BENCHMARKING: The Measuring Stick Used in Creating a Culture of Excellence

Tina S. Foster, MBA, RN, Vice President Performance Analytics, McKesson Enterprise Intelligence

Understanding past and present performance against relevant benchmarks enables organizations to adopt proactive excellence as opposed to reactive correction.

What do emergency departments and 1,000-year-old shoes have in common? Except for the fact that most emergency nurses feel like their shoes get 1,000 years of use each week, it is said that in the Middle Ages cobblers would place marks on their workbench of a customer’s foot in order to have a pattern for making shoes. The cobblers also displayed their best shoes on the same bench, so shoppers could compare whose shoes were best. Thus, an early version of benchmarking and best performers was born.

Fast forward to today. The modern practice of benchmarking has become the preferred performance analysis process as regulators, payers and patients demand increasingly better health care performance. Success in managing the complexities of an emergency department is critically linked to the ability to monitor, analyze, understand and compare key data.

Managing the Emergency Department Is Not for Wimps

The emergency department is a primary revenue driver for the vast majority of hospitals. However, it is a dynamic setting that requires disciplined monitoring and analysis of business. The emergency department faces many operational challenges that can serve as barriers to success. Business managers are not routinely staffed positions in most emergency departments. As a result, the task of analyzing and understanding the complexities of ED key performance metrics falls to nursing management. However, the focus of nurses’ training and education has been in clinical excellence and not analytics. Additionally, the lion’s share of their time is spent reasonably tackling daily crisis management around patient throughput.

“Patient flow is the primary cause of what ails the health care system,” said Don Berwick, MD, MPP, former president and CEO of the Institute for Healthcare Improvement and current Administrator of CMS.1 The Joint Commission has made the responsibility to identify and mitigate patient flow issues a Leadership Standard (LD.3.15) In fact, CMS will begin asking hospitals to voluntarily report quality measures

From Data to Knowledge to Action

Looking to similar organizations to understand what level of performance is common or possible is certainly the barometer by which to measure your current performance and set realistic goals. However, benchmarks can only drive results when you use them as a spring board from which to analyze your performance to determine where recurring failure points persist. Understanding why performance is below the standard is imperative to achieving real and lasting change. Individual contributors managing everyday care-delivery processes should be able to review performance metrics and identify specific causes for subpar performance. This, in turn, will facilitate action plans to support the overall strategic vision of the organization.

A compelling benchmarking process enables users not just to set standards, but to quickly recognize trending and deviations from those standards. This is enabled by an integrated and interactive data source that contains real patient care data and not simply a retrospective sample. The challenge, of course, is collecting key performance indicators from disparate data sources and combining them in a meaningful way. This allows internal and external benchmarking—with data from peers—which can validate the organization’s targets or underscore deviations from goals.
related to admitted patient flow in the emergency department this year. More recently, the CMS meaningful use standards released July 2010 cites the emergency department in nine out of 12 core measures and three out of seven menu or optional measures, which will need to be met in order to qualify for ARRA stimulus funds.

According to Press Ganey’s 2010 Emergency Department Pulse Report, ED wait times are a primary determining factor in overall patient satisfaction. It has become a major market trend to publish ED wait times in such avenues as billboards, text messages and hot lines. Many hospitals now want the ability to market bragging rights to their communities. The ability to demonstrate above-average benchmarks on wait times can be a strong competitive differentiator.

In the report, Press Ganey goes on to demonstrate that communication about wait time in the emergency department is nearly as important as the actual wait time.

Maximizing Management Focus

Capacity is the new currency for most hospitals, especially in the emergency department. When decision makers have access to performance indicators that can be compared with similar providers, they are better able to manage this capacity and its impact on the organization as a whole. What is needed is a current, ongoing dashboard of key performance information that is easily accessed and used by all stakeholders to elevate shared transparency and accountability. Furthermore, this dashboard should provide the capability to drill down into operational data and provide a closer look at in-demand resources.

While dashboards and routine reporting on key performance indicators are becoming more common in health care, monitoring processes often receive less focus than clinical outcomes and daily operational management challenges. Innovative alternatives, such as a virtual dashboard subscription service, provide a creative solution. This tool can eliminate the randomness in reporting and the resource drain typically involved in capturing and compiling information. Consequently, the focus can be placed on monitoring performance and the ultimate goal of providing excellent patient care as opposed to gathering and calculating data.

The ED Benchmarks Collaborative™ is one such alternative. EDBC, a joint initiative with the Emergency Nurses Association and McKesson, is designed specifically to support ED leaders and today’s challenges. EDBC is a web-based, vendor neutral solution that provides robust analysis and reporting on key productivity and throughput metrics as well as on ED patient populations. As a web-based solution, it will remain nimble to the dynamic reporting needs of this constituency and will be driven in large part by the voice of the subscribers and the evolving dictates of reform.

Whether you are analyzing the throughput characteristics of your admitted patients or determining the commonalities surrounding your psychiatric or pediatric population, the EDBC will help provide you with actionable information to understand current state operations and to plan for successful process improvement initiatives. A collaborative like this also provides a virtual knowledge community for critical networking and the dissemination of better practices in addition to the advanced analytics and comparative benchmarking.

For more information, go to www.mckesson.com/enterpriseintelligence.

Reference