



How Does Your OR Measure Up?

Nearly 400 Facilities Have Turned to the OR Benchmarks Collaborative to Compare Performance Internally and Externally

Many health care facilities are using the information they receive from the OR Benchmarks® Collaborative (ORBC) to gain knowledge and make improvements in performance, from on-time starts in single facilities to standardizing performance goals across multiple sites. Whether studying comparative case durations or developing systemwide scorecards for prime-time utilization, subscribers are discovering that benchmarking paves the way for higher quality care and more efficient performances. We talked with **Temple University Hospital** and **Calgary Health Region** about their accomplishments and plans with the collaborative and how benchmarking helps them focus on areas they consider most significant to their work.

Temple University Hospital

Temple University Hospital in Philadelphia has been a subscriber to the OR Benchmarks Collaborative (ORBC) for nearly two years and has found it increasingly useful in everyday operations, according to Dean Karavite, perioperative information systems and decision support manager.

Founded in 1892 as a 20-bed facility, Temple today is a 617-bed tertiary medical center and teaching hospital. In addition to providing health care to more than 28,000 inpatients and 150,000 outpatients annually, Temple is a certified Level I regional trauma center with one of the busiest emergency departments in the region. Karavite acknowledged that he was the driver on ORBC participation by the hospital. "Before ORBC, I managed two different data collaboratives between multiple participating hospitals," he said. "We collected data – largely manually – and analyzed it using traditional tools like Excel, or homegrown databases. We produced individual scorecards for each physician and for each institution, and then we compared them against others across the country. Now ORBC does all of that with new automated tools that make it a thousand times easier.

"I looked at all these different matrices that we do in-house, and yet there was no way we could compare ourselves to other hospitals. With ORBC, we can see how we're doing," he said. "With ORBC, we have the ability to quickly analyze data. The Horizon Business Insight™ tool, a web-based analysis tool, allows us to drill down and answer complex questions quickly. We can 'slice and dice' data instantly."

Temple has used the ORBC as a tool to drive meaningful performance change. For example, ORBC has been a key tool in improving first-case start times. It also was used in determining next year's personnel budget for staffing levels via ORBC's shift utilization metrics, Karavite said.

Karavite is also incorporating ORBC as a way of life for all line managers, he added. "One of our nurses was promoted to be the new specialist for our urology surgery service. She is very

energetic, and her first project was to update and consolidate the surgeon preference lists for the five urology surgeons.

"To get started, she needed to know the top 20 procedures performed by each surgeon. She assumed I was too busy providing data to department heads and administration types to get information to a line manager. She didn't realize that one of the advantages of ORBC is making data more accessible to everyone in the OR, not just top management.

"When she rather sheepishly asked if I could get her the data she need 'in a week or two,' I asked her to sit down, and told her that with our benchmark collaborative, we can usually get useful analysis within minutes, versus hours or even days with other systems. We logged on to ORBC, and by doing a few simple modifications to the ORBC-case duration accuracy metric, within minutes I provided her with a full set of lists of procedures sorted by times-performed for all of urology and for each urology surgeon for the past six months. Her attention was drawn to the average procedure times for each surgeon, and she

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noted that one surgeon was consistently quicker than the others. She was pretty impressed with ORBC, so we started looking into other areas, like start times for each surgeon, and all the other ORBC metrics comparing the urology surgeons to each other and comparing urology to other services. This gave our specialist a complete overview of her new service. This was typical of how you often find things you didn't even know you were looking for when using ORBC.

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metrics are extremely helpful," Karavite said. "There is a dynamic data interaction with ORBC, compared to the archaic printed-report mindset."

Karavite said he uses ORBC data every day, and has found its flexibility invaluable. "As with any tool, you need to look for the story behind the data," he cautioned. "Besides the ability to compare our work with other hospitals, the ORBC data has given us more accessible tools that everyone can come to, superb information, and the ability to add variables to our analyses." ■

Calgary Health Region

Getting timely data from standardized dashboards at multiple sites is a big reason Calgary Health Region decided to subscribe to the OR Benchmarks Collaborative (ORBC), two of its officials said recently.

Although Calgary Health Region only logged in to ORBC in March 2007, its staff already is seeing the benefits, said Shanda Naylor, RN, BN, MA, PhD, director of the Surgical Services Program.

The Calgary Health Region is one of the largest fully integrated, publicly funded health care systems in Canada, serving nearly 2 million people. During the past 11 years, it has amalgamated all health services, added significant infrastructure in both traditional and innovative models of care, and forged strong partnerships with physicians, health care educators, and a vast array of community agencies. More than 23,000 staff and 2,200 physicians provide services in more than 100 locations, including 12 hospitals, two comprehensive health centers, 41 care centers and a variety of community and continuing care sites. Not all have surgical services, but the data produced by the ORBC potentially can affect services at all facilities.

In Calgary, "we have three acute-care hospitals and one children's hospital," said Naylor. "In terms of the ORBC, we have 54 operating rooms in our urban area and are partnering with rural facilities and one private hospital to roll out this project. We do about 78,000 surgeries annually in the city and surrounding areas.

"That is the reason we wanted to implement the ORBC," Naylor added. "You can imagine the challenges a big health authority faces. We wanted a tool to help provide us with timely data on our surgical activity, because we have an OR booking system and other software systems, but it's not real-time data. What attracted us to ORBC is that we can get timely data."

Another attraction of the ORBC, said Brian Chittick, program manager, Surgical Suites Portfolio, Calgary Health Region, is that it can provide a dashboard to all sites "so we can get data on every site, every month. We can benchmark with other facilities, and find out how we're doing compared to those facilities. It helps us with our Quality Improvement Initiative by providing feedback to surgical sites. It helps us plan initiatives regarding surgical flow."

Naylor said a third reason for choosing ORBC is that she and Chittick heard that McKesson provides a lot of support.

"That's important when you implement a new software system. I must say, the support we've gotten has exceeded our

expectations. They not only showed us how to pick up data and use the system internally, they've shown us how to connect with others in the collaborative. That has really impressed us."

Chittick said Calgary Health Region started preparing to log in to ORBC in March 2007 and downloaded the full software in May. "McKesson spent a lot of time getting us ready, which made us more confident," he said. "We're still fine-tuning the system eight months later, but we're already seeing benefits."

Naylor agreed. "Internally, we're also working on how we will take reports back to key user groups, and McKesson's been great in terms of saying, 'Here's how other people have used it.'"

One great advantage is that the ORBC is web-based, she added. "Staff can – with the password, of course – download data and get the dashboards. We will be using this data to help guide our QI Initiative. It looks at a few key indicators on surgical flow, for instance – answering questions like, 'Who's starting on time?' The resulting reports will allow us to ask questions about our processes. We can look at population health needs, and can say, 'We need more OR help here,' or 'We need to extend the

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day here because cases are taking longer than we thought.' We get very detailed information so we can optimize the use of our ORs, staff, and anesthesiologists."

As for reporting procedures, Calgary Health Region has a reporting committee taking the lead on rolling out the data ORBC provides, as well as a surgical leadership team composed of Naylor, the chief of surgery, and the chief of anesthesia. She said those committees will present ORBC data to each site committee on a monthly basis.

"The other appealing thing about the ORBC is that it has flexibility to create any kind of report by drilling down into data about any subject," Naylor said. "We can create a customized report in literally seconds to allay any issues or set them out to look at. We have a couple people becoming super-users to design such reports. And because it saves information over time, it gives us trend information," she added.

"We can take a look at why we've seen a change. For example, we may notice case time has gone up in certain specialty surgeries. Sometimes, it's because we've introduced new technology. Maybe we've gone minimally invasive on a surgery, which takes longer. But we can link that data to data that shows a shorter patient stay. In that way, ORBC gives us the ability to take a look at trends and the impact of innovations. We can look at the big picture and make changes."

With ORBC, subscribers can develop the kind of report they want to see month after month, she said. "Those become your standard reports, and you also can develop ad hoc reports that tell you something different," she said. "Every indicator has a conceptual definition. That's very important; it enhances robustness of data and confirmability among sites," Naylor said. "We can truly call it benchmarking." ■

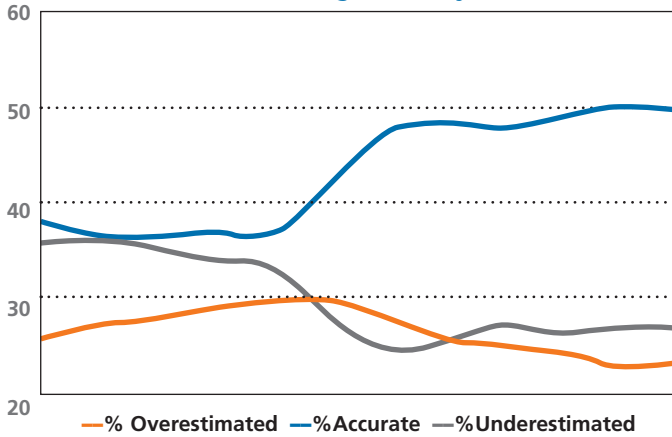


IN THE NEWS

Surgery Departments Experience Notable Improvements in Schedule Predictability

Over the past twelve months, the OR Benchmarks Collaborative subscriber base has utilized root cause analysis to effect real change in their ORs. The overall scheduling accuracy has increased by 29% with a decrease in overestimated cases of 12% and a decrease in underestimated cases of 33%. The effect of this is seen in *Utilization* below.

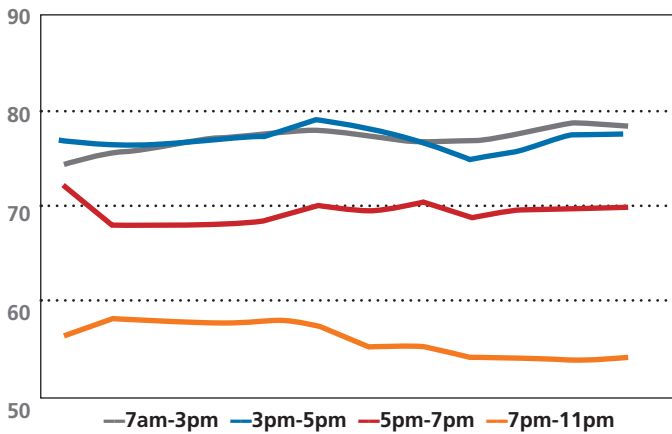
Scheduling Accuracy



By accurately scheduling cases, the subscribers of ORBC have been able to increase their prime time utilization by 5% and maintain a healthy 1% growth in the 3pm-5pm time period.

This leads to a reduction in the number of cases running into the evening hours, when staff is usually on a night differential or on overtime, saving the hospitals money by using their resources more efficiently.

Utilization



For our next release, preadmission testing will be added as a new key performance indicator on the scorecard. These statistics will then be compared to cancellation percentages to determine cause and effect. Facilities will be able to look at their peer group and see the impact that increasing the number of patients screened prior to admission has on decreasing the cancellation rate at their facility. We expect this to be a direct correlation that will be substantiated by the collected data. ■

Customer Satisfaction Survey Results

The OR Benchmarks Collaborative’s subscriber base is almost 400, a very significant number. No other database can compare in terms of OR operational data. McKesson and OR Manager, Inc recently completed a subscriber satisfaction survey, which was conducted by an independent company. The results both excited and challenged us. Eighty-eight percent of the subscribers responding indicated overall satisfaction with the ORBC. Even more, 94 percent, said they would recommend the ORBC to others, and 92 percent said the ORBC adds value to their organization.

Ninety-two percent also said the ORBC makes it faster, easier, and less costly to collect and analyze performance metrics. Ninety-four percent said the ORBC provides toolsets that present actionable insight into opportunities for improvement.

Asked if the ORBC objectively benchmarks key performance indicators among relevant peer groups, 82 percent said yes. Ninety percent of the subscribers surveyed believe the ORBC empowers fact-based dialogues with their internal constituents. An area of challenge is subscriber satisfaction with belonging to ORBC’s knowledge community, although 80 percent already agree that they are satisfied. Eighty-nine percent find the ORBC’s data submission process satisfactory, and 90 percent think it is easy to log-in, navigate, and use the OR Benchmarks Collaborative. (Survey has a margin of error of + / - 3%.)

The OR Benchmarks Collaborative subscription-based benchmarking service is a joint project of OR Manager, Inc and McKesson.

Overall satisfaction	88%
Would recommend	94%
Adds value	92%
Easier, less costly	92%
Toolsets aid improvement	94%
Benchmarks key indicators	82%
Empowers fact-based dialogue	90%
Satisfaction with knowledge community	80%
Satisfaction with data submission process	89%
Easy to log-in & navigate	90%

