

ANALYSIS OF BENCHMARKING INDICATORS TO ACHIEVE

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QUALITY IMPROVEMENT IN A PHARMACY DEPARTMENT

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BACKGROUND: Benchmarking is a process that makes possible comparing similar companies with the best practices looking for improvement. This method can be applied to pharmacy departments but it is necessary monitoring standard quality indicators to develop continuous quality improvement.

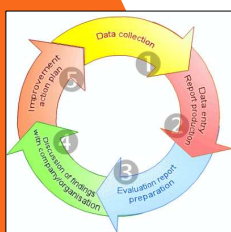
OBJECTIVE: To analyse benchmarking quality indicators (QIs) since they were implemented as a method for quality continuous improvement in a hospital pharmacy department (PhDp).

MATERIAL AND METHODS:

Prospective analysis of **three years benchmarking QIs** data recorded since they were included in the PhDp quality management system (from April 2012 to April 2015). QIs were designed and validated by *Benchfar*® (FBA consulting), that is a national project specially designed to compare pharmacy services' performance. Comparison group was integrated by 28 similar PhDp in terms of number of occupied beds (less than 200 beds). Benchfar online software has been used to record, analyse and compare values of the fifteen indicators included according to its frequency between members group: monthly (5), quarterly (1), biannual (3) or annual (6). QIs were divided in three dimensions:

- **activity** (number of pharmaceutical interventions in in-patients prescriptions and cost of expired drugs)
- **technical and scientific quality** (stock-out rate, rate of mistakes in distribution unit dose system, rate of short length central parenteral nutritions (less than five days), dispensing error rate, number of control temperature deviations, discarded preparation rates)
- **satisfaction** (about drug information service, dispensing process and nurses and physicians global satisfaction)

RESULTS:



- We have been considered like **the best pharmacy** more times in following QIs: rate of mistakes in distribution unit dose system, stock-out rate and dispensing error rate (in 11, 10 and 8 periods respectively).
- According to **percentiles**, most of our outcomes are equal or superior to what is qualified as minimum level (50th percentile) and we have obtained a value superior to 75th percentile (satisfactory level) in dispensing error rate.
- However, global satisfaction indicators are below 50th percentile and monthly pharmaceutical interventions do not always reach 50th percentile.

CONCLUSIONS:

Benchmarking indicators analysis has made possible monitoring our performance and identifies quality improvement opportunities. It is necessary to design and re-evaluate improvement actions to increase pharmacy client's level satisfaction and number of interventions.

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