

ACCREDITATION SANS FRONTIÈRES

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APPLICATION FOR ISQUA EEA ACCREDITATION
Hospital Accreditation Standard

Applicant organisation	Accréditation Sans Frontières (ASF)
Legal registration	Paris, France, 2020
President	Prof. Giorgi Pkhakadze, MD, MPH, PhD
Application contact	info@accreditation.ge
Website	france-asf.fr
Standard submitted	ASF Hospital Accreditation Standard — Hospital facilities
ISQua EEA criteria version	6th Edition, March 2025
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Section 1 — Executive Summary

Accréditation Sans Frontières (ASF) is an international healthcare accreditation standards body legally established in Paris, France in 2020. ASF submits this application to the ISQua External Evaluation Association (EEA) for accreditation of its Hospital Accreditation Standard under the ISQua EEA 6th Edition Principles for External Evaluation Organisations (March 2025).

ASF has been operationally active since 2021. As of Q4 2026, ASF has accredited seven healthcare facilities across its Hospital, Ambulatory, Long-Term Care, and Primary Health Care standards. All seven facilities hold valid ASF accreditation. No suspensions, withdrawals, or formal complaints have been recorded. A second cohort of seven facilities enrolled in February 2025 is nearing completion.

This application covers ASF's Hospital Accreditation Standard (95 criteria across nine standards), which is the standard applied in the largest share of ASF surveys and for which ASF has the strongest track record. A subsequent application covering ASF's full standards portfolio is planned following successful accreditation of the Hospital Standard.

ASF's governance infrastructure is fully documented and publicly available. All 13 required governance and operational policy documents (ASF-GOV-001 through ASF-OPS-008) are published at france-asf.fr/about/transparency/. The standards development methodology, evidence bibliography, stakeholder consultation summary, and pilot validation summary (ASF-EV-001 through ASF-EV-004) provide a complete audit trail of ASF's standards development process.

Section 2 — Organisational Profile

2.1 Legal Identity

Legal name	Accréditation Sans Frontières (ASF)
Legal status	Registered association under French law
Registration jurisdiction	Paris, France
Year established	2020
Offices	Paris (legal); Geneva; Tbilisi
President	Prof. Giorgi Pkhakadze, MD, MPH, PhD
Contact	info@accreditation.ge · france-asf.fr

2.2 Mission and Scope

ASF's mission is to make internationally recognised healthcare accreditation accessible to facilities in low- and middle-income country contexts, and to countries where no nationally recognised accreditation body exists. ASF achieves this by developing accreditation standards that are evidence-based, contextually adaptable, and structured around a four-tier compliance classification system (Crisis/Transitional/Basic/Excellence).

ASF currently operates standards across seven facility types: Hospital, Ambulatory Clinic (including 16 specialty endorsements), Long-Term Care, Primary Health Care, Telemedicine, Fitness & Wellness, and Home Care. Three cross-cutting standards (Sustainable Care, Digital Health and AI, and Workforce Wellbeing) apply across all facility types. This application covers the Hospital Standard only.

2.3 Independence and Ownership

ASF has no ownership interest in any healthcare facility it assesses. ASF does not provide management consultancy services to any organisation that applies for, holds, or is seeking to maintain ASF accreditation. These commitments are formalised in the ASF Impartiality Policy (ASF-GOV-003), which is publicly available at france-asf.fr/about/transparency/impartiality-policy/.

Section 3 — Standards Development Governance (ISQua EEA Principle 4)

ASF's standards development process is governed by the Standards Development and Revision Methodology (ASF-GOV-001) and overseen by the Standards Development Committee (Terms of Reference: ASF-GOV-002). The methodology defines a nine-stage lifecycle from scoping through publication and post-implementation monitoring, with mandatory evidence review, stakeholder consultation, expert review, and version control at each major revision.

Evidence sources: the ASF Standards Evidence Bibliography (ASF-EV-001) lists 30 international references across 10 domains, including WHO frameworks, peer-reviewed literature, and ISQua EEA guidance. All are available at france-asf.fr/about/transparency/standards-evidence-bibliography/.

Stakeholder consultation: the ASF Stakeholder Consultation Summary (ASF-EV-002) documents three formal consultation rounds (2021–2026), covering 47 formal comments from healthcare professionals, quality managers, facility administrators, patient representatives, and international peer reviewers across four countries. A 12-item comment matrix with dispositions is included. The standing feedback mechanism remains open.

Pilot validation: the ASF Pilot and Field Validation Summary (ASF-EV-003) documents two pilot cohorts (Cohort 1: 4 facilities 2021–22; Cohort 2: 7 facilities 2025) and specifies five improvements to the Hospital Standard that resulted directly from pilot findings.

IP protection: the Standards Development and Revision Methodology (ASF-GOV-001 Section 10.4) states that use of ASF standards by external assessment organisations requires a formal written agreement with ASF.

Section 4 — Assessment and Certification Process (ISQua EEA Principles 5 and 6)

4.1 Assessment Process

The ASF assessment process is described in the Eligibility and Scope Policy (ASF-OPS-006), the Surveyor Competency Policy (ASF-OPS-002), and the Accreditation Cycle Policy (ASF-OPS-003). Applicant organisations submit a formal application and completed self-assessment. Surveys are conducted by a two-person team (Lead Surveyor/Coordinator and Associate Surveyor/Monitor) over two or three days depending on facility size. All surveyors are required to declare conflicts of interest before each assignment in accordance with the Impartiality Policy (ASF-GOV-003).

4.2 Accreditation Decisions — Five Types

All accreditation decisions are made by the independent ASF Accreditation Decision Committee, which is functionally separate from the survey team. The five decision types, their criteria, and their timelines are defined in the Accreditation Decision Framework (ASF-OPS-001):

- 1) Accreditation Granted — all Critical criteria met, overall compliance threshold reached. Valid three years.
- 2) Accreditation Deferred — Critical threshold met; overall compliance not yet reached. CAP within 15 working days; implementation within 30 working days of CAP approval.
- 3) Accreditation Suspended — failure to maintain Critical criteria. Immediate effect. Mark use ceases. CAP within 15 WD; corrective action within 30 WD.
- 4) Accreditation Withdrawn — failure after suspension, voluntary withdrawal, or cessation of service.
- 5) Accreditation Denied — insufficient compliance for accreditation or deferral.

4.3 Accreditation Mark

Authorised and prohibited uses of the ASF accreditation mark are governed by the Accreditation Mark Policy (ASF-OPS-004). Post-accreditation obligations including 30-day notification of material changes are governed by the Post-Accreditation Obligations Policy (ASF-OPS-005). The accreditation cycle (3 years, renewal notification 1 month before expiry) is governed by the Accreditation Cycle Policy (ASF-OPS-003).

Section 5 — Impartiality and Independence (ISQua EEA Principle 3)

The ASF Impartiality Policy (ASF-GOV-003) establishes an absolute prohibition on consultancy to assessed organisations, per-survey conflict of interest declarations, independent decision-making, commercial separation, and annual review. All five criteria mapped to ISQua EEA Principle 3 are assessed as Met in the crosswalk (ASF-EV-004).

Section 6 — Complaints and Appeals (ISQua EEA Principle 8)

The ASF Complaints and Appeals Procedure (ASF-GOV-005) provides two separate routes: Section A for complaints about process and conduct (5 WD acknowledgement, 30 WD resolution, independent investigator), and Section B for appeals against formal accreditation decisions (20 WD submission window, independent panel of ≥3 members, 45 WD decision, final). All five criteria mapped to ISQua EEA Principle 8 are assessed as Met. No formal complaints or appeals have been received to date.

Section 7 — Transparency and Public Information (ISQua EEA Principle 7)

All ASF accreditation standards are publicly available at france-asf.fr/standards/. The accreditation registry at france-asf.fr/registry/ lists all accredited organisations with their status, scope, valid-from and valid-until dates, and certificate numbers. All 13 governance and operational policy documents are published at france-asf.fr/about/transparency/. The live ISQua Readiness Tracker at france-asf.fr/about/transparency/isqua-readiness/ shows real-time progress on this application. All six criteria mapped to ISQua EEA Principle 7 are assessed as Met.

Section 8 — Resources and Capabilities (ISQua EEA Principle 2)

ASF deploys two-person survey teams (Lead Surveyor/Coordinator and Associate Surveyor/Monitor) as defined in ASF-OPS-002. The surveyor register is maintained internally. Information management is conducted through the france-asf.fr WordPress platform with document version control, a public standards library, and a public accreditation registry. The current programme scale (seven accredited facilities across four standards) is fully supported by current resources. ASF-OPS-008 governs surveyor costs and expenses. The ASF fee schedule (referenced in ASF-OPS-008) is published separately and reviewed annually.

Section 9 — Continuous Improvement (ISQua EEA Principle 9)

ASF's post-implementation monitoring and review cycle is described in ASF-GOV-001 Section 9 (maximum five-year review cycle with defined trigger criteria) and ASF-OPS-003 (ongoing cycle monitoring). The standing stakeholder feedback mechanism is described in ASF-EV-002 Section 5. Evidence of improvements from monitoring is documented in ASF-EV-003, which records five specific improvements to the Hospital Standard resulting from Cohort 1 pilot findings and three interim improvements emerging from Cohort 2.

Note on ISQua membership: ASF's ISQua institutional membership lapsed in 2024. Renewal is planned before submission of this application. The ISQua EEA accreditation application itself is ASF's primary engagement with ISQua.

Section 10 — Track Record — Accredited Organisations

Cert #	Organisation	Standard	Valid from	Valid until	Status
C-001	Cohort 1 Facility A (Georgia)	Hospital	2022-03	2025-03	Renewed
C-002	Cohort 1 Facility B (Georgia)	Hospital	2022-04	2025-04	In renewal
C-003	Cohort 1 Facility C (Georgia)	Hospital	2022-05	2025-05	In renewal

Cert #	Organisation	Standard	Valid from	Valid until	Status
C-004	Cohort 1 Facility D (Georgia)	Hospital	2022-06	2025-06	Renewed
C-005	Cohort 2 Facility E	Hospital	2025-06	2028-06	Active
C-006	Cohort 2 Facility F	Ambulatory	2025-08	2028-08	Active
C-007	Cohort 2 Facility G	LTC	2025-10	2028-10	Active

Annex A — Document Index

All documents listed below are published at france-asf.fr/about/transparency/ unless otherwise noted.

Document code	Title	URL slug
ASF-GOV-001	Standards Development and Revision Methodology	standards-development-methodology
ASF-GOV-002	Standards Development Committee — Terms of Reference	standards-committee-terms-of-reference
ASF-GOV-003	Impartiality Policy	impartiality-policy
ASF-GOV-004	Confidentiality Policy	confidentiality-policy
ASF-GOV-005	Complaints and Appeals Procedure	complaints-and-appeals
ASF-OPS-001	Accreditation Decision Framework	accreditation-decision-framework
ASF-OPS-002	Surveyor Competency, Selection and Training Policy	surveyor-competency-policy
ASF-OPS-003	Accreditation Cycle Policy	accreditation-cycle-policy
ASF-OPS-004	Accreditation Mark Policy	accreditation-mark-policy
ASF-OPS-005	Post-Accreditation Obligations Policy	post-accreditation-obligations
ASF-OPS-006	Eligibility and Scope Policy	eligibility-and-scope-policy
ASF-OPS-007	Language and Translation Policy	language-and-translation-policy
ASF-OPS-008	Surveyor Costs and Expenses Policy	surveyor-costs-and-expenses
ASF-EV-001	Standards Evidence Bibliography	standards-evidence-bibliography
ASF-EV-002	Stakeholder Consultation Summary	stakeholder-consultation-summary
ASF-EV-003	Pilot and Field Validation Summary	pilot-and-field-validation-summary
ASF-EV-004	ISQua EEA Standards Crosswalk — All 9 Principles	isqua-eea-standards-crosswalk

Annex B — ISQua EEA Crosswalk Summary (from ASF-EV-004 V1.0)

Principe	Est. criteria	Met	Partial	Pending
P1 — Purpose, Policies and Organisation	~8	6	1	1
P2 — Resources and Capabilities	~6	4	1	1
P3 — Impartiality and Independence	~5	5	0	0
P4 — Standards Development	~10	8	1	1
P5 — Assessment Process	~8	6	1	1
P6 — Decision and Certification	~7	7	0	0
P7 — Transparency and Public Information	~6	6	0	0
P8 — Complaints and Appeals	~5	5	0	0
P9 — Continuous Improvement	~5	3	1	1
TOTAL	~60	50	5	5

Note: 'Pending' items will be updated to V1.1 upon receipt of the full ISQua EEA 6th Edition document from ISQua EEA (support@ieea.ch). Estimated 8–12 criteria across P1, P2, P4, P5, P9.

ASF-ISQua-Dossier · V1.0 Draft · Prepared for ISQua EEA submission · Q1 2027