

AAAHC

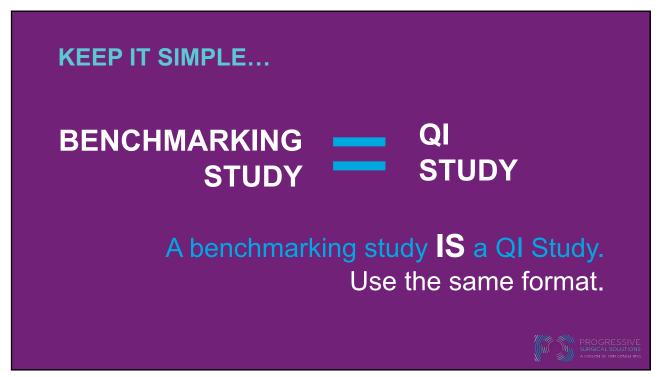
- Include the selection and use of performance measures that are appropriate for improving the processes or outcomes of care relevant to the patients served
- Compare internal performance to external benchmarks that are based on valid and reliable local, state, national, or published data
- Include tracking changes in the organization's performance on the selected performance measures
- o Incorporate into other quality improvement initiatives
- o Report to the GB and throughout the organization

PROGRESSIVE

What Does It Mean?



- O You should **regularly participate** in benchmarking
- O Compare your ASC with **internal and external performance measures** and determine if performance improvement initiatives are required
- You may document this as a **QI study** (Highly Recommended)

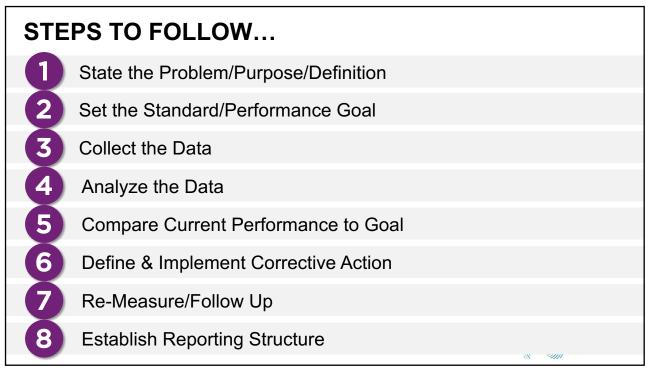


Survey	Data
Turnover	Time

OPHTHALMOLOGY					
Minimum	Mean	Maximum			
20	41	60			
4	10	25			
10	18	30			
	Minimum 20 4	Minimum Mean 20 41 4 10			

	OTHER SPECIALTIES			
		Minimum	Mean	Maximum
	Average Preop Time	15	31	47
	Average Turnover Time	15	25	40
	Average PACU Time	30	45	60
				PROGRESSIVE SURGICAL SOLUTIONS A DIVISION OF 85M CONSULTING

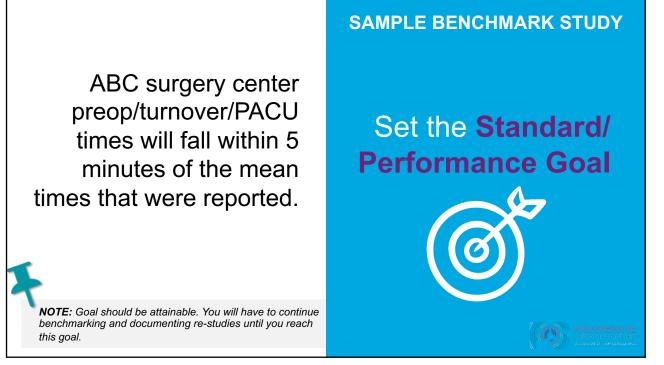
Survey Data				
Complications		Minimum	Mean	Maximum
	Patient Falls	0	0.15	1
	Medication Errors	0	0.33	4
	Wrong Site Surgery	0	0	0
		% of ASCs		
	Patient Falls	15%		
	Medication Errors	19%		
	Wrong Site Surgery	0		
				PROGRESSIVE Surgical solutions

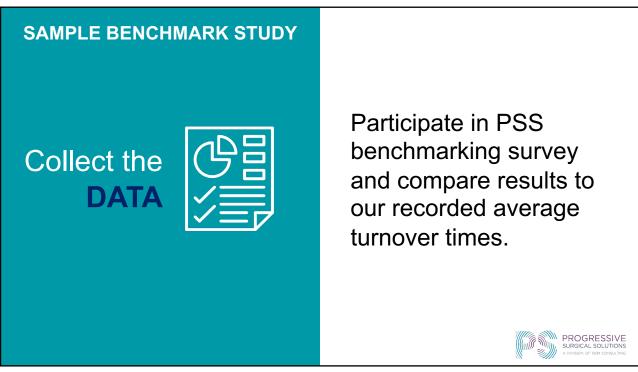


SAMPLE BENCHMARK STUDY

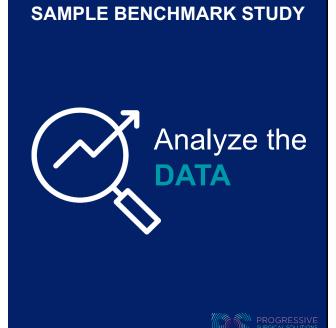
State the Problem Purpose Definition ABC Surgery Center is comparing surgical turnover times to other centers that participated in PSS surgical time benchmarking data.







ABC Surgery Center	Benchmark Mean
45	41
16	10
23	18
	Center 45 16



SAMPLE BENCHMARK STUDY

Compare Current
Performance
Goal

ABC surgery center turnover time is **6 minutes over the mean benchmark**. The preop/PACU times fall within our goal.

This does not meet our goal of a turnover time within 5 minutes of all reported times.

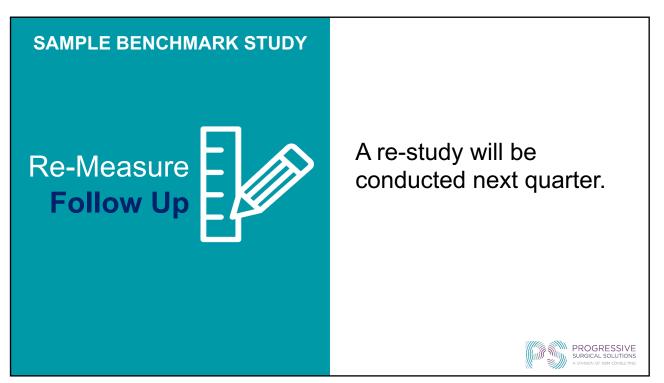
PROGRESSIVE

- 1. Implement use of a 1-minute Caviwipe instead of a 4-minute.
- 2. Use the turnover team to remove all instruments from the room so the ST does not have to leave the room and begin cleaning immediately after the patient and instruments are removed the room.
- 3. Purchase a new mop with easily installed disposable microfiber towel (eliminate need to handle it)
- 4. Nurse will immediately come back to the room after report is given to PACU and clean off the tables.

SAMPLE BENCHMARK STUDY

Define & Implement Corrective Action





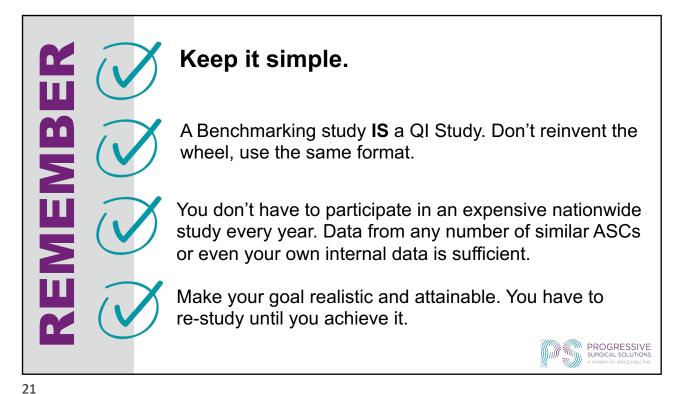
This study will be reviewed with the facility staff at the monthly staff meeting.

This study will be reported to QAPI committee, and the Governing Body at the next quarterly meeting.

SAMPLE BENCHMARK STUDY



Benchmarking	INTERNAL	
Study Examples	 Compare the rate of case cancellations from one year to the next. 	
	 Compare labor expenses between Q1 and Q2. 	
	EXTERNAL	
	 ASC Association Benchmark Your state association Professional trade association Published studies 	
	 Other ASCs in your area PSS Facebook Group 	

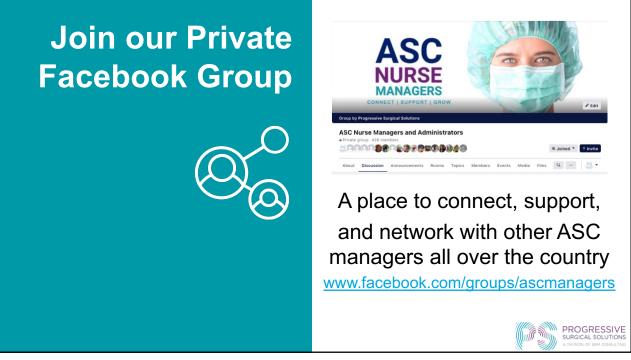




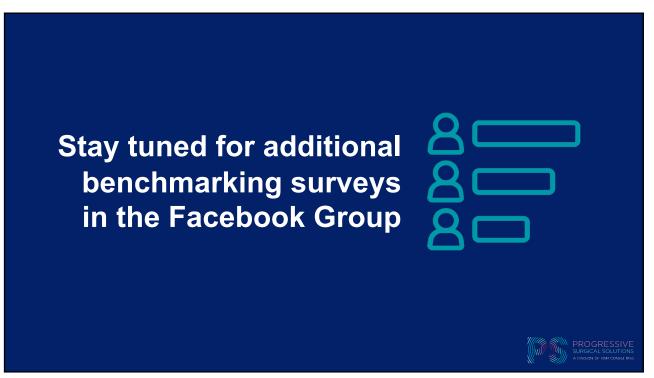
Available on eSupport	Quality Management/Benchmarkin	
PROGRESSIVE	QUALITY MANAGEMENT: BENCHMARKING Benchmarking is a systematic comparison of products, services or work processes of similar organizations (external benchmarking) to identify best practices known to date for the purpose of continuous quality improvement. BEASONS TO BENCHMARK • Tells you how you are doing AND how you are doing compared to others and best practice. • Tells you whave opportunities for improvement. • Helps you establish realistic goals for outcomes and other indicators. • Improves patient care • Regulatory and Accrediting bodies require it. • It's the right thing to do	2 مر المحافظ المحاف المحافظ المحافظ ا محافظ المحافظ المحاف محافظ المحافظ المحاف محافظ المحافظ المحافظ المحاف ححافظ المحافظ المحافظ
SURGICAL SUPPORT	STEPS TO FOLLOW 1. Decide to do it 2. Determine which indicators to measure and benchmark 3. Determine sources to benchmark results with 4. Measure indicators 5. Interpret Results (internally and externally) 6. Take action based on result interpretation	











Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
JUN 20	60	RN, CASC	What's Your Pulse? Connecting With and Understanding Your Staff	Elizabeth Monroe Kellie Wynne
JUL 25	20		Allied Health Workers in the ASC	Debra Stinchcomb
AUG 22	60	RN, CASC	Meaningful Hand Hygiene Surveillance	Crissy Beze
SEP 26	20		Excel for Nurse Leaders	Nancy Stephens
OCT 28	60	RN, CASC	Revenue Cycle Management: Improving the Bottom Line	Kylie Kaczor
NOV 28	20		Annual Survey Watch Report 2022	Cyndi Krause
DEC 16	60	RN, CASC	Life Safety Risk Assessment: What is it and what is Required?	John Crowder, Jr.



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