The only way our profession will survive into the future is to first prove and then improve our value to the health care system.

**History**

Early in 2004, the leadership of the AARC recognized the need to establish a valid benchmarking resource for respiratory care. In June of 2004 the AARC Benchmarking Committee was convened (Rick Ford [chair], BS, RRT, FAARC; Karen Stewart, MS, RRT, FAARC; Wade Jones, BS, RRT, FAARC; Rob Chatburn; and Bill Dubbs [AARC staff]). At the 2004 AARC International Respiratory Congress, a focus group meeting was held to establish user needs. In early 2005 a Request for Proposal was sent to vendors, and by April a web site had been designed. Alpha testing and debugging continued until November 2005, when a small group of beta testers (that is, volunteer respiratory care department directors) began the final phase of product evaluation. In June 2006, beta testing will be officially ended and the web site will be open for general use.

**Current state**

To date, there are more than 170 subscribers to the AARC benchmarking web site. They all share a common purpose: to exchange information about their departments in order to identify best practices. These people are taking proactive measures to discover their true opportunities and improve their operations before some consultant forces on them productivity goals based on questionable “proprietary” data.

**Getting involved**

You can take a look at the web site at www.respiratorybenchmarking.org. Nonmembers can view sample reports and download educational information. If you want to become a member, here is how you can get involved:

- **Step 1: Register for a password.** Visit the AARC home page and click on the “Sign Up for Benchmarking” button or contact Bill Dubbs at the AARC to start a membership (dubbs@aarc.org). When you receive your logon information, navigate to the web site and log on.

- **Step 2: Enter your profile.** Your first task after logging on will be to enter your department’s profile (that is, contact information and department description). Your hospital name and contact information will be entered automatically through the registration process. Your contact information is important because it allows other members to share information with you directly that cannot be easily obtained from the database reports. However, if your institution has a policy that prevents you from revealing your identity, you may blank out any contact information you like. Your identity will be kept strictly confidential (please see the Privacy Policy at the bottom of any webpage on the site).
**Benchmarking for Success**

Entering your profile data is essentially answering 50 or so multiple-choice questions. Your department profile is the basis for determining your compare group (the group of departments that have similar enough characteristics to make benchmarking fair and meaningful). Rick Ford will explain both the profile and compare groups in more detail in next month's column.

It takes only about 30 minutes to enter your profile data. You don't have to enter all the data at once, but you cannot see any reports until your profile is complete. You can change your profile data at any time.

**Step 3: Enter productivity data.** Once your profile is complete, you need to enter quarterly productivity data. Productivity is basically output (that is, procedures) divided by input (that is, worked hours). Therefore, you will be entering data from two sources: time card records and billable procedures records. Worked hours will be entered for both variable and fixed labor. You will also be able to distinguish between “PRN” and “agency” hours. Aerosol treatments, airway clearance treatments, and ventilator days will be the procedures you enter. It is not possible to record all of the workload performed by a respiratory care department in a way that would allow fair benchmarking with other hospitals because hospitals have unique ways of defining workload. However, these three procedures make up the majority of workload for all respiratory care departments and, thus, can serve to identify those departments that stand out in terms of worked hours per unit of service.

**Step 4: Generate a report.** There are two kinds of reports, a current summary and a trend report. The current summary gives your productivity metrics for a given quarter along with the metrics of your compare group (Figure 1). The trend report shows a line graph of one metric at a time for all the hospitals in your compare group over a range of quarters that you specify (Figure 2). The compare group used in the report can be generated in several ways. The easiest way is to use the default compare group, which includes all hospitals that have the same basic characteristics as yours. The more members that join the benchmarking site, the larger your compare group will be. The next easiest way to generate a report is to select your own compare group from the list of all hospital members. Finally, you can select a particular set of database filter criteria from all the items on the departmental profile. Any custom...
filter you create by either of the last two methods can be saved for future use.

• **Step 5: Identify the benchmark departments.** At the bottom of the summary report you will find a listing of all the hospitals in the compare group along with their metrics. By clicking on the name of a metric at the top of a column, you can re-sort the data according to that metric. The columns to the right of the selected metric will show the percentile ratings and, perhaps more to the point, the ranking. The lowest ranking hospitals are the top performers (that is, you want to be ranked No. 1 rather than No. 170). You can thus compare your department’s metric values with the benchmark hospitals.

• **Step 6: Identify best practices.** Once you have identified the top performing department(s), you can dig deeper to see how they differ from your department. Again, at the bottom of the current summary report, under the hospital name, you can click on one of two links. One takes you to the data entry page of the hospital where you can check to see if perhaps there were any obvious errors. It has happened, for example, that people entered data for a period other than a quarter, hence skewing their metric calculations. We at the AARC check data for such obvious errors, but the final responsibility for how the data are interpreted lies with you. The other link you can follow takes you to the hospital’s profile data. Here you can examine in detail how this hospital compares with yours. Finally, you can contact the department head and pursue any questions you cannot answer from data mining.

• **Step 7: Share your insights.** The benchmarking web site has a discussion board with several active forums. Here you can enter your comments about the site and the data it shows. You can follow conversation threads and perhaps learn something from your colleagues as well as teach others. We are all learning how best to use benchmarking, and everyone’s input is encouraged.

Look for more in-depth discussions on these and other topics in future issues of this column along with educational materials to be posted on the benchmarking site.

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**Test Drive the AARC Benchmarking Program for Free**

Department managers are invited to register for and use the AARC Benchmarking Program free of charge until July 1, 2006. This is a great opportunity to take this extraordinary system for a test drive at no cost.

To register for the Benchmarking Beta Testing Group, please go to this page: http://services.aarc.org/scriptcontent/CM_Application_Bench/CMA_Login.cfm.

**Start with your AARC member number**

Since you are an AARC member, simply enter your AARC member number. Your record will be accessed and will be associated with a new record that you’re creating for your facility. This new number, called the “Benchmark ID,” is your facility’s ID number for this project and will be your login to access the benchmarking program. You will be assigned a password, which will be your login plus your first and last initial.

**Read your e-mail**

First, you will receive an e-mail confirming your registration from the AARC.

Second, you will also receive an e-mail from DeVore Technologies (the developers of the technology platform for this program). This e-mail will confirm that they have received your registration data and will provide you with the URL where you can access the benchmarking program using your assigned login and password. Also, it will have an attached pdf file containing a “Benchmarking User’s Manual.” This manual provides you with step-by-step instructions on how to use the program to:

• Create/edit your hospital profile
• Enter your benchmarking data
• Set up comparison reports utilizing comparison groups
• Generate reports using selected comparison groups.

Plus, you will receive a spreadsheet to help you organize your data for entry and instructions from DeVore about reporting problems or requesting assistance while we are in the beta-testing phase using their “Bug Tracker” program.

For more information, contact Bill Dubbs at dubbs@aarc.org or (972) 243-2272.