# REDEFINING BENCHMARKS

## IT'S TIME TO TURN GUARANTEED FAILURE INTO REALISTIC GOALS

BY KENNETH JOHNSON

It's time to redefine benchmarking. Two-thirds of the original concept outlined in *Reengineering the Corporation,1* by Michael Hammer and James Champy, remains appropriate. The third element, however, extends beyond the boundaries of reality. Their three-step benchmarking process is:

1. Identify the best.
2. Learn how they do it,
3. Set your goal to meet or exceed their performance.

Step 3 is not a realistic goal for most—not everyone can meet or exceed someone else's benchmark performance. It is extremely important, however, to know that this level of performance is indeed possible under certain conditions. In sports, for example, while par golf, a four-minute mile and a seven-foot high jump are benchmarks, they are not remotely possible for me to achieve. If matching or exceeding a benchmark is unrealistic, all you have done is guarantee failure

Step 3 should instead read: "Know how to set a realistic goal for improvement once you have identified the benchmark and learned how they do it." This new version returns benchmarking into a positive process, not a negative one. With this revision, no longer will facilities utter, "It won't work here because..."

What benchmarking isn't

Remember, benchmarking is an art, not a science. Many organizations are too focused on "just the numbers." For example, a site may execute very high throughput, but does so by having an unacceptably long backlog. This backlog may not be acceptable in your community.

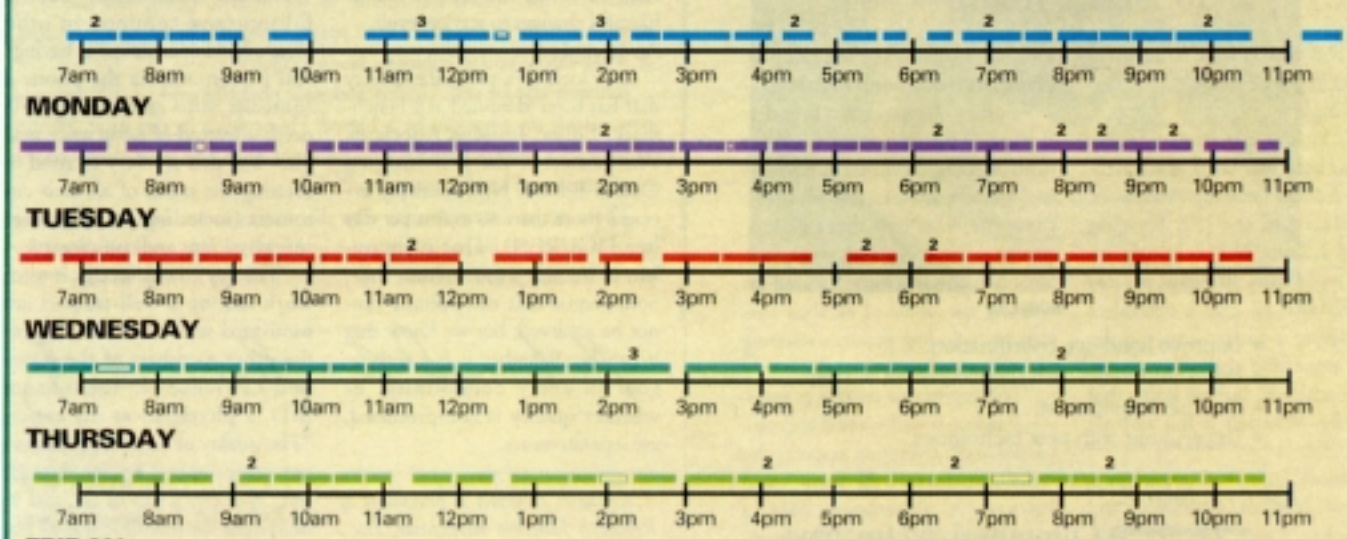
Another factor that complicates benchmarking in health care is that the total picture needs to be taken into account before establishing a benchmark

Before establishing any benchmark, you must first define the standards of service that are to be met. Just as overnight delivery services guarantee delivery by 10 a.m. the next morning, radiology

**FIGURE 1**

### MRI BENCHMARK PERFORMANCE

The color bars indicate when a patient is in the exam room. The gaps between the bars represent the time that the room is idle. Numbers above the color bars indicate multiple exams. Outlined boxes indicate no-shows, cancellations or incomplete exams (i.e. claustrophobia).




Average patients per day = 26.2
Average exams per day = 30.8
Room utilization over 16 hour period (7am-11pm) = 91%
Average time per exam (includes 5 min. for room prep) = 26.6 min.

services should establish standards of services that are expected to be met. An example would be to guarantee that results of tests performed by 3 p.m. will be reported by 6 p.m.

Once these types of standards are agreed upon, one can begin to determine how many staff members are needed, what equipment is required, and so forth.

Benchmarking has too often been used to slash and burn organizations. In the process, quality of service may have degraded or length-of-stay may have increased While the battle of controlling costs in a radiology department may be won, the war is lost if harmful changes to service result.

An example

Let's look at a particular facility that has been identified as a benchmark. Edison Imaging Associates, PA, located in the JFK Imaging Center. Edison, N.J., routinely averages more than 30 exams per day (see FIGURE 1). That is equivalent to running a four-minute mile. Some argue that this volume cannot be achieved, but we know that it can be. Whether it is a realistic goal in every community, or whether quality is compromised, are separate issues.

While Edison is an outpatient setting, about 20 percent of its volume is inpatients transported to the center. What makes the site unique is that its manager doesn't see the performance as unusual.

"Doesn't everyone do it this way?" Maria Malyska inquired. "It's inconceivable to do only 10 to 15 exams per day. We have averaged more than 25 exams per day since 1992." Even more surprising is that Edison does not operate 24-hours-per-day to achieve its benchmarking volume. The center is open from 6 a.m. to midnight, Monday to Friday, with occasional overtime.

Another characteristic found at Edison (and common in other benchmarking facilities) is having a real person answer the phone—someone who can meet callers' needs—instead of using voice mail. Sites like this are very focused on meeting the needs of all their customers (including patients, referring physicians and consultants).

"The key to our success is team work among a well—trained and motivated staff. Everyone respects the other members of the team," said Lawrence N. Tanenbaum, MD.. a physician at the center. "The quality of *work we* perform is not compromised by our throughput. *We* have a job to do and we do it right the first time if at all possible."■

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# In ADVANCE

BEING THE BEST THAT YOU CAN BE MEANS BEING REALISTIC, SO REDEFINE BENCHMARKING GOALS

Kenneth Johnson's specialty *is* something that can't be touched. It's nor an imaging technology or a line of equipment. It's not software or hardware. His efforts concentrate on process.

Process: it has many definitions. It has to do with being done. It has to do with steps of operation. It also has applications in anatomical and biological fields. Johnson scrutinizes and molds process. He helps radiology departments arrange their existences to best serve their patients and referring networks.

A topic that has been most important to him lately is benchmarking, and he addresses it in this issue of *AD VANCE*. Benchmarking, the emulation of a paradigmatic process, he says, needs to be redefined. His argument is a sound one.

After identifying and studying a benchmark, the traditional third step in the process (there's that word again), is to meet or exceed that benchmark performance. Johnson's theory argues that if everybody could meet or exceed a benchmark, benchmarks would be obsolete. Since it's not likely that everyone can indeed meet or exceed a benchmark, he explains, failure is probable.

Chasing benchmarks seems to be a close relative to writing mission statements (or "vision statement" as the need-to-be-hip call them). A mission statement can either limit your possibilities by being too narrow, or it can doom you to failure by being too lofty.

Johnson says be real. Understand your potential and your limits, and concentrate on what can be achieved. He explains in this issue, "Know how to set a realistic goal for improvement once you have identified the benchmark and learned how they do it."

There are so many reasons why this makes sense. Instead of getting caught up in the management concept of the month, read his article for grounded and proven advice. The process starts by turning to page 29.

In ADVANCE,
Richard A. Leonowitz, Editor