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IG2

The art of Benchmarking

Presenters: **Marine Cillis and Jatinder Harchowal**
Facilitator: Ana Valladolid Walsh

Sunday, 28th March 2021 – 1:00 pm to 1:45 pm

Cliniques universitaires SAINT-LUC UCL BRUXELLES

Disclosure statement

- **Relevant financial relationship**: none
- **Off-label investigational uses**: none

Self-assessment questions

True or False?

1. Benchmarking helps demonstrate the value of clinical pharmacy

2. There is an international consensus about clinical pharmacy quality indicators

3. A tool is available to help you to benchmark clinical pharmacy activities

Learning objectives

After the session, participants should be able to:

- *Part 1 (Marine Cillis)*
  Describe what steps should be taken in order to benchmark clinical services

- *Part 2 (Jatinder Harchowal):*
  Present successful clinical services benchmarking experiences

Overview


Theory
1
Benchmarking definition
2
How to prepare Benchmarking
Practice
3
Sharing by Belgian experience

Benchmarking - Definition

- Management tool
- **AIM**= improve the performance and the quality
- **How?**
  - ✓ Compare the practices and performance of various partners
  - ✓ Identify the most efficient practice
  - ✓ Implement it on a larger scale

Compare to Progress

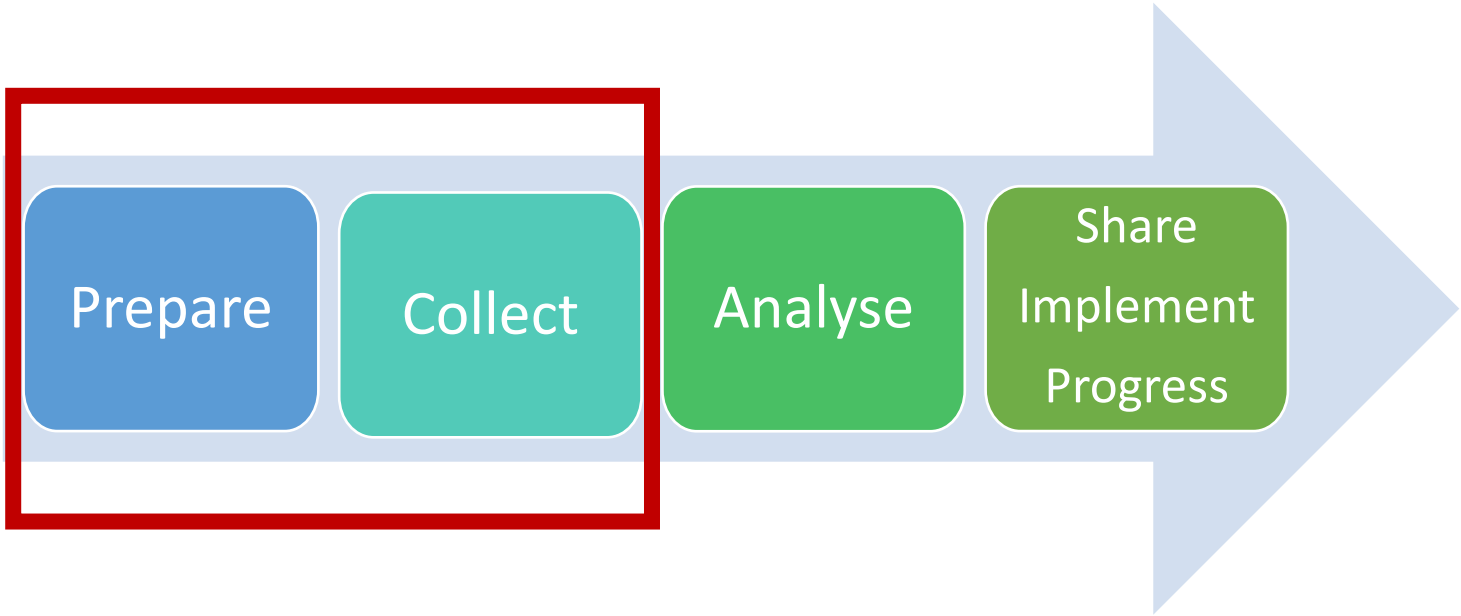
Cillis 2018, Murphy 2000,Ettorchi-Tardy et al 2012, Fowler et Campbell 2001

Benchmarking - Benefits

- Exchange ideas between colleagues and hospitals
- Identify our strengths and weaknesses
- Encouraging continuous improvement
- Demonstrate efficiency to hospital administrators

Cillis 2018, Murphy 2000, DiPiro 2010, Ettorchi-Tardy et al 2012, Fowler et Campbell 2001, Fernandes 2015

Benchmarking - Process



Inappropiate comparisons

Activites associated with a positive impact on patient outcome

Prepare

Benchmarking

What to compare?

Comparison elements applicable on a large scale

1) **Quality indicators** ~~international consensus~~

1) **Relevant contextual factors** → perspective

Cillis 2018, Murphy 2000,Ettorchi-Tardy et al 2012, Fowler et Campbell 2001

Practice

Prepare Collect

Sharing my Belgian experience

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RESEARCH ARTICLE

Development of a tool for benchmarking of clinical pharmacy activities

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Background and Objectives

- In Belgium: need to promote and evaluate Clinical Pharmacy

- Create a benchmarking tool for clinical pharmacy practice in Belgian hospitals

  → Identify Quality indicators and Contextual factors (Belgian context)

  → Include them in a easy-to-use tool

  → Test the tool

Sharing my Belgian experience

Method

1. Literature review
2. Focus groups with clinical pharmacists
3. Create the tool
4. Validate the tool: real-life test and Delphi method

- 20 clinical pharmacists
- 6 Belgian hospitals (mean: 790 beds, min/max: 330/1124 beds)
- Mars-April 2015

Practice

Prepare | Collect

Sharing my Belgian experience

Result = *Benchmarking Tool*

Measure what?	*How?*
QUALITY *(not only quantity)*	*3 forms and a an instruction manual*

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Result = *Benchmarking Tool*

Measure what?

QUALITY *(not only quantity)*

10 quality indicators
(about 6 CP activities)

How?

3 forms and a an instruction manual

« **Encoding** » form

Sharing my Belgian experience

Result = *Benchmarking Tool*

Measure what?

QUALITY *(not only quantity)*

10 quality indicators
(about 6 CP activities)

38 contextual factors

How?

3 forms and a an instruction manual

« **Encoding** » form

« **Context** » form

Practice

Prepare | Collect

Sharing my Belgian experience

Result = *Benchmarking Tool*

Measure what?

QUALITY *(not only quantity)*

- **10 quality indicators** (about 6 CP activities) → « **Encoding** » form
- **38 contextual factors** → « **Context** » form
- **9** types of **general projects** → promotion of proper use of medication → « **Non patient-centered activities** » form

How?

3 forms and a an instruction manual

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Encoding form

6 clinical pharmacy activities *and* ***10 quality indicators***

Encoding form

6 clinical pharmacy activities** and **10 quality indicators

1. Medication reconciliation at admission

% patients admitted for whom the pharmacist checked that all stages of medication reconciliation were adequately performed **within 24 working hours of admission**

Encoding form

6 clinical pharmacy activities** and **10 quality indicators

2. Monitoring

% interventions accepted and partially or completely applied by the health care team

Number of interventions accepted and partially or completely applied by the health care team

Number of patients with a **pharmaceutical record**

% patients with a pharmaceutical record

Encoding form

6 clinical pharmacy activities** and **10 quality indicators

3. Discharge and transfer medication counselling

% patients discharged/transferred who have received **ORAL** information about their medication before their discharge or transfer from the service
% patients discharged/transferred who received **WRITTEN** information about their medication on discharge or transfer from the service
Number of **GPs, specialists, and/or community pharmacists** who received WRITTEN information about their patient's medication on discharge from the service
Number of patients discharged or transferred from the service

Encoding form

6 clinical pharmacy activities** and **10 quality indicators

4. Adverse drug reaction monitoring

Number of interventions accepted and activities performed to prevent, detect, assess, manage, report, and/or document adverse drug reactions
Number of patients with a pharmaceutical record

Encoding form

6 clinical pharmacy activities** and **10 quality indicators

5. Patient Education

% patients who received therapeutic education (apart from discharges and transfers)

Encoding form

6 clinical pharmacy activities *and* ***10 quality indicators***

6. Information provided to healthcare team

Number of answers to questions from the healthcare team
Number of weeks

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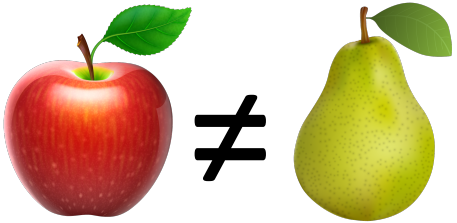
Context form

- **Context is important!** → place the results of quality indicators in perspective
- 38 contextual factors in 5 categories:
  - Hospital context
  - The activities of the project pharmacist
  - Training and experience
  - Infrastructure available
  - Strategy



Non patient-centred activities form

Once for each hospital

- 9 types of general projects for the **promotion of good medication practice developed in each hospital**

Quality and Security

→ Accreditation Canada, High 5S OMS….

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Benchmarking Tool

What for? → *3 types of audit*

- **Self-assessment** (strengths, weaknesses, points of improvement)
- **Evolution monitoring** (performance over time)
- **Benchmarking** (performance in comparison with other hospitals)

Conclusion

Developement of a **Benchmarking tool** in Belgium

Comparative analysis + Overview of clinical pharmacy practices

→ **Identify the most efficient pratice + implementation**

→ Improve **QUALITY**
→ Promote **DEVELOPMENT**
of clinical pharmacy

Take home messages

1. Benchmarking is a powerful tool to improve quality
2. Before collecting data: preparation is very important
3. Benchmarking tool created for clinical pharmacy activities

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Questions?

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