

ASF-EV-002

Stakeholder Consultation Summary

Document code	ASF-EV-002
Version	V3.0
Status	Published — effective 2026-09-30
Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Purpose	Summary of stakeholder consultations conducted during the development and revision of ASF accreditation standards; submitted as part of the ASF ISQua EEA application package
Related documents	ASF-GOV-001 Standards Development Methodology · ASF-EV-001 Standards Evidence Bibliography · ASF-EV-003 Pilot and Field Validation Summary · ASF-EV-004 ISQua EEA Crosswalk
Supersedes	ASF-EV-002 V1.0 (2026-09-30)
Next review	Following each major standards revision

Version History

Version	Date	Nature of change	Approved by
V0.1	2025-04-05	Initial summary — internal use only	—
V1.0	2025-08-01	Published: consultation overview and selected comment matrix (12 items)	Prof. G. Pkhakadze, ASF President
V2.0	2026-05-20	5-round consultation programme documented; 57 participants from 11 countries	Standards Development Committee
V3.0	2026-09-30	20-item comment resolution matrix; 312 comments; 91% adoption rate; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

1. Purpose

1.1 This document summarises the stakeholder consultation programme conducted by ASF during the development of its accreditation standards. ISQua EEA Principle 2 (Standards Development) requires that accreditation bodies consult with relevant stakeholders on new and revised standards, document the comments received, and demonstrate how they were addressed. This summary constitutes ASF's evidence of compliance with that requirement.

1.2 ASF's consultation programme is conducted in accordance with ASF-GOV-001, Section 7. This document provides the summary record of the consultations conducted to date, including the Hospital Standard (primary submission standard), the Ambulatory Clinic Standard, and the Long-Term Care Standard.

2. Consultation Programme Overview

2.1 ASF conducted a structured five-round consultation programme for the Hospital Accreditation Standard, the primary standard submitted for ISQua EEA assessment. Separate, abbreviated consultations (two rounds each) were conducted for the Ambulatory Clinic and Long-Term Care standards.

Round	Timeframe	Method	Stakeholder categories	Items circulated
1	Q4 2020 (Dec–Jan)	Structured expert review	Clinical experts (physicians, nurses, quality officers) — 12 participants from France, Georgia, Switzerland	Full draft standard — 198 criteria; open comment form with criterion-level and general comment fields
2	Q2 2021 (Apr–Jun)	Open public consultation	Healthcare facility managers, patient organisations, regulatory bodies, health ministry representatives — 31 respondents	Revised standard incorporating Round 1 changes — summary of Round 1 changes circulated with the consultation
3	Q4 2021 (Oct–Nov)	Targeted expert panel	ISQua-recognised quality experts, former JCI and Accreditation Canada surveyors, PHIG academic board — 8 participants	Disputed criteria (those with ≥30% critical comment rate in Rounds 1 and 2); focused questions on critical/essential criterion classification
4	Q3 2025 (Jul–Aug)	Open public consultation	Updated circulation — additional healthcare facilities (11 new respondents added), plus repeat invitation to all Round 2 respondents; 38 respondents total	Version 2.0 of the standard incorporating all Round 1–3 changes; focused attention on the four-category classification system
5	Q4 2025 (Oct)	Attestation review	Sample of Round 2 and 4 respondents (6 participants) invited to confirm their comments had been	Summary of all outstanding unresolved comments with ASF's rationale for non-adoption; closed comment

Round	Timeframe	Method	Stakeholder categories	Items circulated
			addressed or their outstanding concerns recorded	format

3. Stakeholder Categories and Participation

3.1 The following categories of stakeholders participated across all rounds of the Hospital Standard consultation:

Stakeholder category	Participants (unique, across all rounds)	Countries represented
Physicians (specialists and generalists)	14	France (7), Georgia (4), Switzerland (2), Lebanon (1)
Nurses and nursing managers	8	France (4), Georgia (3), Kenya (1)
Hospital and clinic quality officers	9	France (4), Georgia (3), UAE (1), Switzerland (1)
Hospital administrators and senior managers	7	France (3), Georgia (3), Belgium (1)
Patient and service-user representatives	4	France (3), Georgia (1)
Academic and public health experts	6	France (2), Georgia (2), UK (1), USA (1)
Health regulators and ministry representatives	5	Georgia (3), France (1), WHO (1)
International accreditation experts (former JCI/AC surveyors)	4	USA (2), Australia (1), Canada (1)
TOTAL	57 unique participants	11 countries

4. Comment Resolution — Selected Matrix (20 Key Items)

4.1 A total of 312 substantive comments were received across all rounds of the Hospital Standard consultation. 284 (91%) were fully or partially adopted; 28 (9%) were not adopted, with a documented rationale in each case. The following table presents a representative selection of 20 comments, covering all stakeholder categories and all four criterion tiers:

Comment ID	Criterion area	Stakeholder category	Comment summary	Disposition	Rationale where not adopted
C-001	Informed consent documentation (Critical)	Physician	Require a separate signed form for each procedure rather than a single blanket consent	Adopted — criterion revised to require procedure-specific consent for all elective surgical and invasive procedures	—
C-008	Hand hygiene compliance monitoring (Critical)	Nursing manager	60% compliance threshold is too low; JCI requires 80%	Adopted — threshold raised to 80% in alignment with WHO HHSAF and JCI	—
C-015	Medical records retention period (Essential)	Patient representative	10-year minimum retention is insufficient for chronic disease patients	Partially adopted — extended to 15 years for patients with chronic conditions and for paediatric records until age 25	—

Com ment ID	Criterion area	Stakeholder category	Comment summary	Dispos ition	Rationale where not adopted
C-022	Nursing staff-to-patient ratios (Critical)	Nurse	Ratio of 1:8 for general wards is unsafe; national standards require 1:6	Adopted — ratio revised to 1:6 for general wards; 1:4 for step-down units	—
C-031	Antimicrobial stewardship (Essential)	Infectious disease physician	Antimicrobial stewardship should be a Critical, not Essential, criterion given global AMR burden	Not adopted	AMR stewardship remains Essential: evidence supports its importance but evidence for a Critical classification (non-compliance causing immediate risk) was not conclusive at time of revision. To be reviewed at next cycle.
C-044	Patient nutrition assessment (Significant)	Dietitian/academic	Nutrition screening on admission should be Essential, not Significant	Adopted — reclassified to Essential following review of malnutrition evidence (Kondrup et al., 2003)	—
C-057	Language access for non-national patients (Significant)	WHO representative	Facilities should be required to have a documented interpreter policy	Adopted — new Essential criterion added:	—

Comment ID	Criterion area	Stakeholder category	Comment summary	Disposition	Rationale where not adopted
				documented language access policy and interpreter availability	
C-068	Emergency department triage (Critical)	Emergency physician	Manchester Triage System should be named as the required triage tool	Not adopted	ASF standards are tool-agnostic; naming a specific proprietary triage tool would create barriers for facilities using equivalent validated systems. Criterion requires a validated triage tool without specifying which.
C-074	Medication reconciliation at discharge (Essential)	Hospital manager	Requiring reconciliation at every discharge is operationally unachievable in high-volume facilities	Not adopted	Medication reconciliation at discharge is a WHO High 5s patient safety solution. Operational difficulty does not reduce the patient safety obligation. The criterion is retained; a guidance note was added acknowledging implementation may be phased.
C-081	Falls prevention programme (Essential)	Geriatric nurse	Falls prevention should include post-fall review, not just prevention protocols	Adopted — criterion expanded to include mandatory post-fall multidisciplinary	—

Comment ID	Criterion area	Stakeholder category	Comment summary	Disposition	Rationale where not adopted
				review within 24 hours	
C-093	Credentialing of visiting/locum doctors (Essential)	Hospital administrator	Credentialing requirements for visiting practitioners are disproportionate for rare, short-term visits	Partially adopted — single-session visiting practitioners exempted from full credentialing if covered by a registered verifying institution; all others retain full credentialing requirement	—
C-102	Patient complaint response time (Essential)	Patient representative	14-day response time is too slow; patients need a 5-day acknowledgement	Adopted — new requirement for 5-working-day written acknowledgement added; 30-calenda	—

Comment ID	Criterion area	Stakeholder category	Comment summary	Disposition	Rationale where not adopted
				r-day full response retained	
C-115	Resuscitation equipment checking (Critical)	Emergency nurse	Daily check of resuscitation equipment should be required, not weekly	Adopted — frequency changed from weekly to daily for all areas where cardiac arrest response is expected	—
C-128	Clinical audit programme (Significant)	Academic/ quality expert	Requiring only one completed clinical audit per year is insufficient; 3 per year is standard in UK/Ireland	Adopted — minimum raised to 3 completed clinical audits per year	—
C-141	Isolation capacity for infectious disease (Critical)	Infectious disease specialist	Minimum 5% of inpatient beds for isolation is insufficient for outbreak scenarios	Partially adopted — 5% retained as minimum; new provision added requiring a	—

Comment ID	Criterion area	Stakeholder category	Comment summary	Disposition	Rationale where not adopted
				documented outbreak surge plan with identified overflow capacity	
C-156	Board-level quality committee (Essential)	Health regulator	Quality reporting to the board should be at least quarterly, not annually	Adopted — frequency changed to quarterly board quality reports	—
C-172	Neonatal resuscitation competency (Critical)	Obstetrician	Every delivery room must have a staff member with current NRP certification present at all deliveries	Adopted	—
C-184	Privacy in outpatient consultation (Essential)	Patient representative	Visual and auditory privacy required, not just visual	Adopted — criterion expanded to require both visual and auditory privacy in all clinical consultation spaces	—
C-197	Near-miss reporting system (Essential)	Quality officer	Near-miss reporting should be anonymised and non-punitive by	Adopted — new	—

Comment ID	Criterion area	Stakeholder category	Comment summary	Disposition	Rationale where not adopted
			policy	sub-criterion added requiring a documented non-punitive incident reporting policy	
C-206	Cleaning and disinfection schedules (Essential)	IPC nurse	Cleaning protocols should be in writing and available to cleaning staff	Adopted — criterion expanded to require written cleaning protocols accessible to all cleaning personnel at point of use	—

5. Consultation Outcomes

5.1 Summary of all comment dispositions across the full Hospital Standard consultation:

Disposition	Count	Percentage	Notes
Fully adopted	198	63.5%	Comment led to direct criterion revision as requested
Partially adopted	86	27.6%	Comment led to criterion revision with modification; rationale provided to the commenter
Not adopted	28	9.0%	Comment reviewed and rationale for non-adoption

Disposition	Count	Percentage	Notes
			documented; commenter notified
TOTAL	312	100%	—

5.2 All 57 unique participants received a personalised response acknowledging their contribution and summarising how their comments were addressed. The 28 respondents whose comments were not adopted received a written rationale. 6 respondents participated in the Round 5 attestation review.

6. ISQua EEA Alignment

6.1 This document provides evidence of compliance with ISQua EEA Principle 2 (Standards Development), specifically the requirements for: (a) consultation with relevant stakeholders during standards development; (b) a documented process for receiving and addressing comments; and (c) transparency in how comments were handled. The ASF ISQua EEA Crosswalk (ASF-EV-004) maps this document to the applicable EEA criteria.

Formal Approval

Name and title	Signature	Date
Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières		2026-09-30