Benchmarking





OBJECTIVES OF THE SESSION

➤ To understand the importance of benchmarking in improving performance.

> To know how to implement benchmarking practices.





Definition:-

"A <u>systematic</u> and <u>continuous</u> process of <u>searching</u>, <u>learning</u>, <u>adapting</u> and <u>implementing</u> the best practices from within own organisation or from other organisations towards attaining <u>superior</u> performance"

Malaysia Productivity Corporation

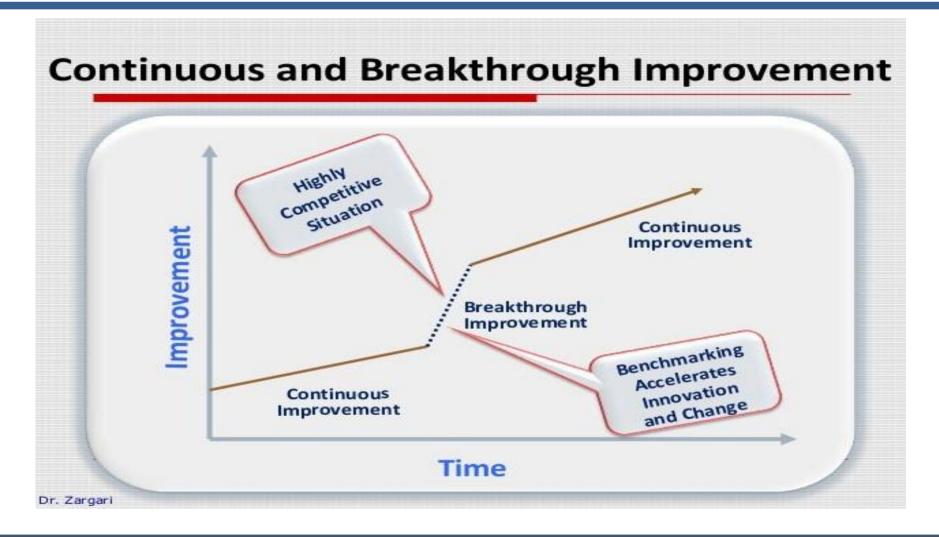
"Benchmarking is defined as the practice of being humble enough to admit that someone else is better at something and being wise enough to try to learn how to match and even surpass them at it" *Quality Digest, July, 1992*



VOV



Significance of Benchmarking



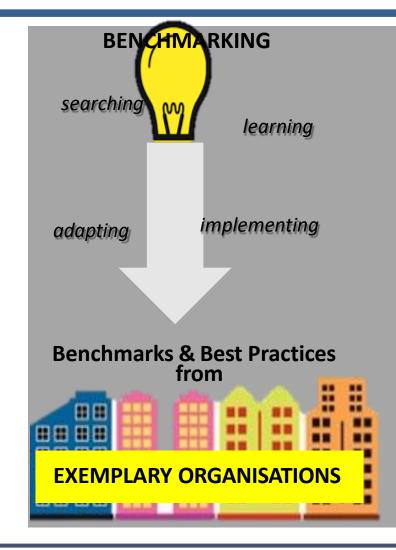




Benchmarking Main Goals

- Identify key performance measures for each function of a business operation;
- Measure one's own internal performance levels as well as those of the leading competitors;
- Compare performance levels and identify areas of comparative advantages and disadvantages; and
- Implement programmes to close a performance gap between

internal operations and the leading competitors.



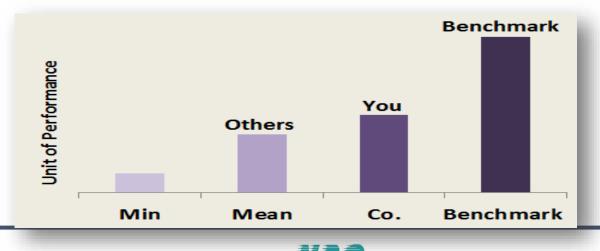




Advantages of Benchmarking

- Thinking "Outside the Box"
- Accelerate the rate of change
- Identify breakthrough improvements
- Provide fact based decisions

- Create a consensus climate
- Achieve a competitive advantage
- Improve customers satisfaction







Types of Benchmarking

1. Internal Benchmarking

A comparison of one specific process within your own organisation or across different departments and business units.

2. Competitive Benchmarking

A comparison of a specific process with that of a direct competitor.

3. Functional Benchmarking

Focuses on comparison of a specific process externally with a similar one within a broad range of your industry and business line.

4. Generic Benchmarking

A comparison of specific processes from unrelated industries or business lines towards identifying innovation.





Component of Benchmarking

Benchmark

A measure of "best-in-class" achievement, which is being recognised as the standard of excellence for a particular process.

Best Practices

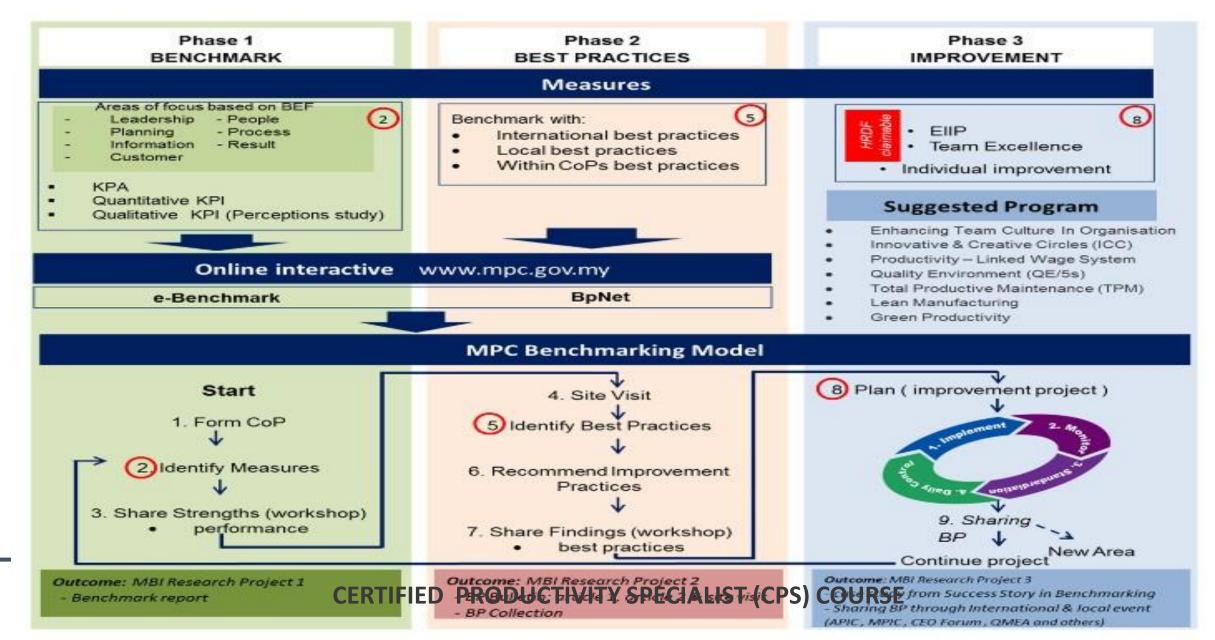
Best practices are relative terms indicating outstanding business practices which have been identified as contributing to significant improved performance in leading companies.







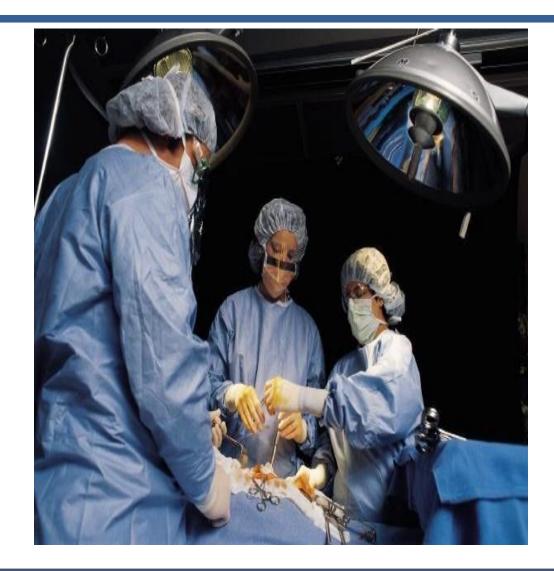
MPC Benchmarking Model



Critical Success Factor

Do the right study (something important)

- Be committed to implement the results
- Use an appropriate benchmarking process
- Choose and empower the right teams
- Know your own process first
- Choose the right partner
- ✤Agree to a code of conduct
- Test adaptability of practices and enablers
- Verify the results of implementation







Code of Conduct

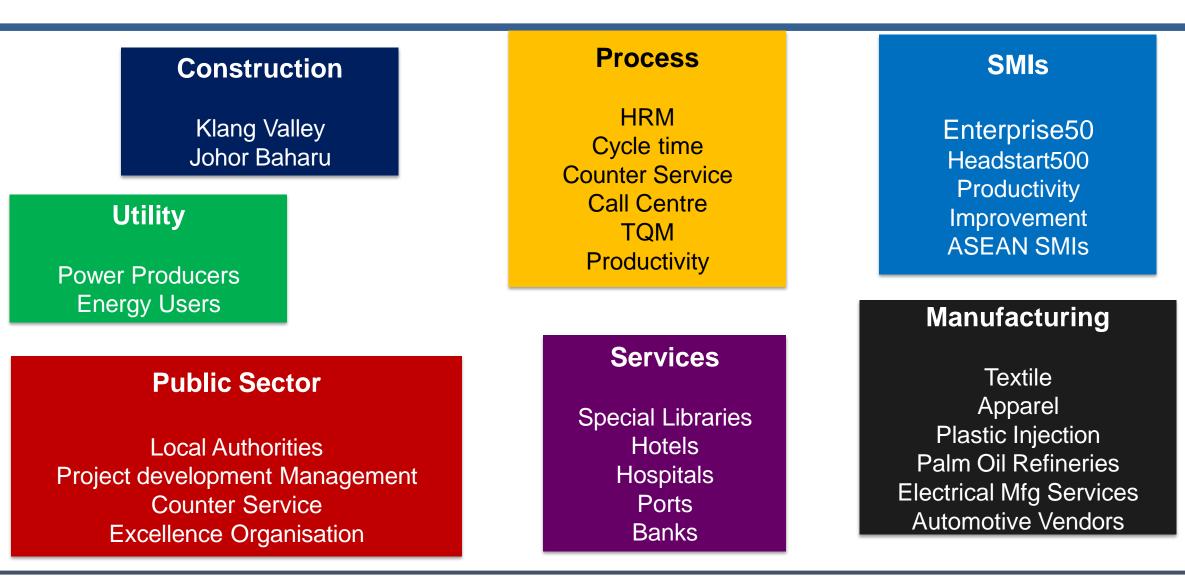
- Conduct yourself within legal bound
- Participate by **exchanging information**
- Respect confidentiality of information
- Use of information only for the **intended purpose**
- Initiate contacts with **designated individuals**
- Obtain permission before providing contacts
- Be prepared for each benchmarking event
- Follow through with commitments to partners
- Treat information from others as they desire







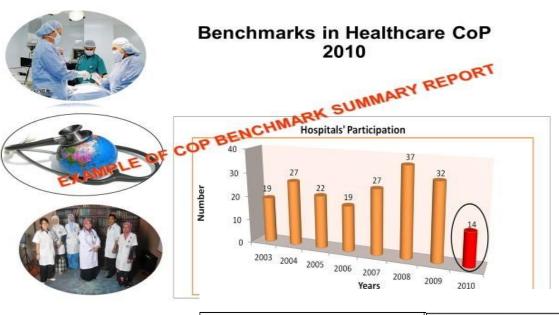
Examples of CoP







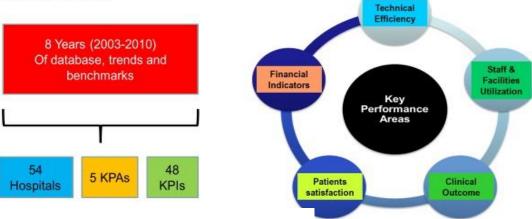
Examples of CoP



Benchmarking for Private Hospitals

Objective :

Establish benchmarks for continuous improvements on quality services



Key Performance Indicators	Key Performance Indicators	-						
1.0 TECHNICAL EFFICIENCY	2.0 STAFF AND FACILITIES UTILISATION	Key Performance Indicators	2010			2009	2008	
1.1 Average length of stay (day)	2.1 FTF of all staff per accurring had		Small	Large	Overall	Overall	Overall	
1.2 Average bed occupancy rate	2.1 FTE of all staff per occupied bed							
1.3 No. trained nurses per occupied bed ratio (op/staffed bed)	2.2 Specialist's hours per inpatient day (hour)	3.1 Surgical patients who passed away within 14 days of surgery per 1000 patients 3.2 % of elective LSCS with LOS of more than 5 days	0.0	0.7	4 0.5	0.9	0.7	
	2.3 GP's hours per inpatient day (hour)		0.8%	2.3%	1.9%	1.6%	1.5%	
1.4 No. of trained nurses Vs total FTE consultants	2.4 Nursing hours per inpatient day (hour)	3.3 % of eligible AMI patients - within 1 hour	81%	68%	170%	83%	83%	
	2.5 Operating theatre utilisation rate	3.4 Rate of unscheduled return to the operating theatre within 48 hours of operation per 1000 patients			-			
1.5 Surgeries per FTE surgeon	2.6 Labour cost per occupied bed (op/staffed bed) employed by hospital		0.0	0.8	• 0.6	0.8	1.0	
 No. of outpatient consultation per FTE doctor 		3.5 Rate of patients fall in a year per 1000 inpatients	0.1	1.7	1.2	1.5	1.4	
1.7a Total hospital laboratory cost per occupied bed	2.7 Average monthly nurse turnover rate	admission 3.6 Rate of needle stick injury per staff	1.3%	1.1%	1.2%	1.4%	1.4%	
	2.8 Training hours per employee per year	3.7 Rate of MRSA cases per 1000 patients admission	0.1	0.4	0.3	0.5	0.6	
1.7b Total hospital laboratory cost per inpatient admission & outpatient consultation	2.9 MRI utilisation rate (%)		0.1	1.8	• 0.3 • 1.2	1.5	2.4	
	2.10 CT scan utilisation rate (%)	3.8 Rate of SSI per surgery per 1000 patients 3.9 % of patients readmitted into ICU within 24 hours	0.2	0.5%	 ■ 1.2 ■ 0.4% 	0.4%	0.5%	





Issues and Challenges

- Misconception about benchmarking and focusing on benchmarking as measurement "how much" rather than "how to".
- Lack of planning and commitment form a working group and experts (Implementation)
- Similar to other quality initiatives, one of the main barriers of implementation is top management commitment.
- Feasibility of conducting benchmarking exercise including cost, resources and involved against the outcomes.
- Identification of best practices can obstruct the benchmarking exercise, in particular where to find best practice, how to make sure that the identified best practice is the "best".



THANK YOU



