

015: DEVELOPMENT OF AN INTERNATIONAL PERFORMANCE INDICATOR PROGRAMME BENCHMARKING INITIATIVE

Carter I., Cahill M., De Beukeleer M., Franklin R., Fullerton K., Goodall A., Lips T., Muscat M., Schembri J., Schots J., Veldhuis, E.

Objective:

To establish a systematic process with other major International academic teaching hospitals to identify perceived clinical and non-clinical best practises within a framework which enables each individual hospital to validate their own performance, identify 'best practises' and subsequently reshape structures and processes to achieve best practise.

Methods:

Framework for progression

In 2003, a working group was established, led by St James's Hospital, to develop an International Performance Indicator Programme Benchmarking Initiative with 6 other major academic teaching hospitals.

Participating hospitals:

- St James's Hospital, Ireland, (850 beds)
- Groningen University Hospital, The Netherlands, (1300)
- University Hospital Brussels, Belgium, (679)
- Guy's & St Thomas' Hospital NHS Trust, UK, (1250)
- St Luke's Hospital, Malta, (838)
- Belfast City Hospital, Northern Ireland (780)
- Cardiff & Vale NHS Trust University Hospital of Wales, UK, (1200)

Development of the Benchmarking Initiative

Benchmarking Projects have been selected based on key areas / issues of common interest among participating hospitals.

Key initial projects will address/review:

- Average length of stay
- Emergency admission pathway
- Theatre utilisation
- Treatment of a patient on a day care basis
- Unplanned readmission

Promulgation

It was agreed that the objectives of this initiative are best achieved in a non-statutory / non-competitive framework developed around group meetings. This enables hospitals to validate their own performance, review other hospitals' performance, and identify better practises that secure higher performance values than their own.

Results:

The results of this benchmarking initiative presented participating hospitals with the opportunity to validate their own performance, identify best practises and share information on continuous quality initiatives. Subsequently this has enabled other participating hospitals to examine how 'best practise' is structured to secure higher performance values and the opportunity to reshape their own structures / services based on identified best practise.

- **Treatment of a patient on a day case basis**
 - Significant variance was identified between hospitals of 68% to 30% of procedures undertaken on a day care basis.
 - Identified that treatment can be done on a day care basis
 - Hospitals now changing practise and are undertaking treatment on a day care basis
- **ALOS**
 - Variance was identified between hospitals in the management of 'stroke patients'
 - Best practise identified in effecting early discharge of stroke patients
 - Hospitals now in a position to change processes to achieve best practise
- **Unplanned readmissions**
 - Higher percentage of unplanned readmissions identified for one hospital compared with other hospitals - this hospital in now in a position to review own processes and to investigate the reasons for less than optimal performance.

The initial review has demonstrated the need for a more comprehensive drill down of benchmark projects.

Conclusions:

Participating hospitals can now systematically validate and quantify clinical and non-clinical performance, outcomes and supporting processes in key areas of interest with similar international hospitals; identify potential best practises that have higher levels of performance; and subsequently change existing structures and processes to achieve higher levels of performance in a logical and robust manner.