Global Healthcare Accreditation Standards Brief 4.0

for Medical Travel Services | Effective June 1, 2017

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Disclaimer:

This document does not reflect the entire GHA Standards Manual Version 4.0. Only portions of the manual are included to give interested parties a preliminary understanding of the structure and contents of the GHA Standards Manual Version 4.0.

Please note one chapter from each competency has been included in this document and are as follows:

• **Patient Focused Clinical Processes**
  - Care Management Chapter
• **The Patient Experience**
  - Cultural Competency Chapter
• **Sustainable Business Processes**
  - Ethics Chapter
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Overview

Since the third millennium BC, when Mesopotamians traveled to Tell Brak, Syria, seeking a cure for eye disorders, patients have traveled for care and wellness. Currently, medical travel has become a well reasoned option for care to millions of patients seeking better or more timely access, lower cost, specialty treatments not available to them, or a higher level of quality of care. Indeed, some insurers, employers and governmental bodies now include medical travel, whether within one’s country or internationally, as an option for provider network coverage.

The last decade has witnessed a rapidly growing and evolving market for care outside the patient’s home region. This continued increase in patient volume, care destinations and types of services has necessitated differentiation among the growing number of hospitals, dental practices, radiology practices, ambulatory surgery centers and other healthcare and wellness venues. It is now necessary for these care settings to acquire new organizational skills and practices that support a positive, safe, and patient-centered experience. Until now there were few standards and best practices specific to the medical travel care continuum. The Global Healthcare Accreditation (GHA) Program described in this manual was designed to fill that gap in knowledge and best practices. Successful Medical Travel Programs must build capacity and knowledge in three essential areas: Patient Focused Clinical Processes, the Patient Experience, and Sustainable Business Processes. These focus areas are described in the accreditation standards that follow in terms of the competencies that must be in place and the use of the Critical Success Measures to demonstrate achievement.

These GHA standards thus focus on the continuous improvement of the overall medical travel care continuum.
The Value of Global Healthcare Accreditation

Accreditation by the Global Healthcare Accreditation Program can benefit all types of Medical Travel Programs by:

- Providing benchmarks and best practices for medical travel program organizations to continually assess and improve their performance;
- Empowering and protecting patients and consumers to make informed choices about their care and to seek organizations which provide transparency, cultural sensitivity and patient engaged experiences;
- Designing compliance strategies to manage risks and offer solutions impacting performance, while assuring ethical and transparent business practices;
- Enabling Increased Visibility & Respect from Industry Stakeholders;
- Supporting differentiation from others based on quality parameters;
- Validating Commitment to Excellence to payors and patients;
- Enhancing Staff Competencies & Overall Service Capabilities;
- Bringing Increased Healthcare, Wellness and Tourism Business to the Local Community and Economy.
The Development and Purpose of Global Healthcare Accreditation Standards

The Global Healthcare Accreditation® (GHA) program is the first independent accrediting body to offer comprehensive and independent oversight of medical travel programs. The GHA program is based on standards that describe the elements of three core competency areas that organizations seeking to care for medical travel patients must embody. These competency areas are; Patient Focused Clinical Processes, the Patient Experience, and Sustainable Business Processes.

These standards have been developed to guide Medical Travel Programs worldwide in achieving the highest standards of quality, safety and patient experience.

The standards are grouped into three primary competency areas; Patient Focused Clinical Processes; the Patient Experience; and Sustainable Business Processes. The standards in each competency area are grouped as chapters that identify the specific requirement that must be in place to reach excellence in the competency area and good outcomes. Both clinical and non-clinical services must be managed through different stages of the medical travel care continuum including, but not limited to: inquiry and appointment processes, arrival at the destination following a seamless travel experience, pre and post-operative or treatment stages, billing, medical record transfer and after-care and post-discharge follow-up. Through all of these stages, the organization must be transparent and the patient engaged in making decisions and understanding the risk and cost of the treatments.
Standards Development Overview

The GHA Standards Version 4.0 were built upon prior versions of the GHA Standards and Version 3.0 of the International Patient Services Certification standards. The evolution of the standards has ensured they are relevant, represent current best practices and cover the entire medical travel continuum.

GHA’s medical travel accreditation standards were developed in consultation with leading experts in the medical travel industry, including representatives from insurers, employers, international healthcare and other key stakeholder groups relevant to the global industry.

GHA standards are the foundation of the systematic and objective accreditation evaluation process. Each standard describes the desired activity to achieve excellence in one or more of the three competency areas. The GHA Standards focus on the entire medical travel continuum and how each steps in the care continuum contributes to an overall safe, high quality medical travel experience.

GHA Standards have been designed in a manner that can accommodate various economics of scale, consumer expectations, cultural differences and stages of development for health systems.

Standards Development Process

GHA Standards are reviewed annually by the GHA Standards Development Committee and new editions of standards are published every three (3) years. Should minor changes be incorporated and/or as industry trends demand reasonable additions or retractions, all clients, prospective consumers and surveyors will be informed (and trained) as required. In general, new standards are incorporated if they relate to the medical travel care continuum and have a new or added positive impact to standards that already exist.

Feedback or Opinion on Standards

The Global Healthcare Accreditation Program website, www.globalhealthcareaccreditation.com, includes an identified process where individuals or organizations can provide comments on current standards. This interactive process is part of the overall continuous improvement process commitment of the GHA Program to better serve the medical travel and international healthcare industry and to consistently deliver value to GHA clients and the related industries.
Organization of Standards

The Global Healthcare Accreditation Program Standards are organized around the primary competencies of a successful Medical Travel Program. Those competencies areas are: The Patient Focused Clinical Processes; The Patient Hospitality Experience; and Sustainable Business Processes. Under each competency are sections of standards, organized by chapters that identify the structures, processes and outcomes that are necessary to excel in the competency area. The table below identifies the competency areas and the chapters of standards associated with that competency. Each chapter of standards contains sub-headings to assist in relating the particular standards to an important component of the requirements.

COMPETENCY AREAS AND ASSOCIATED STANDARDS

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The Medical Travel Care Continuum

- Service Selection
- Destination Selection
- Pre-Arrival (Hospitality)
- Arrival (Hospitality)
- Discharge (Medical)
- Treatment (Medical)
- Admission (Medical)
- Occupancy (Hospitality)
- Occupation (Hospitality)
- Follow-up (Medical)
- Departure (Hospitality)
- Follow-up (Hospitality)
Critical Success Factors

Within each of the three competency areas there are certain standards with greater relevance and impact on achievement of high compliance with the competency. These standards are considered “Critical Success Factors” (CSF) and are identified below and within the standards chapters (each identified with ** before the standard). CSF standards must reflect a high level of achievement in the GHA process of evaluation and accreditation decision making.

- Care Management (CM) 3.7
- Infection Control (IC) 1.1
- Quality Improvement (QI) 1.1
- Cultural Competency (CC) 1.1
- Communication & Education (CE) 4.1
- Patient Advocacy (PA) 2.1
- Travel & Tourism (TT) 1.1
- Business Health (BH) 1.1
- Ethics (ET) 2.1
- Transparency & Compliance (TC) 3.1

Compliance with the Critical Success Factors alone does not indicate the medical travel organization will be accredited – all the standards are included in that decision.

The level of compliance with the CSFs will be accepted if one of the two following conditions are found:

1. The organization is in full compliance with all 10 required CSFs.

2. 8 of the 10 required CSFs are in full compliance and for the remaining 2 CSFs the medical travel organization submits an acceptable plan of action to bring the CSFs into full compliance.

When condition #2 is found, the medical travel organization accreditation status will be in “Probation” until the organization brings the CSFs into full compliance.

All requirements of probation must be met (see also page 10 of the GHA Program Survey Process Guide for GHA Standards) prior to sending an accreditation plaque to the organization.

Quality Monitors

There are eight (8) quality monitors required of medical travel organizations seeking GHA recognition. The required monitors can be found in the following standards:

- CM.3.7 – monitoring at least one clinical pathway
- QI.2.1 – monitoring the 6 key performance indicators of a medical travel program
- QI.4.2 – monitoring the implementation of quality improvements
Global Healthcare Accreditation Standards
Version 4.0
Patient Focused Clinical Processes
Care Management (CM)

Overview

Care management is a multi-phase process that includes coordination of care and service delivery, continuum management, consultation and collaboration between specialists within the organization or others outside the organization, with the goal of facilitating a safe and smooth experience. Rather than trying to fit medical travel patients into their local patient care path, healthcare providers need to adapt and introduce protocols that address the particular needs and expectations of medical travel patients through each stage of their care.

The patient acceptance or appointment process is one example of a process that needs to be tailored to meet the needs of the medical travel patient. A local patient will usually arrive at admissions referred by a local physician or other healthcare provider. The patient already knows that he or she is a good candidate for the medical procedure as the referring physician or other healthcare provider has already reviewed requested test results or other referral information. Payment will be processed through the patient’s insurance company or paid out of pocket. However, in the case of a medical travel patient, the healthcare provider will need to determine remotely if the patient is a good candidate for the procedure or treatment. If an error is made at this stage then a provider risks having a patient travel thousands of miles for a procedure that cannot be performed. Protocols need to be implemented that help providers accurately assess a patient’s condition prior to arrival at the facility or office.

Medical Travel or assessment and screening is an objective evaluation or appraisal of an individual’s health status, including acute and chronic conditions. The assessment gathers information through collection of medical history data, observation, and physical examination.

When dealing with medical travel patients, the GHA standards recognizes that maintaining protocols related to medical assessment at the point of inquiry as well as at the point of admission to a facility or an outpatient facility, are crucial in the management of the overall clinical outcome as well as the patient experience.
Delivering the proper medical, dental or other healthcare treatment to a patient, whether through a defined medical travel program process or an alternative admission channel into an organization, is an expectation of the GHA for accredited facilities. The GHA Program endorses the Agency for Health Care Research (AHRQ) definition of Quality, “As doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results.” Thus, it is an expectation of GHA Accredited facilities to maintain the necessary protocols to deliver the correct care to the correct patient when managing the clinical and individual needs of medical travel patients.

An Advance Directive or other documentation of the personal wishes of a patient is recognized as an important consideration of care management for medical travel patients. Such a written statement of a person’s ensures those wishes are carried out should the person be unable to communicate them to a doctor. Most countries legally recognize some form of advance medical directive. Even if a particular instruction in an advance directive might not be enforceable under some circumstances, providers should encourage all patients who will be undergoing a procedure or treatment with known significant risks, to express his or her wishes and intent in some kind of written document.

Maintaining appropriate continuity of care through each transition stage needs to be the primary goal of healthcare providers providing care to the medical travel patient. From patient acceptance and appointment protocols through discharge and follow-up, providers need to take a critical look at the care path to eliminate potential hazards that could negatively impact the patient’s experience. Patient safety must always be the first concern of any healthcare provider.

Standards

CM.1 Standardizing clinical services in the Medical Travel Program

CM.1.1 The organization maintains documented clinical guidelines, protocols or procedures that cover the clinical processes of the medical travel care continuum.

CM.1.2 The organization maintains documented operational protocols or procedures that cover the medical travel care continuum.

CM.1.3 The organization ensures individual needs are incorporated and documented across the clinical processes of the medical travel care continuum.

CM.1.4 The organization, at least annually, performs a review of all clinical guidelines, protocols or procedures related to the clinical processes of the medical travel care continuum to ensure they are current and represent best practices.

CM.2 Qualifications and Training of Health Professional Staff

CM.2.1 The organization ensures that only properly licensed and trained personnel are providing medical, dental or other healthcare, assessment and treatment to medical travel patients (see also TC.2.1).

CM.2.2 The organization ensures appropriate individuals are identified and trained to provide resuscitative services to medical travel patients across the care continuum.

CM.3 Assuring the Continuity of Appropriate Care to the Medical Travel Patient

CM.3.1 The organization has a clearly defined and confidential process for collection of patient clinical information and reports prior to patient arrival.

CM.3.2 The organization informs the patient of any pre-treatment testing or other information required prior to travel.

CM.3.3 The organization informs the patient of documentation that will be required at or prior to admission.

CM.3.4 The organization informs the patient of any necessary physical status requirements prior to the procedure.
**CM.3.5** The organization makes communication available between the patient and the treating physician, dentist or other practitioner, prior to patient departure from their home region.

**CM.3.6** The organization has instituted an admission process for medical travel patients, which is consistent with their needs and expectations.

**CM.3.7** The organization develops, implements and monitors at least one clinical guideline, protocol or pathway for services provided to medical travel patient services (see also Quality Monitors page 18).

**CM.3.8** The organization uses monitoring information to improve the care and services to medical travel patients.

**CM.3.9** The organization has implemented care processes consistent with medical travel patient needs and expectations for an efficient and effective continuity of care.

**CM.4 Advance directives**

**CM.4.1** The organization encourages patients to make their wishes known, initiate and sign an advanced directive or living will as applicable to the setting they are being seen in and in relationship to the planned care.

**CM.4.2** The organization requests family and emergency contact person(s) and authorization to contact them if required (even in cases where patient is looking for anonymity). The organization requests that patient identify individuals that the organization may answer questions from.
The Patient Experience
Cultural Competency (CC)

Overview

Culture can be defined as “the beliefs and behaviors shared by members of a group.” Culturally competent care is essentially patient-centered care. It is an ongoing process of evaluating beliefs, practices, structures and policies in order to plan for and incorporate cultural and linguistic competency within organizations.

Healthcare providers need to consider the importance of:

- Incorporating a diverse workforce reflecting patient population as much as possible;
- Making language assistance available for patients based on the patient’s preferred language;
- Offering ongoing staff training regarding delivery of culturally and linguistically appropriate services;
- Tracking quality of care and patient perception of care across language, racial, ethnic, and cultural subgroups.

Cultural sensitivity is especially important within the context of medical travel, where patients from many cultural backgrounds are traveling for healthcare away from their home. Cultural sensitivity and awareness breaks down barriers, reduces the potential for errors and ultimately promotes better outcomes. According to the National Center for Cultural Competence, “Cultural competence requires that healthcare providers and their personnel have the capacity to: (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of individuals and communities served.”

Cultural competency comes about through leadership, relevant policies and procedures, and staff commitment and training. Competency is expressed in many ways such as recognizing how diverse populations access services, choose the treatment times and schedule, involve family and travel companions in their choices, observe religious and other traditions during the day, value traditional healers and treatments, dietary choices and beliefs about outcomes and healing, and provide consent for care and services.
Standards

**CC.1 Essential Components of Cultural Competence**

**CC.1.1** The organization designs and supports cultural appropriate services and processes that meet the identified needs of the target population groups served by the medical travel program.

**CC.1.2** The organization has clearly written, consistently implemented effective policies and/or guidelines to incorporate cultural and linguistic competence into its operational practices.

**CC.1.3** The organization employs a diverse, culturally, and linguistically competent workforce.

**CC.1.4** The organization provides new staff orientation, ongoing in-service training and professional development activities for all staff to ensure understanding and acceptance of values, principles, and practices governing cultural and linguistic competence.

**CC.1.5** The organization incorporates areas of awareness, knowledge, and skills in cultural and linguistic competence and international and medical travel patient needs into position descriptions and performance evaluations for all clinical and non-clinical staff who works with international or medical travel patients.

**CC.1.6** The organization has instituted signage and way-finding in language(s) understood by its target patient population(s).

**CC.1.7** The organization makes available surgical and procedural consent forms in the patient’s language of choice.

**CC.1.8** When not signed by the patient, the organization’s policies and procedures permit surgical and other consent forms to be signed by the individual designated by patient preference or cultural tradition.

**CC.1.9** The organization makes available professional interpreters for patients upon request.
Sustainable Business Processes
Ethics (ET)

Overview
Organizational ethics includes the respect for and adherence to the ethical norms, values, and principles that guide professional and business actions and decisions. Ethics in the context of healthcare services delivery usually applies to four main themes:

- **Autonomy**: Respecting a person’s right to make his/her own decisions
- **Beneficence (to do good)**: Creating a safe and supportive environment for the patient
- **Non-maleficence (do no harm)**: Minimizing the pain and suffering of patients under our care
- **Justice**: Treating people fairly

While all the above elements apply to local and medical travel patients alike, the medical travel experience is unique and thus poses special challenges for healthcare providers striving to maintain high ethical standards of care.

One challenge is that medical travel patients can be more vulnerable to unethical practices than are local patients. They need to make important decisions about their care while communicating with a provider that is often far away, and in the context of a foreign culture and language. In many cases they will need to take the provider’s word for the price and quality of care being offered. They may be referred by a facilitator who may not be trained in placing the patient’s best interests before the facilitator’s own interests. Once in the healthcare provider’s care, unfamiliar practices, laws and regulations may confuse the medical travel patient.

A healthcare organization can demonstrate ethical behavior by:
- **Demonstrating Provider Transparency**- This occurs by providing honest, accurate information about the provider’s education, training, skills, experience and any pending legal or professional actions. The organization is also honest about any legal or financial claims against the healthcare institution.
• **Respecting Patient Rights** - This occurs when the healthcare organization provides the patient with written patient rights documentation that is explained in a language and manner that the patient understand and that these rights are respected during the patient’s care. The patient has the right at any time to seek assistance from the healthcare organization whenever he or she believes that their rights have not been respected.

• **Demonstrating Pricing Transparency** - This occurs when the organization provides clear, accurate pricing information for all aspects of the patient’s proposed care from the first contact with the patient. The pricing presented to the patient is honored.

**Standards**

*ET.1 Provider Transparency*

*ET.1.1* The organization is transparent about any complaints, claims for malpractice or medical negligence against it.

*ET.1.2* The organization is respecting of all relevant local and international laws and regulations and is not involved in any false, fraudulent, or deceptive activity (ex. Bribery).

*ET.1.3* The organization completes thorough background checks on all local, foreign or visiting clinical professionals prior to their hiring or engagement in any type of collaboration or clinical activities.

*ET.2 Patient Rights*

**ET.2.1** The organization has a patient bill of rights that is provided to all medical travel patients prior to acceptance.

*ET.2.2* The organization listens to patients and respects their views about their health.

*ET.2.3* The organization, through its physicians or dentist or other licensed clinical practitioners, discusses with patients their diagnosis, prognosis, treatment and care.

*ET.2.4* The organization shares with patients the information they want or need in order to make informed decisions, including but not limited to:

- the diagnosis;
- expected benefits, common side effects and alternative options;
- potential risks and complications;
- comprehensive outcomes and recovery implications.

*ET.2.5* The organization maximizes patients’ opportunities, and their ability, to make decisions for themselves.

*ET.2.6* The organization respects patients’ care decisions.

*ET.2.7* The organization uses its expertise to inform patients of benefits, risks and alternatives, of medical decisions in an effort to facilitate informed decision-making.

*ET.2.8* The organization uses its expertise to inform patients of the cost of any potential complications and the possible benefits and risks as well as potential of legal recourse in an effort to facilitate informed decision-making.
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For more information about the Global Healthcare Accreditation® (GHA) Program, please contact us at US 001.561.327.9557 or via email at info@ghaccreditation.com.