
**Healthcare organization
management — Requirements for
patient-centred staffing**

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Foreword

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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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This document was prepared by Technical Committee ISO/TC 304, *Healthcare organization management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

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Introduction

0.1 General

Healthcare personnel work in highly complex environments characterized by multiple competing challenges, including interdependent processes, a growing population of older, more acutely ill hospitalized patients, the need to stay current with rapid advances in medical knowledge and technology, and a multigenerational and multi-cultural workforce. The ever-changing demands of the new healthcare delivery models exacerbate the complexity by orders of magnitude.

Healthcare personnel work across all sectors and settings and are integral to the delivery of a range of health services. They monitor and respond to changes in patients' health status, develop care plans, deliver interventions and educate patients about self-care. As key players on the front lines of healthcare delivery, they play a critical role in providing care, coordinating care, preventing adverse events and optimizing patient outcomes.

Adopting a healthcare standard for patient-centred staffing is a strategic decision for healthcare organizations; it can assist health services in improving overall performance. This document provides a robust set of requirements which support sustainable development initiatives within a managed framework. Patient-centred staffing has emerged as a globally important area within health services.

Patient satisfaction is an important underpinning concept associated with the implementation of this document. Organizations monitor patients' perceptions and views about their experiences, and whether their needs and expectations have been met. They determine the methods for obtaining, monitoring and reviewing this information, including:

- service-specific or general patient surveys;
- patient focus group and quality circles;
- written expressions or comments and concerns.

Healthcare organizations are encouraged to cooperate with interested parties (see 4.2) in the development, deployment and execution of patient-centred staffing standards. Interested parties can have valuable input and feedback to improve the effectiveness of these standards, and a cooperative relationship can improve satisfaction among interested parties. Likewise, healthcare organizations are encouraged to share with interested parties relevant information regarding patient-centred staffing standards, for example the processes and procedures that are important to these parties.

0.2 Patient-centred staffing principles for healthcare

This document is based on healthcare management principles described in organization management or leadership healthcare literature and incorporates knowledge about effective quality management.

Patient-centred staffing in healthcare considers:

- workforce planning;
- evaluating staffing methodologies;
- internal and external resource allocation and management;
- forecasting and planning across the service;
- improving patient care and facilitating opportunities to enhance patient satisfaction;
- providing services that meet patient needs;
- meeting the range of applicable statutory, regulatory and guideline requirements;
- addressing risks and opportunities;

- enabling capacity planning in emergency situations.

Patient-centred staffing considers the requirements to match healthcare service personnel expertise with the needs of the patient. This expertise should include a full range of professional experience required to deliver holistic care and meet the needs of the patient. Those needs relate to age, family, home environment and personal circumstances, culture and kind of illness – acute or chronic.

Broadly speaking, the principles for patient-centred staffing are based on the following:

- considerations of patient safety;
- risk management;
- providing a seamless experience for patients;
- the practice environment;
- management of continuity in healthcare: in-patient (hospitalized) and out-patient (ambulatory) telemedicine and home hospitalization;
- quality of healthcare;
- organizational culture, leadership and people engagement;
- the deployment of a systematic process-based approach;
- evidence-based decision making;
- technology and innovation;
- governance;
- the patient and service context.

The benefits to an organization of implementing this document are:

- providing methods for reviewing and allocating resources for effective staffing;
- effectively meeting patients' needs;
- reviewing skill mix and workload fluctuations;
- managing patient flow and matching service provision with any wider service requirements.

0.3 Benefits of a standardized approach

Understanding the influences that contribute to or detract from an optimal work environment for healthcare professionals is essential for health systems seeking to better manage patient needs, reduce harm and improve value across the care continuum. This can be achieved through in-depth analysis of the relationships between the structure, process and outcomes measures that directly relate to patient care.

Healthcare personnel structure, process and outcome indicators are those elements of patient care that are directly affected by their care. Structure indicators include the supply, skill level, education and certification levels of staff. Process indicators measure methods of patient assessment and interventions. Outcome indicators reflect both patient clinical and experience outcomes, such as pressure ulcers and falls, and staff outcomes such as job satisfaction or turnover.

Benefits to the organization emerging from the implementation of this document include:

- enhanced patient experience;
- improved compliance with statutory, regulatory and professional requirements;