

ASF-EV-003

Pilot and Field Validation Summary

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Version	V1.0
Effective date	2026-12-12
Pilot cohorts covered	Cohort 1 (2021–2022) · Cohort 2 (2025–ongoing)
Maintained by	ASF Standards Development Committee
Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD — President, Accréditation Sans Frontières
Next review	Following completion of Cohort 2 (estimated Q1 2027)
Related documents	ASF-GOV-001 Standards Development Methodology · ASF-EV-002 Stakeholder Consultation Summary

Version History

Version	Date	Description	Approved by
V0.1	2026-11-14	Initial draft — Cohort 1 complete; Cohort 2 interim	—
V1.0	2026-12-12	Approved and published; Cohort 2 ongoing section noted	Prof. G. Pkhakadze, ASF President

1. Purpose and Scope

1.1 This document records the pilot testing and field validation activities conducted by Accréditation Sans Frontières (ASF) to support the practical development and refinement of its accreditation standards. Pilot testing is a required stage in the ASF Standards Development and Revision Methodology (ASF-GOV-001).

1.2 Pilot testing serves four objectives: (a) assess the usability and practical application of standards in real facility settings; (b) test the clarity of measurable elements and scoring criteria; (c) evaluate implementation burden on assessed organisations; (d) assess interpretability and consistency of application across surveyors.

1.3 ASF has conducted two pilot cohorts: Cohort 1 (2021–2022, 4 facilities, now complete) and Cohort 2 (February 2025–ongoing, 7 facilities enrolled across multiple facility types).

2. Cohort 1 — 2021-2022 Pilot Programme

2.1 Programme Overview

Cohort 1 was ASF's inaugural pilot accreditation programme. It was designed to test the Hospital Standard (then in its first working draft) in real assessment conditions and to generate the structured feedback necessary for evidence-based refinement prior to full release.

Field	Detail
Period	2021–2022 (approximately 18 months)
Number of facilities	4
Facility types	General hospital (1); outpatient specialty clinic (2); diagnostic centre (1)
Location	Georgia (Tbilisi metropolitan area)
Standards tested	Hospital Standard (working draft V0.3 through V0.8)
Survey teams	2 Lead Surveyors; 4 Associate Surveyors; 1 observer (ASF methodology lead)
Feedback methods	Post-survey structured feedback forms (facility and surveyor); debrief sessions; written comments on draft standards

2.2 Key Findings

(a) Standards usability: Facilities reported the standards were clear and relevant to their operating context. The four-category compliance classification was rated as easy to understand. Highest usability scores: S01 Governance, S05 Patient Rights. Lowest: S04 Medication Safety (terminology complexity) and S08 Information and Records Management (criterion overlap).

(b) Measurable elements: 87 of 95 criteria were assessed as clearly measurable in the first post-pilot review. Eight criteria were revised to improve measurability, including three in S04 Medication Safety and two in S06 Physical Environment and Safety.

(c) Surveyor consistency: Inter-surveyor agreement across two surveyor teams on a common sample facility was 89% at the criterion level. Three criteria produced consistent disagreement and were revised with additional guidance notes.

(d) Implementation burden: Facilities rated overall implementation burden as moderate. The most frequently cited preparatory challenges were: documentation of medication storage records; traceability of adverse event reporting; governance meeting minute formats. Guidance documents were subsequently developed for all three areas.

2.3 Standards Revisions Resulting from Cohort 1

The following substantive revisions were made to the Hospital Standard based on Cohort 1 findings:

- a) S04 Medication Safety: three criteria revised for clarity; pharmacy-specific sub-requirements separated from nursing-level requirements
- b) S08 Information and Records Management: two standards consolidated into one; overlapping criteria removed
- c) S01 Governance: Patient Safety Culture criterion added
- d) Scoring guidance: worked examples added for all four compliance categories
- e) Surveyor handbook: three guidance notes added for criteria with inter-rater reliability issues

2.4 Accreditation Outcomes

All four Cohort 1 facilities were formally assessed under the revised Hospital Standard (V1.0) following the pilot refinement process. All four received ASF accreditation. Certificate details are recorded in the ASF Accreditation Registry at france-asf.fr/registry/.

3. Cohort 2 — 2025 Pilot Programme (Ongoing)

3.1 Programme Overview

Cohort 2 was launched in February 2025 as ASF's second pilot programme. It extends the pilot to multiple facility types beyond the hospital setting and tests the expanded standards portfolio developed between 2022 and 2024.

Field	Detail
Launch date	February 2025
Number of facilities enrolled	7
Facility types	Hospital (2); Ambulatory clinic (2); Long-Term Care (1); Primary Health Clinic (1); Fitness and Wellness (1)
Location	Georgia (Tbilisi, Kutaisi) and two international facilities
Standards tested	Hospital V2.0; Ambulatory V1.0; LTC V1.0; PHC V1.0; Fitness and Wellness V1.0
Status (as at December 2026)	Ongoing — surveys completed for 5 of 7 facilities; 2 remaining surveys scheduled Q1 2027
Expected completion	Q1 2027

3.2 Interim Findings (5 of 7 facilities surveyed as at December 2026)

- (a) Standards portfolio: all five new facility-type standards have been successfully applied in assessment conditions. Facilities reported high clarity of standards content. The Ambulatory Standard received the highest usability scores; the LTC Standard received the lowest, primarily due to complexity of dementia care requirements.
- (b) Surveyor consistency: inter-surveyor agreement across Cohort 2 assessments to date averages 92%, an improvement over Cohort 1.
- (c) Emerging issues: two LTC criteria related to restraint documentation and end-of-life care planning have been flagged for revision following feedback from facility managers. These will be addressed in the next LTC Standard revision cycle.

(d) Full findings: a complete Cohort 2 report will be produced following the final two surveys (scheduled Q1 2027) and incorporated into the next version of this document.

4. Summary Assessment

Assessment dimension	Cohort 1	Cohort 2 (interim)	Notes
Standards usability — facility rating	High	High	Consistent across cohorts and facility types
Measurable elements clarity	87/95 clear at first pass; 95/95 after revision	All current elements rated clear	Continuous improvement demonstrated
Inter-surveyor agreement	89% criterion-level	92% criterion-level	Above 85% threshold in both cohorts
Implementation burden	Moderate (documented; guidance developed)	Moderate	Guidance materials consistently address gaps raised
Accreditation outcomes	4/4 accredited	5/7 surveyed; outcomes pending for 2	Full Cohort 2 outcomes Q1 2027

Cohort 2 findings will be incorporated into the next revision of this document following completion of the two remaining surveys (Q1 2027). The ASF Accreditation Registry records the accreditation status of all facilities from both cohorts.

Approved by

Name and title	Signature	Date
Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières		2026-12-12

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