

## The Standards Development Cycle

The USAID Health Care Improvement Project has found that there is no single best method for developing standards that meet these criteria. Instead, a menu of six steps called the Standards Development Cycle provides a flexible process for setting standards that can be adapted to each specific situation. The process for setting standards will be very different depending on the level and scope of the work, resources available and complexity of the topic.

### 1. Define and agree

In this step, the goal is to define and agree on several areas and issues that will define the standards development task:

- Define the area or *topic* for which standards are being developed (for more limited, facility-level activities, skip the next two bullets)
- State the *scope of care* and identify the most important aspects of care, if needed, to focus standards setting where it can have the greatest impact
- State the *level* of the health care system for which the standards are being developed (e.g., national, regional, or facility)
- Clarify the *consensus* process, both for topic selection and approval
- Clarify the *approval* process for the standards

### 2. Select who should be involved

Identify at the outset of the process, all stakeholders, i.e., those individuals or groups with a vested interest in the successful development of the standards. Learning the stakeholders' expectations should be incorporated in the consensus and approval process of standards development. Involving stakeholders in the process of standards development will facilitate acceptance. A determination should also be made whether *experts* will be required. Depending on the scope of the task, additional technical experts may be required as the work progresses and issues arise. The last part of Step 2 is to *organize the working group* that will develop the standards and to develop a *plan of action* that provides the parameters for successful completion of the task and the process by which it is achieved. Key items that should be addressed in the plan are:

- Selection of a team leader
- Definition of the lines of authority and communication, resources available, and the process for working together (including clarifying tasks, roles, and responsibilities of team members)
- Define and document the approval process for the standards developed

- Document specifications for the desired product
- Document the deadline for completion

### 3. Gather information

In this step the working group gathers information about the topic under review and other resources that can help define the key elements that should be included in the standards. A flowchart may be developed to better understand the points in the current process requiring the development of standards. Even if there are no resources for extensive research, here are some areas to consider before launching into drafting standards:

- Are there *existing standards* related to the topic?
- Are there any *laws* and *regulations* related to the topic?
- What *current practices* related to this topic should be considered?
- Is *clinical evidence* available for best practices in this topic, or does the team have access to someone with knowledge or access to such information?
- What is the *technology* base available in the health system in this topic area and how does it limit or facilitate the development of standards?
- What *resources* are available for research, drafting, testing and communicating these standards?

### 4. Draft standards

There are several components to drafting standards:

- Decide the structure and *format* of the standards, depending on their purpose. After the format is decided, the working group *drafts* the standards. Develop *indicators* to measure performance according to the standards
- Prior to field testing, the draft standards should be *evaluated internally* for quality

### 5. Test the standards

Once indicators are developed, the working group must decide whether a field test is needed. This step might be skipped, for example, if testing has already been done at some other entity such as an accrediting or licensing body. If a test is needed, a *testing plan* should be developed. Testing informs the wording and presentation of the standards, improves their quality, increases credibility, and continues the consensus-building process. Following an evaluation of the field test, *revisions*, if needed, should be made to the standards and the revised standards field tested again. The iterative process of field-testing, revision, and field-testing continues until revisions are no longer needed and standards are submitted for approval.

6. **Communicate the standards.** Although the standards-setting process might be completed with the approval of the standards, the impact of well-developed standards depends on health care providers using the standards. Standards communication and implementation strategies are critical to achieving health care provider performance according to the standards. A well thought-out *communication plan* is needed to identify how the correct people will receive the correct information so they will perform the correct tasks related to the standards. Key elements of the communications plan may need to be *tested*. For example, if a job aid will be used to support implementation of standards, it should be tested to ensure that it is clear and reliable. If new standards are expected to change current practices significantly, testing the communications strategy will help develop the most acceptable message and identify the best messenger to ensure that providers and health administrators will modify their practices to perform according to the standards.

*Rolling out the communication plan* might include presenting or publicizing the standards, training clinical and/or support staff in the standards, and distributing job aids. The communication process should allow *opportunities for feedback*, both on the standards and the communication process itself.