



For a healthy tomorrow

by Rick Gould

Healthcare is one of the fastest-growing industries. As countries continue to enjoy greater life expectancies than ever before, there is a constant need to address the growing demands and increasing complexities. This also means there is a need to deliver more efficient and affordable care to a greater number of patients. So how is ISO providing the much-needed standards to support our health systems?



Standards have certainly improved our health systems.

Seventy years ago, the United Nations Universal Declaration of Human Rights (UN UDHR) enshrined good health as a human right. By doing this, the UN obligated its member states to provide healthcare for their populations. However, current media reports about the state of the world's healthcare services often describe them as being in a "poor state of health". Indeed, the word crisis often pops up in the popular media and even in academic journals. Many reports go on to declare that patient satisfaction, for example, is at an all-time low. Healthcare staff are overworked, burnt out and just far too few. Most alarmingly, the rate of infections that patients get in hospital is high. Such criticisms might seem odd since healthcare is one of the world's most regulated and standardized sectors, as well as receiving significant proportions of global GDP. Regulations and standards have certainly improved our health systems, yet the changing landscape in healthcare services worldwide – such as ageing populations in many countries, coupled with a rapidly evolving and increasingly complex array of medical procedures – now means that there are also some notable gaps.

Sterling healthcare ?

2018 was also the 70th anniversary of the United Kingdom's National Health Service (NHS), created to provide free universal healthcare funded by national insurance. Throughout the year, the NHS was frequently featured in the UK's media, with lots of news about deadly mistakes, missed targets and excessive delays for treatments. Indeed, few gave the NHS a report of glowing health, whilst many blamed the public health service's ailments on a lack of resources and on staff shortages.

Many reports asserted that the UK government's long programme of austerity was the cause. When comparing the UK's expenditure on healthcare to that of the USA – about 10% compared with 18% as a proportion of GDP – it might appear that parsimony is to blame. That said, it does not take long to find numerous reports describing healthcare crises in the USA, too; so throwing money at a perceived problem does not necessarily make it go away.

The notion of a crisis is as subjective as it is emotive. On the other hand, hospital-acquired infections (HAIs) are neither, as they are measurable and objective. The World Health Organization (WHO) reports that in the developed world, for example, the rate of HAIs ranges between 5% and 12% whilst in the developing world, the risks of getting an infection in hospital average nearer 20%. In other words, a relatively healthy person could attend hospital for a perfectly routine knee operation and pick up a potentially lethal infection in the process. And HAIs go hand in hand with hand hygiene.

Standardization, however, can readily solve the problems associated with staffing and hand hygiene. To that end, in 2015, ISO decided to form a new technical committee – ISO/TC 304 – for the development of standards in healthcare organization management.

Standards for staff

The healthcare sector is certainly not short of standards; there are five ISO/TC's already dedicated to healthcare, which have published almost two hundred ISO standards between them. However, these typically apply to specialized activities, such as clinical tests, specific operating procedures and the performance of medical devices. The current challenge is that due to the complexity, rapid pace of change and diversity of the sector, some significant gaps have emerged.

ISO/TC 304's experts identified that, despite the abundance of existing standards for the sector, there were none available for the most important asset of all healthcare centres and hospitals – the staff that deliver and support medical services to patients. There are currently three standards in development covering the vocabulary of healthcare management, hand hygiene and patient-centred staffing. Other standards will follow suite that deal with measuring and analysing performance, processes for controlling anti-microbial resistance in hospitals, admission and discharge practices, and electronic records for patients.



HEALTHCARE ORGANIZATION MANAGEMENT

Healthcare services management needs a lot of moving pieces: facilities, medical equipment, staff, patients... ISO/TC 304 has all areas covered.



* Under development
** Future projects



Hospitals and healthcare centres have access to guidance where there are not yet ISO standards, but this guidance is often disparate, fragmented and not always applied effectively. Therefore, the new standards being developed by ISO/TC 304 will draw on best practices, advances in scientific research and the two other key strengths of ISO standards: unifying and harmonizing. This portfolio of standards is expected to improve patient care, boost efficiency and effectiveness and save more lives. This is worth exploring by taking a closer look at two standards currently in the pipeline for patient-centred staffing and hand hygiene.

Putting patients first

There are different approaches worldwide for managing patient care and staffing in the healthcare sector. Of these, volume- and target-based approaches are common, focusing on the available budgets and needs of the health service.

In other words, a top-down approach. Patient-centred staffing, on the other hand, is a strategic approach that involves the patient as well as staff to plan the best options for treatment. The UK's professional body for nurses, the Royal College of Nursing, defines the process as focusing on the needs of the person rather than the needs of the service. Patients are now typically more knowledgeable and do not want to be passive subjects receiving treatment. So it is a "patient upwards" rather than a "hospital downwards" approach.

The concept itself is not new as there are thousands of academic papers on the subject, as well as an abundance of guidance notes scattered amongst the world's healthcare centres. The concept also gets widespread support from researchers and many medical staff. Patient-centred staffing, though, is not widespread or as effective as it could be due to absence of a unifying standard. The upcoming ISO 22956 for patient-centred staffing will plug that gap.



So what will it cover? ISO 22956 will embody a risk-based approach to workplace planning, staff allocation, performance monitoring, surveys of patient satisfaction, reviews and treatment options. Crucially, it will include the patients' needs and perceptions as a driving force. The working group writing the standard is applying well-documented principles of healthcare management, described in reports and papers for organizational management and leadership in healthcare. The standard will also embody the growing volume of knowledge about effective quality management in the sector. In other words, ISO 22956 itself will draw on proven, best and innovative practices, condensing them within a single document.

Dr Veronica Muzquiz Edwards, CEO of InGenesis, which has been recognized by staffing industry analysts as one of the largest health staffing companies in North America, is also Chair and Head of the US delegation for the ISO Technical Advisory Group on healthcare organization management (TAG 304). As Convenor of the working group in charge of ISO 22956, she explains: "It is imperative that stakeholders within healthcare systems move beyond traditional practices and explore innovative patient-centred staffing methodologies to maximize patient safety."

So how does innovation feature within this standard? "Innovations in the care that clinicians deliver to patients must match the advances in drugs and clinical services offered by healthcare providers today," she adds. "This standard reflects and inspires a movement away from organizationally focused responses to patient needs, to healthcare solutions that flexibly respond to the interests of the particular patients,"

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concludes Edwards. Additionally, ISO 22956 will benefit staff as well as patients, for example, by increasing job satisfaction and reducing staff burn-out, rates of absence and turnover.

ISO 22956 will be an overarching management standard that applies to all types and sizes of healthcare systems. Pursuing different goals, ISO 23447, another standard in the early stages of development, will describe procedures for a simple activity that applies to all front-line medical staff, where research has unequivocally highlighted its critical role – hand hygiene.

A fresh pair of hands

Numerous investigations have shown that all surfaces potentially harbour harmful microbes, whilst hands provide the means to spread them. Indeed, the WHO regards hand hygiene as an essential tool to prevent HAIs. Moreover, the practice of hand hygiene is as simple as it is effective, especially as there are instructions on the subject such as the *WHO Guidelines on Hand Hygiene in Health Care*, published in 2009. When staff in hospitals and other health centres use such guidelines, the rates of HAIs fall dramatically and often by at least 50%.



However, many researchers have also reported a low level of compliance with such guidelines, with often massive impacts. As with patient-centred staffing, the practice of hand hygiene is fragmented. But ISO 23447 for hand hygiene aims to fix this. “The process for hand hygiene varies country to country. It varies region to region. It varies area by area. It varies state to state. It varies hospital to hospital,” observes Dr Christine Greene, Convenor of the working group that is developing the standard. Greene, a researcher in epidemiology and laboratory practices, has published numerous research papers on the transmission mechanisms and transfer rates of harmful micro-organisms. “Hand hygiene is the most basic thing and patients should be able to expect the same level of hand hygiene for patient safety, regardless of where they go for care.”

As well as describing the processes of hand washing and disinfection, ISO 23447 will also define training needs, specify requirements for hand disinfectants and, critically, explain how users of the standard can measure and monitor hand hygiene. So not only will hospitals and healthcare centres have a unified standard to monitor their own performance, but they will be able to compare and share data with other organizations and centres. This, in turn, will provide the means to identify where the process can be improved.

Crossing borders

The standard itself will be based on existing practices, notably the 2009 WHO guidelines on hand hygiene. “Since then, there has been a general overall acceptance of these guidelines as the *gold standard*. We are not reinventing the wheel – rather we are updating and possibly improving upon the guidelines, transforming them into a standard,” Greene explains.

“There is also an opportunity for effective hand hygiene to become a requirement – to date, there are no enforceable standards around hand hygiene,” she adds. To this end, ISO 23447 may become an auditable standard, opening the potential not only for hospitals and healthcare centres to apply its best practice internally, but also to expect staff in their supply chains to apply it.

“We will give some special attention to product specifications and handling as well as how to address automated dispensers of hand rubs,” adds Greene, as automated equipment for hand hygiene has evolved significantly in the past decade.

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Room for improvement

As well as describing harmonized processes for managing staff levels and hand hygiene, both ISO 22956 and ISO 23447 will describe methods of reporting and hence provide the data to make informed decisions and improve performance – which in turn will not just benefit staff and patients, but most importantly, save lives. Furthermore, all the new standards from ISO/TC 304 will capitalize on best practices worldwide and harmonize these. This will not just improve healthcare, but also reduce waste, lower costs, increase availability and make healthcare more affordable.

Globally, spending on healthcare organizations typically accounts for about 10% to 20% of GDP. Despite this, a gap in standards for organizational management practices means there is room for improvement, especially across international boundaries. ISO standards will help to improve this interdisciplinary cooperation, resulting in better healthcare at lower costs, happier staff and healthy patients. ■

