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Understanding the Benchmarking Process

This article is excerpted from the book Medication Errors by Michael Cohen, RPh, MS, ScD. Dr. Cohen is President of the Institute for Safe Medication Practices (ISMP) and serves as an expert advisor to PA-PSRS in the area of medication safety.

Benchmarking is an ongoing process that determines how other organizations have achieved optimal performance. Through the process of benchmarking, ways are suggested for adapting the best practices that result in exception performance. Although measurement is one of its components, effective benchmarking is a dual process that requires two products: performance measurement and enablers.

Benchmarks are measures of comparative performance that answer the question: What is your level of performance? By itself, this information has little use in improving performance. To be effective, benchmarking must also provide a systematic method of understanding the underlying process that determines an organization's performance. To that end, enablers must be identified. Enablers are the specific practices that lead to exemplary performance; they answer the question: How do you do it? Overlooking either one of these components in the benchmarking process renders it useless, even dangerous.

Although medication error rates, for example, may seem ideal for benchmarking, we must question the wisdom of applying the benchmarking concept to the medication use process when the focus is on error rates. Certainly, the confusion surrounding the term "benchmarking" perpetuates the myth that one can gauge the quality and safety of the medication use process simply by comparing error rates, both within an organization and externally. The true incidence of medication errors varies, however, depending heavily on the rigor with which the events are clearly identified and reported.

Because many medication errors cause no harm to patients, they remain undetected or unreported. Still, organizations often depend only on spontaneous, voluntary reporting of errors to determine the rate at which errors occur. The inherent variability of determining an error rate in this way invalidates the measurement, or benchmark. A high error rate may suggest either unsafe medication practices or an organizational culture that promotes error reporting. Conversely, a low error rate may suggest either successful error prevention strategies or a punitive culture that inhibits error reporting. Moreover, the definition of a medication error may not be consistent among organizations or even between individual practitioners in the same organization. Thus, spontaneous error reporting is a poor method of gathering benchmarks; it is not designed to measure medication error rates.

Of equal concern is the mistaken belief that benchmarking is simply a process of comparing numbers. Although this activity produces no meaningful information, healthcare organizations have embraced the practice of comparing error rates. Yet, there has been little effective effort directed at identifying enablers for safe medication use to accompany this attempt at benchmarking. As a result, organizations focus undue attention on maintaining a low error rate, giving the errors themselves, rather than their correction, disproportionate importance. This promotes an unproductive cycle of underreporting errors, which results in unrecognized weaknesses in the medication use system. Thus, low error rates can result in a false sense of security and a tacit acceptance of preventable errors.

Benchmarking for the medication use process can be effective only if a system of objective measurement, which is more reliable than spontaneous error reporting alone, is used to identify best practices (such as observational methods or systematic evaluation of errors).

In addition, the benchmarking process must include a method for accurately determining the specific processes that enable the organization to achieve

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Understanding the Benchmarking Process (Continued)

an environment in which medications are safely used. Success is more likely with benchmarking projects that are focused on specific areas of drug therapy (such as insulin or anticoagulant therapy) so that accurate benchmarks (performance measures) and enablers (practices that lead to exemplary performance) can be more easily identified and implemented.

Benchmarking projects should be carefully selected. Organizations are urged to place less emphasis on error rates that are based solely on spontaneous, voluntary reporting programs. Instead, error reporting should be encouraged in order to identify and remedy problems, rather than to provide statistics for comparison.

Source

Cohen MR, ed. *Medication Errors.* Washington, DC: American Pharmacists Association (APhA); 1999. Copyright APhA. Reprinted with permission.

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The Patient Safety Authority is an independent state agency created by Act 13 of 2002, the Medical Care Availability and Reduction of Error ("Mcare") Act. Consistent with Act 13, ECRI, as contractor for the PA-PSRS program, is issuing this newsletter to advise medical facilities of immediate changes that can be instituted to reduce serious events and incidents. For more information about the PA-PSRS program or the Patient Safety Authority, see the Authority's website at www.psa.state.pa.us.

ECRI is an independent, nonprofit health services research agency dedicated to improving the safety, efficacy and cost-effectiveness of healthcare. ECRI's focus is healthcare technology, healthcare risk and quality management and healthcare environmental management. ECRI provides information services and technical assistance to more than 5,000 hospitals, healthcare organizations, ministries of health, government and planning agencies, and other organizations worldwide.

The Institute for Safe Medication Practices (ISMP) is an independent, nonprofit organization dedicated solely to medication error prevention and safe medication use. ISMP provides recommendations for the safe use of medications to the healthcare community including healthcare professionals, government agencies, accrediting organizations, and consumers. ISMP's efforts are built on a non-punitive approach and systems-based solutions.