



Pearls from Process Benchmarking

BPS now conducts process benchmarking workshops regularly and these intriguing exercises continue to deliver both surprising and illuminating results. In one recent process benchmarking exercise, the group studied missed initial appointments among drug and alcohol clients. The findings proved to be fascinating. Eleven different practices were identified through the quantitative process as potential “best practices”. For example, it was found that agencies with the lowest no-show rates were almost three times more likely to provide amenities such as coffee in the waiting room. Also, providers that pay their counselors on an incentive bases were over four times more likely to report low no-show rates. Active support of AA or other self-help groups was also found to be related to lower missed appointment rates. An agency adopting the eleven strategies identified in this exercise would stand a very good change of significantly reducing its missed initial appointment rate among drug and alcohol clients.

Benchmarking Can Deliver Surprises

A true story serves to illustrate the surprises that benchmarking data can deliver. The CEO of a large and well-known behavioral health organization was very concerned about the reported rate of medication errors in his facility. He beseeched the appropriate departments to launch a performance improvement project to bring about a reduction in the rate of errors. The improvement team worked diligently pursuing their charge, but unfortunately, the ongoing data revealed no significant improvement. The CEO challenged them to work harder and bring in some others to assist. They did so, stepping up their efforts to produce fishbone diagrams and the like but still, the anticipated improvement did not come to fruition. At that point, the CEO decided to participate in a national benchmarking initiative, which, coincidentally included medication errors as one of the metrics. The CEO learned, to his utter amazement, that his organization had the LOWEST rate of medication errors among the entire national sample! He realized that this area of concern was actually an area of strength. At the same time, the benchmarking data identified a few opportunities for improvement that he was unaware of. Therefore, he shifted his energies and focus to these new areas, with very positive results.

Perception of Care Instrument

BPS is moving forward with the development of a client perception of care instrument in collaboration with the Association for Ambulatory Behavioral Healthcare (AABH). The tool will specifically be geared to address the unique characteristics of partial hospitalization and intensive outpatient program settings. To learn more about this tool or the opportunity to participate as a beta testing site, please reply to this e-mail.

2007 AABH Benchmarking Initiative

The 2007 Association for Ambulatory Behavioral Healthcare (AABH) Benchmarking Initiative will soon be rolled-out. This year’s benchmarking initiative features new benchmarks, report enhancements, and more opportunities for interaction with other participants. Participation is not restricted to members of AABH. A flier is attached that includes an order form.



Contact Us!

We want to create an active and vibrant community of individuals and organizations interested in benchmarking, performance management, and outcomes. If you have thoughts, ideas, suggestions, tips, or questions, we'd like to hear from you. Please feel free to contact us at info@bpsys.org.