

Why Benchmark?

Benchmarks are useful in identifying what is possible. If performers with the best scores can be identified, studying those practices can be enlightening.

- Reported benchmarks are not actionable in and of themselves. Improving any performance measure requires thoughtful analysis and sustainable changes in operations. Simply imposing published performance measures upon a particular practice is not effective, and often produces blame and frustration instead of improvement.

www.ctqsolutions.com - 877-208-7605 www.hciconsultants.com - 888-982-6060

Horizontal lines for notes.

Benchmarking Basics

The principle activities in benchmarking are:

- Identify problem areas or unsatisfactory results
- Document the related environment and processes
- Identify other industry facilities with similar processes or issues
- Identify the leaders, e.g., those facilities with the most favorable benchmarks with respect to the areas of interest or concern
- Study the leaders to learn what they are doing
- Compare the leaders' environments and processes to the subject facility
- Decide what changes the facility is willing and able to make
- Implement the acceptable changes
- Monitor
- Implement additional changes if necessary to meet goals

www.ctqsolutions.com - 877-208-7605 www.hciconsultants.com - 888-982-6060

Horizontal lines for notes.

Benchmarks

Historically:

Healthcare benchmarks have been a way to identify industry leaders from which something might be learned

In the future:

Expect that your facility benchmarks will:

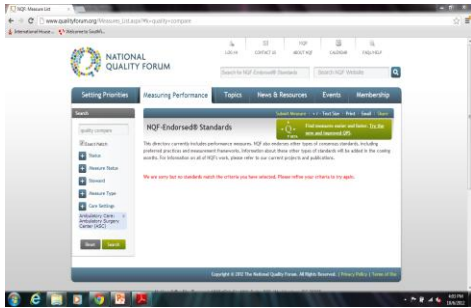
- Affect your payer contracts
- Affect your reimbursement rates
- Influence potential patients
- Influence potential surgeons

Affect your community reputation as a quality health care provider

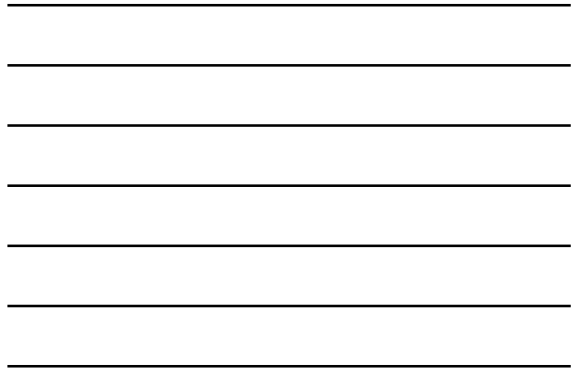
www.ctqsolutions.com - 877-208-7605 www.hciconsultants.com - 888-982-6060

Horizontal lines for notes.

NQF Endorsed® Standards



www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060



Current Surgical Reporting Requirements = Opportunity

AMBULATORY SURGICAL CENTER MEASURE REPORTING START DATES			
Change Status Strategies			
Number	Measure for CY 2014 - Effective Date	Implementation	Data Submission Dates for CY 2014 Payment
ASC-1	Patient Burns	Q4 (Oct-Dec) 2012 measures	Claims submitted for services furnished between October 1, 2012 and December 31, 2012
ASC-2	Patient Fall in the ASC	Q4 (Oct-Dec) 2012 measures	Claims submitted for services furnished between October 1, 2012 and December 31, 2012
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Q4 (Oct-Dec) 2012 measures	Claims submitted for services furnished between October 1, 2012 and December 31, 2012
ASC-4	Hospital Transfer/Admissions	Q4 (Oct-Dec) 2012 measures	Claims submitted for services furnished between October 1, 2012 and December 31, 2012
ASC-5	Preoperative Administration (P/A) Antibiotic Timing	Q4 (Oct-Dec) 2012 measures	Claims submitted for services furnished between October 1, 2012 and December 31, 2012
Specific Measures			
Number	Measure for CY 2014 - Effective Date	Implementation	Data Dates
ASC-6	Use of a Pre-Operative Checklist	January 1, 2013 - December 31, 2013	July 1, 2013 - August 11, 2013
ASC-7	ASC Volume for Selected Procedures	January 1, 2013 - December 31, 2013	July 1, 2013 - August 11, 2013

www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060



ASC Quality Collaboration Report 2nd Quarter 2012

Quality Indicator	# of ASCs Reporting	# of ASC Admissions	Rate per 1000 Admissions
Patient falls in the ASC	1240	1,473,952	0.139
Patient burns	1250	1,474,242	0.022
Hospital transfers/admissions	1,258	1,501,757	1.167
Wrong site, side, patient, procedure, implant events	1,239	1,470,170	0.033
Percentage of admissions with antibiotics ordered - administered on-time	1,048	1,187,386	97%
Percentage of admissions with appropriate surgical site hair removal	1,102	1,237,073	99%

The following organizations agreed to collect and submit clinical quality data reflecting patient admissions* from April 1, 2012 through June 30, 2012: Ambulatory Surgery Center Association; Ambulatory Surgical Centers of America (ASCOA); AmSurg; Healthcare Facilities Accreditation Program (HFAP); Health Inventures; HCA Ambulatory Surgery Division; Nueterria; Surgical Care Affiliates (SCA); Symbion and United Surgical Partners International (USPI). (ASC collaboration 2012)

www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060



Survey Administration Program Essentials

- **Timeliness – *Might be the Most Important Attribute***
 - Timely survey response optimizes program - Electronic surveying
 - Ability to **act promptly** with **dissatisfied patients** - a critical success factor
- **Immediate Action and Tracking**
 - Focus on **dissatisfaction first**
 - Capture issue identification and collaborate on follow up
 - Escalate issues as warranted
 - Reporting tied to issues is available on-demand
 - **Identify inputs** to process and/or quality improvement initiatives
 - Monitor Improvement
- **Reporting**
 - Migrate away from the 'Score Only' approach
 - Use peer benchmarks and internal trends
 - Define **internal targets**** and track with scorecards
 - Delineate scores and comments by provider
 - Listen carefully to the comments – focus on patterns/repetition

****What Gets Measured Gets Managed; What Gets Managed Gets Improved**

www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060

Overall Scores – Often Misleading Apples-to-Apples...or Not?

	Facility A	Facility B
Overall Score	93.3	91.5

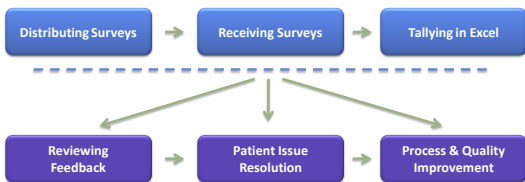
Individual Scores: Recognize that All Measures are Not Created Equal

Measure	Facility Score	Measure	Facility Score
Surgeon spent adequate time with me prior to my procedure	89.6	Surgeon spent adequate time with me prior to my procedure	91.6
Privacy was respected at all times	92.2	Privacy was respected at all times	93.2
Wait time was reasonable	89.2	Wait time was reasonable	92.2
Pain was controlled and as expected	92.3	Pain was controlled and as expected	94.3
Nursing courtesy	93.2	Nursing courtesy	97.6
Adequacy of recovery time	87.9	Adequacy of recovery time	91.2
Comfort of waiting area	95.2	Comfort of waiting area	88.3
Parking Convenience	97.1	Parking Convenience	81.4

www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060

Shifting Focus to Improvement

*Acquiring accurate and **responsible** data;
That reflects the global perspective of your patient census;
That is returned within your 'loyalty window';
Is accessible in a timely manner by your leadership;
And provides requisite information to make it **actionable**;
Is both a program and competitive necessity.*



www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060



Benefits of Proactive Benchmarking Adoption

- 1. Organization will have an opportunity to become aware of best practice information currently available, compare current performance and work to improve performance in key area's resulting in higher initial public reporting scores.
- 2. Patient perceptions of care should improve as a result of organizations immediate response to patient dissatisfaction/concerns.
- 3. Staff and leadership will become more aware of quality focus , integrating public goals into Quality Assessment Performance Improvement program.
- 4. Negotiate favorable payer contracts and improved rates based upon high quality outcomes.
- 5. Attract the best surgeons and staff based upon improved community reputation.
- 6. Promote reputation as a community health care leader based upon word of mouth and publically reported outcomes/process data.

www.ctqsolutions.com · 877-208-7605 www.hciconsultants.com · 888-982-6060