

## **Summary of the Proposal for an ISO TC for Healthcare Administration**

### **Summary of the Global Healthcare Standards Initiative Proposed by UTMB.**

#### **Background**

Recently the University of Texas Medical Branch (UTMB) pursued and was designated by the American National Standards Institute (ANSI) as the Accredited Standards Developer for Healthcare Administration. UTMB has begun the development of American National standards that will be designed to improve the operations or “business” of healthcare entities in the United States. We decided to pursue this initiative because experience and research reveals that better managed healthcare entities operate at a lower cost, provide more opportunities for consumer access, have greater patient satisfaction scores and finally have lower morbidity rates among patients. Dr. Tom Boat, the former dean of the University of Cincinnati (UC) College of Medicine, has agreed to chair this committee. We expect the first committee meeting to occur in early 2016.

At international healthcare and standards meetings, representatives from UTMB shared information about its domestic healthcare administration standards efforts. In these meetings, the non-US attendees voiced strong, nearly total support for expanding the US standards effort to an international activity. Several national standards bodies pledged support for this effort, despite the absence of a proposal. UTMB therefore drafted and recently submitted a proposal to create a global Healthcare Administration standards technical committee at the International Organization of Standardization (ISO) in Geneva. The United States would oversee this body as international partners create global performance and metrics standards in the management of healthcare entities.

#### **Rationale for the New Technical Activity**

Below are the rationales for developing these standards. They are discussed in greater detail in the actual proposal that is under review by the AIC.

- Justification 1: Establishing healthcare administrative standards will slow if not reduce the cost of providing healthcare through the widespread adoption of interoperable metrics and workflows, and practices.
- Justification 2: Reducing the cost of healthcare will make these services more affordable and thereby provide an opportunity for greater access to society.
- Justification 3: Improving the administrative and managerial performance of healthcare entities results in better healthcare outcomes for patients.
- Justification 4: Although numerous standards exist for the laboratory protocols, clinical services and patient care functions of healthcare organizations, there are scant standards that address administrative workflows that are specific to healthcare entities.

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- Justification 5: Standardizing healthcare administrative metrics will create apple-to-apple comparisons of organizations performance that will better educate consumers and drive process improvement activities.
- Justification 6: Rural communities and developing countries will have access to effective practices that offer a roadmap to improve the quality of healthcare services they receive.
- Justification 7: Positive support has been received from other standards developers and members of the healthcare technical community.
- Justification 8: Standards will complement standards developing efforts of existing ISO standards developing committees.
- Justification 9: The healthcare community and its stakeholders are highly receptive to standardization and certification and will adopt approaches from these sources readily.

### Effect on Existing Healthcare/Medical Technical Committees

We recognize the concern that active technical committees may have concerning the establishment of this new area in inquiry. In our proposal, we have been intentionally respectful of the standardization work that has been done in the healthcare area. The proposed Technical Committee will actively seek opportunities to coordinate and liaison with all of the internal parties below. The new TC's scope explicitly prohibits standards development for clinical care or medical devices. Therefore the new standards will be complementary, mutually reinforcing documents. The TC will have an opportunity to normatively reference standards from committees with existing relevant content: human resources, asset, facilities, risk, informatics, and quality management.

ISO/IEC Technical Committees with which we will seek a liaison or other collaborative relationships:

ISO/TC 106 Dentistry

ISO/TC 249 Traditional Chinese medicine

ISO/TC 168 Prosthetics and orthotics

ISO/TC 251 Asset management

ISO/TC 170 Surgical instruments

ISO/TC 260 Human resource management

ISO/TC 176 Quality management and quality assurance

ISO/TC 262 Risk management

ISO/TC 194 Biological and clinical evaluation of medical devices

ISO/TC 267 Facilities management

ISO/TC 198 Sterilization of health care products

ISO/TC 276 Biotechnology

ISO/TC 210 Quality management and corresponding general aspects for medical devices

ISO/PC 277 Sustainable procurement

ISO/TC 215 Health informatics

ISO/PC 283 Occupational health and safety management systems

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### Planned Scope of the Work

Standardization in the field of healthcare administration will include classification, terminology and nomenclature, management practices and metrics that comprise the “business” operations (or workflows) among healthcare entities. Covered subjects would include healthcare supply chain, capital (financial) management, patient admission and discharge approaches, human resource management specific to healthcare management, facilities management specific to healthcare facilities”, and all other non-clinical organizational support functions. These practices and metrics will be limited to staff and operational management of healthcare entities. For the purposes of this committee’s work, this proposal identifies healthcare entities as those organizations “whose principal operations consist of agreeing to provide health care services and entities whose primary activities are the planning, organization, and oversight of such entities, such as parent or holding companies of healthcare providers.”<sup>1</sup> This proposal adopts seven broad categories of healthcare entities for the purpose of this area of technical inquiry.<sup>2</sup>

Standards that directly affect patient care and medical research are outside the scope of this standards effort. Test methods and specifications that are applicable to materials, appliances, instruments, and equipment that are in the practice of traditional and modern medicine are not within the scope of this standards effort. Clinical performance in patient safety and satisfaction standards will not be pursued by this standards setting body. These standards will not address water supply, sanitation, food relief and related services that have a healthcare benefit but are not exclusive responsibilities of healthcare entities. These standards will also not address: 1) the management or administration of organizations that practice dentistry, 2) the production and use of medical devices or instruments, and 3) the capture and analysis of clinical medical information or procedures.

At this stage, we see the work evolving in this manner:

- 1) Primary management standards
  - a. Terminology
  - b. A standard that describes and defines a classification system
  - c. A standard that defines effective healthcare administration
    - i. Cost and productivity management (e.g. Admission and continuation of services, materials management, food service management, complaint management) (in liaison with ISO/TC 267 Facilities management)
    - ii. Financial management (e.g. revenue/patient served, budget planning process, capital expenditure planning, revenue cycle operations, payroll and vendor disbursements)
    - iii. Human resource/labor management (e.g. engagement, exit interview process, vacancy reporting, separation rates, volunteer management, conflict management, turnover) (in liaison with ISO/TC 260 Human resource management)

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<sup>1</sup> Prince PhD, Thomas R. 1998. *Strategic Management for Healthcare Entities*. Chicago. American Hospital Association. p.4.

<sup>2</sup> Ibid.

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### 2) Secondary support standards

- a. Supply chain management (in liaison with ISO/PC 277 Sustainable procurement)
- b. Health related disaster relief administration
- c. Information Management administration (in liaison with ISO/TC 215 Health Informatics)
- d. Pharmacy management
- e. Risk management (in liaison with ISO/TC 262 Risk management)
- f. Internal controls systems
- g. Asset management (in liaison with ISO/TC 251 Asset management)
- h. Maintenance management
- i. Transportation management

The priority of work will be establishing terminology, classification, cost and productivity standards that will resonate with the market place and provide immediate value to consumers, patients and end users.