Policy · TEL-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 27.1

At a glance

- A patient who cannot use the telemedicine platform is never left without care.
- The patient is referred or redirected to an appropriate alternative (TEL-FRM-001).
- No patient is told the service is unavailable to them with no next step.
- A failed video link is followed by a call-back or a referral within the same day.
- Stop and get help straight away if: a patient is turned away because the video link failed and no alternative was offered.

1. Purpose

To make sure a patient who cannot access telemedicine is redirected to care, not left without it (27.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

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.

5. Responsibilities

Role	Responsibility	Competence
Telemedicine service lead	Owns the access rule and the alternative routes	Clinician or manager
Triage staff	Check access and record the route used	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check access.

- At booking, check the patient can connect (device, connection, digital literacy) and record it.

Key point: Checked.

Step 2. Offer an alternative.

- If the patient cannot connect, refer or redirect them to an appropriate alternative and record it.

Key point: Redirected.

Step 3. Follow up.

- Where the link fails, call the patient back or refer them the same day.

Key point: Followed up.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients who cannot connect redirected to an alternative	100%	Monthly	Telemedicine service lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
TEL-FRM-001	Digital access check and alternative route record	Record
PHC-REG-002	Referral tracking register (existing, reused)	Register

17. Evidence

Reference	Note
E-009	Based on the WHO Recommendations on digital interventions for health system strengthening (2019) and the WHO Ethics and governance of artificial intelligence for health (2021).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Remote Clinical Assessment & Limitations Recognition (TELE-03)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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