VIEWPOINTS

Benchmarking for Quality Improvement

Joseph T. DiPiro, PharmD

Editor, *American Journal of Pharmaceutical Education*

In this issue John Bosso and colleagues discuss the value of benchmarking in pharmacy practice departments.¹ Their article traces the history of benchmarking and its uses and limitations within academic settings. They conclude that further development of academic benchmarking could be a powerful tool for department chairs and deans.

Benchmarking has been a standard practice in business for many years. While it has been applied to academic institutions, it is not yet a standard at the college or school level. If an organization is committed to improving quality, benchmarking must be a part of that effort. In our professional pharmacy education, we often apply the term “evidence based,” usually relating to the value of a medical treatment. The term and its use indicate that decisions are data driven. Benchmarking is a way to ensure that decisions about our organizations are also data driven or evidence based. It is a hallmark of a “learning” organization. “What gets measured gets improved.”²

All colleges of pharmacy and departments within colleges must be committed to quality improvement on an ongoing basis. Dr. Bosso and colleagues make a good case to justify benchmarking as a way to improve performance, compare performance with other institutions, and determine the parts of the organization that are under- or over-performing relative to the organization’s mission and goals. However, there are other important reasons for benchmarking. Benchmarking can provide an organization with an objective realistic assessment and a way to measure progress over time. The data generated can be used to counteract rumors or reputations that are not based on truth, or it can be used to confirm reality. Also, benchmarking can be used to restore realistic organizational self-perception when complacency has set in and factual information is needed to ignite action. Engaging key stakeholders, standards for benchmarks can be set from within the organization, thereby defining quality. Another good purpose for benchmarking is to unify direction and goals in a complex organization to achieve focus. Benchmarking is a good tool for departmental and college administrators to demonstrate to superiors

the progress that their organization has made, or to justify new resources for an area that is lagging below expectations.

Benchmarking for pharmacy practice departments can be more difficult than for basic science departments because much of the focus in basic science departments is on publication of research articles and research funding — easily quantifiable outcomes. Pharmacy practice departments typically have a more broad and complex mission and some parts of that mission are difficult to measure, such as the quality of clinical pharmacy services. But this should not deter implementation of benchmarking.

A benchmarking process in itself does not ensure a path toward quality improvement. The measures that are chosen must relate to the quality of the core mission of the organization, and there should be internal and external consensus on which measures represent quality. It is easy to focus inappropriately on process measures rather than the outcome measures that more directly relate to performance quality. Also, a benchmarking process must be linked to actions. How are the data used? How does it lead to effective planning? How will achieving benchmark goals make the department or college better? These are key questions.

Benchmarking also should be linked to the behaviors of individuals within an organization. Individuals at all levels of an organization should be accountable and responsible for achievement of goals. For example, in a pharmacy practice department, the rate of journal publication is determined not only by what faculty members do, but also by administrative staff members, residents, and laboratory personnel.

Many years ago Albert Einstein defined insanity as “doing the same thing over and over again and expecting different results.” It also would be insane to continue doing the same thing over and over again and have no idea of the outcomes. Benchmarking should be a standard process at the department as well as college level to improve the quality of what we do.

REFERENCES

1. Bosso JA. Should Academic Pharmacy Departments Engage in Benchmarking? *Am J Pharm Educ.* 2010;74(8):Article 140.
2. Studer Q. Results that last: hardwiring behaviors that will take your company to the top. Hoboken, NJ: John Wiley & Sons; 2008.

Corresponding Author: Joseph DiPiro, American Journal of Pharmaceutical Education Coker Life Sciences Bldg., Rm 109, 715 Sumter Street, Columbia, SC 29208, Phone: 803-777-3096, Fax: 803-777-3097. Email: jdipiro@cop.sc.edu.