ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 18: Multi-Site Governance

Core standard · applicability by facility type shown for each criterion

DOCUMENT NUMBER	ASF-HS11-S18
DATE OF ISSUE	1 November 2026
STATUS	Approved for use
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, President, Accréditation Sans Frontières
APPLIES TO SURVEYS STARTING AFTER	1 November 2026
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover.

APPROVAL



Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières

Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 18 at a glance: criteria, responsibilities, training

9 Criteria 18.1 to 18.6 (each on its own page)

10 Questions and answers

11 E-learning by standard

12 References

13 Document register

Criterion pages: 18.1 Governance Structure Defines Authority Between Central and Site-Level Leadership · 18.2 Incident Learning Is Shared Across Sites, Not Siloed · 18.3 Clinical Policy Is Standardised Across Sites, With Any Local Variation Explicitly Justified · 18.4 Credentialing and Privileging Are Centrally Verified and Consistently Recognised · 18.5 Central Resource and Staffing Decisions Are Evaluated for Site-Level Patient Safety Impact · 18.6 Site-Level Quality Data Is Reviewed by Central Governance.

1 Introduction

This document is Standard 18 of ASF Health Standards. It sets out how an organisation that runs several sites governs them as one: a clear split of decision rights, incident learning shared across sites, standard clinical policy with justified local variation, central credentialing, safety checks on central decisions, and central review of site quality data.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 18 protects patients who move between the sites of one organisation and expects the same safety at each. An organisation that makes clear who decides, shares what it learns and verifies its clinicians centrally protects patients wherever they are treated.

Who should read it. Chief executives, group and site managers, specialist physicians, the department secretary, quality staff, and the assessors who verify the organisation. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 18 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you are a facility manager or a member of the facilities team, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 18.1 to 18.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example NET-POL-001 (network, policy, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL

(policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

4 Scope

Standard 18 covers decision rights between central and site leadership, shared incident learning, standard clinical policy with justified local variation, central credentialing and privileging, safety impact of central decisions, and central review of site quality data.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 18 APPLIES

Standard 18 applies to organisations that run more than one site under shared governance. It is optional for every facility type. Every criterion applies to each facility type that adopts the standard.

Criterion	Applies to
18.1 Governance Structure Defines Authority Between Central and Site-Level Leadership	all nine facility types
18.2 Incident Learning Is Shared Across Sites, Not Siloed	all nine facility types
18.3 Clinical Policy Is Standardised Across Sites, With Any Local Variation Explicitly Justified	all nine facility types
18.4 Credentialing and Privileging Are Centrally Verified and Consistently Recognised	all nine facility types
18.5 Central Resource and Staffing Decisions Are Evaluated for Site-Level Patient Safety Impact	all nine facility types
18.6 Site-Level Quality Data Is Reviewed by Central Governance	all nine facility types

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as decisions, variations or dates
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
NET	Multi-site governance and networks

7 Terms and definitions

Term	Definition
Central governance	The leadership that sets policy and oversees all sites of the organisation.
Decision rights	The written allocation of who decides what, between the centre and each site.
Local variation	A permitted difference from a core network policy, for a reason specific to one site.
Multi-site organisation	An organisation that runs more than one facility under a single governance structure.
Privileging	The formal approval of the procedures a clinician may carry out at a given site.
Site lead	The person who runs one site and is accountable to central governance for it.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

8 Standard 18 at a glance

Standard 18: Multi-Site Governance is a standard of ASF Health Standards for organisations that run more than one site. It is optional for every facility type, and each criterion shows the facility types it applies to. It covers how central and site leadership share decisions, learning, policy and quality data.

The standard has six criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
18.1	Governance Structure Defines Authority Between Central and Site-Level Leadership	Minimum	Must	Must
18.2	Incident Learning Is Shared Across Sites, Not Siloed	Minimum	Medium	Must
18.3	Clinical Policy Is Standardised Across Sites, With Any Local Variation Explicitly Justified	Minimum	Medium	Must
18.4	Credentialing and Privileging Are Centrally Verified and Consistently Recognised	Must	Must	Must
18.5	Central Resource and Staffing Decisions Are Evaluated for Site-Level Patient Safety Impact	Minimum	Medium	Must
18.6	Site-Level Quality Data Is Reviewed by Central Governance	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
18.1	Governance Structure Defines Authority Between Central and Site-Level Leadership	Chief executive (ISCO 1120) · Manager (ISCO 1342)
18.2	Incident Learning Is Shared Across Sites, Not Siloed	Manager (ISCO 1342) · Secretary (ISCO 3344)
18.3	Clinical Policy Is Standardised Across Sites, With Any Local Variation Explicitly Justified	Manager (ISCO 1342) · Specialist physician (ISCO 2212)
18.4	Credentialing and Privileging Are Centrally Verified and Consistently Recognised	Manager (ISCO 1342) · Secretary (ISCO 3344)
18.5	Central Resource and Staffing Decisions Are Evaluated for Site-Level Patient Safety Impact	Chief executive (ISCO 1120) · Manager (ISCO 1342)

No.	Criterion	Positions responsible or involved
18.6	Site-Level Quality Data Is Reviewed by Central Governance	Chief executive (ISCO 1120) · Manager (ISCO 1342)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the facilities manager. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Chief executive (ISCO 1120)	The board of directors.	Managers of each site and the heads of department.
Manager (ISCO 1342)	The chief executive.	Nurses and site staff in the unit.
Specialist physician (ISCO 2212)	The head of department (per specialty).	Residents and trainees under supervision.
Secretary (ISCO 3344)	The head of department (per specialty).	No direct reports.

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

Course	Subject	Criteria	GMJ Academy course page
Governance & Management (H-07)	Governance and management	18.1	English · Georgian
Incident Reporting, Just Culture and Open Disclosure (T-09)	Incident reporting and open disclosure	18.2	English · Georgian
Credentialing, Competence and the Training Matrix (T-14)	Credentialing and competence	18.4	English · Georgian

18.1 Governance Structure Defines Authority Between Central and Site-Level Leadership

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** For an organisation operating multiple sites, explicit, documented governance defines which decisions belong to central or corporate leadership and which belong to site-level leadership, with no ambiguity about who holds authority for a given decision.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: every decision type has a named owner in central or site leadership, recorded in a decision-rights table with no ambiguity about authority.

GUIDANCE

An organisation with several sites needs to know which decisions are taken at the centre and which at each site. Without a written table, the same question gets different answers from different people, and no one is clearly responsible when something goes wrong.

The decision-rights table lists each decision type, its owner, and whether the site lead must be consulted. Site leads hold a copy and confirm it each year.

> **Good practice.** The decision-rights table is reviewed each year with every site lead, and each site lead signs to confirm the decisions that are theirs.

> **Partial because.** The table exists, but site leads do not sign it and decisions are taken outside it.

WHAT GOOD LOOKS LIKE

- The decision-rights table is reviewed each year with every site lead, and each site lead signs to confirm the decisions that are theirs.

COMMON MISTAKES

- A site closes a ward with no central decision and no record.
- Two sites make the same staffing decision in different ways, with no one responsible for the difference.

> **Why it matters.** A multi-site organisation where no one knows which decisions belong to the centre and which to the site leads to disputes and missed safety decisions. A written split of authority settles it.

WHAT THE ASSESSOR CHECKS

Sample. Review the decision rights table, and the record of sharing with each site lead.

1 Every decision type has an owner in central or site leadership.

Method. Check the table for an owner against each decision type.

Evidence to show. Decision rights table (NET-FRM-001).

Pass when. Every decision type has an owner recorded.

2 **The table is shared with every site lead.**

Method. Check the sharing record for each site lead.

Evidence to show. Decision rights table (NET-FRM-001).

Pass when. Every site lead has the table with a sharing date recorded.

3 **A decision made is recorded against the table.**

Method. Check the last 3 site decisions for the owner recorded.

Evidence to show. Decision rights table (NET-FRM-001).

Pass when. Every sampled decision has an owner from the table recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A site closes a ward with no central decision and no record. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NET-FRM-001	Decision rights table	Manager	Chief executive	Manager
NET-POL-001	Decision rights between central and site leadership	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Approves the decision rights table	— Must
Manager (ISCO 1342)	Keeps the table and shares it with each site lead	— Must

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2020). Framework for the Response of Integrated Health Service Delivery Networks to COVID-19. Used for: network governance and response across integrated health service delivery networks (COVID-era). https://news.gmj.ge/guideline/framework-for-the-response-of-integrated-health-service-delivery-networks-to-covid-19/

18.2 Incident Learning Is Shared Across Sites, Not Siloed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** A serious incident identified at one site triggers a review and dissemination process reaching every other site under the same governance structure, with lessons learned reaching relevant staff elsewhere in the network.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a serious incident at one site triggers a review and reaches the relevant staff at every other site in the network.

GUIDANCE

When a serious incident happens at one site, the same risk may exist at the others. A review that stays at the site where the incident happened misses that opportunity.

The network records each incident review, shares the lessons with the relevant staff at every site, and each site records what it changed in response.

> **Good practice.** Incident summaries are circulated to all sites within a set time, and each site reports back what it changed.

> **Partial because.** Incidents are reviewed centrally, but the lessons do not reach frontline staff at the other sites.

WHAT GOOD LOOKS LIKE

- Incident summaries are circulated to all sites within a set time, and each site reports back what it changed.

COMMON MISTAKES

- A fall death at one site is never mentioned to the others.
- Lessons from a review are filed at the centre and not sent to the frontline.

> **Why it matters.** A serious incident at one site that is not shared with the others means the same thing can happen again elsewhere. Sharing the learning across all sites prevents repeats.

WHAT THE ASSESSOR CHECKS

Sample. Review the incident learning log for the last 12 months, with the sites informed and the actions recorded.

1 Each serious incident triggers a review and is shared across the sites.

Method. Check each serious incident for the review and the sites informed.

Evidence to show. Incident learning log (NET-REG-001).

Pass when. Every serious incident has a review and sites informed recorded.

2 Lessons reach relevant staff at the other sites.

Method. Check each entry for the lessons shared and to whom.

Evidence to show. Incident learning log (NET-REG-001).

Pass when. Every entry records lessons shared with relevant staff.

3 Actions are recorded at each site informed.

Method. Check each site informed for an action recorded.

Evidence to show. Incident learning log (NET-REG-001).

Pass when. Every site informed has an action recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A fall death at one site is never mentioned to the others. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NET-REG-001	Incident learning log	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Logs serious incidents and shares lessons	— Medium
Secretary (ISCO 3344)	Keeps the incident learning log	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: incident reporting, learning systems and quality across all settings. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

18.3 Clinical Policy Is Standardised Across Sites, With Any Local Variation Explicitly Justified

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** Core clinical policies are standardised across every site in the network, with any permitted local variation explicitly documented and specifically justified, not silent or unexplained drift between sites.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: core clinical policies are standardised across all sites, and any local variation is documented and specifically justified.

GUIDANCE

Patients who move between sites, and staff who work at more than one site, should find the same core clinical policy wherever they are. Some local variation is sometimes needed, but it must be documented and justified, not left to drift.

The register of local variations shows what differs, why, and who approved it. It is reviewed each year.

> **Good practice.** The network publishes its core policy set in one place, and each site lead reviews the register of variations each year.

> **Partial because.** Core policies are shared, but local variations are not recorded in the register.

WHAT GOOD LOOKS LIKE

- The network publishes its core policy set in one place, and each site lead reviews the register of variations each year.

COMMON MISTAKES

- Two sites give the same drug with different protocols and no reason.
- A local variation introduced years ago that nobody can explain.

> **Why it matters.** Each site doing clinical care in its own way makes the network hard to trust and hard to audit. Core policies should be the same everywhere, and any local difference should be written and justified.

WHAT THE ASSESSOR CHECKS

Sample. Review the network standard list of core clinical policies and the register of justified local variations.

1 Core clinical policies are standardised across every site.

Method. Compare each site's core policy against the network standard list.

Evidence to show. Register of justified local variations (NET-REG-002).

Pass when. Every site follows the network standard for each core policy, or a variation is recorded.

2 Each local variation is documented.

Method. Check each site variation against the register.

Evidence to show. Register of justified local variations (NET-REG-002).

Pass when. Every variation found is in the register.

3 Each local variation is specifically justified and approved.

Method. Check each entry for the justification and the approval.

Evidence to show. Register of justified local variations (NET-REG-002).

Pass when. Every entry has a justification and an approval.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Two sites give the same drug with different protocols and no reason. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NET-REG-002	Register of justified local variations	Secretary	Chief executive	Manager
NET-POL-002	Standard clinical policy and local variation	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Owns the network list of core policies	— Medium
Specialist physician (ISCO 2212)	Justifies and signs each local variation	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2019). Surgical Care at the District Hospital. Used for: standard policy and quality in first-referral sites. https://news.gmj.ge/guideline/surgical-care-at-the-district-hospital/
- World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Used for: policy, standards and reporting of medication safety across health care settings. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/

18.4 Credentialing and Privileging Are Centrally Verified and Consistently Recognised

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** A clinician's credentials and clinical privileges are verified through a single, central process and consistently recognised across every site where that clinician practises, with no site allowing practice without current credentials confirmed for that site.

Rating rule. Must in every setting: each clinician's credentials and privileges are verified through one central process and recognised at every site where they practise.

GUIDANCE

A clinician may practise at several sites. Credentials and privileges should be checked once, centrally, and recognised everywhere, so that no site grants practice on an unchecked basis.

The register shows each clinician, the central verification date, and the sites where they are recognised. Renewal dates are tracked centrally.

> **Good practice.** Credentials are checked centrally before a clinician starts at any site, and the central check is repeated at each renewal date.

> **Partial because.** The central check is made, but a site allows practice before the central confirmation arrives.

WHAT GOOD LOOKS LIKE

- Credentials are checked centrally before a clinician starts at any site, and the central check is repeated at each renewal date.

COMMON MISTAKES

- A clinician is granted privileges at one site with no check at the central office.
- A site continues to recognise a clinician whose central credentials have expired.

> **Why it matters.** A clinician who is verified at one site and not at another can practise where they are not safe. One central verification, recognised everywhere, closes that gap.

WHAT THE ASSESSOR CHECKS

Sample. Review the central credentialing procedure, the verified clinician register and the site recognition record for 5 clinicians.

1 Each clinician's credentials and privileges are verified through a single central process.

Method. Check each clinician for the central verification record.

Evidence to show. Verified clinician and site recognition register (NET-REG-003).

Pass when. Every clinician has a central verification recorded.

2 **Each site recognises the clinician only after the central check.**

Method. Check each site recognition against the central verification date.

Evidence to show. Verified clinician and site recognition register (NET-REG-003).

Pass when. Every site recognition follows a recorded central check.

3 **Credentials are current at each site where the clinician practises.**

Method. Check the expiry for each recognised site against the rota.

Evidence to show. Verified clinician and site recognition register (NET-REG-003).

Pass when. No clinician practises at a site with expired credentials.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A clinician is granted privileges at one site with no check at the central office. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NET-REG-003	Verified clinician and site recognition register	Secretary	Chief executive	Manager
NET-POL-003	Central credentialing and privileging	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Runs the central credentialing check	— Must
Secretary (ISCO 3344)	Keeps the verified clinician register	— Must

REFERENCES FOR THIS CRITERION

18.5 Central Resource and Staffing Decisions Are Evaluated for Site-Level Patient Safety Impact

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** A central decision affecting staffing, equipment or resource allocation at a specific site is evaluated for its patient safety impact at that site before being finalised, with a documented process for that evaluation.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a central decision on staffing, equipment or resources is evaluated for its patient safety impact at the affected site before it is finalised.

GUIDANCE

A central decision on staffing or equipment can affect patient safety at one site more than another. The safety impact at the affected site is assessed before the decision is confirmed, and any risk has a mitigation agreed.

The evaluation is recorded on a short form, signed by the site lead, and kept with the decision.

> **Good practice.** Each proposed central decision on staffing or equipment carries a short safety impact note, reviewed by the site lead before it is confirmed.

> **Partial because.** The evaluation is made, but it is completed after the decision has been announced.

WHAT GOOD LOOKS LIKE

- Each proposed central decision on staffing or equipment carries a short safety impact note, reviewed by the site lead before it is confirmed.

COMMON MISTAKES

- A site loses its night nurse with no safety review.
- A decision announced at the centre and assessed for safety only after it has taken effect.

> **Why it matters.** A central decision to cut staff or move equipment can be safe on paper and dangerous at one site. Checking the patient safety impact at the site before the decision takes effect prevents that.

WHAT THE ASSESSOR CHECKS

Sample. Review the template for central decisions and the safety impact evaluation for the last 3 decisions.

1 Each central decision on staffing, equipment or resources is evaluated for site patient safety impact.

Method. Check each decision in the sample for the evaluation.

Evidence to show. Central decision safety impact evaluation (NET-FRM-002).

Pass when. Every sampled decision has a safety impact evaluation.

2 The evaluation is completed before the decision is finalised.

Method. Check each evaluation date against the decision date.

Evidence to show. Central decision safety impact evaluation (NET-FRM-002).

Pass when. Every evaluation is completed before the decision is finalised.

3 **Any impact found has a mitigation agreed.**

Method. Check each evaluation for the mitigation recorded.

Evidence to show. Central decision safety impact evaluation (NET-FRM-002).

Pass when. Every impact found has a mitigation recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A site loses its night nurse with no safety review. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NET-FRM-002	Central decision safety impact evaluation	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Makes the central decision	— Medium
Manager (ISCO 1342)	Completes the safety impact evaluation	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2017). Hospital Safety Index: Guide for Evaluators, second edition. Used for: evaluating hospital safety before a central decision takes effect. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/

18.6 Site-Level Quality Data Is Reviewed by Central Governance

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: all nine facility types. Each setting shows its rating above.

> **Criterion.** Quality and safety metrics reported upward from each site are reviewed by central governance, with follow-through action when a metric indicates a problem, not merely collected and filed.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: quality and safety metrics from each site are reviewed by central governance, with action taken where a metric shows a problem.

GUIDANCE

Quality data collected at each site is only useful if someone at the centre looks at it and acts. Central governance reviews the metrics on a set schedule and assigns an owner and a follow-up date to each problem.

The central quality review register records each metric, the problem found, the action, the owner and the date of the follow-up check.

> **Good practice.** Quality dashboards are shown to central governance at each meeting, with a named owner for each action and a date for the follow-up.

> **Partial because.** Metrics are reviewed centrally, but actions are not assigned to a named owner.

WHAT GOOD LOOKS LIKE

- Quality dashboards are shown to central governance at each meeting, with a named owner for each action and a date for the follow-up.

COMMON MISTAKES

- A site with a rising infection rate is not noticed at the centre.
- A metric reported each quarter but never reviewed by anyone at the centre.

> **Why it matters.** Quality data sent up from each site means little if no one at the centre reads it or acts on a warning. Central review, with follow-up, is what turns the data into safer care.

WHAT THE ASSESSOR CHECKS

Sample. Review the central quality review record for the last 4 quarters, with the actions taken for each site.

1 Quality and safety metrics from each site are reviewed by central governance each quarter.

Method. Check the register for each site in each quarter.

Evidence to show. Central quality review register (NET-REG-004).

Pass when. Every site is reviewed in every quarter.

2 Each metric showing a problem has an action.

Method. Check each problem metric for the action recorded.

Evidence to show. Central quality review register (NET-REG-004).

Pass when. Every problem metric has an action and follow-up date.

3 **Follow-up is checked at the next review.**

Method. Check the next quarter's review for the follow-up.

Evidence to show. Central quality review register (NET-REG-004).

Pass when. At least 90% of actions are followed up at the next review.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A site with a rising infection rate is not noticed at the centre. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
NET-REG-004	Central quality review register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Chief executive (ISCO 1120)	Reviews site metrics each quarter	— Medium
Manager (ISCO 1342)	Records actions and follow-up	— Medium

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: incident reporting, learning systems and quality across all settings. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

10 Questions and answers

Who does Standard 18 apply to?
It applies to organisations that run more than one site under shared governance. It is optional for every facility type. Section 4 shows the detail.

What do the colours mean for this standard?
Red means Must, required in every setting. Yellow means Medium, required and adapted to what a transition setting can realistically do. Green means Minimum, the lowest acceptable level in a humanitarian setting.

Does a single-site facility need this standard?
No. It is optional. A facility that runs several sites under one governance applies it to the central governance of those sites.

Who decides across the sites?
The decision rights table sets an owner, central or site, for every decision type, and it is shared with every site lead (criterion 18.1).

Must serious incidents be shared between sites?
Yes. Each serious incident triggers a review, and the lessons are shared with the other sites, where actions are recorded (criterion 18.2).

Can a site change a clinical policy?
Only with a documented justification that is approved and recorded in the register of local variations. The core policy is the same at every site (criterion 18.3).

Is a clinician's credential verified once for all sites?
Yes. It is verified centrally, and each site recognises the clinician only after that central check. Credentials must be current at each site where the clinician works (criterion 18.4).

Must central staffing and resource decisions be assessed for safety?
Yes. Each central decision is evaluated for its effect on patient safety before it is finalised, and any impact found has an agreed mitigation (criterion 18.5).

Is site quality data reviewed centrally?
Yes. Quality and safety metrics from each site are reviewed by central governance, and each metric that shows a problem has an action (criterion 18.6).

Which e-learning courses are required?
Governance and Management (H-07) is required for the chief executive and manager. Incident Reporting, Just Culture and Open Disclosure (T-09) is required for the manager and nurse. Credentialing, Competence and the Training Matrix (T-14) is required for the manager and secretary.

Who is the specialist physician in this standard?
The specialist physician is named in the criteria for the clinical roles. The role is linked to the consultant physician terms of reference on france-asf.fr.

What does In development mean?
The course is named in the criteria and may still be in preparation. Where a course is published, the English or Georgian version is linked.

Who is responsible for each criterion?
The criteria assign responsibility to the chief executive, the manager, the secretary and the specialist physician. Each record should show who wrote and who reviewed it.

How is evidence shown to the surveyor?
The records named in each criterion's documents table, covering the period stated in the criterion.

Is the reference cited in a criterion mandatory?
No. A cited guideline is a reference for the criterion, not a requirement. A facility may use other guidance that meets the same criterion.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. These answers summarise it.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Governance and Management (H-07) (H-07-EN)	Chief executive, Manager	None	18.1, 18.3, 18.5, 18.6	English · Georgian
Incident Reporting, Just Culture and Open Disclosure (T-09) (T-09-EN)	Manager, Nurse	None	18.2	English · Georgian
Credentialing, Competence and the Training Matrix (T-14) (T-14-EN)	Manager, Secretary	None	18.4	English · Georgian

12 References

CITED FOR CRITERIA

1. Pan American Health Organization (2020). Framework for the Response of Integrated Health Service Delivery Networks to COVID-19. Used for: network governance and response across integrated health service delivery networks (COVID-era). https://news.gmj.ge/guideline/framework-for-the-response-of-integrated-health-service-delivery-networks-to-covid-19/ (criterion 18.1)
2. World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: incident reporting, learning systems and quality across all settings. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 18.2, 18.6)
3. World Health Organization (2019). Surgical Care at the District Hospital. Used for: standard policy and quality in first-referral sites. https://news.gmj.ge/guideline/surgical-care-at-the-district-hospital/ (criterion 18.3)
4. World Health Organization (2017). Medication Without Harm: Global Patient Safety Challenge on Medication Safety. Used for: policy, standards and reporting of medication safety across health care settings. https://news.gmj.ge/guideline/medication-without-harm-global-patient-safety-challenge-on-medication-safety/ (criterion 18.3)
5. World Health Organization (2017). Hospital Safety Index: Guide for Evaluators, second edition. Used for: evaluating hospital safety before a central decision takes effect. https://news.gmj.ge/guideline/hospital-safety-index-guide-for-evaluators-2nd-ed/ (criterion 18.5)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

13 Document register

Every document code used in Standard 18, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
NET-FRM-001	Decision rights table	Form (record)		18.1
NET-FRM-002	Central decision safety impact evaluation	Form (record)		18.5
NET-POL-001	Decision rights between central and site leadership	Policy		18.1
NET-POL-002	Standard clinical policy and local variation	Policy		18.3
NET-POL-003	Central credentialing and privileging	Policy		18.4
NET-REG-001	Incident learning log	Register		18.2
NET-REG-002	Register of justified local variations	Register		18.3
NET-REG-003	Verified clinician and site recognition register	Register		18.4
NET-REG-004	Central quality review register	Register		18.6