

The background is a solid blue color. On the left side, there are several white, curved lines that sweep across the frame from the top left towards the bottom right. A single, straight white horizontal line is positioned below the title text.

# **The art of benchmarking**

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# Disclosure

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## Relevant Financial Relationship

- Consultant at Nordic Healthcare Group
  - Salary

## Off-Label Investigational Uses

- None

## Self-assessment questions

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True or false

1. Successful benchmarking requires thorough groundwork
2. Common metrics are not critical for benchmarking
3. Personnel can be engaged in the development work through e.g. workshops

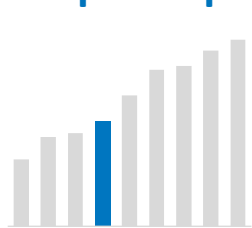
# Benchmarking in brief

Continuous services with the aim to follow up and develop operations in the long-term

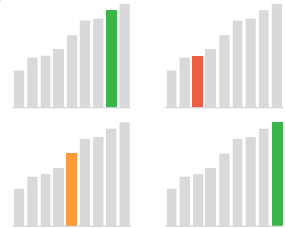
**Comparing operating figures with others**  
(quality, productivity, costs, resources)

**A conversational forum for professionals** to compare thoughts on general problematic issues and their solutions

## The participants gain various advantages from benchmarking...



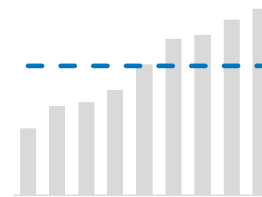
**Comparison** to other organisations



Identifying the **key development areas** and setting **targets**



**Following up** the development



Identifying the **"right" target** performance level



Peer-to-peer conversations – **learning from others**

## Benchmarking services at NHG

### Specialized medical care

- Emergency care
- First aid
- Surgery
- Neurosurgery
- Obstetrics and gynaecology
- Internal medicine
- Paediatrics<sup>1</sup>
- Oncology
- Neurology
- Respiratory medicine<sup>1</sup>

### Primary healthcare

- Health centre outpatient care
- Health centre wards
- Oral health care
- Occupational healthcare

### Social and family services

- Needs assesment for the erderly
- Home care
- Child and family services

<sup>1</sup> Pilot starting in 2021

# Hospital pharmacy benchmarking started in 2017 with 4 Finnish hospital pharmacies

## Situation

- Benchmarking started in 2017 with four hospital pharmacies in Finland
- Hospital pharmacies had very few existing metrics to measure activities or development
- Hospital pharmacists were known to do a lot of logistic work instead of knowledge work
- There was very little data about what hospital pharmacists did at the different departments

## Approach

- Long development and pilot phase
- Agreeing on a common set of metrics
- Data collection, interviews and workshops

## NHG Role

- NHG facilitated the choosing of metrics and workshops to agree on development goals
- NHG built the dynamic dashboard to visualize data and results caused by changes in the processes
- NHG also supported developing hospital pharmacy processes to enable data collection



## Based on agreed principles we created the ground for benchmarking by building a better understanding of the current stage of hospital pharmacy

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### Metrics

- Daily activities documented in the same electronic system the hospital pharmacists used to log logistic information
- Metrics included e.g. patient education, trainings to healthcare team and medication reconciliation



### Focus on knowledge work

- NHG provided tools to measure the amount of knowledge work at clinical work
- We examined especially the share of working hours spent at knowledge work compared to logistic tasks



### Other information

- NHG collected and analysed data about finances, resources and logistics
- Interviews helped to gather and share insights about best practices at different hospital pharmacies
- Workshops were facilitated in order to tackle the most difficult problems together



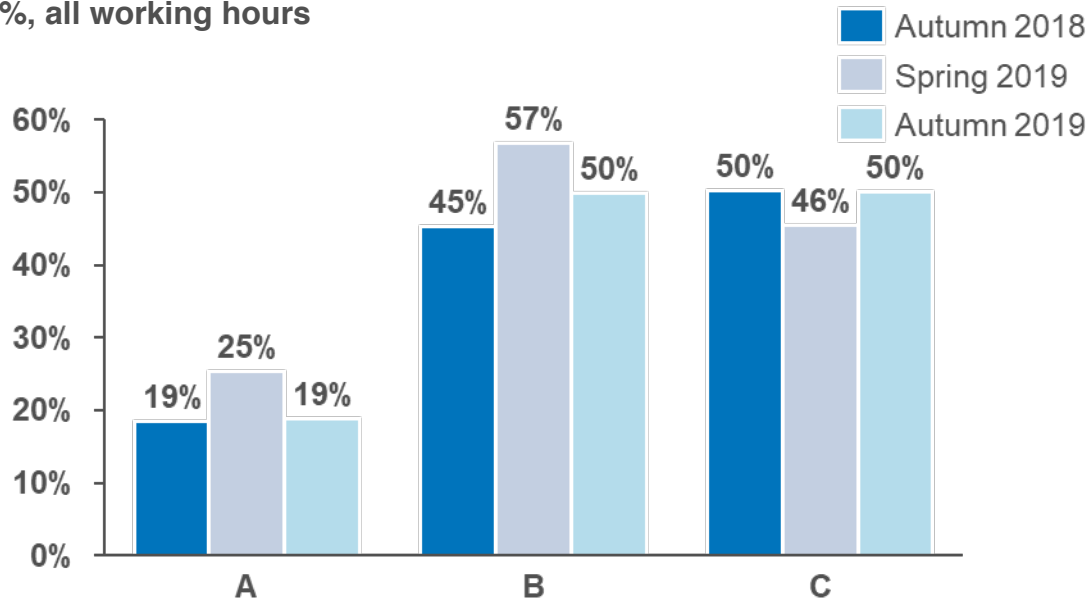
### Common instructions

- NHG collected and maintained the descriptions for common instructions for the metrics

# Benchmarking focus was strongly on increasing the amount of knowledge work

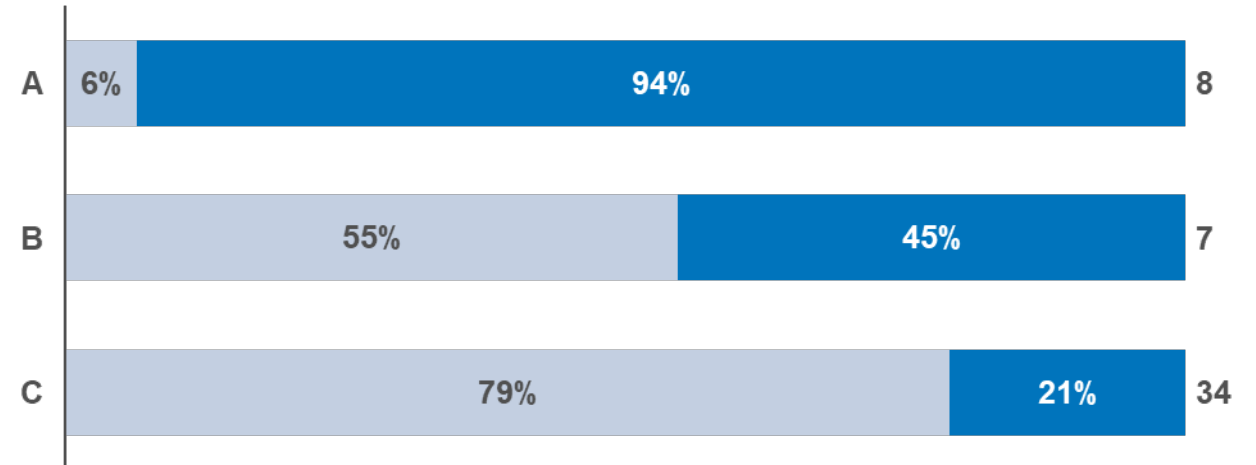
## Hospitals benchmarked on the share of pharmacists' knowledge work

% all working hours



## Hospitals benchmarked on the share of pharmacists' knowledge work at pediatric care departments

% all working hours, autumn 2019

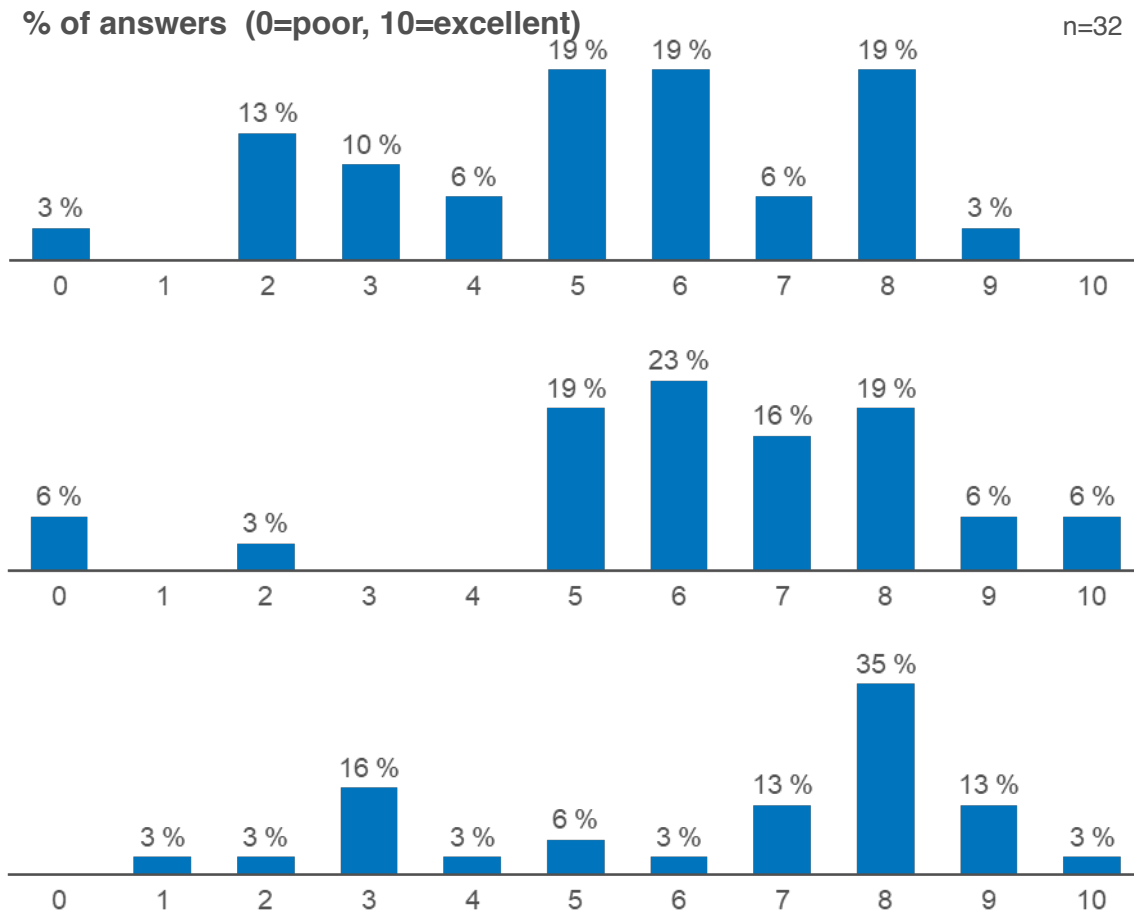


**In this hospital, the clinical pharmacist worked on several departments as shared resources**

- The role of the clinical pharmacist was mainly based on the department's needs and resource allocation which often led to the pharmacist conducting logistic tasks
- Share of knowledge work differed between hospitals as well as departments within hospitals
- Highest amount of knowledge work was achieved when the clinical pharmacist worked as a shared resource within a clinic for several departments of the same specialty

# Benchmarking and the metrics received positive feedback from the pharmacists – common workshops helped to shape the development work

## Feedback questionnaire



How well do the metrics describe the work of a clinical pharmacist?

How well do the metrics support the development of clinical pharmacy?

How easy was the logging of the metrics?



## Take-home messages

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### 1) Groundwork

- Successful benchmarking requires thorough groundwork
- In order to achieve true comparison, differences between organizations and departments must be understood

### 2) Common metrics

- Commonly agreed metrics form the basis for benchmarking
- Definition of the metrics should be clear and easy to understand

### 3) Encourage development

- Benchmarking can encourage development and be an effective way to motivate improvement in chosen areas