ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 22: Telemedicine

Core standard · applicability by facility type shown for each criterion

DOCUMENT NUMBER	ASF-HS11-S22
DATE OF ISSUE	1 November 2026
STATUS	Approved for use
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, President, Accréditation Sans Frontières
APPLIES TO SURVEYS STARTING AFTER	1 November 2026
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover.

APPROVAL

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Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

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1 Introduction

This document is Standard 22 of ASF Health Standards. It sets out how a facility provides care at a distance safely and fairly: access for patients who cannot connect, the governed use of AI, the wellbeing of remote clinicians, the environmental impact of digital care, patient identity and consent, safe remote prescribing and records, and a safe route when the technology fails.

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 22 protects patients who receive care at a distance, who may not be able to see the clinician in person, and who may be left without help if the technology fails. A facility that offers an alternative route, confirms identity, records care and plans for failure protects the patient and the clinician.

Who should read it. Chief executives, telemedicine managers, specialist physicians, nurses, the department secretary, 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 22 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 are a facility manager or a member of the facilities team, 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 22.1 to 22.6, 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 TEL-POL-001 (telemedicine, policy, 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 13.

4 Scope

Standard 22 covers access for patients who cannot connect, AI governance, AI monitoring and consent, workforce education and wellbeing, environmental impact of digital care, patient identity and consent, remote prescribing, clinical records, and technical failure.

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 22 APPLIES

Standard 22 applies to facilities that provide care at a distance, through telemedicine and remote consultation. It is required by default for telemedicine services and optional in hospitals, ambulatory clinics, primary health clinics, long-term care, home care and dental clinics. It is not applicable to fitness and wellness and aesthetic clinics. A criterion is marked N/A for a facility type that does not provide remote care.

Criterion	Applies to
22.1 The Service Never Disadvantages a Patient Who Cannot Access It Digitally	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.2 AI Systems Are Introduced in Line With WHO AI Governance Guidance	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.3 AI Systems Are Monitored for Unintended Consequences	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.4 Clinicians Are Consulted Before an AI System Is Introduced	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.5 Accountability for AI-Assisted Care Is Explicitly Defined	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.6 Providers Have Access to Ongoing Education and Peer Connection	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.7 Clinician Wellbeing and Isolation Risk Are Monitored	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.8 Digital Infrastructure Impact Is Assessed, Not Assumed Negligible	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic

Criterion	Applies to
22.9 Hosting and Technology Procurement Considers Environmental Impact	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.10 The Provider Considers Its Reduction of Patient Travel Impact	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.11 Staff Are Engaged in Sustainability Practice	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.12 Sustainability Commitments Are Reviewed, Not Static	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.13 Patient Identity Is Confirmed at Every Remote Consultation	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.14 Informed Consent for Remote Care Is Recorded	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.15 Prescribing at a Distance Follows a Safe Process	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.16 Clinical Records From Remote Consultations Are Complete	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic
22.17 Technical Failure During a Consultation Has a Safe Route	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic N/A: Fitness and wellness, Aesthetic and procedure clinic

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 reviews, consultations or dates
SOP	Standard operating procedure. A step-by-step description of how a task is done
PLN	Plan. A written plan for a defined situation

DOCUMENT CODE PREFIXES

Prefix	Topic
AI	Artificial intelligence in care
CON	To be confirmed (name missing from the live page)
ENV	Environment and sustainability
PHC	To be confirmed (name missing from the live page)
PHM	To be confirmed (name missing from the live page)
PRC	Procurement
TEL	Telemedicine
WRK	Workforce

7 Terms and definitions

Term	Definition
Artificial intelligence (AI) system	Software that supports diagnosis, triage or care decisions by analysing data, used in this standard for clinical support only.
Remote consultation	A clinical consultation carried out by video, telephone or another electronic means, without the patient being physically present.
Telemedicine	The delivery of clinical care at a distance using information and communication technology.
Carbon footprint	The total greenhouse gas emissions caused by an activity, usually expressed in tonnes of carbon dioxide equivalent.
Call-back	A return call made by a clinician to a patient whose consultation failed or was interrupted.
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 22 at a glance

Standard 22: Telemedicine is a standard of ASF Health Standards for facilities that provide care at a distance. It is required by default for telemedicine services, and each criterion shows the facility types it applies to. It covers access, AI, the workforce, sustainability, identity, consent, prescribing, records and technical failure.

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

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
22.1	The Service Never Disadvantages a Patient Who Cannot Access It Digitally	Minimum	Medium	Must
22.2	AI Systems Are Introduced in Line With WHO AI Governance Guidance	Minimum	Medium	Must
22.3	AI Systems Are Monitored for Unintended Consequences	Minimum	Medium	Must
22.4	Clinicians Are Consulted Before an AI System Is Introduced	Minimum	Medium	Must
22.5	Accountability for AI-Assisted Care Is Explicitly Defined	Minimum	Medium	Must
22.6	Providers Have Access to Ongoing Education and Peer Connection	Minimum	Medium	Must
22.7	Clinician Wellbeing and Isolation Risk Are Monitored	Minimum	Medium	Must
22.8	Digital Infrastructure Impact Is Assessed, Not Assumed Negligible	Minimum	Medium	Must
22.9	Hosting and Technology Procurement Considers Environmental Impact	Minimum	Medium	Must
22.10	The Provider Considers Its Reduction of Patient Travel Impact	Minimum	Medium	Must
22.11	Staff Are Engaged in Sustainability Practice	Minimum	Medium	Must
22.12	Sustainability Commitments Are Reviewed, Not Static	Minimum	Medium	Must
22.13	Patient Identity Is Confirmed at Every Remote Consultation	Minimum	Medium	Must
22.14	Informed Consent for Remote Care Is Recorded	Minimum	Medium	Must
22.15	Prescribing at a Distance Follows a Safe Process	Minimum	Medium	Must
22.16	Clinical Records From Remote Consultations Are Complete	Minimum	Medium	Must
22.17	Technical Failure During a Consultation Has a Safe Route	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. 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
22.1	The Service Never Disadvantages a Patient Who Cannot Access It Digitally	Manager (ISCO 1342) · Nurse (ISCO 2221)
22.2	AI Systems Are Introduced in Line With WHO AI Governance Guidance	Manager (ISCO 1342) · Specialist physician (ISCO 2212)
22.3	AI Systems Are Monitored for Unintended Consequences	Manager (ISCO 1342) · Specialist physician (ISCO 2212)
22.4	Clinicians Are Consulted Before an AI System Is Introduced	Manager (ISCO 1342) · Nurse (ISCO 2221)
22.5	Accountability for AI-Assisted Care Is Explicitly Defined	Chief executive (ISCO 1120) · Manager (ISCO 1342)
22.6	Providers Have Access to Ongoing Education and Peer Connection	Manager (ISCO 1342) · Secretary (ISCO 3344)
22.7	Clinician Wellbeing and Isolation Risk Are Monitored	Manager (ISCO 1342) · Nurse (ISCO 2221)
22.8	Digital Infrastructure Impact Is Assessed, Not Assumed Negligible	Manager (ISCO 1342) · Secretary (ISCO 3344)
22.9	Hosting and Technology Procurement Considers Environmental Impact	Manager (ISCO 1342) · Chief executive (ISCO 1120)
22.10	The Provider Considers Its Reduction of Patient Travel Impact	Manager (ISCO 1342) · Chief executive (ISCO 1120)
22.11	Staff Are Engaged in Sustainability Practice	Chief executive (ISCO 1120) · Manager (ISCO 1342)
22.12	Sustainability Commitments Are Reviewed, Not Static	Chief executive (ISCO 1120) · Manager (ISCO 1342)
22.13	Patient Identity Is Confirmed at Every Remote Consultation	Nurse (ISCO 2221) · Specialist physician (ISCO 2212)
22.14	Informed Consent for Remote Care Is Recorded	Nurse (ISCO 2221) · Specialist physician (ISCO 2212)
22.15	Prescribing at a Distance Follows a Safe Process	Specialist physician (ISCO 2212) · Nurse (ISCO 2221)
22.16	Clinical Records From Remote Consultations Are Complete	Specialist physician (ISCO 2212) · Secretary (ISCO 3344)
22.17	Technical Failure During a Consultation Has a Safe Route	Nurse (ISCO 2221) · Specialist physician (ISCO 2212)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the facilities manager. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Chief executive (ISCO 1120)	The board of directors.	Managers and the heads of department.
Manager (ISCO 1342)	The chief executive officer or chief operating officer.	Nurses and remote clinical staff.
Nurse (ISCO 2221)	The head nurse or ward manager.	No direct reports.
Secretary (ISCO 3344)	The head of department (per specialty).	No direct reports.
Specialist physician (ISCO 2212)	The head of department (per specialty).	Residents and trainees under supervision.

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

Course	Subject	Criteria	GMJ Academy course page
დისტანციური კლინიკური შეფასება და შეზღუდვების აღიარება (TELE-03)	Remote clinical assessment	22.1	Georgian Georgian version only
Artificial Intelligence in Healthcare Safety (AI-001)	Artificial intelligence in healthcare	22.2	English · Georgian
Environmental Sustainability Standards for ASF Accreditation (ENV-001)	Environmental sustainability	22.8	English · Georgian
Medication Safety: Operating SOP-MED-01 End to End (T-08)	Medication safety end to end	22.15	English · Georgian

22.1 The Service Never Disadvantages a Patient Who Cannot Access It Digitally

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A process exists so that a patient who cannot access the telemedicine platform (no reliable internet, no suitable device, limited digital literacy) is never simply left without care, but is referred or redirected to an appropriate alternative.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a patient who cannot access the telemedicine platform is referred or redirected, and is never left without a next step.

GUIDANCE

Video consultation is not available to everyone. Some patients have no reliable internet, no suitable device or limited digital skills. For these patients the service must offer another route, not simply turn them away.

The route is checked at booking, so that no patient reaches the end of a booking process with no next step.

> **Good practice.** Patients who cannot use video are offered a phone or in-person route, and the route is checked at each booking.

> **Partial because.** A route exists, but it is not offered to the patient at booking.

WHAT GOOD LOOKS LIKE

- Patients who cannot use video are offered a phone or in-person route, and the route is checked at each booking.

COMMON MISTAKES

- A patient without internet told to use the app and given no other option.
- A patient who cannot read the booking screen left with no appointment.

> **Why it matters.** A telemedicine service that works only for patients with a fast internet connection and a smartphone leaves behind those who most need care. A route for patients who cannot connect keeps the service fair.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 telemedicine bookings where the connection failed or access was limited, and the routes taken.

1 Patients who cannot connect are referred or redirected to an alternative.

Method. Check each sampled failed connection for the alternative recorded.

Evidence to show. Digital access check and alternative route record (TEL-FRM-001).

Pass when. Every failed connection has an alternative route recorded.

2 Access is checked at booking.

Method. Check each sampled booking for the access check.

Evidence to show. Digital access check and alternative route record (TEL-FRM-001).

Pass when. At least 95% of bookings show the access check.

3 No patient is left with no next step.

Method. Check each sampled case for the next step and its completion.

Evidence to show. Referral tracking register (PHC-REG-002).

Pass when. Every case has a next step completed or in progress.

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

Immediate fail. . A rural patient turned away because the video link failed and no alternative was offered. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-FRM-001	Digital access check and alternative route record	Manager	Chief executive	Manager
TEL-POL-001	Access to care for patients without digital access	Chief executive	Governing body members	Chief executive

Other records in the criterion: PHC-REG-002 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Arranges the alternative route	— Medium
Nurse (ISCO 2221)	Checks access at booking	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Implementation toolkit for accessible telehealth services. Used for: accessibility for patients who cannot use digital services, and platform reliability. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/

22.2 AI Systems Are Introduced in Line With WHO AI Governance Guidance

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Any artificial intelligence system used to support diagnosis, triage, or care decisions is introduced and managed in accordance with WHO's Ethics and governance of artificial intelligence for health (2021). For telemedicine, the check also covers the country of each remote patient.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: each AI system used for diagnosis, triage or care decisions is introduced in line with WHO AI governance guidance, with a responsible use policy.

GUIDANCE

Artificial intelligence can support diagnosis, triage and treatment decisions, but it can also make errors that a clinician would catch. WHO sets out ethics and governance principles for its use, and the facility introduces each system in line with them.

The responsible use policy states what the system is for, who uses it and who is accountable for the decisions it supports.

> **Good practice.** The facility keeps a register of each AI system, its approval and its checks against WHO guidance, reviewed each year by the clinical governance group.

> **Partial because.** The system is introduced, but the register is kept only by the vendor.

WHAT GOOD LOOKS LIKE

- The facility keeps a register of each AI system, its approval and its checks against WHO guidance, reviewed each year by the clinical governance group.

COMMON MISTAKES

- An AI triage tool switched on across the service with no policy.
- A system in use that nobody on the clinical team can name.

> **Why it matters.** Artificial intelligence can help with diagnosis and triage, but it can also make errors that look confident. WHO's guidance on AI in health asks for safety, transparency and human oversight, and a facility that introduces AI must follow it.

WHAT THE ASSESSOR CHECKS

Sample. Review the AI systems in use for diagnosis, triage or care decisions, and their introduction records.

1 Each AI system is introduced in line with WHO AI governance guidance.

Method. Check each system for the assessment against the WHO guidance.

Evidence to show. AI System Assessment (AI-FRM-001).

Pass when. Every AI system has an assessment recorded.

2 **The responsible use policy is in place.**

Method. Check the policy for the WHO principles applied.

Evidence to show. Responsible Use of AI in Care Policy (AI-POL-001).

Pass when. The policy is in force and covers the WHO principles.

3 **For telemedicine, the country of each remote patient is checked.**

Method. Check the assessment for the country check.

Evidence to show. AI System Assessment (AI-FRM-001).

Pass when. Every assessment for a remote service includes the country check.

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

Immediate fail. . An AI triage tool used with no assessment. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-FRM-001	AI System Assessment	Manager	Chief executive	Manager
AI-POL-001	Responsible Use of AI in Care Policy	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Assesses each AI system against WHO guidance	— Medium
Specialist physician (ISCO 2212)	Confirms the country check for remote patients	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Ethics and governance of artificial intelligence for health. Used for: principles for AI system use, monitoring, consultation and accountability. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

22.3 AI Systems Are Monitored for Unintended Consequences

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility monitors and evaluates its AI systems, auditing results for over-diagnosis or missed diagnosis, tracking patient complaints related to AI-assisted care, and checking for other unintended consequences. For telemedicine, monitoring also reflects the limits of remote assessment.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: AI systems are audited for over-diagnosis and missed diagnosis, and complaints about AI-assisted care are tracked.

GUIDANCE

An AI system can miss a diagnosis or over-diagnose a condition, and the risk may be higher at a distance where the clinician cannot examine the patient. Results are audited against the final diagnosis, and complaints are tracked.

Monitoring reflects the limits of remote assessment, including what a remote clinician cannot see.

> **Good practice.** AI results are compared with the final clinical diagnosis each quarter, and every over-diagnosis or missed diagnosis is discussed at the case review.

> **Partial because.** Results are audited, but the missed diagnoses are not reviewed with the clinician.

WHAT GOOD LOOKS LIKE

- AI results are compared with the final clinical diagnosis each quarter, and every over-diagnosis or missed diagnosis is discussed at the case review.

COMMON MISTAKES

- A missed diagnosis found months later with no audit of the AI result.
- Complaints about AI advice recorded but never reviewed.

> **Why it matters.** An AI system can work well at first and then drift, missing diagnoses or over-diagnosing as the patients change. Auditing its results regularly is the only way to notice.

WHAT THE ASSESSOR CHECKS

Sample. Review the AI monitoring register and the audit records for each AI system in use.

1 AI results are audited for over-diagnosis and missed diagnosis.

Method. Check each audit for the over-diagnosis and missed-diagnosis review.

Evidence to show. AI Monitoring Register (AI-REG-001).

Pass when. Every AI system has an audit recorded in the period.

2 Patient complaints related to AI-assisted care are tracked.

Method. Check the complaints log for AI-related complaints and their tracking.

Evidence to show. AI Monitoring Register (AI-REG-001).

Pass when. Every AI-related complaint is tracked to closure.

3 Monitoring reflects the limits of remote assessment.

Method. Check the audit for the remote-assessment limits.

Evidence to show. AI Performance and Safety Monitoring (AI-SOP-001).

Pass when. Remote audits include the limits.

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

Immediate fail. . An AI tool never checked after it went live. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-REG-001	AI Monitoring Register	Secretary	Chief executive	Manager
AI-SOP-001	AI Performance and Safety Monitoring	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Keeps the AI monitoring register	— Medium
Specialist physician (ISCO 2212)	Audits AI results for over- and missed diagnosis	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Ethics and governance of artificial intelligence for health. Used for: principles for AI system use, monitoring, consultation and accountability. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

22.4 Clinicians Are Consulted Before an AI System Is Introduced

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff who will deliver care using a new AI system are consulted before it is introduced, to understand the practical implications and identify training needs. For telemedicine, consultation reaches clinicians across time zones.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff who will use a new AI system are consulted before it is introduced, including remote clinicians across time zones.

GUIDANCE

Clinicians who will use an AI system know best where it helps and where it does not. They are consulted before it goes live, and training needs are identified from their answers.

Remote clinicians working in other time zones are included in the consultation.

> **Good practice.** Clinicians from every site and time zone join a short briefing before a new AI system goes live, and their concerns are recorded.

> **Partial because.** Clinicians are consulted, but remote clinicians are not included.

WHAT GOOD LOOKS LIKE

- Clinicians from every site and time zone join a short briefing before a new AI system goes live, and their concerns are recorded.

COMMON MISTAKES

- A new tool introduced with a briefing only for the office-based staff.
- Night-shift clinicians not told about a new triage system.

> **Why it matters.** Staff who will use an AI system every day know the practical problems that a manager may not. Consulting them before it is introduced finds those problems early.

WHAT THE ASSESSOR CHECKS

Sample. Review the staff consultation records for each AI system introduced in the last 12 months.

1 Staff who will use the AI system are consulted before introduction.

Method. Check each introduction for the consultation before go-live.

Evidence to show. Staff Consultation Record (AI-FRM-002).

Pass when. Every introduction has a consultation before go-live.

2 Training needs are identified.

Method. Check each consultation record for the training need recorded.

Evidence to show. Staff Consultation Record (AI-FRM-002).

Pass when. Every consultation identifies the training need.

3 **Remote clinicians across time zones are consulted.**

Method. Check the consultation attendance for remote clinicians.

Evidence to show. Staff Consultation Before AI Introduction (AI-SOP-002).

Pass when. Remote clinicians are included in each consultation.

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

Immediate fail. . An AI system introduced with no staff input. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-FRM-002	Staff Consultation Record	Manager	Chief executive	Manager
AI-SOP-002	Staff Consultation Before AI Introduction	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the staff consultation before go-live	— Medium
Nurse (ISCO 2221)	Records training needs	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Ethics and governance of artificial intelligence for health. Used for: principles for AI system use, monitoring, consultation and accountability. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

22.5 Accountability for AI-Assisted Care Is Explicitly Defined

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility has considered and documented accountability arrangements for care and treatment delivered with AI support, including who is responsible when an AI-assisted decision is wrong. For telemedicine, accountability is also defined across borders.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the accountability for AI-assisted care is documented, with a named party responsible for each AI-supported decision.

GUIDANCE

When an AI system contributes to a decision, someone must still be accountable for it. The arrangements, including across borders for remote care, are written down and known to all staff.

Each AI-supported decision has a named party responsible for it.

> **Good practice.** A written accountability chart names the responsible clinician for each AI-assisted decision, including across borders.

> **Partial because.** Accountability is written, but the cross-border arrangement is not included.

WHAT GOOD LOOKS LIKE

- A written accountability chart names the responsible clinician for each AI-assisted decision, including across borders.

COMMON MISTAKES

- A decision made with AI support and no one named as responsible.
- Two clinicians each assuming the other is responsible for a remote case.

> **Why it matters.** When an AI system contributes to a wrong decision, it is not clear who is responsible: the clinician, the vendor or the facility. A documented accountability arrangement answers that question before there is an incident.

WHAT THE ASSESSOR CHECKS

Sample. Review the accountability arrangements for each AI system, and any AI-assisted decision reviewed in the last 12 months.

1 Accountability for AI-assisted care is documented.

Method. Check each AI system for the accountability arrangement.

Evidence to show. Accountability for AI-Assisted Care (AI-POL-002).

Pass when. Every AI system has accountability documented.

2 **A named party is responsible for an AI-assisted decision.**

Method. Check each reviewed decision for the responsible party named.

Evidence to show. Accountability for AI-Assisted Care (AI-POL-002).

Pass when. Every reviewed decision names the responsible party.

3 **Accountability is defined across borders for remote care.**

Method. Check the policy for the cross-border arrangement.

Evidence to show. Accountability for AI-Assisted Care (AI-POL-002).

Pass when. The policy covers cross-border accountability.

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

Immediate fail. . An AI-assisted decision with no one named as responsible. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AI-POL-002	Accountability for AI-Assisted Care	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Accepts accountability for AI-assisted care	— Medium
Manager (ISCO 1342)	Names the responsible party for each decision	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Ethics and governance of artificial intelligence for health. Used for: principles for AI system use, monitoring, consultation and accountability. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/

22.6 Providers Have Access to Ongoing Education and Peer Connection

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every workforce member has access to ongoing education, formal courses and training sessions, whether internal or external, to maintain the performance their role requires and develop their skills further. For telemedicine, the access route reaches providers who work alone.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: every workforce member has access to ongoing education, including providers who work alone.

GUIDANCE

Telemedicine providers often work alone, away from colleagues and teaching. Ongoing education keeps their skills current, and a peer connection keeps them in touch with the profession.

The education is matched to the role requirements and recorded.

> **Good practice.** Each provider has a personal learning plan, a peer group, and protected time for courses each year.

> **Partial because.** Courses are offered, but providers who work alone are not reached.

WHAT GOOD LOOKS LIKE

- Each provider has a personal learning plan, a peer group, and protected time for courses each year.

COMMON MISTAKES

- A remote clinician who has had no training in three years.
- Courses offered only to the office-based staff.

> **Why it matters.** Staff who cannot learn new skills fall behind the care they are asked to give. Giving every staff member access to ongoing education keeps the workforce able to meet the standards.

WHAT THE ASSESSOR CHECKS

Sample. Review the training records for 10 workforce members, including remote staff.

1 Each workforce member has access to ongoing education.

Method. Check each sampled record for the training offered in the last year.

Evidence to show. Training matrix register (WRK-REG-001).

Pass when. Every sampled member has training offered in the last year.

2 The access route reaches providers who work alone.

Method. Check that remote staff are on the training list and have access.

Evidence to show. Competency and training procedure (WRK-SOP-001).

Pass when. Remote staff are on the list with access.

3 **Education is maintained against the role requirement.**

Method. Check each record for the role-required training completed.

Evidence to show. Training matrix register (WRK-REG-001).

Pass when. At least 95% of records show the role-required training.

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

Immediate fail. . No training offered for three years. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
WRK-REG-001	Training matrix register	Secretary	Chief executive	Manager
WRK-SOP-001	Competency and training procedure	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Offers ongoing education to all staff	— Medium
Secretary (ISCO 3344)	Keeps the training list, including remote staff	— Medium

REFERENCES FOR THIS CRITERION

22.7 Clinician Wellbeing and Isolation Risk Are Monitored

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Clinicians are supported against the wellbeing and isolation risks of their work: the facility monitors their wellbeing, offers contact with colleagues and support, and does not leave a clinician working alone with no check. For telemedicine, the isolation risk of remote practice is considered.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: remote clinicians are supported against the wellbeing and isolation risks of their work, and warning signs are acted on.

GUIDANCE

Working alone at a distance can lead to isolation and burnout. The facility checks how remote clinicians are doing, gives them regular team contact and acts on warning signs.

Each clinician has a named support contact.

> **Good practice.** Remote clinicians meet their team in person at least twice a year, and a named colleague checks on them each month.

> **Partial because.** Wellbeing is checked, but warning signs are not acted on.

WHAT GOOD LOOKS LIKE

- Remote clinicians meet their team in person at least twice a year, and a named colleague checks on them each month.

COMMON MISTAKES

- A clinician working alone for a year with no team contact.
- A warning sign recorded at supervision with no action taken.

> **Why it matters.** Clinicians who work alone from a screen can become isolated and burn out, and the strain shows in their care. Monitoring wellbeing and offering support keeps the workforce able to practise safely.

WHAT THE ASSESSOR CHECKS

Sample. Review the wellbeing and isolation check records for remote clinicians in the last 12 months.

1 Remote clinicians' wellbeing and isolation are checked.

Method. Check each remote clinician for the quarterly check.

Evidence to show. Remote clinician wellbeing check record (TEL-FRM-002).

Pass when. Every remote clinician has a check each quarter.

2 Each clinician has regular team contact and a support route.

Method. Check each record for the team contact and the support route agreed.

Evidence to show. Remote clinician wellbeing check record (TEL-FRM-002).

Pass when. Every record shows team contact and a support route.

3 Warning signs are acted on.

Method. Check each warning sign for the action and its date.

Evidence to show. Staff support after distressing events (WRK-SOP-004).

Pass when. Every warning sign has an action within the week.

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

Immediate fail. . A clinician working alone for a year with no contact with colleagues and no check. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-SOP-001	Remote clinician wellbeing and isolation check	Manager	Chief executive	Chief executive
TEL-FRM-002	Remote clinician wellbeing check record	Manager	Chief executive	Manager

Other records in the criterion: WRK-SOP-004 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the quarterly wellbeing check	— Medium
Nurse (ISCO 2221)	Acts on warning signs within the week	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: occupational health and safety for health workers, including wellbeing, mental health and isolation. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/

22.8 Digital Infrastructure Impact Is Assessed, Not Assumed Negligible

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility has carried out an assessment of its carbon footprint, even based on a minimal dataset such as energy use alone, to establish a baseline for monitoring and reducing greenhouse gas emissions. For telemedicine, the footprint of its digital infrastructure is included.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the facility assesses its digital infrastructure impact, with a carbon footprint baseline even on a minimal dataset.

GUIDANCE

Digital services are not free of environmental cost: servers, networks and devices use energy. The facility assesses its footprint, even if it starts with energy use alone, and records the method.

Energy use is monitored so that the baseline can be updated.

> **Good practice.** The carbon baseline is repeated each year, with the energy data for the telemedicine service shown separately.

> **Partial because.** A baseline is carried out, but the method is not written down.

WHAT GOOD LOOKS LIKE

- The carbon baseline is repeated each year, with the energy data for the telemedicine service shown separately.

COMMON MISTAKES

- A claim of zero environmental impact made with no assessment at all.
- A baseline that has not been updated in five years.

> **Why it matters.** A carbon footprint shows where a facility's greenhouse emissions come from. It does not need to be perfect; a basic baseline from energy and travel data is enough to start measuring change.

WHAT THE ASSESSOR CHECKS

Sample. Review the carbon footprint baseline for digital infrastructure and the energy use records.

1 A carbon footprint baseline is carried out, including digital infrastructure.

Method. Check the baseline record for the digital infrastructure included.

Evidence to show. Carbon Footprint Baseline Record (ENV-FRM-009).

Pass when. The baseline includes the digital infrastructure.

2 The baseline method is documented.

Method. Check the method against the procedure.

Evidence to show. Carbon Footprint Baseline Method (ENV-SOP-007).

Pass when. The method is documented and followed.

3 **Energy use is monitored to support the baseline.**

Method. Check the monthly energy record for the period.

Evidence to show. Monthly Energy Use Record (ENV-FRM-008).

Pass when. Monthly energy use is recorded for the period.

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

Immediate fail. . No assessment of emissions ever carried out. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-FRM-009	Carbon Footprint Baseline Record	Manager	Chief executive	Manager
ENV-SOP-007	Carbon Footprint Baseline Method	Manager	Chief executive	Chief executive
ENV-FRM-008	Monthly Energy Use Record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Carries out the carbon footprint baseline	— Medium
Secretary (ISCO 3344)	Keeps the monthly energy records	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2019). Recommendations on digital interventions for health system strengthening. Used for: digital interventions for health system strengthening, including telemedicine. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

22.9 Hosting and Technology Procurement Considers Environmental Impact

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility's procurement and supply decisions take environmental and social responsibility into account, reducing wasteful use of supplies, considering supplier environmental practices, and reviewing single-use equipment decisions against patient and staff safety requirements. For telemedicine, hosting and technology choices weigh environmental impact.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: procurement and hosting decisions take environmental and social responsibility into account.

GUIDANCE

Procurement decisions shape the environmental footprint of the service. Hosting choices, supplies and single-use items can be weighed against environmental impact and safety.

Single-use decisions are reviewed against safety requirements, not assumed to be needed.

> **Good practice.** The procurement policy has an environmental checklist, and each hosting contract is reviewed for its energy source at renewal.

> **Partial because.** Procurement considers cost and safety, but not environmental impact.

WHAT GOOD LOOKS LIKE

- The procurement policy has an environmental checklist, and each hosting contract is reviewed for its energy source at renewal.

COMMON MISTAKES

- A hosting contract renewed with no check on its energy source.
- Single-use items bought in bulk with no review against safety needs.

> **Why it matters.** Purchases carry environmental and social costs: wasteful packaging, disposable products, and suppliers who exploit workers. Procurement that considers these reduces both.

WHAT THE ASSESSOR CHECKS

Sample. Review the supplier evaluation records for 5 technology or hosting purchases in the last 12 months.

1 Procurement considers environmental and social responsibility.

Method. Check each sampled purchase for the environmental criterion in the evaluation.

Evidence to show. Supplier evaluation record (PRC-FRM-001).

Pass when. Every sampled purchase has the criterion applied.

2 **Hosting and technology choices weigh environmental impact.**

Method. Check each hosting or technology choice for the impact considered.

Evidence to show. Supplier evaluation record (PRC-FRM-001).

Pass when. Every hosting or technology choice considers the impact.

3 **Single-use decisions are reviewed against safety requirements.**

Method. Check each single-use decision for the safety review.

Evidence to show. Energy Use Monitoring and Reduction (ENV-SOP-006).

Pass when. Every single-use decision is reviewed.

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

Immediate fail. . All purchasing on lowest price regardless of waste. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PRC-FRM-001	Supplier evaluation record	Manager	Chief executive	Manager
ENV-SOP-006	Energy Use Monitoring and Reduction	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Evaluates suppliers and hosting	— Medium
Chief executive (ISCO 1120)	Approves single-use decisions	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: energy, procurement and sustainability. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/
- World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: overview, including review of commitments. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/

22.10 The Provider Considers Its Reduction of Patient Travel Impact

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The provider recognises and, where meaningful, documents the environmental benefit telemedicine delivers by reducing patient travel, and does not assume the benefit without attention to whether it is substantiated.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the environmental benefit of reduced patient travel is recorded where it is claimed, and supported by records.

GUIDANCE

Telemedicine can reduce the travel of patients, which has an environmental benefit. Where the facility claims this benefit, it records the journeys avoided and supports the claim with that record.

A claim without a record is not accepted.

> **Good practice.** The facility records the number of patient journeys avoided each quarter and shows the figure in its sustainability report.

> **Partial because.** The benefit is recognised, but the claim is not supported by records.

WHAT GOOD LOOKS LIKE

- The facility records the number of patient journeys avoided each quarter and shows the figure in its sustainability report.

COMMON MISTAKES

- A report claiming large travel savings with no record behind the figure.
- A benefit mentioned in marketing but absent from the records.

> **Why it matters.** Telemedicine can save patients long journeys, and that is an environmental and personal benefit. Where it is meaningful, the provider should measure and record it.

WHAT THE ASSESSOR CHECKS

Sample. Review the patient travel avoided record for the last 12 months.

1 The benefit of reduced patient travel is recorded where meaningful.

Method. Check the record for the journeys avoided.

Evidence to show. Patient travel avoided record (TEL-FRM-003).

Pass when. The record shows the journeys avoided each quarter.

2 Any claim about the benefit is supported by the record.

Method. Check each published claim for the record behind it.

Evidence to show. Patient travel avoided record (TEL-FRM-003).

Pass when. Every claim is supported by the record.

3 **The benefit is reported in the sustainability progress report.**

Method. Check the sustainability progress report for the travel benefit.

Evidence to show. Sustainability Progress Report (ENV-FRM-003).

Pass when. The travel benefit appears in the report.

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

Immediate fail. . A claim that telemedicine is green, with no evidence. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-FRM-003	Patient travel avoided record	Manager	Chief executive	Manager

Other records in the criterion: ENV-FRM-003 Sustainability Progress Report

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Records the journeys avoided	— Medium
Chief executive (ISCO 1120)	Reports the travel benefit to governance	— Medium

REFERENCES FOR THIS CRITERION

22.11 Staff Are Engaged in Sustainability Practice

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The facility's approach to environmentally sustainable care, and its goals in this area, are communicated to staff and patients, not confined to an internal policy document. For telemedicine, remote staff are reached as well as office-based staff.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the approach to environmentally sustainable care is communicated to staff, including remote staff, and to patients.

GUIDANCE

Sustainability depends on everyone who works in the service. The approach and goals are shared with staff, including those who work remotely, and with patients.

Patients are told the approach in plain words.

> **Good practice.** Staff receive a short sustainability briefing at induction, and patients see the approach on the website and in the waiting area.

> **Partial because.** The approach is communicated to office staff, but remote staff are not reached.

WHAT GOOD LOOKS LIKE

- Staff receive a short sustainability briefing at induction, and patients see the approach on the website and in the waiting area.

COMMON MISTAKES

- Staff who work remotely never told the sustainability goals.
- Goals written in a policy that nobody has read.

> **Why it matters.** Staff and patients can help a sustainability goal only if they know what it is. Communicating the goals in plain words makes the approach something people do, not something on paper.

WHAT THE ASSESSOR CHECKS

Sample. Review the sustainability communication record and the staff and patient notices.

1 The sustainability approach and goals are communicated to staff.

Method. Check the communication record for staff notice.

Evidence to show. Sustainability Communication Record (ENV-REG-001).

Pass when. The goals are communicated to staff.

2 Patients are informed of the approach.

Method. Check the notice for patient information.

Evidence to show. Staff and Patient Sustainability Notice (ENV-FRM-007).

Pass when. The notice reaches patients.

3 **Remote staff are reached as well as office-based staff.**

Method. Check the communication channels for remote staff.

Evidence to show. Sustainability Communication Record (ENV-REG-001).

Pass when. Remote staff are reached.

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

Immediate fail. . Goals never shared with staff. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-REG-001	Sustainability Communication Record	Secretary	Chief executive	Manager
ENV-FRM-007	Staff and Patient Sustainability Notice	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Communicates the goals to staff	— Medium
Manager (ISCO 1342)	Issues the patient notice	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: overview, including review of commitments. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/

22.12 Sustainability Commitments Are Reviewed, Not Static

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Progress against the facility's environmental sustainability goals is reported to governance on a defined schedule, not tracked informally, with visibility at the level that sets institutional priorities. For telemedicine, goals are reviewed on the same schedule.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: progress against environmental goals is reported to governance on a defined schedule, and governance acts on it.

GUIDANCE

Environmental goals are only useful if they are reviewed. Progress is reported to governance on a fixed schedule, and governance acts on what the report shows.

The goals for telemedicine are reviewed on the same schedule as the rest of the service.

> **Good practice.** Sustainability goals are reviewed each year by governance, and any goal not met is given a new action and a date.

> **Partial because.** Progress is reported, but governance does not act on the report.

WHAT GOOD LOOKS LIKE

- Sustainability goals are reviewed each year by governance, and any goal not met is given a new action and a date.

COMMON MISTAKES

- A goal set three years ago with no review.
- A progress report that governance receives but does not discuss.

> **Why it matters.** Goals that are never reported to the people who govern the facility are easily dropped. A set reporting schedule to governance keeps progress visible and acted on.

WHAT THE ASSESSOR CHECKS

Sample. Review the governance reports on sustainability progress for the last 12 months.

1 Progress is reported to governance on a defined schedule.

Method. Check each governance report against the schedule.

Evidence to show. Governing Reporting of Sustainability Progress (ENV-SOP-005).

Pass when. Every scheduled report is made.

2 Goals are reviewed on the same schedule for telemedicine.

Method. Check the review for the telemedicine goals.

Evidence to show. Governing Reporting of Sustainability Progress (ENV-SOP-005).

Pass when. The telemedicine goals are reviewed on schedule.

3 **Governance acts on the report.**

Method. Check the governance minutes for the decision taken.

Evidence to show. Sustainability Progress Report (ENV-FRM-003).

Pass when. Each report has a decision recorded.

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

Immediate fail. . No report to governance on sustainability ever given. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ENV-SOP-005	Governing Reporting of Sustainability Progress	Manager	Chief executive	Chief executive
ENV-FRM-003	Sustainability Progress Report	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Receives the sustainability report	— Medium
Manager (ISCO 1342)	Schedules the reviews	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: overview, including review of commitments. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/
- World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: energy, procurement and sustainability. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/

22.13 Patient Identity Is Confirmed at Every Remote Consultation

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The identity of the patient is confirmed at the start of every remote consultation, and the clinician confirms who else is present and whether the consultation is private.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the identity of the patient is confirmed at the start of every remote consultation, and the clinician confirms who is present.

GUIDANCE

A remote consultation has no reception desk to confirm who the patient is. The clinician confirms identity at the start, confirms who else is present, and confirms whether the consultation is private.

These checks are recorded in the notes.

> **Good practice.** The clinician checks the patient's identity document at every remote consultation, and the check is recorded in the notes.

> **Partial because.** Identity is confirmed, but the clinician does not confirm who else is present.

WHAT GOOD LOOKS LIKE

- The clinician checks the patient's identity document at every remote consultation, and the check is recorded in the notes.

COMMON MISTAKES

- A consultation started with no check of who is on the call.
- A family member joining a sensitive consultation without the clinician knowing.

> **Why it matters.** In a remote consultation, the clinician cannot see who is on the other end. Confirming the patient's identity at the start protects against the wrong person receiving care, or a record being made for the wrong patient.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 remote consultation records for the identity and privacy checks.

1 Patient identity is confirmed at the start of every remote consultation.

Method. Check each sampled consultation for the identity check.

Evidence to show. Remote consultation identity and privacy check (TEL-FRM-004).

Pass when. Every sampled consultation shows the identity check.

2 The clinician confirms who else is present.

Method. Check each record for the others-present entry.

Evidence to show. Remote consultation identity and privacy check (TEL-FRM-004).

Pass when. Every record shows who was present.

3 **The clinician confirms whether the consultation is private.**

Method. Check each record for the privacy entry.

Evidence to show. Remote consultation identity and privacy check (TEL-FRM-004).

Pass when. Every record shows the privacy check.

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

Immediate fail. . A consultation held with a family member pretending to be the patient. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-SOP-002	Patient identity and privacy at remote consultation	Manager	Chief executive	Chief executive
TEL-FRM-004	Remote consultation identity and privacy check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Confirms identity at the start	— Medium
Specialist physician (ISCO 2212)	Records the privacy check	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2019). Recommendations on digital interventions for health system strengthening. Used for: digital interventions for health system strengthening, including telemedicine. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

22.14 Informed Consent for Remote Care Is Recorded

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The patient receives information about the limits of remote care, including when an in-person examination is needed, and gives consent to remote care, recorded before the consultation.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: the patient is told the limits of remote care and gives recorded consent before the consultation.

GUIDANCE

A patient must understand that some conditions need an in-person examination. The limits of remote care are explained, and consent is recorded before the first consultation.

The patient is advised when an in-person examination is needed.

> **Good practice.** The consent form for remote care is given in the patient's language and signed electronically before the first consultation.

> **Partial because.** Consent is recorded, but the limits of remote care are not explained in the patient's language.

WHAT GOOD LOOKS LIKE

- The consent form for remote care is given in the patient's language and signed electronically before the first consultation.

COMMON MISTAKES

- A patient who needed an examination treated only by video, without being told.
- Consent recorded as given after the consultation.

> **Why it matters.** A patient seen remotely must know that a video or phone call cannot always replace an examination. Telling them the limits, and when they must be seen in person, is part of informed consent.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 remote consultation records for consent and the limits explained.

1 The patient is told the limits of remote care.

Method. Check each sampled record for the limits explained.

Evidence to show. Remote care consent and limits record (TEL-FRM-005).

Pass when. Every sampled record shows the limits explained.

2 Consent to remote care is recorded before the consultation.

Method. Check each record for the consent time against the consultation time.

Evidence to show. Consent Form (CON-FRM-001).

Pass when. Every record shows consent before the consultation.

3 **The patient is advised when an in-person examination is needed.**

Method. Check each record for the in-person advice where it applies.

Evidence to show. Remote care consent and limits record (TEL-FRM-005).

Pass when. Every case where it applies shows the in-person advice.

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

Immediate fail. . A patient with a suspected fracture advised remotely with no warning about the limit. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-FRM-005	Remote care consent and limits record	Manager	Chief executive	Manager

Other records in the criterion: CON-FRM-001 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Explains the limits of remote care	— Medium
Specialist physician (ISCO 2212)	Advises when an in-person examination is needed	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2022). Consolidated telemedicine implementation guide. Used for: consent, records, prescribing at a distance and programme design. https://news.gmj.ge/guideline/consolidated-telemedicine-implementation-guide/

22.15 Prescribing at a Distance Follows a Safe Process

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Medicines prescribed during remote consultation are prescribed only where the clinician has enough information to do so safely, with checks for allergies, interactions and the patient's current medicines, and the prescription is recorded.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: medicines are prescribed at a distance only where the clinician has enough information, with allergy and interaction checks.

GUIDANCE

Prescribing at a distance carries risks that a physical examination would reveal. A medicine is prescribed only where the clinician has enough information, after checking allergies, interactions and current medicines.

Controlled medicines are not prescribed remotely to a patient the clinician has not seen.

> **Good practice.** A pharmacist reviews each remote prescription within the working day, and the patient receives the medicine details by text.

> **Partial because.** Prescriptions are checked for allergies, but the current medicines list is not confirmed.

WHAT GOOD LOOKS LIKE

- A pharmacist reviews each remote prescription within the working day, and the patient receives the medicine details by text.

COMMON MISTAKES

- A controlled medicine prescribed to a patient never seen in person.
- A prescription sent with no check of the current medicines list.

> **Why it matters.** A prescription written without seeing the patient can miss an allergy or an interaction. A safe process for remote prescribing limits what can be prescribed without an examination.

WHAT THE ASSESSOR CHECKS

Sample. Review 10 remote prescriptions, including any controlled medicine.

1 A remote prescription is issued only where there is enough information.

Method. Check each sampled prescription for the sufficiency decision.

Evidence to show. Prescribing during remote consultation (TEL-POL-002).

Pass when. Every sampled prescription shows the sufficiency decision.

2 Allergies, interactions and current medicines are checked.

Method. Check each prescription for the three checks.

Evidence to show. Prescription record (PHM-FRM-001).

Pass when. Every prescription shows the three checks.

3 No controlled medicine is prescribed remotely to a patient never seen.

Method. Check each controlled medicine for a prior in-person review.

Evidence to show. Prescribing during remote consultation (TEL-POL-002).

Pass when. No controlled medicine is prescribed to a patient never seen.

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

Immediate fail. . A controlled medicine prescribed remotely to a patient never seen. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-POL-002	Prescribing during remote consultation	Chief executive	Governing body members	Chief executive

Other records in the criterion: PHM-FRM-001 (name to be confirmed)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Decides sufficiency before prescribing	— Medium
Nurse (ISCO 2221)	Records the three checks	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Implementation toolkit for accessible telehealth services. Used for: accessibility for patients who cannot use digital services, and platform reliability. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/
- World Health Organization (2019). Recommendations on digital interventions for health system strengthening. Used for: digital interventions for health system strengthening, including telemedicine. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

22.16 Clinical Records From Remote Consultations Are Complete

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Each remote consultation produces a clinical record that is complete, accessible to the clinician responsible for the patient, and stored under the facility's record-keeping rules.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: each remote consultation produces a complete clinical record that the responsible clinician can access.

GUIDANCE

The record of a remote consultation is the only record of what happened. It must be complete, signed and accessible to the clinician who is responsible for the patient.

The record is stored under the facility's record-keeping rules.

> **Good practice.** Each remote consultation record is signed by the treating clinician within 24 hours and shared with the patient's local clinic.

> **Partial because.** Records are made, but some consultations are recorded incompletely.

WHAT GOOD LOOKS LIKE

- Each remote consultation record is signed by the treating clinician within 24 hours and shared with the patient's local clinic.

COMMON MISTAKES

- A consultation with no note because the call dropped.
- A record that the treating clinician cannot open.

> **Why it matters.** A remote consultation that produces no clinical record leaves the next clinician blind to what was decided. A complete record, available to the treating clinician, keeps care continuous.

WHAT THE ASSESSOR CHECKS

Sample. Review the clinical records for 10 remote consultations.

1 Each remote consultation produces a clinical record.

Method. Check each sampled consultation for a record.

Evidence to show. Remote consultation clinical record check (TEL-FRM-006).

Pass when. Every sampled consultation has a record.

2 The record is complete.

Method. Check each record against the required fields.

Evidence to show. Remote consultation clinical record check (TEL-FRM-006).

Pass when. Every record is complete.

3 **The treating clinician can access the record.**

Method. Check access for the treating clinician.

Evidence to show. Remote consultation clinical record check (TEL-FRM-006).

Pass when. Every record is accessible to the treating clinician.

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

Immediate fail. . A patient's remote consultation with no notes on file. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-FRM-006	Remote consultation clinical record check	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Completes the clinical record	— Medium
Secretary (ISCO 3344)	Keeps the record accessible	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2022). Consolidated telemedicine implementation guide. Used for: consent, records, prescribing at a distance and programme design. https://news.gmj.ge/guideline/consolidated-telemedicine-implementation-guide/
- World Health Organization (2019). Recommendations on digital interventions for health system strengthening. Used for: digital interventions for health system strengthening, including telemedicine. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

22.17 Technical Failure During a Consultation Has a Safe Route

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

Applies to: 7 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Dental clinic. **Not applicable to:** Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** When a remote consultation fails because of a technical problem, a clear route exists for the patient to be contacted, reviewed or redirected, so that the patient's care is not left incomplete.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: when a consultation fails for a technical reason, a call-back by another clinician takes place the same day, and urgent cases are escalated.

GUIDANCE

Technical problems happen. When a video call drops during a consultation, the patient must not be left waiting or without advice. Another clinician calls back the same day, and urgent cases are escalated.

Each failed consultation is logged with its outcome.

> **Good practice.** A tested backup line is kept for every consultation, and each call-back is logged with its outcome.

> **Partial because.** A call-back route exists, but it is not made on the same day.

WHAT GOOD LOOKS LIKE

- A tested backup line is kept for every consultation, and each call-back is logged with its outcome.

COMMON MISTAKES

- A dropped call for a patient with chest pain with no call-back.
- A failed consultation with no record of what happened.

> **Why it matters.** A video call that drops in the middle of a consultation, especially one where the patient is unwell, must not leave the patient without help. A clear route to reach them by another method keeps the patient safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the failed remote consultations in the last 12 months, and the follow-up records.

1 Each failed consultation has a call-back by another method.

Method. Check each failure for the call-back recorded.

Evidence to show. Technical failure and follow-up record (TEL-FRM-007).

Pass when. Every failure has a call-back recorded.

2 The call-back is made the same day.

Method. Check each failure for the time of the call-back.

Evidence to show. Technical failure and follow-up record (TEL-FRM-007).

Pass when. At least 95% of call-backs are the same day.

3 Urgent cases are escalated.

Method. Check each urgent case for the escalation recorded.

Evidence to show. Technical failure during a remote consultation (TEL-SOP-003).

Pass when. Every urgent case has an escalation.

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

Immediate fail. . A patient with chest pain whose call dropped and who was not called back. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TEL-SOP-003	Technical failure during a remote consultation	Manager	Chief executive	Chief executive
TEL-FRM-007	Technical failure and follow-up record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Calls back failed consultations the same day	— Medium
Specialist physician (ISCO 2212)	Escalates urgent cases	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2024). Implementation toolkit for accessible telehealth services. Used for: accessibility for patients who cannot use digital services, and platform reliability. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/
- World Health Organization (2019). Recommendations on digital interventions for health system strengthening. Used for: digital interventions for health system strengthening, including telemedicine. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/

10 Questions and answers

Who does Standard 22 apply to?
It applies to facilities that provide care at a distance. It is required by default for telemedicine services and optional in hospitals, ambulatory clinics, primary health clinics, long-term care, home care and dental clinics. It is not applicable to fitness and wellness and aesthetic clinics. Section 4 shows the detail.

What do the colours mean for this standard?
Red means Must, required in every setting. Yellow means Medium, required and adapted to what a transition setting can realistically do. Green means Minimum, the lowest acceptable level in a humanitarian setting.

Does a facility that offers remote consultations need this standard?
Yes. A facility that provides remote consultations applies the criteria. For a telemedicine service it is required by default.

Can a patient who cannot connect be left with no next step?
No. Criterion 22.1 requires such a patient to be referred or redirected to an alternative, and no patient is left with no next step.

Is the use of AI allowed?
Yes, if each AI system is introduced in line with the AI governance guidance, staff are consulted beforehand and accountability is defined (criteria 22.2, 22.4 and 22.5).

Who is accountable for an AI-assisted decision?
A named party is responsible for each AI-assisted decision, and accountability is defined across borders for remote care (criterion 22.5).

Can a prescription be issued remotely without enough information?
No. A remote prescription is issued only where there is enough information, allergies, interactions and current medicines are checked, and no controlled medicine is prescribed remotely to a patient not known to the service (criterion 22.15).

Must patient identity be confirmed in every consultation?
Yes. Identity is confirmed at the start of every remote consultation, the clinician confirms who else is present, and whether the consultation is private (criterion 22.13).

What happens if the video link fails?
Each failed consultation has a call-back by another method on the same day, and urgent cases are escalated (criterion 22.17).

Is a clinical record kept for each remote consultation?
Yes. Each remote consultation produces a complete clinical record that the treating clinician can access (criterion 22.16).

Which e-learning courses are required?
Remote Clinical Assessment and Limitations Recognition (TELE-03) is required for the specialist physician and nurse. Artificial Intelligence in Healthcare Safety (AI-001) is required for the manager, specialist physician and nurse. Credentialing (T-14) and Supporting the Care Workforce (TELE-11) are required for the manager and nurse. Environmental Sustainability Standards (ENV-001) and Management Review (T-05) are required for the chief executive and manager. Supplier Evaluation and Purchasing (T-13) is required for the manager. Medication Safety (T-08) is required for the nurse and specialist physician.

What does In development mean?
The course is named in the criteria and may still be in preparation. Where a course is published, the English or Georgian version is linked.

Who is responsible for each criterion?
The criteria assign responsibility to the chief executive, the manager, the nurse, the secretary and the specialist

physician. Each record should show who wrote and who reviewed it.

Are the e-learning courses compulsory?
Only the courses in the e-learning table marked as must take are required, for the roles named. Other courses are recommended.

How is evidence shown to the surveyor?
The records named in each criterion's documents table, covering the period stated in the criterion.

Do criteria 22.6 and 22.10 cite an external guideline?
No. No external guideline is cited for those two criteria. The requirement is set by the criterion and the facility's own documents.

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 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. Two courses are published in Georgian only. 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.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Remote Clinical Assessment and Limitations Recognition (TELE-03) (TELE-03-KA)	Specialist physician, Nurse	None	22.1, 22.13, 22.14, 22.16, 22.17	Georgian Georgian version only
Artificial Intelligence in Healthcare Safety (AI-001) (AI-001-EN)	Manager, Specialist physician, Nurse	None	22.2, 22.3, 22.4, 22.5	English · Georgian
Credentialing, Competence and the Training Matrix (T-14) (T-14-EN)	Manager, Nurse	None	22.6	English · Georgian
Supporting the Care Workforce: ASF Accreditation (TELE-11) (TELE-11-KA)	Manager, Nurse	None	22.7	Georgian Georgian version only
Environmental Sustainability Standards for ASF Accreditation (ENV-001) (ENV-001-EN)	Chief executive, Manager	None	22.8, 22.10, 22.11	English · Georgian
Supplier Evaluation and Purchasing (T-13) (T-13-EN)	Manager	None	22.9	English · Georgian
Management Review: Inputs, Outputs, and Real Decisions (T-05) (T-05-EN)	Chief executive, Manager	None	22.12	English · Georgian
Medication Safety: Operating SOP-MED-01 End to End (T-08) (T-08-EN)	Nurse, Specialist physician	None	22.15	English · Georgian

12 References

CITED FOR CRITERIA

1. World Health Organization (2024). Implementation toolkit for accessible telehealth services. Used for: accessibility for patients who cannot use digital services, and platform reliability. https://news.gmj.ge/guideline/implementation-toolkit-for-accessible-telehealth-services/ (criterion 22.1, 22.15, 22.17)
2. World Health Organization (2021). Ethics and governance of artificial intelligence for health. Used for: principles for AI system use, monitoring, consultation and accountability. https://news.gmj.ge/guideline/ethics-and-governance-of-artificial-intelligence-for-health/ (criterion 22.2, 22.3, 22.4, 22.5)
3. World Health Organization (2022). Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers. Used for: occupational health and safety for health workers, including wellbeing, mental health and isolation. https://news.gmj.ge/guideline/caring-for-those-who-care-guide-for-the-development-and-implementation-of-occupational-health-and-safety-programmes-for-health-workers/ (criterion 22.7)
4. World Health Organization (2019). Recommendations on digital interventions for health system strengthening. Used for: digital interventions for health system strengthening, including telemedicine. https://news.gmj.ge/guideline/recommendations-on-digital-interventions-for-health-system-strengthening/ (criterion 22.8, 22.13, 22.15, 22.16, 22.17)
5. World Health Organization (2020). Guidance for climate-resilient and environmentally sustainable health care facilities. Used for: energy, procurement and sustainability. https://news.gmj.ge/guideline/guidance-for-climate-resilient-and-environmentally-sustainable-health-care-facilities/ (criterion 22.9, 22.12)
6. World Health Organization (2024). Safe, climate-resilient and environmentally sustainable health care facilities: an overview. Used for: overview, including review of commitments. https://news.gmj.ge/guideline/safe-climate-resilient-and-environmentally-sustainable-health-care-facilities-an-overview/ (criterion 22.9, 22.11, 22.12)
7. World Health Organization (2022). Consolidated telemedicine implementation guide. Used for: consent, records, prescribing at a distance and programme design. https://news.gmj.ge/guideline/consolidated-telemedicine-implementation-guide/ (criterion 22.14, 22.16)

INTERNATIONAL STANDARDS CITED

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

13 Document register

Every document code used in Standard 22, 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	What it is for	Criteria
AI-FRM-001	AI System Assessment	Form (record)		22.2
AI-FRM-002	Staff Consultation Record	Form (record)		22.4
AI-POL-001	Responsible Use of AI in Care Policy	Policy		22.2
AI-POL-002	Accountability for AI-Assisted Care	Policy		22.5
AI-REG-001	AI Monitoring Register	Register		22.3
AI-SOP-001	AI Performance and Safety Monitoring	Procedure (SOP)		22.3
AI-SOP-002	Staff Consultation Before AI Introduction	Procedure (SOP)		22.4
CON-FRM-001	(name to be confirmed)	Form (record)		22.14
ENV-FRM-003	Sustainability Progress Report	Form (record)		22.10, 22.12
ENV-FRM-007	Staff and Patient Sustainability Notice	Form (record)		22.11
ENV-FRM-008	Monthly Energy Use Record	Form (record)		22.8
ENV-FRM-009	Carbon Footprint Baseline Record	Form (record)		22.8
ENV-REG-001	Sustainability Communication Record	Register		22.11
ENV-SOP-005	Governing Reporting of Sustainability Progress	Procedure (SOP)		22.12
ENV-SOP-006	Energy Use Monitoring and Reduction	Procedure (SOP)		22.9
ENV-SOP-007	Carbon Footprint Baseline Method	Procedure (SOP)		22.8
PHC-REG-002	(name to be confirmed)	Register		22.1
PHM-FRM-001	(name to be confirmed)	Form (record)		22.15
PRC-FRM-001	Supplier evaluation record	Form (record)		22.9
TEL-FRM-001	Digital access check and alternative route record	Form (record)		22.1

Code	Document	Type	What it is for	Criteria
TEL-FRM-002	Remote clinician wellbeing check record	Form (record)		22.7
TEL-FRM-003	Patient travel avoided record	Form (record)		22.10
TEL-FRM-004	Remote consultation identity and privacy check	Form (record)		22.13
TEL-FRM-005	Remote care consent and limits record	Form (record)		22.14
TEL-FRM-006	Remote consultation clinical record check	Form (record)		22.16
TEL-FRM-007	Technical failure and follow-up record	Form (record)		22.17
TEL-POL-001	Access to care for patients without digital access	Policy		22.1
TEL-POL-002	Prescribing during remote consultation	Policy		22.15
TEL-SOP-001	Remote clinician wellbeing and isolation check	Procedure (SOP)		22.7
TEL-SOP-002	Patient identity and privacy at remote consultation	Procedure (SOP)		22.13
TEL-SOP-003	Technical failure during a remote consultation	Procedure (SOP)		22.17
WRK-REG-001	Training matrix register	Register		22.6
WRK-SOP-001	Competency and training procedure	Procedure (SOP)		22.6
WRK-SOP-004	(name to be confirmed)	Procedure (SOP)		22.7