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
REVISION	01
DATE OF THIS REVISION	10 November 2026
STATUS	Approved for use
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, Chair, Public Health Institute of Georgia
APPLIES TO SURVEYS STARTING AFTER	[date to be confirmed]
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 revision shown on its cover.

REVISION HISTORY

Revision	Date	Change	Approved by
01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 18 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

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Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision 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 References

12 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 safely: decision rights between the centre and each site, sharing of incident learning, standard clinical policy with justified local variation, central credentialing, safety review of 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 makes sure that a network of sites works as one safe organisation, that a lesson learned at one site reaches the others, and that the centre sees and acts on problems at every site.

Who should read it. The chief executive, the central governance team, site leads, the clinical governance lead, the credentialing officer, the quality and risk manager, 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 run more than one site, read section 4 to confirm which criteria apply to your organisation, 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 ENV-SOP-001 (environment, procedure, 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 12.

4 Scope

Standard 18 covers decision rights, incident learning, clinical policy, central credentialing, safety review of central decisions, and central quality review. The applicability is shown in section 4.

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 when the organisation runs more than one site under one governance structure. It is an optional service in every facility type, so it is offered only where that structure exists. The table shows the rating for each criterion in each setting. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
18.1 Governance Structure Defines Authority Between Central and Site-Level Leadership	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
18.2 Incident Learning Is Shared Across Sites, Not Siloed	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
18.3 Clinical Policy Is Standardised Across Sites, With Any Local Variation Explicitly Justified	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
18.4 Credentialing and Privileging Are Centrally Verified and Consistently Recognised	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
18.5 Central Resource and Staffing Decisions Are Evaluated for Site-Level Patient Safety Impact	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
18.6 Site-Level Quality Data Is Reviewed by Central Governance	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

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.

Rating	Colour	Meaning
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.

Term	Definition
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 service standard of ASF Health Standards. It applies when the organisation runs several sites, and covers decision rights, incident learning, clinical policy, credentialing, central decisions and quality review across the network.

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. The facility sets its own reporting lines, and 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)

8.3 TRAINING FOR STANDARD 18

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	Status
Governance and Management (H-07)	Chief executive, Manager	None	18.1, 18.3, 18.5, 18.6	In development
Incident Reporting, Just Culture and Open Disclosure (T-09)	Manager, Nurse	None	18.2	In development
Credentialing, Competence and the Training Matrix (T-14)	Manager, Secretary	None	18.4	In development

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.

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: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. 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.

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.

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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: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. 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.

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: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. 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.

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: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. 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.

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.

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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: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. 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.

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: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. 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.

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

Does Standard 18 apply to a single-site facility?
No. It applies to an organisation that runs more than one site under one governance structure. It is optional in every facility type, so it is offered only where that structure exists.

Who decides on a staffing change at one site?
Under 18.1 the decision-rights table names the owner. Under 18.5 a central staffing decision must be assessed for its safety impact at that site before it is confirmed.

Must a local variation to a core policy be approved?
Yes. Under 18.3 each local variation is documented and specifically justified and approved, and it is recorded in the register.

Can a clinician practise at a site before central credentialing?
No. Under 18.4 each site recognises the clinician only after the central check, and the credentials must be current at that site.

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 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.

12 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	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