INTERNATIONAL STANDARD

ISO
22956

First edition
2021-06

Healthcare organization management — Requirements for patient-centred staffing

Reference number
ISO 22956:2021(E)

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

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, 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 patent 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;

— increased transparency and increased accountability;

— greater opportunity for evidence-based decision making;

— reduced risk of reputational damage;

— increased flexibility;

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

— management of a range of clinical and other service risks;

— ability to benchmark across organizations;

— meets requirements and public health data, such as those of the World Health Organization (WHO).

Staff benefits include:

— reductions in fatigue, burnout and sickness rates;

— better staff retention and lowered attrition;

— improved job satisfaction.

Patient benefits include:

— greater visibility of staff at all levels;

— more effective meeting of needs;

— improvements in staff competences;

— better quality of service;

— improved outcomes (e.g. falls, healthcare-associated infection rates, public health data: medical and medication errors, patient mortality, hospital readmissions, lengths of stay).

This document offers an opportunity for organizations to better understand and manage the complex interrelated processes within healthcare. It will also contribute to a better understanding of healthcare organizations' effectiveness.

Incident feedback mechanisms and serious incident reporting data may be analysed to identify trends and highlight potential sources of prevention. Falls with or without fracture rates in hospital can provide an area for improvement if these are above national rates, or alternatively can offer other organizations an opportunity to learn and develop their services.

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

— identify patients correctly;

— improve effective communication;

— ensure high-alert medications (using drugs which can cause significant harm or if maladministered cause devastating consequences for patients) are given according to guidance;

— ensure safe surgery;

— reduce the risk of healthcare-associated infections;

— reduce the risk of patient harm resulting from falls;

— prevent and treat pressure injuries.

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

Opportunities can result from evaluating health technologies for the introduction of areas such as new drugs or treatment modalities; however, there can 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 can result in positive or negative effects. For example, a positive deviation arising from a risk such as a fall can also provide an opportunity: it is possible that a patient waiting for a hip replacement falls, requiring a hip replacement immediately. However, not all positive effects of risk result in opportunities. For example, death or surgical complications can also result from a fall.

Healthcare organization management — Requirements for patient-centred staffing

1   Scope

This document provides requirements for patient-centred staffing in healthcare settings. It is generic and applicable to any healthcare organization.

2   Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 21001, *Educational organizations — Management systems for educational organizations — Requirements with guidance for use*

3   Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 21001 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
outcome-based
approach to ensure that healthcare services are focused on achieving the intended results

3.6
healthcare service
output of a healthcare organization with at least one activity performed between the organization and the patient