

ASF-EV-003

Pilot and Field Validation Summary

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Version	V3.0
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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Purpose	Summary of all pilot surveys and field validations conducted to test ASF accreditation standards and survey methodology before full operational deployment; 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-002 Stakeholder Consultation Summary · ASF-EV-004 ISQua EEA Crosswalk · ASF-OPS-002 Surveyor Competency Policy
Supersedes	ASF-EV-003 V1.0 (2026-09-30)
Next review	Following each new standard type deployment

Version History

Version	Date	Nature of change	Approved by
V0.1	2025-05-01	Initial summary — internal working draft	—
V1.0	2025-09-15	Published: track record overview and cohort summaries	Prof. G. Pkhakadze, ASF President
V2.0	2026-06-10	Cohort 2 (2025) results added; 7 facilities, 5 countries, 3 standard types	Standards Development Committee
V3.0	2026-09-30	97.3% inter-rater agreement documented; calibration methodology derivation; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

1. Purpose

1.1 This document summarises the pilot and field validation programme conducted by ASF to test the Hospital Accreditation Standard and survey methodology before full deployment. Pilot surveys serve three purposes: validating that standards criteria are clear and measurable; calibrating surveyor judgement in applying criteria to real clinical environments; and identifying any standards revisions needed before operational deployment.

1.2 ISQua EEA Principle 2 (Standards Development) and Principle 5 (Surveyors) both reference the need for field validation of standards and survey methods. This document provides the record of ASF's field validation activity.

2. Pilot Methodology

2.1 ASF pilot surveys follow the same protocol as full operational surveys, with two additions:

- (a) Post-survey debriefing — the survey team and the facility's quality contact participate in a structured debrief within 5 working days. The debrief uses a standardised feedback form covering: criterion clarity; evidence availability; survey duration adequacy; and any criteria where reasonable surveyors might reach different assessments.
- (b) Standards review flag — any criterion that generates a clarity concern, a measurement difficulty, or a surveyor disagreement in the pilot is flagged to the SDC for review before full deployment. Flagged criteria may be revised, clarified, or, in rare cases, reclassified.

2.2 Pilot facilities are selected to represent the range of facility types and sizes in scope. Participation in a pilot survey does not confer accreditation. The facility receives a full survey report and nonconformance findings but the assessment is not submitted to the ADC for a decision. Pilot facilities are offered a discounted standard survey upon completion of the pilot and any required corrective actions.

3. Cohort 1 — Hospital Standard Pilots (2021–2022)

3.1 Four hospitals participated in the initial pilot validation of the Hospital Accreditation Standard Version 1.0, conducted in 2021–2022. The cohort was selected to represent small, medium, and large facilities across two countries.

Facility	Country	Beds	Pilot date	Standards version	Key findings and changes triggered
Facility P1-A (medium urban general hospital)	Georgia	180 beds	March 2021	V1.0	Clarity concern: medication reconciliation criterion wording ambiguous re: discharge vs transfer; wording revised in V1.1
Facility P1-B (small rural district hospital)	Georgia	45 beds	May 2021	V1.1	Measurement difficulty: physical environment criteria for natural light required quantitative lux

Facility	Country	Beds	Pilot date	Standards version	Key findings and changes triggered
					measurement that rural facilities cannot easily perform; criterion revised to allow qualitative assessment with photographic evidence
Facility P1-C (large private tertiary hospital)	France	320 beds	September 2021	V1.1	No clarity concerns raised; survey duration for 2 surveyors/3 days found adequate for full criterion coverage; clinical governance criteria required more document review time than allocated — survey schedule revised
Facility P1-D (medium public general hospital)	France	210 beds	January 2022	V1.2	Surveyor disagreement (inter-rater): 2 out of 198 criteria showed divergent assessment between surveyors; both related to nursing staff competency evidence; revised guidance note added to surveyor manual; criterion wording unchanged

3.2 Standards revisions triggered by Cohort 1 pilots: 3 criteria revised for clarity; 1 assessment method guidance note updated; survey schedule for large facilities (>200 beds) extended by 0.5 days. All revisions incorporated into Version 1.2 before Cohort 2.

4. Cohort 2 — Multi-Standard Pilots (2025)

4.1 Seven facilities participated in the Cohort 2 field validation in 2025, covering the Hospital, Ambulatory Clinic, and Long-Term Care standards. This cohort was the first multi-standard, multi-country pilot.

Facility	Country	Type	Pilot date	Standards version	Outcome
Facility P2-A (large teaching hospital)	France	Hospital	February 2025	V2.0	Clean pilot — no clarity issues; 1 criteria flagged for possible reclassification

Facility	Country	Type	Pilot date	Standards version	Outcome
					(Critical → Essential); retained as Critical following SDC review
Facility P2-B (comprehensive ambulatory clinic)	Georgia	Ambulatory	March 2025	Ambulatory V1.0	2 criteria in the laboratory domain unclear regarding point-of-care testing; both revised
Facility P2-C (private specialist clinic)	Lebanon	Ambulatory	April 2025	Ambulatory V1.0	Survey conducted in Arabic/English bilingual environment; validated interpretation protocol; 1 criterion revised for better translation into Arabic
Facility P2-D (public district hospital)	Kenya	Hospital	May 2025	V2.0	LMIC context validation; 8 criteria identified as requiring a contextualised implementation guidance note; notes added; no criteria removed or reclassified
Facility P2-E (residential LTC facility — elderly)	France	Long-Term Care	June 2025	LTC V1.0	Physical environment criteria well-calibrated; Activities of Daily Living assessment criteria required clearer evidence guidance; revised

Facility	Country	Type	Pilot date	Standards version	Outcome
Facility P2-F (private hospital — day surgery focus)	Georgia	Hospital	July 2025	V2.0	Clarified scope boundary between Hospital and Ambulatory standards for day surgery; ASF-OPS-006 updated accordingly
Facility P2-G (mixed LTC — elderly + disability)	Switzerland	Long-Term Care	September 2025	LTC V1.0	Validated LTC standard for dual-population facility; 3 criteria added under Developmental tier to address disability-specific requirements

4.2 Standards revisions triggered by Cohort 2 pilots: Hospital standard — 2 minor revisions, 8 contextual guidance notes added (LMIC); Ambulatory standard — 3 criterion revisions; LTC standard — 5 criterion revisions, 3 new Developmental-tier criteria added. All incorporated before full operational deployment.

5. Surveyor Calibration Results from Pilots

5.1 Inter-rater reliability was assessed across all 11 pilot surveys using a structured disagreement log. The overall inter-rater agreement rate across all criteria assessed in all pilot surveys was 97.3% (agreement defined as the same conformance classification — conformant, partial, or nonconformant — assigned by both surveyors to the same criterion on the same evidence base).

5.2 Criteria with inter-rater agreement below 90% in any pilot (flagged for review): 5 criteria across the Hospital standard; 2 criteria in the Ambulatory standard. All were reviewed by the SDC and either revised for clarity or supported with additional surveyor guidance notes. Post-revision, all were retested in the Cohort 2 calibration exercise and achieved ≥95% agreement.

5.3 The annual calibration exercise (ASF-OPS-002, §5.2) was designed based on the inter-rater reliability findings from the pilot programme. The 70% agreement threshold for the calibration exercise was set conservatively relative to the actual pilot performance to build in a practical margin.

6. ISQua EEA Alignment

6.1 This document provides evidence of compliance with ISQua EEA Principle 2 (Standards Development — field validation) and Principle 5 (Surveyors — calibration and inter-rater reliability). 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