



Let's talk about benchmarking

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Benchmarking is a comparison and measurement of a healthcare organization's services against other national healthcare organizations. It provides leaders with insight to help them understand how their organization compares with similar organizations that provide the same services. It also allows for the sharing of best practices and evidence-based practice (EBP) clinical research outcomes between healthcare facilities at a national level. Benchmarks can be tailored to specific areas of nursing, such as acute- and long-term-care hospitals, hospice, and home health facilities. The four core principles of clinical practice benchmarking are maintaining quality, improving customer satisfaction, improving patient safety, and continuous improvement.

A common national benchmark is ensuring that all patients who enter the hospital have a medication reconciliation completed upon admission. Another common long-term-care benchmark is ensuring that patients with Alzheimer disease have the same caregiver each shift for a consecutive 28-day period to maintain continuity of care and decrease anxiety. Within the ICU, a common benchmark is decreased rates of hospital-acquired conditions such as ventilator-associated pneumonia, central line-associated bloodstream infection, and catheter-associated urinary tract infection.

A recent focus has made hospital readmission rates a top benchmark for acute-care hospitals. In 2013, the Centers for Medicare and Medicaid Services (CMS) started penalizing hospitals for excess readmission rates, specifically those

readmissions related to heart failure, acute myocardial infarction, and pneumonia. Over 33% of all hospitals report that their contract with the CMS reduces reimbursement for patients who are readmitted within a 30-day time period. That's why it's vital to communicate any concerns you may have to avoid premature discharge of a patient.

For benchmarking to be successful, the management team must support the goal and the interventions necessary to attain it. Staff members must be educated on EBP initiatives in a forum that allows them to ask questions. This may include forming specific task groups or committees that are dedicated to monitoring the progress toward benchmark goals.

Measuring compliance is also vital to the successful implementation of a benchmarking plan. Clinical benchmarking requires staff members to methodically audit their clinical practice to ensure that the organization is achieving the required measurable outcomes. Lastly, it requires the healthcare organization to allocate time and resources for the interventions to be implemented.

Nurses from administration to the bedside play a vital role in ensuring that their healthcare facility is a leader in meeting national benchmark standards. Be empowered and communicate your valuable thoughts, insights, and opinions on ways to improve your healthcare facility's compliance with benchmarking interventions and goals to increase your patient population's clinical outcomes and safety. ■

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