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Healthcare organization managemen — Guidelines for patient centered 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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For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

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.

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, we play a critical role in providing care, coordinating care, preventing adverse events, and optimizing patient outcomes.

Adopting a healthcare guideline for Patient-Centered Staffing is a strategic decision for healthcare organizations; it can assist health services in improving overall performance. This guideline provides a robust set of considerations which should support sustainable development initiatives within a managed framework. Patient-Centered Staffing has emerged as a globally important area within health services.

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

a) service-specific or general patient surveys

b) patient focus group and quality circles

c) written expressions or comments and concerns

Healthcare organizations are encouraged to cooperate with interested parties (see Section 4.2) in the development, deployment and execution of patient-centred staffing guidelines. Interested parties may have valuable inputs and feedback to improve the effectiveness of the guidelines, and a cooperative relationship can improve satisfactions among interested parties. Likewise, healthcare organizations are encouraged to share with interested parties relevant information regarding the patient-centred staffing guidelines, including e.g., the processes and procedures that are important to those parties.

0.2 Patient-Centered Staffing principles for healthcare

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

Patient-Centered Staffing in healthcare considers:

a) workforce planning

b) evaluating staffing methodologies

c) internal and/or external resource allocation and management

d) forecasting and planning across the service

e) improving patient care, and facilitating opportunities to enhance patient satisfaction

f) providing services that meet patient needs

g) meeting the range of applicable: statutory, regulatory and guideline requirements

h) addressing risks and opportunities

i) enabling capacity planning in emergency situations [in extremis]

Patient-Centered Staffing considers the requirements to match healthcare services personnel expertise with the needs of the patient. This expertise should include a full range of professional experience required to deliver holistic care, and the needs of the patient. Those needs are recognized as: age, family, home environment and personal circumstances, culture, kind of illness, acute or chronic, etc.

Broadly speaking, the principles for Patient-Centered Staffing are based on the following:

a) patient centered

b) considerations of patient safety

c) risk management

d) providing a seamless experience for patients

e) the practice environment

f) management of continuity in healthcare: in (hospitalized) and out-patient (ambulatory) telemedicine and home hospitalization

g) quality of healthcare

h) organizational culture, leadership and people engagement

i) the deployment of a systematic process-based approach

j) evidence-based decision making

k) technology and Innovation

l) governance

m) the patient and service context

The benefits to an organization in implementing this guideline are:

a) providing methods for reviewing and allocating resources for effective staffing

b) effectively meeting patients' needs

c) reviewing skill mix and workload fluctuations

d) managing patent flow and matching service provision with any wider service requirements

0.3 Benefits <u>of a standardized approach</u>

Understanding the influences that contribute to or detract from an optimal work environment for healthcare professionals is essential for the 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. Specifically, structure indicators include the supply, skill level, education, and certification levels of staff; process indicators measure methods of patient assessment and interventions; and 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 deployment of this guideline include:

a) enhanced patient experience

b) improved compliance with statutory, regulatory and professional requirements

c) increased transparency and increased accountability

d) greater ability for evidence-based decision making

e) reduced risk of reputational damage

f) increased flexibility

g) improved staffing outcomes (attrition; recruitment; loyalty and retention of talent, existing vacancies; staffing gaps; salaries; skill mix requirements etc.)

h) the management of the range of clinical and other service risks

i) meets the statutory, regulatory and legal requirements

j) ability to benchmark across organizations

k) meets requirements and public health data such as World Health Organization, etc.

Staff benefits include:

a) reductions in fatigue, burnout and sickness rates

b) better staff retention and lowered attrition

c) improved job satisfaction

Patient benefits include:

a) greater visibility of staff at all levels

b) more effective meeting of needs

c) improvements in staff competences

d) better quality of service

e) improved outcomes (falls, hospital acquired infection rates; public health data: medical and medication errors; patient mortality; hospital re-admissions; lengths of stay, etc.)

The guideline offers an opportunity for organizations to better understand and manage the complex interrelated processes within healthcare; it should also contribute to the better understanding of the healthcare organization's effectiveness.

Incident feedback mechanisms and serious incident reporting data may be analyzed to identify trends and highlight potential sources of prevention. Falls or fracture rates in hospital may provide an area for improvement if these are below national expectations, or alternatively may offer other organizations an opportunity to learn and develop their services.

Patient safety goals suggest that it is important to address specific areas of concern in patient safety:

a) identify patients correctly

b) improve effective communication

c) ensure high alert medications (using drugs which may cause significant harm and/or if mis-administered cause devastating consequences for patients) are given according to guidance

d) ensure safe surgery

e) reduce the risk of healthcare associated infections

f) reduce the risk of patient harm resulting from falls

Monitoring of the processes indicators in relation with the requirements of this guideline may indicate that an organization needs to plan and implement actions to address both risks and opportunities. Addressing both risks and opportunities of improvement establishes a basis for increasing the effectiveness and safety of the healthcare guideline, achieving improved results and ameliorating possible negative events.

Opportunities can result from evaluating health technologies for introduction of areas such as new drugs or diagnostics and treatment modalities; however, there may be inherent risks in terms of training. Actions to capitalize on opportunities should include consideration of associated risks, whereby a considered risk is the effect of an uncertain outcome. Risks may result in positive or negative effects. For example, a positive deviation arising from a risk such as a fall may also provide an opportunity; a patient may be waiting for a hip replacement and may fall requiring a hip replacement immediately. However, not all positive effects of risk result in opportunities; for example, death or surgical complications may also result from a fall.

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1 Scope

This document provides guidelines for Patient-Centered Staffing in healthcare settings; it is generic and applicable to any healthcare organization.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 21001:2018 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at https://www.iso.org/obp

— IEC Electropedia: available at http://www.electropedia.org/

3.1
patient
person seeking to receive or receiving healthcare

3.2
patient need
essential element of patient care

3.3
patient expectation
belief of what will happen before, during and after a healthcare experience

3.4
patient perception
patient belief or opinion

3.5
patient-centered approach
approach to ensure that the staff selected to provide healthcare services can meet patient needs

3.6
outcome-based
approach to ensure that healthcare services are focused on achieving the intended results

3.7
healthcare service
output of a healthcare organization with at least one activity performed between the organization and the patient

3.8
person/people
those: individual/s; families; patients; communities and workers (individuals who are training, etc.)