The AARC Benchmarking System now has more than 100 members and continues to grow. As the membership increases, it becomes easier to assemble a meaningful compare group for your benchmarking inquiry. I have spoken to many department directors who have already put the data to good use. In some cases the directors used the data to defend themselves against outside consultants. In other cases, department heads were better able to explain their situations to their administrative directors.

He who has the best data wins

Stan Holland, M S, RRT, is the director of pulmonary and sleep services at Rockingham Memorial Hospital in Harrisonburg, VA. Rockingham is a 270-bed rural community hospital. Holland’s department has more than 16 full-time equivalents (FTEs) who provide a wide range of services to adult and pediatric patients. During the 2006 budget planning process, Holland’s administrator would not approve his current staffing based on low productivity values assigned to his department by a large, national commercial benchmarking service.

Holland set up a series of meetings with the decision support department to investigate the findings. What he discovered was that his department’s productivity appeared low because several high-volume procedures were not entered into the benchmarking database. This error occurred because non clinical personnel in the decision support department did not fully understand the information they were supplying to the benchmarking database. Concurrently, Holland was entering data into the AARC’s Benchmarking System. In this database, he was in the top 15% of his peer group. This was in marked contrast to the other database, where he was in the bottom 15%.

To clarify data entry issues, Holland used the AARC’s “Uniform Reporting Manual for Acute Care Hospitals” to create a crosswalk or translation between the hospital’s billing system and the benchmark service data entry forms. This was a long and tedious procedure but, in the end, provided the hospital with the needed level of accuracy. At this point, Holland’s department showed similar productivity in both the benchmarking systems. In effect, the AARC Benchmarking System provided a “gold standard” by which Holland was able to measure and improve the accuracy of the large, national commercial benchmarking service.

But comparable metrics were where the similarity between the AARC Benchmarking System and the competing system ended. When Holland tried to verify the validity of the competing system compare group, he had problems. There simply was no good way to get detailed information about the other departments in his group. It is possible to get compare group information if you take the extra time to learn how to generate the special reports, but it is neither easy nor convenient. In contrast, the AARC Benchmarking System is designed to make this type of “drill down” research easy without learning any new procedures. From the current summary report, you can click on links to take you directly to either the data entry screen or the profile of any hospital in your compare group.

About the Author

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erations that explain their results. In this way, you can either emulate their best practices or explain any differences between your department and theirs.

**Keep your data current**

I think Holland’s experience is a prime example of the old adage that “He who has the best data wins.” If any of you have similar stories, we would like to hear them. And I would like to take this opportunity to encourage all of you who are members to continue entering current data even if you are not operating under any immediate pressure to improve efficiency. As a former department director and user of the AARC Benchmarking System, I understand that it can be a bit of a chore to discipline yourself to collect and enter quarterly data. But I have also had the experience of urgently needing such data unexpectedly at a moment’s notice. Let us not forget that the nationwide labor shortage (the “global warming” of our profession) will continue to force ever-increasing levels of efficiency. Active participation in the benchmarking service keeps you prepared to deal with this issue.

**EDITOR’S NOTE**

The AARC Benchmarking System is supported in part by an educational grant from Cardinal Health.

**AVAILABLE RESOURCES**


Also see a previous “Observations” column regarding the Benchmarking System: “Documenting Efficiency” by S. Giordano (May 2006).

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