Benchmarking

Moving from Data Collection to Performance Improvement

Sandra Jones, CASC, CHPRM, LHRM, CHCQM, FHFMA
Sjones@aboutascs.com

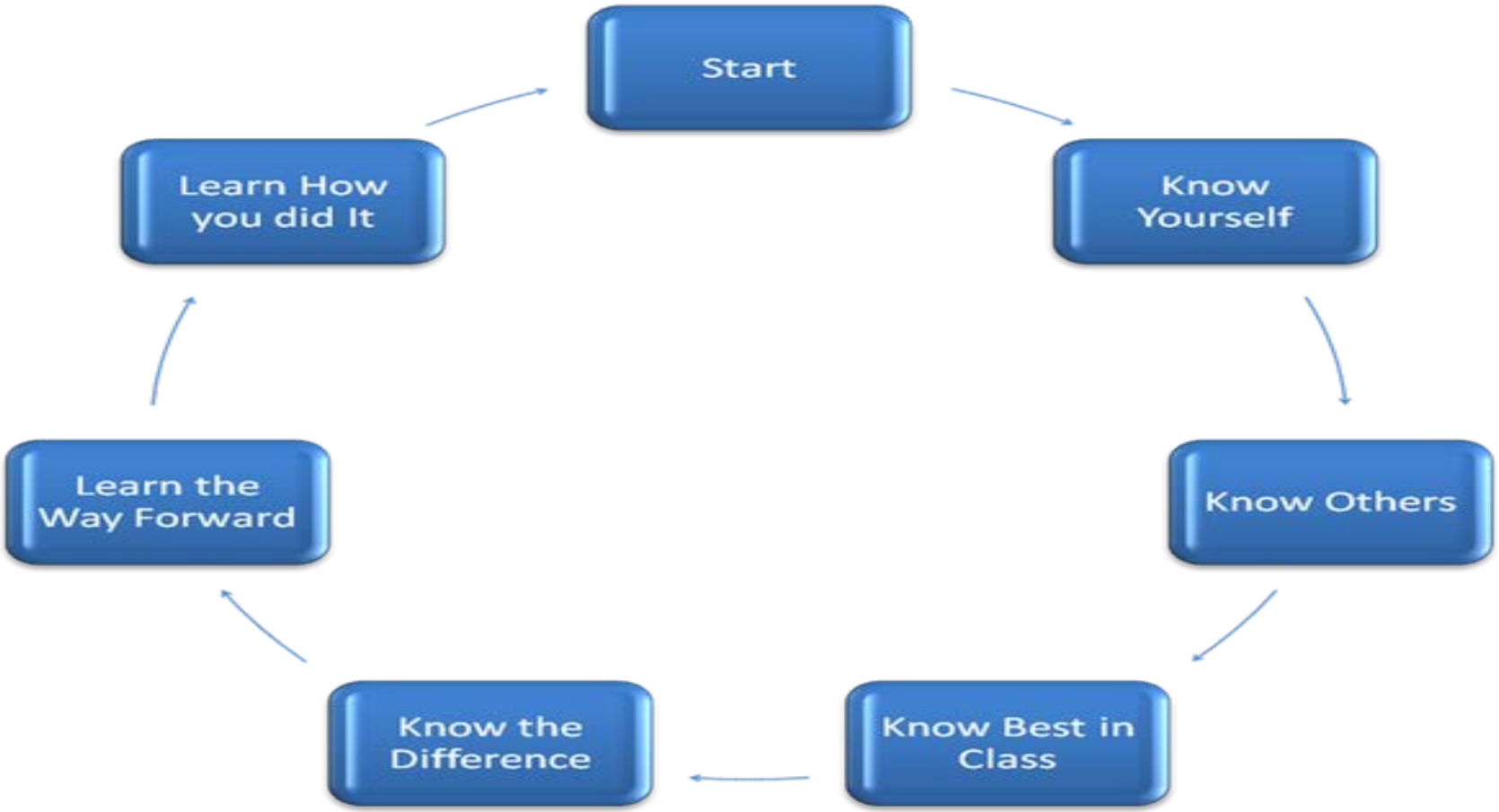
Why Benchmark?

- Requirements
  - Regulations, such as CMS
  - Accreditation
- Improve quality
  - Identify opportunities to improve
  - Show gap in performance
- Improve financial results
  - Learn gap and how to narrow it
- Marketing, managed care contracting

Performance Level Analysis

- What is our performance level?
- What are others' performance levels?
- Is there a gap? How big?
- What do others' do to be better?

Performance Level Analysis



What is Benchmarking?

- Comparing how you are doing
- Using specific data, as apples to apples as possible
- Analyzing data to decide whether to change methods, practices, processes or maintain status quo

Types of Benchmarking

- Internal: Trending person to person, month to month, quarter to quarter, year to year
- External: Outside resources
  - Professional organizations and associations
  - ASC Quality Collaboration
  - Specialty professional groups
  - Research articles and journals
  - Other ASCs grouping together for one or on-going projects

External Benchmarking

- Apples to apples
  - Staffing per case: all staff, only clinical, what is outsourced (housekeeping, e.g.,)
- Colluding
  - Cannot set wages for employees or charges for services
- Contract prohibition
  - Managed care contracts may prohibit sharing reimbursement information
  - Vendors may prohibit sharing pricing information

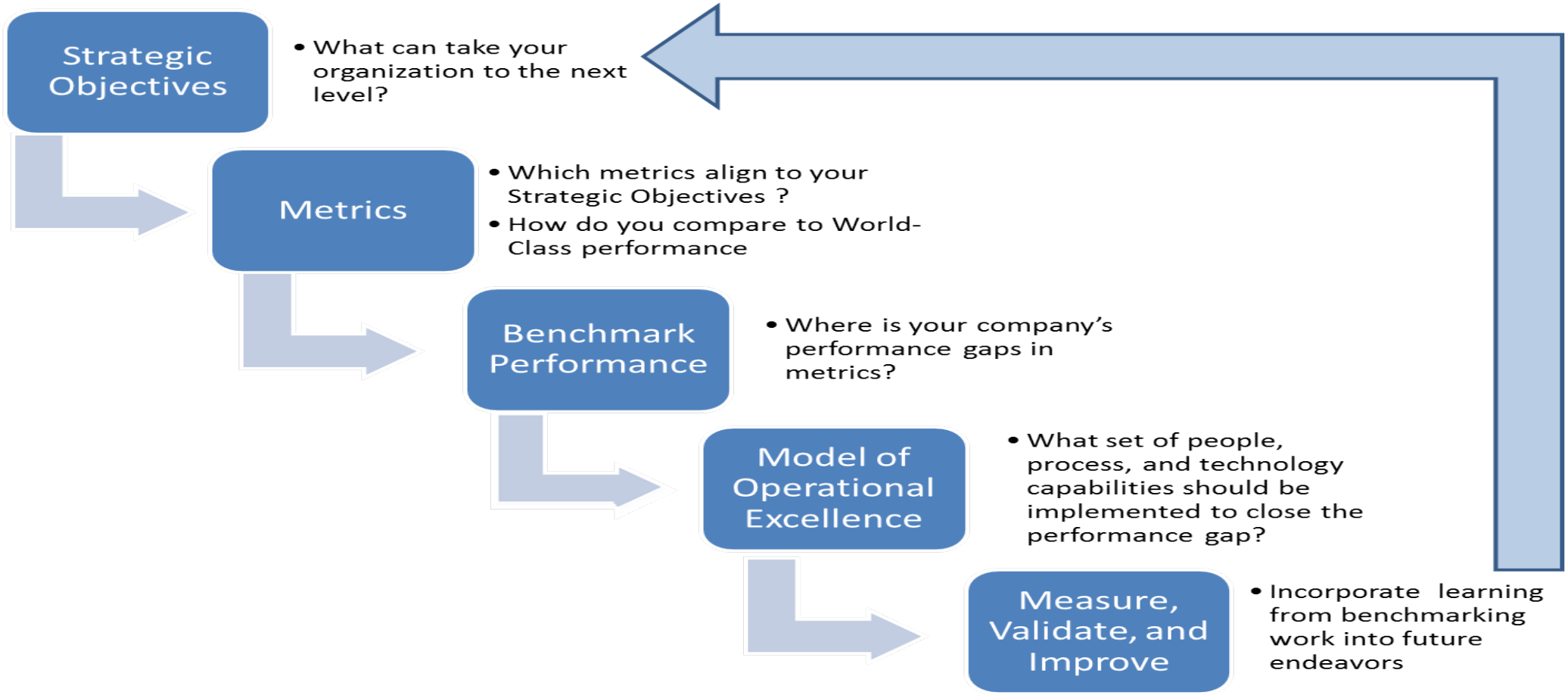
Types of Quality Measures

- Outcomes
  - Measures results of care
  - Example: Infections, transfers, falls, burns
- Process
  - How often the standard of care was met
  - Example: Timing of prophylactic antibiotic administration
- Perception
  - Patient satisfaction, Doctor satisfaction, Staff satisfaction

Indicators of Quality

- Quality assessments, audits
- Sentinel events/ “caught it” events
- Adverse patient outcomes, incidents, occurrence reports
- AAAHC IQI specialty benchmarking
- Mandatory Reporting
  - CMS G-Codes, quality net
  - State reporting adverse events, infections

Determining what to benchmark



Internal Benchmarking

- What is important for the ASC to measure?
- How am I going to trend?
- How do I present my data? Can I use it to prioritize?
- How do I communicate to the staff and GB?
- How do I know how I compare? – External benchmarking

Using Internal Benchmarking

- Compare staff on collection activities
  - AR days
  - Date of service collection for deductibles and co-payments
- No Shows, frequency, reason, type of care, surgeon
- Cancellations once patient is in pre-op
  - Reasons: not NPO, didn't stop meds, vital signs not stable, no responsible adult companion
  - Who is providing pre-admission education? What does doctor tell patient? What does the ASC tell the patient? Is the pre-admission H&P comprehensive enough?

Internal Benchmarking

- Patient satisfaction scores
  - Change in responses over a period of time: change in staff or processes?
- Hand hygiene compliance
  - Change in staff, location of sanitizers or product
- Sharps injuries
  - Product, staff, disposal
- Handling medications
  - Labeling, storing, wasting

When do you need an External Benchmark?

- How bad are we?
- How good can we get?
- Am I measuring this the same as others?
- Am I getting data I can use?
- How can I learn why others are different?

External Benchmarking

- CMS Quality Measures
  - Once a year report
- Association
  - Quarterly reporting
- AAAHC
  - Once or twice a year
- ASGE
  - Specialty focused GIQulC, GI Quality Improvement Consortium
- Buddies, non-competitors

Indicator Trending Example

City Surgery Center	Key Indicators 4th Q 2015			
INDICATORS	Target	Oct	Nov	Dec
Time out performed correctly and documented	100%			
Physician orders for all drugs and biologicals	100%			
All verbal orders signed by physicians	100%			
All drugs & biologicals locked & key with assigned staff	100%			
Hand hygiene compliance, results of observation audits	88%			
OR cleaning audited, performed correctly	100%			
Immediate Use Sterilization Frequency	.5%			

Internal Benchmarking, financial info

KEY PERFORMANCE INDICATORS					
	2015 November	2015 December	2016 January	12 Months	
VOLUME					
Total # of Cases	538	556	477	6317	
REVENUE					
Net Rev/Pt	$ 2,550	$ 2,809	$ 2,328	$ 2,318	
STAFFING/PAYROLL					
Staff Hours per patient	10.28	10.61	12.04	10.32	Avg
Payroll as % of Net Rev	13.1%	23.5%	15.6%	17.5%	Avg
$ Per Case	$ 333	$ 660	$ 363	$ 405	Avg
OTHER EXPENSES					
Medical Supply Cost per Patient	$ 733	$ 944	$ 669	$ 608	Avg
Total Supply $$, % of Net Rev	28.8%	33.6%	28.7%	26.2%	Avg
Total Operating Exp/Patient	$ 1,380	$ 2,142	$ 1,344	$ 1,380	Avg
PROFIT					
A/R Days Outstanding	26.3	28.2	35.6	29.8	Avg
Operating Income/Patient	$ 1,170	$ 667	$ 984	$ 938	Avg
Operating Margin, % of Net Rev	45.9%	23.7%	42.3%	40.5%	Avg

Internal & External

ASC QC MEASURES

3rd Qtr 2010		July	Aug	Sept	Center Average	ASD Mgmt Participants' Average	National Average
CENTER NAME	Rock Hill						
NUMBER OF CASES		444	430	435	436	364	1199
	rate per 1000 cases						
PATIENT BURNS		0	0	0			
	rate per 1000 cases	0.0000	0.0000	0.0000	0.0000	0.0000	0.0700
PATIENT FALLS		0	0	0			
	rate per 1000 cases	0.0000	0.0000	0.0000	0.0000	0.0000	0.1700
WRONG SITE, PATIENT, PROCEDURE, IMPLANT		0	0	0			
	rate per 1000 cases	0.0000	0.0000	0.0000	0.0000	0.0000	0.0200
HOSPITAL TRANSFER OR ADMISSION within 24 hrs		1	1	0			
	rate per 1000 cases	0.0002	0.0002	0.0000	0.0002	0.0001	1.1700
RETURN TO SURGERY		0	0	0			
	rate per 1000 cases	0.0000	0.0000	0.0000	0.0000	0.0001	0.4100
SURGERY ABORTED AFTER PT IN ROOM		0	1	0			
	rate per 1000 cases	0.0000	0.0002	0.0000	0.0001	0.0000	0.0400
SURGERY CANCELLED DURING PRE-OP		0	0	0			
	rate per 1000 cases	0.0000	0.0000	0.0000	0.0000	0.0004	0.4233
WOUND INFECTION within 30 days of procedure		0	1	2			
	rate per 1000 cases	0.0000	0.0002	0.0005	0.0002	0.0001	1.3100
	# of patients who had surgical site hair removal	11	14	7			
Appropriate surgical site hair removal		11	14	7			
	% of patients with appropriate hair removal	100.00%	100.00%	100.00%	100.00%	99.85%	93.2%
	# of patients with a preoperative order for a prophylactic IV Antibiotic for prevention of surgical site infection	66	60	53			
ANTIBIOTIC ADMINISTERED ON TIME		51	52	48			
% of patients with antibiotics ordered who received antibiotics on time		77.27%	86.67%	90.57%	84.36%	98.4%	93.9%

Performance Improvement Opportunities

				ASC	Peer Group	National
# of pts w/ surgical site hair removal	11	14	17			
Appropriate surgical site hair removal	11	14	17			
% of pts w/ appropriate hair removal	100%	100%	100%	100%	99.8%	93.2%
# of pts w/ a pre-operative order IV Antibiotic	66	60	53			
Antibiotic administered on time	51	52	48			
% of pts who received antibiotic on time	77.3%	86.7%	90.6%	84.4%	98.4%	93.9%

Using the Information

Should the surgery center focus on appropriate hair removal?

or

Should the surgery center focus on timeliness of antibiotic administration?

QAPI

- Two sections
  - (1) Quality Assessment
  - (2) Performance Improvement
- QAPI
  - Incorporate the development of objective measures relating to processes and outcomes;
  - Identify gaps in performance & needed improvements/changes;
  - Implement changes;
  - Measure effectiveness of changes;
  - Make further changes if needed to close gap, meet measure

Assessment

- Timeliness of antibiotic administration
  - July = 77.27%
  - August = 86.67%
  - September = 90.57%
  - Compared to management group which had 98.4% average over the 3 months
  - Compared to National statistics which showed 93.9% over the 3 month period

Assessment

- Gap in performance
  - Internal benchmark shows month to month improvement
  - External benchmark shows continued gap compared to peers
- Performance goal
  - Should we aim to be as good as National data or as peer data?
  - Since we know our peers (managed by same company), will they help me?
  - Advantages:
    - Compare “apples to apples” on instructions for measure
    - After we collect data to see process flaws, we might ask them how they manage process.

Improvement

- Why are we different? What is happening in our process?
- What data do we need to collect to find out what is different?
  - Surgeon, antibiotic order, type of surgery, nurse and anesthesia staff involved, reason for greater than one hour time
- What does the data show us? Do we now understand why the gap?
  - Confer with team
  - Talk to peers if necessary

Improvement

- What can we do to fix it?
  - Confer with team
  - What might make a difference in process?
  - If we change X, do we mess up Y?
- What implementation is needed?
  - Change in policy
  - Education of staff
  - Triggers to follow new process: posters, documentation change

Improvement

- How will we know it worked?
  - Data collection
  - Internal and External benchmarking reports
- Did we “Maintain the Gain”?
  - Data collection trending
  - Did the gap in performance change?

QA PI Steps

1. Identify criteria or indicator. What do you want to review?
2. Establish goals. To what will you compare? Your history or external findings?
3. Describe the data to collect. Sources. How to collect.
4. Collect the data and describe it.
5. Analyze the data
6. Compare your data to goal you set.
7. Action plan and implementation (If it is status quo, then it is only QA)
8. Re-measure. Did action work? Good enough?
9. Additional action plan and implementation. Check again.
10. Communicate findings to committees, staff, **GB**

Communicate

- Inform of
  - Quality assessment plan
  - Assessment tools and results
  - Plans for action and implementation
  - Time for re-measurement
  - Re-measurement results
  - If applicable, more actions and implementations, more re-measurement time frame and results.

Resources

- Accreditation Association for Ambulatory Health Care **www.aaahc.org**
- The Joint Commission Sentinel Events **www.jointcommission.org**
- ASC Quality Collaboration **www.ascquality.org**
- National Quality Measures Clearinghouse **http://www.qualitymeasures.ahrq.gov/**
- Anesthesia Patient Safety Foundation **www.apsf.org**
- Center for Disease Control and Prevention (CDC) **www.cdc.gov**

Questions?

sjones@aboutascs.com