Clinical Governance Directorate – DHCOE
Legal Regulations for Telehealth Services

Standard Operating Procedure

Contents

1. Introduction

The Receiving Facility is one of the recent initiatives launched by the Ministry of Health, to facilitate better access to health services for patients throughout the Kingdom, using Telehealth Services. By connecting hospitals and their patients with experts and specialties based on their needs, the aim is to provide them with quality of care in a timely manner regardless of their geographic location.

2. Background

Telehealth will enhance health service delivery and patient experience throughout the Kingdom of Saudi Arabia and enable rural and remote patients to access quality of care and thus improve health equity.

In order to ensure clinical effectiveness, quality and compliance, Telehealth Services are monitored and measured against standard operating procedures, best practice guidelines and key performance parameters.

3. Purpose

Standard operating procedures (SOPs) help define and agree a consistent process for completing common tasks and procedures. They provide a shared view which is critical in setting expectations for clinicians and other staff to ensure consistency of service delivery.

The Standard Operating Procedures (SOP) document ensures that recurring operations are carried out correctly. They help Clinicians and other staff to understand their roles and responsibilities and outline operational methods to support the virtual appointment process.

4.   Scope

Implementation of Telehealth Services addresses 4 key process elements:

· Pre-Consultation

· During Consultation

· Post-Consultation

· Continuous Improvement

· Virtual Referral Protocols

5.   Glossary of Terms

Term	Definition
Access	The opportunity to use, get or benefit from something e.g. if the patient has a disability, they may need changes to be made to enable them to have full access to everything in their community, including services, facilities, and information.

Term	Definition
Active listening	A way of listening enables the patient to be fully heard, especially if they have dementia or difficulties with communication. Someone who is actively listening will be making eye contact, not interrupting, giving their full attention, not doing other things, and checking with you that they understand what you are saying.
Adverse incident	When something happens that isn't planned and causes harm or puts people or organizations at risk of harm.
Care plan	**A written plan after the patient has had an assessment, setting out what their care and support needs are, how they will be met (including what they or anyone who cares for them will do), and what services they will receive.** The patient should have the opportunity to be fully involved in the plan and to say what their priorities are. If they are in a care home or attend a day service, the plan for their daily care may also be called a care plan.
Care records	Information about the patient is collected and kept by organizations that assess the patient's needs and provide care and support services. Patient records include basic personal details such as name, address, date of birth, close relatives and carers, as well as information about health and ability to carry out activities of daily living, and what has been agreed about care and support. Care records must be kept safely, and the patient should be asked if they are happy for them to be shared with people who are involved in their care. You have the right to see your records and should receive a copy of all assessments and care plans.
Confidentiality	Keeping information about someone safe and private, and not share it without the person's knowledge and agreement. Any information the patient provides about themselves should be protected carefully, and should only be shared with people or organizations who genuinely need to know it. Personal details should not be discussed without the patient's agreement.
Consent	When informed permission is given to someone to do something to or for the patient
Incident	An incident that occurs with the Receiving Facility services and care resulting in unexpected or avoidable harm, injury, or death to a patient, carer, staff, or visitor
Performance indicator	Ways of checking that an organization is doing what it is supposed to be doing, by measuring progress towards particular goals. An example of a performance indicator might be how long people have to wait after requesting an assessment.
Risk assessment	**An assessment of the patients' health, safety, wellbeing, and ability to manage their essential daily routines. The** term **risk enablement** means finding a way of managing any risks effectively so that the patient can still do the things they want to do.
Telecare	**Technology that enables the patient to remain independent and safe in their own home,** by linking the home with a monitoring center that can respond to problems. Examples are pendant alarms worn around the neck, automatic pill dispensers, and sensors placed in the home to detect if you have fallen or to recognize risks such as smoke, floods, or gas leaks. The monitoring center is staffed by trained operators who can arrange for someone to come to your home or contact your family, doctor, or emergency services.

Term	Definition
Telehealth	**Technology that sends information about the patients' health to their doctor from their home**, to help manage **long-term conditions** such as diabetes or chronic heart failure. Things like your temperature or blood pressure can be measured and the information sent via telephone line or broadband to a telehealth monitoring center, where it is checked against information from their doctor. It means any problems can be picked up before they become urgent and allows the doctor to monitor patients in between appointments. It is also known as the practice.
Receiving Facility	An evolving format for providing healthcare in a central location that relies on components of telemedicine and high tech communications devices to connect it to referral facility hospital s and other health settings
Zero harm	**A commitment by organizations that provide care and support to improve the care they provide so that mistakes are not made and people are not harmed**. It requires a focus on safety at all times and openness about any mistakes so that they do not happen again.

6. Pre-Consultation Processes

6.1 Administrative Responsibilities

Administrative tasks are duties generally occurring in an office setting, required to support service delivery. These duties may vary but most often include tasks such as scheduling appointments, and swering telephones, greeting visitors, and maintaining records for the organization.

In the scope of virtual appointment/Telehealth, administrative roles include Co-ordinators and Schedulers.

6.1.1 Referring Facility Co-ordinator Responsibilities

Referring Facility Co-ordinator is responsible for:

· Verifying completion of Inbound and Eligibility forms

· Ensuring patient records are available for the consultation

· Ensuring that the patient consent form is completed (Appendix E)

· Ensuring that rooms and appropriate consultation equipment are available at the scheduled consultation date and time

· Submitting referral requests through "Ehalaty" System

· Scheduling accepted referrals in conjunction with Receiving Facility Coordinator

· Confirming appointments by calling the patient 24H prior to the appointment

· Ensuring that the process is compliant with agreed timestamp (Appendix D)

6.1.2 Receiving Facility Coordinator Responsibilities

Receiving Facility Co-ordinator is responsible for:

· Acknowledging receipt of the referral

· Verifying completion of referral requirements

- Ensuring compliance with the agreed timestamp (Appendix D)

- Ensuring that any referral is submitted with complete and correct form(s)

- Validating that the referral is being directed to the correct specialty and clinician

- Validating that the patient's name, contact details, and national identification number are correct and recorded

- Validating the clinician's name and contact details

- Discussing with the receiving clinician the eligibility for virtual appointment:

  a) if Eligible; arrange with referring coordinator a suitable date and time for the patient, referring and receiving clinician and schedule appointment on Anat

  b) If not, the referring coordinator will be informed with the reason of rejection and any remedial or alternative action required

6.1.3 Clinician Responsibilities

· The Referring Clinician is responsible to refer patient to Receiving Facility in line with agreed eligibility criteria

· The Receiving Facility Clinician will review and assess the referral request (Accepted, Rejected, More Information) and complete the outbound form

· The Referring Clinician must obtain the consent of the patient and complete the consent form

· The Referring Clinician and Receiving Facility Clinician(s) will connect to the virtual appointment through Anat platform

· Clinicians should ensure that system/s, equipment and devices required to complete a successful consultation are available and working correctly

· Clinicians should comply with the minimum standards related to safe clinical practice for virtual appointments

· Clinicians should be aware of the importance of active listening skills and patient communication requirements

· Clinicians should be aware about any restrictions on prescribing

· Clinicians should comply with the requirements related to patient safeguarding and data security

· Clinicians should follow the policy of undertaking virtual appointment in non-MoH settings or when not located in the Receiving Facility

7. During Consultation

7.1 Clinician Responsibilities

- The service must be Clinician-led and must comply with KSA local laws and regulations.

- All Clinicians must work within the scope of their license, specialty and granted privileges

- Clinicians who treat or prescribe medications through Telehealth Service must comply with the scope and rules for prescribing for Telehealth Services, following KSA local laws and regulations and ensuring they possess appropriate privileges for the service provided

- If the patient does not join the scheduled session on time, the Clinician should keep the session open and wait for the patient to join (allowing at least 15 min)

- Clinicians must take appropriate steps to establish and maintain a professional patient-clinician relationship

- Professionalism and confidentiality should be maintained during the provision of Telehealth Services to the patient

- Clinicians should review the patient's insurance plan before commencement of services

- Clinicians should conduct and document a detailed medical history of the patient and undertake all appropriate evaluations, in line with Telehealth guidelines

- The patient (or their legal guardian) should be provided information in a language that can be easily understood

- Clinicians should inform and educate the patient (or their legal guardian) of all relevant information such as the scope of services, structure and timing of services, health record-keeping, privacy and confidentiality, potential risks and future communication and follow-up

- Care should be taken to safeguard and preserve patient rights and treat patients with respect and dignity

- Clinicians should offer open, honest, and courteous communication with patients, other clinicians, healthcare professionals and administrative staff

- The patient (and/or their legal guardian) should be engaged to participate in their care plan

- Clinicians must be diligent when prescribing medications and include additional considerations when prescribing medications that are addictive, unsafe, or deemed unusual in their request or dosage; or are contraindicated

- Limitations to prescribing without confirmatory lab testing shall be explained to the patient and the patient must be made aware of medications groups that cannot be prescribed through Telehealth

- The patient must be made aware of the risks associated with prescribed medications and be provided with information on where to seek further advice if needed

8. Post Consultation

Post consultation involves Clinicians and Co-ordinators.

- · Receiving Facility Clinician must document consultation notes and treatment plans

- · Referring Clinician must document consultation notes and treatment plan

- · If follow up is needed; Receiving Facility Clinician informs the Co-ordinator/s to book a follow up session with Receiving Facility, referring facility or Primary Health Center

- · Referring facility Co-ordinator to facilitate the follow up appointment booking according to the Clinician's direction

- · If no follow up is needed; Receiving Facility Clinician uploads the discharge summary and closes the appointment

- · Clinicians and Co-ordinators submit feedback about the virtual appointment experience

- · Patient Experience surveys should be provided to patients after completing the consultation session

9. Virtual Referral Protocols

To ensure quality and successful virtual referral session, the people involved in the process must follow certain protocols before, during and after the session.

9.1 Tele-health champions

Virtual healthcare champions are individuals who play a significant role in advancing telemedicine adoption in Hospitals and PHCs. They are people "Who drive adoption and success of telemedicine".

Champions support institutions with roles that are unequivocally important and irreplaceable. In addition, telemedicine champions shall perform these designated roles to sustain the telemedicine experience cycle. Such roles are:

- · Training telemedicine participants on proper use of technology

- · Providing telemedicine team with supporting materials

- · Ensuring registration of medical practitioners on Anat platform

- · Acting as a liaison to provider sites

- · Supervising telemedicine personnel

9.2 Coordinators

The difference between coordinators and champions is quite subtle. Essentially, the role of coordinators is integral to the success of telemedicine as direct involvement with both of physician and patient exists. Therefore, verbal and written communication skills along with general understanding of telemedicine technical requirements and proficiency in word processing represent what is needed to be perform as a coordinator. The following sections shows practices if followed by coordinators it will enhance the virtual care experience and provide optimal results.

9.2.1 Virtual Visit Preparation

To ensure patients' knowledge of proper telemedicine protocol, coordinators should contact the patient and confirm the following:

- · The patient's choses a telemedicine appointment

- The patient's ability in accessing the Sehhaty application

- The treating physician's name & clinic

- Provide support material to patients and encourage them to inquire if help is needed

9.2.2 Prior to Virtual Healthcare Appointment

Once a telemedicine appointment is booked, the coordinator should communicate with the patient with regards of the following:

- Remind patients a day or two prior to virtual appointments

- Confirm the patient's ability in accessing the service

- Notify the patient of any items that need to be present during virtual visit

- Accommodate geriatric patients and those who need assistance

9.2.3 Post Virtual Visit

After the conclusion of the virtual visit, confirming the outcome of the telemedicine visit with the patient is important as further follow-up might be needed. Therefore, next steps should reinforce the outcome of the telemedicine visit:

- Notify the patient about any follow-up procedures/appointment

- Provide the patient with post-summary instructions

- Record feedback

9.3 Physicians

Medical practitioners are the cornerstone of the telemedicine service for the impact they have on the patient which in return reflects on the entire experience. There are multiple guidelines which physicians should adhere to have constructive telemedicine visit.

9.3.1 Physician-Patient Interaction

The interaction between healthcare providers and patients is subject to many factors that affect the overall virtual healthcare experience. Amiability and authenticity in hospital appointments convey a feeling of comfort and ease any tension patients might be experiencing as a more personal connection is felt. In addition to that, general decorum during virtual visits must be the same as regular visits.

The following points give instructions on how to carry the virtual visit and shall reflect meaningful virtual visits ensure best practice during the visit:

- Declare name, specialty and purpose of the virtual visit

- Confirm the ability of the patient to hear properly

- Ask clarifying questions

- Be mindful of any delays or lags in the connection

- Patient's medical record to be updated with relevant information after visit

- Maintain eye contact

- Position camera at eye level

- · Put on silent or turn off mobile devices

- · Reference referring physicians when patients are referred

- · Provide after-visit summary which details actions taken and review of answers to questions asked

10. Continuous Improvement Procedures and Responsibilities

There are a number of procedures and responsibilities that need to be maintained throughout the process of virtual appointment with the aim of continually improving the service.

10.1 Adverse events and incident reporting

· If any incident occurs, the escalation and incident reporting process must be activated (Appendix A):

· All incidents and adverse events must be reported and documented according to the agreed escalation and incident reporting process

· In the case of any incident affecting the service delivery and continuity, consult the Business Continuity Plan (Appendix B)

If there a system failure during the consultation e.g. the clinician loses connectivity, or cannot see or access patient records, images, or clinical guidelines, the Receiving Facility Clinician shall contact the referring Clinician by phone to determine if the consultation can proceed by phone or requires rescheduling. If the system cannot be restored within 30 minutes, the Clinician should advise the Administrator to call the Helpline Hotline as outlined in the Business Continuity Plan.

Any manual process or transaction outside the control of the normal Receiving Facility processes must ensure:

- · Patient confidentiality is maintained

- · Records are retained

- · The manual backup policy is clearly documented in the downtime process (Appendix B)

10.2 Workforce Planning

- · Lead Clinicians must ensure that there is a contingency plan for their replacements

- · Lead Clinicians must report sickness and absence of scheduled clinicians, and decide on ''calling in" off-duty clinicians' to cover the shortage

- · Lead Clinicians in each specialty must ensure that there is a continuous development plan for the Receiving Facility staff. This may include multi-disciplinary team meetings, peer reviews, seminars, or other educational and/or training programs

- · Lead Clinicians must ensure that virtual clinics are operated up to optimal capacity according to the Receiving Facility capacity plan

- · Lead Clinicians must ensure availability of the skills and competencies required

- · Lead Clinicians should continually review capacity and demand (ideally every quarter) based on specific parameters such as usage, lost appointments, 'no show' rates and patient satisfaction

- · Lead Clinicians should ensure that all clinical staff are trained on the end-to-end process for virtual appointments including reassuring the patient, communication and eye contact and explaining the process to the patient

- · Lead Clinicians must ensure that recruitment plans are in place and involve robust job descriptions

including evidence of qualifications and experience along with privileging and credentialing requirements

10.3 On-boarding

Onboarding procedure shall include induction to the Receiving Facility:

· Vision, mission, values, and strategic objectives

· Organizational structure

· The end-to-end virtual appointment process and required skills

· Roles and responsibilities for clinical quality and safety

· Information capture and record management

· Requirements for patient confidentiality and data security

· Guidance on practicing/shadowing virtual appointments with patient's consent

· Know how to use available systems, equipment, and devices

Shift leadership induction includes:

· Opening briefing within the specialty about the workload and issues for the day

· Daily interaction with the Receiving Facility Operations Director

· Debriefing at the end of each day within specialty to inform the agreed handover protocols between shifts/days where different clinicians may be involved

10.4 Workplace environment

The Receiving Facility work environment shall ensure:

· The allocation of physical space is suitable for the level and type of service being provided

· Patient privacy and confidentiality

· Access to the necessary equipment and modes of communication

· Access to necessary guidelines and other sources of clinical information and standard operating procedures

· The necessary level of resolution for viewing images

· The necessary amenities for comfort, storage of personal items, and refreshment

· That areas visible to visitors and those patients interacting with the virtual clinician are consistent with the standards associated with clinical environments

· That appropriate visual aids, pertinent to virtual interactions, are displayed

· Noise levels are minimized to ensure a sense of confidentiality is for the patient

· Appropriate attire is worn by those representing the Receiving Facility when conducting virtual interactions

· Compliance with health and safety standards

11. Exclusion Criteria

1. Prescribing of narcotic, controlled, or semi-controlled medication

2. Video recording during patient consultation and storage of patient video files:

    a) May grant exceptions upon written request to record video on an Adhoc or time-limited basis for clinician education and quality improvement purposes

      b) The written request for exceptions must include the following:

          i. Purpose

          ii. Clear justification

          iii. Protocol for capturing, anonymizing, pseudonymzing, storing, using video files

          iv. Security measures (including encryption), backup plan to protect and safeguard video files

          v. Patient consent form for time-limited storage of video consultations for a clinician, education, and quality improvement purposes

          vi. Duration for storage of information and measures for the deletion

          vii. Risk assessment plan for potential breaches and response measures

12. Control plan

Each specialty will define its own set of clinical KPIs following Ada'a Health program and any national standards for performance measures or health outcomes established by the National or Regional Health Command Centers. In addition to these clinical KPIs, the operational KPIs of the Receiving Facility are standardized across all specialties as summarized below. A detailed KPIs definition can be found in Appendix C.

KPI name	Target	Trend is good when (figures are)	Impact stage	Level	Measurement type	Data capture period	Standard reporting frequency
Waiting-time for appointment	<48 hours	Decreasing	Process	Operational	Quantitative	Month	M
Waiting-time "in-the-lobby" who disconnect	<5 minutes	Decreasing	Process	Operational	Quantitative	Month	M
% Patient canceled appointments	<10%	Decreasing	Process	Operational	Quantitative	Day	M
% Patient missed appointment rate (No show rate)	<5%	Decreasing	Process	Operational	Quantitative	Month	M
% New Patients		Increasing	Process	Operational	Quantitative	Month	M
% follow-up Patients	>50%	Increasing	Process	Operational	Quantitative	Month	M
# Patient consultation time	15-20	Within range	Process	Operational	Quantitative	Month	M
% Appointment slots coverage over the next 30 days	>70%	Increasing	Process	Operational	Quantitative	Spot	M
% Staff working hours delivered	>90%	Increasing	Process	Operational	Quantitative	Day	M
% Unplanned appointments rate	<10%	Decreasing	Output	Operational	Qualitative	Week	M
% patients discharged		Increasing	Outcome	Strategic	Qualitative	Month	Q
% Patients referred out of the virtual hospital	Zero	Decreasing	Outcome	Strategic	Qualitative	Month	Q
% Patients referred out physically from the spoke hospitals	Zero	Decreasing	Outcome	Strategic	Qualitative	Month	Q
of patients who intentionally terminate the call	zero	Decreasing	Outcome	Operational	Qualitative	Month	M
% Patient complaints	<5%	Decreasing	Outcome	Strategic	Qualitative	Month	Q
#Sentinel events	zero	Decreasing	Outcome	Operational	Qualitative	Month	M
% Patient satisfaction	>80%	Increasing	Outcome	Strategic	Qualitative	Spot	Q

Table 1: Summarized KPIs

13. Responsibility Assignment Matrix (RASCI)

The table below defines who is accountable and/or responsible from the people involved in the virtual appointment process.

Activity (Critical process steps/ (decisions	Responsible	Accountable	Support	Consult	Informed
Request appointment	Referring Coordinator	Referring Clinician	Receiving Facility coordinator	RECEIVING FACILITY Clinician	Referring Clinician Receiving Facility Clinician Patient
Confirming appointment	Receiving Facility Coordinator	Receiving Facility Clinician	Referring Coordinator	Patient and Referring Clinician	Receiving Facility Clinician
Preparation for appointment	Receiving Facility Clinician	Receiving Facility Clinician	Receiving Facility Coordinator	Referring Clinician	Patient
Consultation	Receiving Facility Clinician	Referring Clinician	Receiving Facility Coordinator	Patient Referring Clinician	Receiving Facility Coordinator Referring Coordinator Patient

14. Appendix A–Escalation Process

Note: The process is under development

Category	Issue	Owner Title	Owner Name (if applicable)	Communication Channel	Contact Details	Immediate	After 4 Hours	After 8 Hours	After 24 Hours
IT	Network Conectivity Failure	VH IT Support Team	NA	VH IT Support System / VH IT Support Number		VH IT Support Team	VH IT Manager	VH Director	VH Director
	Hardware Failure	VH IT Support Team	NA	VH IT Support System / VH IT Support Number		VH IT Support Team	VH IT Manager	VH Director	VH Director
	Software Failure	VH IT Support Team	NA	VH IT Support System / VH IT Support Number		VH IT Support Team	VH IT Manager	VH Director	VH Director
	Solution Issues	VH IT Support Team	NA	VH IT Support System / VH IT Support Number		VH IT Support Team	VH IT Manager	VH Director	VH Director
	Accessibility Barriers	VH IT Support Team	NA	VH IT Support System / VH IT Support Number		VH IT Support Team	VH IT Manager	VH Director	VH Director
	Shortage of IT Equipments	VH IT Support Team	NA	VH IT Support System / VH IT Support Number		VH IT Support Team	VH IT Manager	VH Director	VH Director
Cybersecurity	Information Security	MOH IT Support Team	NA	MOH Support Number	011212555, ext: 2222	E-Health Support Team	VH Director	VH Director	VH Director
	Network Hack	MOH IT Support Team	NA	MOH Support Number	011212555, ext: 2222	E-Health Support Team	VH Director	VH Director	VH Director
Adverse events	Infectious Disease	VH Support Team	NA	VH Support System / VH Support Number	937 or 9000200	VH Support Team	VH Support Services Team	VH Medical Director	VH Director
	Leakage of hazardous substances	VH Support Team	NA	VH Support System / VH Support Number	937 or 9000200	VH Support Team	VH Support Services Team	VH Medical Director	VH Director
	Biohazard	VH Support Team	NA	VH Support System / VH Support Number	937 or 9000200	VH Support Team	VH Support Services Team	VH Medical Director	VH Director
	Patient Harm	VH Support Team	NA	VH Support System / VH Support Number	937	VH Support Team	VH Support Services Team	VH Medical Director	VH Director
	Physician Harm	VH Support Team	NA	VH Support System / VH Support Number	9000200	VH Support Team	VH Support Services Team	VH Medical Director	VH Director
Patient complaint	Scheduling difficulties	VH Support Team	NA	VH Support System / VH Support Number	937	VH Support Team	VH Operation Director	VH Director	VH Director
	Disagreements with staff	VH Support Team	NA	VH Support System / VH Support Number	937	VH Support Team	VH Medical Director	VH Director	VH Director
	Feeling unheard	VH Support Team	NA	VH Support System / VH Support Number	937	VH Support Team	VH Medical Director	VH Director	VH Director
	Not getting enough time with Physicians	VH Support Team	NA	VH Support System / VH Support Number	937	VH Support Team	VH Operation Director	VH Director	VH Director
	Waiting for long time	VH Support Team	NA	VH Support System / VH Support Number	937	VH Support Team	VH Operation Director	VH Director	VH Director
Major Incidents	Flood	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Operation Director	VH Medical Director	VH Director
	Fire	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Operation Director	VH Medical Director	VH Director
	Attacks	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Operation Director	VH Medical Director	VH Director
HR	Staff member Absence	VH Service Owner	NA	VH Support System / VH Support Number		VH Service Owner	VH HR Director	VH Medical Director	VH Director
	Shortage in staff	VH Service Owner	NA	VH Support System / VH Support Number		VH Service Owner	VH HR Director	VH Medical Director	VH Director
Clinical	Medical equipment failure	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	Service Vendor	VH Operation Director	VH Medical Director
	Shortage in medical equipments	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Service Owner	VH Operation Director	VH Medical Director
Legal	Theft of personal items	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Legal Director	VH Medical Director	VH Director
	Assaulting/Absuing medical staff	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Legal Director	VH Medical Director	VH Director
	Assaulting/Abusing patients	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Legal Director	VH Medical Director	VH Director
	Medical Mistakes	VH Support Team	NA	VH Support System / VH Support Number		VH Support Team	VH Medical Director	VH Director	VH Director

15.   Appendix B-Business Continuity Plan (To be added once ready)

16.   Appendix C- Receiving Facility KPIs (Detailed)

[A detailed definition of Receiving Facility KPIs can be found here]

17. Appendix D- Patient Journey Timestamp

PROCESS		TIMESTAMP
From	To	
Receiving a complete request from any Spoke hospital including the following: • National ID. • Medical report. • Inbound form.	Sending of the request to Triage (according to speciality).	1 Hour
Sending of the request to Triage (according to speciality).	Receiving status of request (approved or rejected).	8 Hours
Receiving status of request if approved.	Communicating with coordinator of Spoke hospital for appointment arrangement.	1 Hour
Communicating with coordinator of Spoke hospital for appointment arrangement.	Receiving confirmation for appointment booking (for Pt. & Physician in Spoke hospital).	3 Hours
Receiving confirmation for appointment booking (for Pt. & Physician in Spoke hospital).	• Scheduling appointment on HIS (spoke hospital). • Scheduling appointment on Anat (virtual hospital).	1 Hour

18. Appendix E- Patient Consent Form

[Copy of Patient Consent Form]

Approved By:

General Executive Director for Digital Health Center of Excellence

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