Care (ACT)
	Patient safety (PS) Infection Control, Surveillance and Prevention (IC) Facility and Environmental safety (ES)	Patient safety (PS) Infection Control, Surveillance and Prevention (IC) Facility and Environmental safety (ES)	Patient safety (PS) Infection Control, Surveillance and Prevention (IC) Facility and Environmental safety (ES)	Integrated Care Delivery (ICD)	Integrated Care Delivery (ICD)
	Information Management (IM)	Information Management (IM)	Information Management (IM)	Diagnostic and Ancillary Services (DAS)	Critical and special care services (CSS)
	Performance Improvement (PI)	Performance Improvement (PI)	Performance Improvement (PI)	Surgery, Anesthesia, and Sedation (SAS)	Diagnostic and Ancillary Services (DAS)
	Organization Management Governance and leadership (OM) Human Resources (HR) Nursing Services (NS) Medical Staff (MS)	Organization Management Governance and leadership (OM) Human Resources (HR) Nursing Services (NS) Medical Staff (MS)	Organization Management Governance and leadership (OM) Human Resources (HR) Nursing Services (NS) Medical Staff (MS)	Medication Management and Safety (MMS)	Surgery, Anesthesia, and Sedation (SAS)
	Community Involvement (CI)	Community Involvement (CI)	Community Involvement (CI)	Environmental and Facility Safety (EFS)	Medication Management and Safety (MMS)

Point of comparison	Standards for Hospitals 2007	Standards for Hospitals 2013	Standards for Hospitals 2017	GAHAR Handbook for Hospital Standards 2021	GAHAR Handbook for Hospital Standards 2025
				Infection Prevention and Control (IPC)	Environmental and Facility Safety (EFS)
				Organization Governance and Management (OGM)	Infection Prevention and Control (IPC)
				Community Assessment and Involvement (CAI)	Organization Governance and Management (OGM)
				Workforce Management (WFM)	Community Assessment and Involvement (CAI)
				Information Management and Technology (IMT)	Workforce Management (WFM)
				Quality and Performance Improvement (QPI)	Information Management and Technology (IMT)
				Additional requirements (ADD)	Quality and Performance Improvement (QPI)
					Academic and Teaching Hospitals (ATH)
Chapter's components	Not present	Not present	Not present	<u>Chapter intent:</u> contains a comprehensive overview for the chapter	<u>Chapter intent:</u> contains a comprehensive overview for the chapter
				<u>Chapter purpose:</u> it highlights the main points that will be covered in the chapter.	<u>Chapter purpose:</u> it highlights the main points that will be covered in the chapter.
				Implementation guiding documents: relevant applicable national and international standards, regulations, and guidelines.	A summary of changes to the chapter
				<u>Subgrouping for each group of standards:</u> each related standards are gathered under one headline in the chapter.	<u>Subgrouping for each group of standards:</u> each related standards are gathered under one headline in the chapter.
Standards' types	Standard (A) covers structural elements like policies and procedures, whereas standards (B) and (C) are dedicated to implementation	Standard (A) covers structural elements like policies and procedures, whereas standards (B) and (C) are dedicated to implementation	Standard (A) covers structural elements like policies and procedures, whereas standards (B) and (C) are dedicated to implementation	The handbook consistently addresses the core components of structure, implementation, and monitoring across its various standards.	The handbook consistently addresses the core components of structure, implementation, and monitoring across its various standards.
Standard's components	Type of the Standard	Type of the Standard	Type of the Standard	Standard statement is written led by a code and number.	Standard statement is written led by a code and number.

Point of comparison	Standards for Hospitals 2007	Standards for Hospitals 2013	Standards for Hospitals 2017	GAHAR Handbook for Hospital Standards 2021	GAHAR Handbook for Hospital Standards 2025
	Scoring of the standard	Scoring of the standard	Scoring of the standard	Each standard is followed by a quality dimension(s) addressed by the standard.	Each standard is followed by a quality dimension(s) addressed by the standard.
	Standard statement: each standard is written as a standard statement led by a code and number.	Standard statement: each standard is written as a standard statement led by a code and number	Standard statement: each standard is written as a standard statement led by a code and number	Keywords: is meant to help in understanding the standard statements and what it is intended to measure.	Keywords: is meant to help in understanding the standard statements and what it is intended to measure.
				Intent: is meant to help hospitals understand the rational of the standard.	Intent: is meant to help hospitals understand the rational of the standard.
				Evidences of compliance (EOCs): indicates what is reviewed and scored during the on-site survey process.	Evidences of compliance (EOCs): indicates what is reviewed and scored during the on-site survey process.
				Survey process guide: helps and assists the surveyors in the standard's scoring.	Survey process guide: helps and assists the surveyors in the standard's scoring.
				Related standards: are standards that help to understand and implement the standard in its overall context.	Related standards: are standards that help to understand and implement the standard in its overall context.
Number of standards	716 standards	777 standards	752 standards	274 standards	252 standards
Standard's scoring	A - structures (Policy/procedure, plans, required committees (all or none scoring) *Met (present all elements) *Not Met (not present with all elements) B and C - implementation (Frequency based-observations of deficiencies)	A - structures (Policy/procedure, plans, required committees (all or none scoring) *Met (present all elements) *Not Met (not present with all elements) B and C - implementation (Frequency based-observations of deficiencies)	A - structures (Policy/procedure, plans, required committees (all or none scoring) *Met (present all elements) *Partially Met (one element is lacking or inadequate) *Not Met (more than one element is lacking or inadequate) B and C - implementation	Met: when the average score of the applicable EOCs $\geq 80\%$ Partially met: when the average score of the applicable EOCs $<80\%$ or $\geq 50\%$. Not met: when the average score of the applicable EOCs $<50\%$.	Met: when the average score of the applicable EOCs $\geq 80\%$ Partially met: when the average score of the applicable EOCs $<80\%$ or $\geq 50\%$. Not met: when the average score of the applicable EOCs $<50\%$.

Point of comparison	Standards for Hospitals 2007	Standards for Hospitals 2013	Standards for Hospitals 2017	GAHAR Handbook for Hospital Standards 2021	GAHAR Handbook for Hospital Standards 2025
	*Met (zero to 1 observed or documented deficiencies) *Partially Met (2 observed or documented deficiencies) *Not Met (3 or more observed or documented deficiencies)	*Met (zero to 1 observed or documented deficiencies) *Partially Met (2 observed or documented deficiencies) *Not Met (3 or more observed or documented deficiencies)	(Frequency based- observations of deficiencies) *Met (<20% observed or documented deficiencies) *Partially Met (20-<50% observed or documented deficiencies) *Not Met (50% and more observed or documented deficiencies)		
Accreditation levels	*Foundation level *Basic quality level *Accreditation level	*Foundation level *Basic quality level *Accreditation level	*Foundation level *Basic quality level *Accreditation level	*Conditioned accreditation (1 year) *Conditioned accreditation (2 years) *Accreditation (3 years)	*Conditioned accreditation (1 year) *Conditioned accreditation (2 years) *Accreditation (3 years)

Data were extracted from the original accreditation standards and systematically coded to evaluate evolution in rigor, specificity, and alignment with international benchmarks. Quantitative analysis focused on standard counts and scoring thresholds, while qualitative assessment examined structural changes and compliance requirements.

RESULTS

Assessment of the accreditation manuals against the set parameters revealed both qualitative and quantitative analysis. The qualitative analysis standards 2007, 2013, 2017 maintained consistent chapter names that grouped different types and topics of standards under the same chapter that was totally changed in standards 2021 and 2025 as each related standards are named under a separate chapter with the addition of chapter (additional requirement) in 2021 that covers the academic, research and organ/tissue transplantation services that was modified to (Academic and Teaching Hospitals) in 2025. The chapters' components, standard's type and the standards' components had dramatically shifted from the MOHP publications to the GAHAR publications as they had added more details, the standards types had changed to structure, implementation, and monitoring in almost every standard in GAHAR manuals.

In relation to quantitative analysis standards 2007, 2013, 2017 maintained consistent chapter structures (9 chapters) with an increase in a 61 standards by a 8.5% from 2007 to 2013 and a decrease by 25 standards from 2013 to 2017 by a 3.2%. The GAHAR era 2021 and 2025 demonstrated strategic consolidation, reducing standards by 66.4% (751 to 252) through intelligent clustering of related requirements while simultaneously enhancing measurement precision, that also reflected with an increase in the chapter's numbers to sixteen in 2021 and seventeen in 2025. Finally the standard's scoring for the 2007 and 2013 standards had implemented a numerical observations while standards from 2017 till 2025 had implemented a percentage based scoring.

DISCUSSION

Egypt's healthcare accreditation standards have evolved significantly from 2007 to 2025, transitioning from MOHP's broad, compliance-focused framework to GAHAR's specialized, outcome-driven system⁽⁸⁾.

Qualitatively, MOHP standards (2007–2017) grouped diverse requirements under nine static chapters, while GAHAR (2021–2025) introduced dedicated chapters (e.g., Academic and Teaching Hospitals) and enriched components like Chapter Intent and quality dimensions, enhancing clarity and alignment with best practices.

Quantitatively, MOHP's standards fluctuated modestly (+8.5% by 2013, -3.2% by 2017), whereas

GAHAR strategically consolidated requirements, reducing standards by 66.4% (751 to 252) while expanding chapters to 17. This reflects a shift from volume to precision, with related standards clustered intelligently (e.g., infection control under IPC). Scoring methods also progressed—from MOHP's numerical deficiency counts to GAHAR's percentage-based tiers (Met $\geq 80\%$ compliance), enabling finer assessment.

The GAHAR era emphasizes measurable outcomes over bureaucratic compliance, reducing redundancy while improving usability.

CONCLUSION

Egypt's accreditation journey demonstrates a strategic evolution from a volume-based, structural approach to a precise, outcome-oriented system. The GAHAR era marks a significant maturation, effectively consolidating standards, enhancing measurement precision, and aligning with international best practices to foster a sustainable culture of healthcare quality and patient safety. Overall, Egypt's accreditation transformation aligns with global trends, balancing simplification with rigor to advance healthcare quality.

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