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ASF Health Standards Version 11

Standard 19: Medical Tourism

Core standard · applicability by facility type shown for each criterion

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REVISION HISTORY

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01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 19 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

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Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision is at france-asf.fr.

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1 Introduction

This document is Standard 19 of ASF Health Standards. It sets out how a facility treats international patients safely and fairly: cost transparency, records sent to the home-country physician, language access, travel and logistics, tracking after return, travel documents, complaints from abroad, facilitator verification, travel-related infection risk and post-procedure travel advice.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 19 makes sure that a patient who travels for treatment knows what it will cost, is understood throughout, is cared for after they go home, and can raise a complaint from anywhere.

Who should read it. The chief executive, the international patient coordinator, the clinical governance lead, the infection control lead, the pharmacist, the nurses who discharge patients, the finance team that issues estimates, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 19 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you treat international patients, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 19.1 to 19.10, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan),

POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 19 covers cost transparency, records, language access, logistics, tracking after return, travel documents, complaints, facilitators, infection risk and travel timing. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 19 APPLIES

Standard 19 applies when the facility treats international patients. It is optional in hospitals, ambulatory clinics, primary clinics, dental clinics and aesthetic clinics, and not applicable to long-term care, telemedicine, home care and fitness facilities. The table shows the rating for each criterion in each setting. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
19.1 Pricing Transparency for International Patients	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.2 Remote Records Transfer to Home-Country Physician	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.3 Language Access for Foreign Patients	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.4 Travel, Accommodation, and Logistics Coordination	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.5 Post-Return Complication Tracking	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.6 Travel Documentation Support for International Patients	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.7 International Patient Complaint and Redress Process	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.8 Facilitator and Agent Verification	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.

Criterion	Applies to
19.9 Travel-Associated Infection Risk Protocol	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.
19.10 Post-Procedure Travel Timing and Venous Thromboembolism Risk	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness.

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as referrals, complaints or dates
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
MTR	Medical tourism

7 Terms and definitions

Term	Definition
Medical tourism	Travel to another country or region specifically to receive medical treatment.
Facilitator or agent	A third party that refers, arranges or promotes medical treatment for patients abroad.
Home-country physician	The doctor who looks after the patient after they return home.
Empanelment	Formal approval of a facilitator or agent against a defined standard.
Fitness to fly	A clinical judgement that a patient can travel safely by air after treatment.
Venous thromboembolism	A blood clot in a deep vein, usually the leg, or in the lungs, which can follow surgery and long periods of sitting.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

8 Standard 19 at a glance

Standard 19: Medical Tourism is a service standard of ASF Health Standards. It applies when the facility treats international patients, and covers cost, records, language, travel logistics, follow-up after return, complaints, facilitators and travel-related health risks.

The standard has ten criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
19.1	Pricing Transparency for International Patients	Minimum	Must	Must
19.2	Remote Records Transfer to Home-Country Physician	Minimum	Must	Must
19.3	Language Access for Foreign Patients	Minimum	Must	Must
19.4	Travel, Accommodation, and Logistics Coordination	Minimum	Medium	Must
19.5	Post-Return Complication Tracking	Minimum	Must	Must
19.6	Travel Documentation Support for International Patients	Minimum	Medium	Must
19.7	International Patient Complaint and Redress Process	Minimum	Must	Must
19.8	Facilitator and Agent Verification	Minimum	Must	Must
19.9	Travel-Associated Infection Risk Protocol	Must	Must	Must
19.10	Post-Procedure Travel Timing and Venous Thromboembolism Risk	Must	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
19.1	Pricing Transparency for International Patients	Manager (ISCO 1342) · Chief executive (ISCO 1120)
19.2	Remote Records Transfer to Home-Country Physician	Specialist physician (ISCO 2212) · Secretary (ISCO 3344)
19.3	Language Access for Foreign Patients	Manager (ISCO 1342) · Nurse (ISCO 2221)
19.4	Travel, Accommodation, and Logistics Coordination	Manager (ISCO 1342) · Nurse (ISCO 2221)
19.5	Post-Return Complication Tracking	Manager (ISCO 1342) · Specialist physician (ISCO 2212)

No.	Criterion	Positions responsible or involved
19.6	Travel Documentation Support for International Patients	Secretary (ISCO 3344) · Specialist physician (ISCO 2212)
19.7	International Patient Complaint and Redress Process	Manager (ISCO 1342) · Chief executive (ISCO 1120)
19.8	Facilitator and Agent Verification	Chief executive (ISCO 1120) · Manager (ISCO 1342)
19.9	Travel-Associated Infection Risk Protocol	Specialist physician (ISCO 2212) · Nurse (ISCO 2221)
19.10	Post-Procedure Travel Timing and Venous Thromboembolism Risk	Specialist physician (ISCO 2212) · Nurse (ISCO 2221)

8.3 TRAINING FOR STANDARD 19

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	Status
Medical Tourism Coordination for Clinics (AMB-24)	Manager, Nurse	None	19.1, 19.2, 19.4, 19.5, 19.6, 19.8, 19.10	In development
Medical Tourism Accreditation: The International Patient Office (H-08)	Manager, Chief executive	None	19.3	In development
Complaints Handling and Patient Feedback (T-12)	Manager, Nurse	None	19.7	In development
Hand Hygiene and Standard Precautions (T-06)	Nurse, Specialist physician	None	19.9	In development

Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

19.1 Pricing Transparency for International Patients

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** International patients receive a complete, written, all-inclusive cost estimate before travel is booked, covering the procedure, hospital stay, and commonly needed extras, not a partial quote that grows once the patient has already committed to travelling.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: international patients receive a complete, written, all-inclusive cost estimate before travel is booked.

GUIDANCE

A patient who travels for treatment needs to know the full cost before they commit. A partial quote that leaves out the stay, the tests or the common extras makes the final bill a surprise and damages trust.

The estimate lists the procedure, the hospital stay and the usual extras, and is confirmed against the final bill.

WHAT GOOD LOOKS LIKE

- The estimate is issued in the patient's language, each line is explained, and the final bill is reviewed with the patient before discharge.

COMMON MISTAKES

- A quote that leaves out the hospital stay and the tests.
- A final bill far above the estimate with no explanation.

> **Why it matters.** International patients who receive a low estimate and then a much larger bill abroad feel cheated and may not get the care they expected. A full written estimate before travel protects both sides.

WHAT THE ASSESSOR CHECKS

Sample. Review 5 written estimates against the final bills for international patients.

1 A complete written estimate is given before travel is booked.

Method. Check each sampled patient for the estimate and its date before booking.

Evidence to show. Written all-inclusive cost estimate (MTR-FRM-001).

Pass when. Every sampled patient has the estimate before booking.

2 The estimate covers the procedure, the stay and the common extras.

Method. Check each estimate for the three items.

Evidence to show. Written all-inclusive cost estimate (MTR-FRM-001).

Pass when. Every estimate covers the three items.

3 **The final bill matches the estimate.**

Method. Compare each final bill against its estimate.

Evidence to show. Price transparency policy (HOS-POL-003).

Pass when. No final bill exceeds its estimate without a written agreement.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is charged three times the estimate on arrival. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-FRM-001	Written all-inclusive cost estimate	Manager	Chief executive	Manager
HOS-POL-003	Price transparency policy	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Issues the written estimate before travel	— Must
Chief executive (ISCO 1120)	Approves the price transparency policy	— Must

REFERENCES FOR THIS CRITERION

- World Medical Association (2018). WMA Statement on Medical Tourism. Used for: pricing transparency, documents, interpreters and consent. https://news.gmj.ge/guideline/wma-statement-on-medical-tourism/
- European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: cross-border healthcare: patient rights, pricing and records. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/

19.2 Remote Records Transfer to Home-Country Physician

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** A complete, usable record of the care provided is transferred to the patient's home-country physician, in a format that physician can use, not a discharge summary that stays in the treating facility's own system.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a complete, usable record of care is transferred to the patient's home-country physician, with the drugs and doses given.

GUIDANCE

After treatment the patient returns to a doctor at home, who has to continue their care. That doctor needs a usable record, not only a discharge summary that stays at the treating facility.

The record names the drugs and doses given, the procedures and the follow-up needed. The patient consents to the transfer.

WHAT GOOD LOOKS LIKE

- A summary letter is sent to the home-country physician within a set number of days, in the physician's language where possible.

COMMON MISTAKES

- A discharge summary given to the patient with no record sent abroad.
- A record that does not name the drugs and doses given.

> **Why it matters.** A patient who goes home needs a record that the doctor at home can use. A record that is incomplete, or in a language the doctor cannot read, causes repeated tests and missed treatment.

WHAT THE ASSESSOR CHECKS

Sample. Review 5 records transfers with the consent form, anonymised.

1 A complete record of care is sent to the home-country physician.

Method. Check each sampled transfer for the record sent.

Evidence to show. Records transfer summary (MTR-FRM-002).

Pass when. Every sampled patient has a record sent to the home physician.

2 The record names the drugs and doses given.

Method. Check each summary for the drugs and doses.

Evidence to show. Records transfer summary (MTR-FRM-002).

Pass when. Every summary names the drugs and doses given.

3 The patient consents to the transfer.

Method. Check each record for the consent.

Evidence to show. Records transfer summary (MTR-FRM-002).

Pass when. Every transfer has the patient consent recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is sent home with a summary that names no drug or dose. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-FRM-002	Records transfer summary	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Writes the records transfer summary	— Must
Secretary (ISCO 3344)	Sends the record to the home physician	— Must

REFERENCES FOR THIS CRITERION

- European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: cross-border healthcare: patient rights, pricing and records. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/
- National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/

19.3 Language Access for Foreign Patients

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** Foreign patients have access to a competent interpreter for consent, treatment discussions, and discharge instructions, not an ad hoc arrangement using whichever staff member happens to speak some of the patient's language.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: foreign patients have access to a competent interpreter for consent, treatment discussions and discharge instructions.

GUIDANCE

A patient who does not understand the consent or the discharge instructions cannot take part in their own care. A competent interpreter is used for these conversations, and the patient reads the consent in a language they understand.

Relatives or untrained staff are not used as interpreters for consent.

WHAT GOOD LOOKS LIKE

- A trained medical interpreter is booked before the patient arrives, and the interpreter's name is written in the record.

COMMON MISTAKES

- Consent signed in a language the patient does not read.
- A family member used as the only interpreter for a surgical consent.

> **Why it matters.** A foreign patient who cannot understand the consent or the discharge instructions cannot take part in their own care. A competent interpreter is needed for these moments, not a relative or a child.

WHAT THE ASSESSOR CHECKS

Sample. Review the interpreter procedure and 5 consent records showing the interpreter.

1 A competent interpreter is used for consent.

Method. Check each sampled consent record for the interpreter named.

Evidence to show. Interpreter use record (MTR-FRM-003).

Pass when. Every consent for a foreign patient uses a competent interpreter.

2 Consent is given in a language the patient reads.

Method. Check each record for the language the patient reads.

Evidence to show. Interpreter use record (MTR-FRM-003).

Pass when. Every consent is given in a language the patient reads.

3 The interpreter is used for treatment discussions and discharge.

Method. Check the records for the interpreter at each discussion.

Evidence to show. Language access and interpreters (MTR-POL-002).

Pass when. At least 95% of discussions show the interpreter used.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient signs consent in a language they do not read. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-FRM-003	Interpreter use record	Manager	Chief executive	Manager
MTR-POL-002	Language access and interpreters	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Books a competent interpreter for each consent	— Must
Nurse (ISCO 2221)	Confirms the language the patient reads	— Must

REFERENCES FOR THIS CRITERION

- World Medical Association (2018). WMA Statement on Medical Tourism. Used for: pricing transparency, documents, interpreters and consent. https://news.gmj.ge/guideline/wma-statement-on-medical-tourism/
- National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/

19.4 Travel, Accommodation, and Logistics Coordination

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** The facility provides or coordinates support for travel and accommodation logistics around the procedure, not leaving an international patient, often recovering from treatment, to navigate this entirely alone in an unfamiliar country.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: travel, accommodation and transport home are provided or coordinated around the procedure.

GUIDANCE

A patient recovering from treatment, far from home, may not know how to book transport, where to stay or how to get to the airport. The facility provides or coordinates these arrangements and confirms them before discharge.

The record shows who arranged each step, so that the patient has a named contact if something goes wrong.

WHAT GOOD LOOKS LIKE

- A named coordinator meets the patient on arrival and checks the travel plan with them before discharge.

COMMON MISTAKES

- A patient discharged with no arrangement for the flight home.
- Accommodation booked for the first night only.

> **Why it matters.** A patient who has to arrange their own travel and hotel after surgery may be left stranded. The facility does not have to do everything, but it must support the patient with the logistics.

WHAT THE ASSESSOR CHECKS

Sample. Review the logistics coordination record for 5 patients.

1 Travel and accommodation are provided or coordinated for each international patient.

Method. Check each sampled patient for the arrangements recorded.

Evidence to show. Logistics coordination register (MTR-REG-001).

Pass when. Every sampled patient has arrangements recorded.

2 Transport home is confirmed before discharge.

Method. Check each record for the transport home and its date.

Evidence to show. Logistics coordination register (MTR-REG-001).

Pass when. Every patient has transport home confirmed before discharge.

3 The arrangements are recorded with who arranged them.

Method. Check each record for the arranger.

Evidence to show. Logistics coordination register (MTR-REG-001).

Pass when. Every arrangement has the arranger recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is discharged with no transport home. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-SOP-001	Travel and logistics support	Manager	Chief executive	Chief executive
MTR-REG-001	Logistics coordination register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Arranges travel and accommodation	— Medium
Nurse (ISCO 2221)	Confirms transport home before discharge	— Medium

REFERENCES FOR THIS CRITERION

- Centers for Disease Control and Prevention (2025). CDC Yellow Book 2026: Medical Tourism. Used for: travel health, infection risk and complications. https://news.gmj.ge/guideline/cdc-yellow-book-2026-medical-tourism/
- TravelHealthPro, UK (2024). Travelling for treatment (medical tourism): Factsheet 59. Used for: counselling on travel, infection, complications and thrombosis risk. https://news.gmj.ge/guideline/travelling-for-treatment-medical-tourism-factsheet-59/
- National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/

19.5 Post-Return Complication Tracking

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** The facility actively tracks what happens to international patients after they return home, including complications discovered by a home-country physician, not just relying on a generic follow-up call that a satisfied patient may not bother answering.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: international patients are tracked after they return home, including complications found by a home-country physician.

GUIDANCE

Complications sometimes appear after the patient has flown home. The facility needs to know about them, so that it can treat them, learn from them and correct its practice.

Each returning patient is tracked, and complications reported by a home-country physician are recorded with the action taken.

WHAT GOOD LOOKS LIKE

- Each returning patient is contacted by the facility at set intervals, with a named clinician for the home-country physician to call.

COMMON MISTAKES

- A complication reported by a home-country physician and not recorded.
- Follow-up done by a single automatic email.

> **Why it matters.** A complication that appears after the patient flies home may never reach the clinic that treated them. Tracking what happens after return is how the clinic learns, and how the patient is helped.

WHAT THE ASSESSOR CHECKS

Sample. Review the post-return follow-up log for 5 patients, with complications recorded.

1 Each international patient is tracked after return home.

Method. Check each sampled patient for follow-up contacts after return.

Evidence to show. Post-return follow-up log (MTR-REG-002).

Pass when. Every sampled patient has follow-up recorded after return.

2 Complications found by a home-country physician are recorded.

Method. Check the log for any complication reported by the home physician.

Evidence to show. Post-return follow-up log (MTR-REG-002).

Pass when. Every complication reported is recorded.

3 The action taken is recorded.

Method. Check each complication for the action and who was told.

Evidence to show. Post-return follow-up log (MTR-REG-002).

Pass when. Every complication has an action recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient has a wound infection after return and no record at the clinic. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-REG-002	Post-return follow-up log	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Tracks each patient after return	— Must
Specialist physician (ISCO 2212)	Records and acts on complications	— Must

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: incident reporting, learning systems and quality across all settings. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

19.6 Travel Documentation Support for International Patients

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** The facility provides the specific documentation international patients need to support their travel, correctly and promptly, not generic paperwork that leaves the patient to figure out what is required themselves.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the travel documents international patients need are kept by destination, issued correctly and in time.

GUIDANCE

Patients often need specific documents to travel, such as a fitness letter or a medical summary. The requirements differ by destination country, and a generic list leaves the patient to find out what they need.

The facility keeps a list by destination, issues the documents on time, and records what was issued.

WHAT GOOD LOOKS LIKE

- A checklist of required documents is sent to the patient before travel, per destination country, and checked again at discharge.

COMMON MISTAKES

- A fitness letter needed for a flight issued on the day of departure.
- The same generic list given for every destination.

> **Why it matters.** An international patient often needs letters and forms to travel, such as a fitness-to-fly letter. Wrong or missing documents can stop them from flying home.

WHAT THE ASSESSOR CHECKS

Sample. Review the travel document list by destination and 5 issued documents, anonymised.

1 The document list is kept by destination.

Method. Check the list for each destination the clinic serves.

Evidence to show. Travel documentation by destination (MTR-POL-003).

Pass when. Every destination served has a document list.

2 The documents needed are issued correctly and in time.

Method. Check each sampled patient for the documents issued before travel.

Evidence to show. Travel document issued record (MTR-FRM-004).

Pass when. Every sampled patient has documents issued in time.

3 **A fitness letter is issued where the patient needs one to fly.**

Method. Check each flying patient for the fitness letter.

Evidence to show. Travel document issued record (MTR-FRM-004).

Pass when. Every flying patient who needs one has a fitness letter.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is unable to fly because the fitness letter was missing. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-POL-003	Travel documentation by destination	Chief executive	Governing body members	Chief executive
MTR-FRM-004	Travel document issued record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the document list by destination	— Medium
Specialist physician (ISCO 2212)	Issues the fitness letter	— Medium

REFERENCES FOR THIS CRITERION

- World Medical Association (2018). WMA Statement on Medical Tourism. Used for: pricing transparency, documents, interpreters and consent. https://news.gmj.ge/guideline/wma-statement-on-medical-tourism/
- National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/

19.7 International Patient Complaint and Redress Process

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** International patients have access to a complaint and redress process reachable from their home country, with evidence complaints are addressed, not a process that only works for a patient still physically present in the country.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: international patients can complain from their home country, and each complaint is addressed and its outcome recorded.

GUIDANCE

A patient who has returned home may have a problem with the treatment abroad. A complaint route that only works while they are still in the facility does not protect them.

Complaints from abroad are logged, answered within the set time, and their outcome is recorded.

WHAT GOOD LOOKS LIKE

- Complaints from abroad are answered by a named person within the set time, and the outcome is shared with the patient by phone or video.

COMMON MISTAKES

- A complaint from abroad left unanswered for months.
- A complaint route that works only in the local language.

> **Why it matters.** A foreign patient who is harmed has no easy way to complain from home, and may have no route to redress. A complaint process reachable from abroad closes that gap.

WHAT THE ASSESSOR CHECKS

Sample. Review the international complaint log for the last 12 months, with the route and the response time.

1 An international complaint route is available from the patient's home country.

Method. Check the route published, with contact details and response time.

Evidence to show. International complaint log (MTR-REG-003).

Pass when. The route is published with contact details and a response time.

2 Each complaint from abroad is logged and responded to within the set time.

Method. Check each complaint for the response date.

Evidence to show. International complaint log (MTR-REG-003).

Pass when. At least 95% of complaints are responded to within the set time.

3 The complaint is addressed, with the outcome recorded.

Method. Check each complaint for the outcome.

Evidence to show. Complaints and feedback (INC-POL-002).

Pass when. Every complaint has an outcome recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A complaint from abroad is left unanswered for months. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-REG-003	International complaint log	Secretary	Chief executive	Manager
INC-POL-002	Complaints and feedback	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Logs and answers international complaints	— Must
Chief executive (ISCO 1120)	Signs off the outcome of serious complaints	— Must

REFERENCES FOR THIS CRITERION

- National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/
- European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: cross-border healthcare: patient rights, pricing and records. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/

19.8 Facilitator and Agent Verification

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Must	Must

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** Any third-party medical tourism facilitator or agent the facility works with is verified and held to a defined standard of conduct, not an unregulated intermediary operating without any accountability to the facility or the patient.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: each third-party facilitator or agent is verified and held to a written standard of conduct, and re-verified each year.

GUIDANCE

Third-party facilitators and agents often refer patients to the facility. They must be verified and must work to a standard of conduct, because they shape the patient's decision.

Each agent signs a written agreement and is re-verified every year against the empanelment standard.

WHAT GOOD LOOKS LIKE

- Each facilitator is re-checked against the empanelment standard each year, and the list of approved agents is published to staff.

COMMON MISTAKES

- An agent who receives a commission for referrals with no written agreement.
- An agent who has never been verified and is still sending patients.

> **Why it matters.** A facilitator or agent who brings patients to a clinic may promise things the clinic cannot deliver, or take money without a service. The clinic is responsible for who it works with.

WHAT THE ASSESSOR CHECKS

Sample. Review the list of verified agents with their written agreements and the yearly verification record.

1 Each facilitator or agent is verified before referrals.

Method. Check each agent for the verification date before the first referral.

Evidence to show. Verified agents register (MTR-REG-004).

Pass when. Every agent is verified before its first referral.

2 Each agent works under a written agreement with a standard of conduct.

Method. Check each agent for the signed agreement.

Evidence to show. Facilitator and agent standard (MTR-POL-004).

Pass when. Every agent has a signed agreement.

3 **Each agent is verified again each year.**

Method. Check each agent for the yearly verification.

Evidence to show. Verified agents register (MTR-REG-004).

Pass when. Every agent has a current yearly verification.

Pass. The criterion is met when every check above is passed.

Immediate fail. . An agent charges patients a fee the clinic never agreed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-REG-004	Verified agents register	Secretary	Chief executive	Manager
MTR-POL-004	Facilitator and agent standard	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Approves each facilitator before referrals	— Must
Manager (ISCO 1342)	Verifies each agent every year	— Must

REFERENCES FOR THIS CRITERION

- National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/
- International Organization for Standardization (2020). ISO 22525:2020 Tourism and related services: Medical tourism: Service requirements. Used for: medical tourism service requirements, including facilitators and cross-border records. https://news.gmj.ge/guideline/iso-225252020-tourism-and-related-services-medical-tourism-service-requirements/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: incident reporting, learning systems and quality across all settings. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

19.9 Travel-Associated Infection Risk Protocol

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** International patients are assessed for travel-associated infection risk specific to their journey and country of origin, with appropriate screening and precautions applied, not treated identically to a local patient with no recent travel history.

Rating rule. Must in every setting: international patients are assessed for travel-associated infection risk, and screened and protected accordingly.

GUIDANCE

Travel can bring infections that are uncommon in the facility's own area. The risk depends on the journey and the country of origin, so screening should match them.

The assessment, the screening and the precautions are recorded for each patient.

WHAT GOOD LOOKS LIKE

- Travel-related screening is documented for each patient, including vaccination status and the precautions given.

COMMON MISTAKES

- A patient from a high-risk area treated as routine with no screening.
- Precautions discussed but never recorded.

> **Why it matters.** Patients who travel from another country can bring infections, such as measles or TB, and can catch some from the clinic. Assessing the risk for their journey and country protects both them and the local patients.

WHAT THE ASSESSOR CHECKS

Sample. Review 5 completed travel infection risk assessments, anonymised.

1 Each international patient is assessed for travel-associated infection risk.

Method. Check each sampled patient for the completed assessment.

Evidence to show. Travel infection risk assessment (MTR-FRM-005).

Pass when. Every sampled international patient has an assessment.

2 The screening and precautions match the journey and the country of origin.

Method. Check each assessment for the screening and precautions against the journey.

Evidence to show. Travel infection risk assessment (MTR-FRM-005).

Pass when. Every assessment has screening and precautions matched to the journey.

3 The precautions are applied and recorded.

Method. Check each assessment for the precautions recorded as applied.

Evidence to show. Travel infection risk assessment (MTR-FRM-005).

Pass when. Every assessment records the precautions applied.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with active TB is admitted with no assessment. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-FRM-005	Travel infection risk assessment	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Completes the infection risk assessment	— Must
Nurse (ISCO 2221)	Applies the screening and precautions	— Must

REFERENCES FOR THIS CRITERION

- Centers for Disease Control and Prevention (2025). CDC Yellow Book 2026: Medical Tourism. Used for: travel health, infection risk and complications. https://news.gmj.ge/guideline/cdc-yellow-book-2026-medical-tourism/
- TravelHealthPro, UK (2024). Travelling for treatment (medical tourism): Factsheet 59. Used for: counselling on travel, infection, complications and thrombosis risk. https://news.gmj.ge/guideline/travelling-for-treatment-medical-tourism-factsheet-59/

19.10 Post-Procedure Travel Timing and Venous Thromboembolism Risk

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Dental clinic, Aesthetic and procedure clinic. **Not applicable to:** Long-term care, Telemedicine, Home care, Fitness and wellness. Each setting shows its rating above.

> **Criterion.** Every international patient receives a specific, documented discussion of safe travel timing after their procedure, including the elevated blood clot risk from combining recent surgery with air travel, not a general assumption that the patient will work out when it is safe to fly home.

Rating rule. Must in every setting: every international patient receives a documented discussion of safe travel timing and of the clot risk from combining surgery with air travel.

GUIDANCE

A long flight after surgery raises the risk of a blood clot in the legs or lungs. Patients need specific, written advice on when it is safe to travel, and what symptoms to watch for on the journey.

The advice is given in writing and the discussion is documented.

WHAT GOOD LOOKS LIKE

- The discharge letter includes the travel timing advice and a clear instruction to seek help if symptoms of a clot appear during the journey.

COMMON MISTAKES

- A patient flies home two days after major surgery with no advice given.
- Travel advice given verbally only and not written down.

> **Why it matters.** After some procedures, a long flight raises the risk of a blood clot. A patient who is not told when it is safe to fly can travel too soon and be harmed.

WHAT THE ASSESSOR CHECKS

Sample. Review 5 written travel timing discussions after a procedure, anonymised.

1 Each international patient has a documented discussion of safe travel timing.

Method. Check each sampled patient for the timing discussion recorded.

Evidence to show. Post-procedure travel timing record (MTR-FRM-006).

Pass when. Every sampled international patient has the discussion recorded.

2 The blood clot risk from surgery combined with air travel is explained.

Method. Check each record for the explanation.

Evidence to show. Post-procedure travel timing record (MTR-FRM-006).

Pass when. Every record shows the blood clot risk explained.

3 The advice is given in writing.

Method. Check each record for the written advice.

Evidence to show. Post-procedure travel timing record (MTR-FRM-006).

Pass when. Every patient is given the advice in writing.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient flies the day after surgery with no advice. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MTR-FRM-006	Post-procedure travel timing record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Gives the written travel timing advice	— Must
Nurse (ISCO 2221)	Records the advice given	— Must

REFERENCES FOR THIS CRITERION

- TravelHealthPro, UK (2024). Travelling for treatment (medical tourism): Factsheet 59. Used for: counselling on travel, infection, complications and thrombosis risk. https://news.gmj.ge/guideline/travelling-for-treatment-medical-tourism-factsheet-59/
- National Institute for Health and Care Excellence (NICE) (2019). Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NG89). Used for: reducing venous thromboembolism risk, including after travel and surgery. https://news.gmj.ge/guideline/venous-thromboembolism-in-over-16s-reducing-the-risk-of-hospital-acquired-deep-vein-thrombosis-or-pulmonary-embolism/
- Centers for Disease Control and Prevention (2025). CDC Yellow Book 2026: Medical Tourism. Used for: travel health, infection risk and complications. https://news.gmj.ge/guideline/cdc-yellow-book-2026-medical-tourism/

10 Questions and answers

Does Standard 19 apply to every facility?
No. It applies to facilities that treat international patients. It is optional in hospitals, ambulatory clinics, primary clinics, dental clinics and aesthetic clinics, and not applicable to the others. Section 4 shows the applicability for each facility type.

Must a patient receive a written cost estimate?
Yes. Under 19.1 a complete written estimate, covering the procedure, the stay and the common extras, is given before travel is booked.

Does an interpreter have to be used for consent?
Yes, a competent interpreter is used for consent and discharge under 19.3. A relative or untrained staff member is not an acceptable substitute.

Who checks a medical tourism agent?
Under 19.8 each agent is verified before referrals, works under a written agreement, and is verified again each year.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. These answers summarise it.

11 References

CITED FOR CRITERIA

1. World Medical Association (2018). WMA Statement on Medical Tourism. Used for: pricing transparency, documents, interpreters and consent. https://news.gmj.ge/guideline/wma-statement-on-medical-tourism/ (criterion 19.1, 19.3, 19.6)
2. European Commission (2022). Commission report on the operation of Directive 2011/24/EU on patients' rights in cross-border healthcare. Used for: cross-border healthcare: patient rights, pricing and records. https://news.gmj.ge/guideline/commission-report-on-the-operation-of-directive-2011-24-eu-on-patients-rights-in-cross-border-healthcare/ (criterion 19.1, 19.2, 19.7)
3. National Accreditation Board for Hospitals and Healthcare Providers (NABH) (2025). Empanelment Standards for Medical Value Travel Facilitators, 2nd Edition. Used for: empanelment of medical value travel facilitators: language, records, documents, complaints and facilitator checks. https://news.gmj.ge/guideline/nabh-empanelment-standards-for-medical-value-travel-facilitators-2nd-edition/ (criterion 19.2, 19.3, 19.4, 19.6, 19.7, 19.8)
4. Centers for Disease Control and Prevention (2025). CDC Yellow Book 2026: Medical Tourism. Used for: travel health, infection risk and complications. https://news.gmj.ge/guideline/cdc-yellow-book-2026-medical-tourism/ (criterion 19.4, 19.9, 19.10)
5. TravelHealthPro, UK (2024). Travelling for treatment (medical tourism): Factsheet 59. Used for: counselling on travel, infection, complications and thrombosis risk. https://news.gmj.ge/guideline/travelling-for-treatment-medical-tourism-factsheet-59/ (criterion 19.4, 19.9, 19.10)
6. World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: incident reporting, learning systems and quality across all settings. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 19.5, 19.8)
7. International Organization for Standardization (2020). ISO 22525:2020 Tourism and related services: Medical tourism: Service requirements. Used for: medical tourism service requirements, including facilitators and cross-border records. https://news.gmj.ge/guideline/iso-225252020-tourism-and-related-services-medical-tourism-service-requirements/ (criterion 19.8)
8. National Institute for Health and Care Excellence (NICE) (2019). Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NG89). Used for: reducing venous thromboembolism risk, including after travel and surgery. https://news.gmj.ge/guideline/venous-thromboembolism-in-over-16s-reducing-the-risk-of-hospital-acquired-deep-vein-thrombosis-or-pulmonary-embolism/ (criterion 19.10)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

12 Document register

Every document code used in Standard 19, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	Criteria
HOS-POL-003	Price transparency policy	Policy	19.1
INC-POL-002	Complaints and feedback	Policy	19.7
MTR-FRM-001	Written all-inclusive cost estimate	Form (record)	19.1
MTR-FRM-002	Records transfer summary	Form (record)	19.2
MTR-FRM-003	Interpreter use record	Form (record)	19.3
MTR-FRM-004	Travel document issued record	Form (record)	19.6
MTR-FRM-005	Travel infection risk assessment	Form (record)	19.9
MTR-FRM-006	Post-procedure travel timing record	Form (record)	19.10
MTR-POL-002	Language access and interpreters	Policy	19.3
MTR-POL-003	Travel documentation by destination	Policy	19.6
MTR-POL-004	Facilitator and agent standard	Policy	19.8
MTR-REG-001	Logistics coordination register	Register	19.4
MTR-REG-002	Post-return follow-up log	Register	19.5
MTR-REG-003	International complaint log	Register	19.7
MTR-REG-004	Verified agents register	Register	19.8
MTR-SOP-001	Travel and logistics support	Procedure (SOP)	19.4