

Benchmarking

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Benchmarking

- “Uncovering best practices by learning from others” Six Sigma
- “Evaluates various aspects...in relation to best practices in the industry, this then allows an organization to develop plans to adopt that practice or to increase some aspect of that performance” Wikipedia

Easy Definition

“Measuring Your Practice’s Performance
With That of Your Peers”

Dianne Bourque

A Template for Attaining Benchmarking Data

- Identify problem areas
- Look at organizations that are leaders in your industry
- Survey those organizations
- Compare the data against yours
- Communicate the data
- Implement new or improved practices

The Government is doing it.....

“But earlier this month, the president admitted ‘it makes sense to have benchmarks as a part of our discussion on how to go forward’.” MSNBC

Parents are doing it...

Moms sitting in the park comparing notes on their children's progress.

Asking for better ways to potty train, wean, teach reading, etc.

Why should we do it ?

To take our organization to the “next level”, we have to provide relevant services to our membership.

Benchmarking data is a project that is relevant to the majority of the physician practices in the AAFPRS.

Benchmarking: requirement for accreditation

- Acquiring a relationship with a similar organization MAY be difficult
- You may not wish to share details with your competitors

Our Unique Situation

Facial Plastics Practices are using a different business model than traditional physician practices.

- Fee for service
- High end customer service
- May have office-based surgery centers
- Accreditation will be mandatory for practices that perform procedures in their offices.

AAFPRS Requirement

- AAFPRS Board of Directors require that all members operate in an accredited facility if using Level II or higher anesthesia.
- Deadline: June 30, 2009
- All members must currently be in the process at this time (if applicable)

Level I Anesthesia

- This is the use of ONLY local anesthetic to perform a surgical or treatment procedure.
- This patient may drive home after the procedure if VS are stable and they deny dizziness, nausea, or distractive pain.

Level II Anesthesia

- The use of local anesthetic and any type of sedation during an operative or treatment procedure:
 - Oral Sedation
 - IV Sedation

Other ways to collect data

- Journal articles
 - AAFPRS
 - AORN
 - ASPAN

Purchasing Data

AAAHHC

www.aaahc.org

AORN

www.aorn.org

Purchasing Data

Physician's Practice

www.physicianspractice.com

MGMA

www.mgma.com

OFPSA Plan

- 3 topics
- 1 topic per survey
- 4 month intervals
- Data collected by OFPSA
- Data published in the newsletter

Choosing Topics

- Administrative/Practice Management
- Patient Care
- Clinical Components

Administrative/Practice Management Topics

- Physician to staff ratio per specialty
- Overtime hours
- Salary survey
- Fee-for-service % vs. Insurance %
- Hours of operation
- Services provided

Administrative/Practice Management Topics

- Benefits offered to staff
- Staff retention plans
- Patient retention plans
- Marketing budget (% per year)
- Electronic medical records software
- Scheduling software

Patient Care

- No show %
- Patient education issues
- Types of local anesthetic used
- Injectibles offered
- Esthetician services offered
- Post-op appointments kept

Clinical Components

- Surgical site infections per year
- Surgical cancellations due to patient non-compliance
- Types of anesthesia gases used in OR
- Types of pain medicines ordered post-operatively
- Incidence of increased dwell time in PACU due to PONV

Voting for the 3 topics

- Deciding today
- More info via email
- Look for the survey
- Surveys
 - October
 - February
 - June

**Sell it to your Staff
Members NOW**

Overcoming Resistance

“The way we do it is already the best because it is the way we have always done it here”

Helping Staff Members Embrace Change

- Discuss increased efficacy
- “Work smarter, not harder”
- Challenge staff members to open their minds to new ideas, new tools, new ways
- Physicians may be more willing to accept change with “proof”

2007-2008

Begin to look at trends that you are interested in or that are worrisome to your practice. Submit these topics for next year. This will be an on-going project for the OFPSA.

Thank You