

Newsletter

June, 2006



Partial Hospitalization and Intensive Outpatient Client Satisfaction Survey

No national client satisfaction surveys have been developed to address the unique needs of partial hospitalization and intensive outpatient settings. Therefore, the Association for Ambulatory Behavioral Healthcare and BPS are jointly conducting a national needs assessment study to gauge the interest in such a product. If you do not receive notice of the survey and would like to participate, please let us know and we'll send you a copy. If sufficient need is demonstrated, AABH and BPS will collaboratively pursue the development of a survey instrument and reporting system. The satisfaction report would benchmark your program's performance against that of other comparable programs around the country. The measurement of client satisfaction is a valuable tool in performance improvement and is an expectation of funding entities, regulatory organizations, third party payers, and consumers. This measure, if developed, would allow partial hospitalization and intensive outpatient programs to be evaluated on dimensions that are relevant to those specialized settings.

Texas Presentation

Paul Lefkovitz, BPS President, will present a workshop on benchmarking at the annual conference of the Texas Council of Community MHMR Centers in Dallas on July 29. There is considerable interest in benchmarking throughout Texas.

No Show Rates

Recent process benchmarking workshops conducted by BPS underscore the key role of scheduling personnel in reducing no show rates. Process benchmarking is a method developed by BPS that uses benchmark data as a vehicle to the identification of potential best practices. It was found in these workshops that having scheduling personnel emphasize the importance of follow through to those making appointments was associated with low no-show rates. Also, it was found that formal scripting and training of scheduling personnel in methods designed to reduce no shows was also associated with low rates. While these findings should be considered preliminary due to the modest sample size, these tactics are inexpensive and easy to implement. They may lead to increases in the number of individuals served and markedly improve the financial performance of the organization.

Benchmarking vs. Research

Benchmarking and research are related, but very different activities. The question is often raised as to how they differ. Benchmarking is an active, ongoing process, while research generally has a defined end point, usually demarcated by the dissemination of a report. The sample sizes associated with research and benchmarking may also differ. Formalized research requires a large enough sample to allow for generalization. It is not uncommon for research sample sizes to number in the thousands or more. In contrast, benchmarking often draws upon very modest sample sizes. For example, JCAHO's ORYX quality reporting program allows as few as 10 reporting organizations in the non-core indicator comparison groups. The Press Ganey Patient Satisfaction instrument, a popular tool in health care, allows as few as 8. Moreover, classical benchmarking models simply involve a sample size of two—one organization comparing its practices with another regarded as a leader in the field. The rigor associated with formal empirical research extends well beyond benchmarking because of what is possible and practical under "laboratory conditions". Benchmarking is carried out in applied settings where the controls are much more limited. Most importantly, however, research attempts to provide answers, while benchmarking seeks to provide ideas and hypotheses to consider. Therefore, while these two disciplines share a number of methods in common, they differ in many key respects.

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