

General Considerations & Eligibility Requirements for Implementing the Guidelines

Important Notes:

This is a PDF version of the Online Readiness Assessment form. We recommend that you review the questions to ensure your Medical Travel Program conforms with the Guidelines (or is planning to) prior to proceeding with your application and payment. A link to the Online version of this form will be sent to your organization after submitting the application and payment.

Should you have any questions, please contact Mr. Bill Cook at wcook@ghaccreditation.com

The **"General Considerations for Implementing the Guidelines"** on page 6 of the GHA COVID-19 Guidelines for Medical Travel Programs suggest that the medical travel program (or the hospital or clinic with which it is affiliated with) monitor and align with certain Covid-19 rates and criteria prior to reopening or returning to normal. These include:

- 1) The hospital or clinic aligned with the medical travel program is in a geographic region which has experienced a sustained reduction in the rate of new COVID-19 cases for at least 14 days before resumption of elective surgical procedures.
- 2) The hospital or clinic aligned with the medical travel program is in compliance with local, regional or national authorities' mandates or executive orders regarding COVID-19 respecting the timing of its reopening or as it increases operations.
- 3) The hospital or clinic aligned with the medical travel program continues to monitor COVID-19 rates to ensure alignment of the program's protocols with updated mandates, in the event that any revisions are warranted.
- 4) The hospital or clinic is in compliance with:
 - national/international regulatory authorities' recommendations regarding treatment and prevention of COVID-19.
- 5) Sufficient resources should be available to the organization across all phases of care, including Personal Protection Equipment (PPE), healthy workforce, beds, supplies, medications, ventilators, testing capacity, and post-acute care, without jeopardizing surge capacity, patient safety and well-being of staff.

* 1. The Leader of the Medical Travel Program will be asked to provide an attestation that the organization has considered the issues noted above and is monitoring them appropriately. Is your Program comfortable in providing this attestation?

Yes

No

Other (please specify)

Eligibility Requirements

* 2. The hospital or ambulatory center is currently licensed by relevant regulatory agencies to operate and provide patient services.

Yes

No

Other (please specify)

* 3. The hospital or ambulatory center has a formal medical travel program (also known as an international patient department or office).

Yes

No

Other (please specify)

Organization information

* 4. Please enter the information for the organization and the individual who should be contacted regarding the information submitted in this form.

Name of Organization

Primary Contact Name:

**Primary Contact Title
(position in the
organization):**

**Primary Contact Email
Address:**

“Care Continuum Phase #1 Service and Destination Selection”

* 5. Special messaging for patients regarding protocols or special arrangements due to COVID-19 have been developed or are planned to be developed and communicated using channels that are appropriate to the organization’s target audiences.

Yes

No

Include additional comments if necessary...

* 6. COVID-19 pre-screening and testing policies for patients and accompanying family members, if any, have been developed.

Yes

No

Include additional comments if necessary...

* 7. Your program is using telemedicine or telehealth for pre-screening, testing, or monitoring while the patient is recovering offsite (such as at a hotel) to avoid unneeded interactions.

Yes

No

Include additional comments if necessary...

* 8. Specialized safety protocols along the entire care continuum, including air travel, ground transportation, recommended hotels, facilities, and after-care facilities, such as rehabilitation or skilled nursing homes are in place.

Yes

No

Include additional comments if necessary...

* 9. Your organization has a mechanism in place to keep its providers, healthcare workers and staff current on COVID-19 education and mitigation strategies.

Yes

No

Include additional comments if necessary...

* 10. Your organization informs prospective patients of any necessary quarantine requirements after travel and before treatment.

Yes

No

Include additional comments if necessary...

* 11. Your organization informs prospective patients about any regional or national mandates regarding the use of Personal Protection Equipment (PPE) during travel and throughout their stay as well as other requirements or recommendations regarding safety and mitigation of risk, such as social distancing and disinfection wipes.

Yes

No

Include additional comments if necessary...

* 12. Family /Visitor /Companion guidelines are in place and inform whether any restrictions or safety protocols are in place due to the risk of contagion.

Yes

No

Include additional comments if necessary...

* 13. Special protocols are in place for sanitation and disinfection of the organization's facility.

Yes

No

Include additional comments if necessary...

"Care Continuum Phase # 2 Information"

* 14. Patients are pre-screened for COVID-19 during pre-admission calls prior to travel.

Yes

No

Include additional comments if necessary...

* 15. The medical travel program reassesses patients for co-morbidities if treatment has been postponed.

Yes

No

Include additional comments if necessary...

* 16. The medical travel program considers the need for repeating laboratory test results (including COVID-19 test), radiology, and history and physical if treatment has been delayed or postponed and discusses this need with the patient.

Yes

No

Include additional comments if necessary...

* 17. The medical travel program provides a detailed itinerary and care plan prior to travel in language understood by patient to facilitate an informed judgment prior to making travel arrangements.

Yes

No

Include additional comments if necessary...

* 18. The care plan provides information about travel warnings or restrictions for destination, health or legal requirements at the destination, such as quarantine, wearing a mask, and social distancing.

Yes

No

Include additional comments if necessary...

* 19. The care plan provides information about required special visa, or vaccinations.

Yes

No

Include additional comments if necessary...

* 20. The care plan includes protocols to mitigate the risk of COVID-19 throughout their travel, including airplane, ground transportation as appropriate, as well as hotel best practices.

Yes

No

Include additional comments if necessary...

* 21. Patients are aware of the potential consequences should they test positive upon arrival and before treatment, such as quarantine, travel back home prior to treatment being administered, or admission to hospital for care, depending on the individual patient circumstances, national regulatory orders of the country, judgment of the physician, and /or protocols of the hospital or clinic, and that they are aware of any associated financial responsibilities.

Yes

No

Include additional comments if necessary...

* 22. The need for a specialized addendum to the consent form pertinent to COVID-19 has been considered.

Yes

No

Include additional comments if necessary...

“Care Continuum Phase # 3 Arrival”

* 23. COVID-19 Safety protocols are in place for meet and greet at arrival point.

Yes

No

Include additional comments if necessary...

* 24. COVID-19 Safety protocols are in place for ground transportation.

Yes

No

Include additional comments if necessary...

“Care Continuum Phase # 4 Accommodation”

* 25. Hotels recommended by your organization for medical travel patients and companions comply with recognized industry-wide hotel cleaning and sanitation standards required by COVID-19.

Yes

No

Include additional comments if necessary...

“Care Continuum Phase # 5 Admission & Treatment”

* 26. COVID-19 safety protocols are established for admission process.

Yes

No

Include additional comments if necessary...

27. Covid-19 testing protocols are in place, including a protocol as to next steps if a patient tests positive.

Yes

No

Include additional comments if necessary...

* 28. COVID-19 patients are isolated in dedicated units.

Yes

No

Include additional comments if necessary...

* 29. Plans have been made to assure appropriate Personal Protective Equipment for patient and accompanying companion throughout the medical travel care continuum.

Yes

No

Include additional comments if necessary...

“Care Continuum Phase # 6 Discharge”

* 30. Discharge instructions include any specific guidance or protocols to follow related to COVID-19 precautions during recuperation, travel, or additional testing or quarantine recommendations upon return home.

Yes

No

Include additional comments if necessary...

* 31. Referrals to Post-acute care facilities are made with knowledge about safety pertinent to COVID-and their rates of infection are continually monitored.

Yes

No

Include additional comments if necessary...

* 32. The medical travel program has criteria, for selecting ancillary service providers that it recommends to medical travel patients and companions including travel agents, tour operators, tourism attractions and restaurants to mitigate the risk of infection.

Yes

No

Include additional comments if necessary...

* 33. Information is shared regarding any local endemic areas to avoid travel to these areas during recovery.

Yes

No

Include additional comments if necessary...

“Care Continuum Phase #7 Post Discharge Follow-up and Departure”

* 34. A fit-to-fly letter documenting results of COVID-19 testing for patient's home country or airport use is provided as needed.

Yes

No

Include additional comments if necessary...

* 35. Patients are informed of the need to follow appropriate social distancing and safety protocols while in recovery and during travel home as well as post arrival home.

Yes

No

Include additional comments if necessary...

“Care Continuum Phase #8 Follow Up at Home”

* 36. During follow-up with patient upon return home, your program solicits feedback and reporting of COVID-19 status.

Yes

No

Include additional comments if necessary...

Conclusion

37. Please rate from 1-5 (with 5 being most helpful) how valuable this Readiness Assessment was in helping your organization understand its level of preparedness for the Certification of Conformance.



Please let us know if you have any suggestions for improving this tool.