### Rutgers the state university of new Jersey

# **Reference Guide: Benchmarking or Research?**

#### **Definition of Benchmarking**

Benchmarking is a continuous process of an organization to measure its own products, programs, or processes against those of its peers (usually its toughest competitors). The objectives of benchmarking are to determine what and where performance improvements are called for, to analyze how peers achieve their high performance levels, and to use this information to design and implement best practices at best cost in the organization or organizational unit. Steps common to benchmarking:

(1) define what products, programs or processes to benchmark;

(2) Identify peer organizations to benchmark against;

(3) plan, gather and analyze data;

(4) identify and plan changes to meet/exceed benchmarks; and

(5) Continuously monitor/repeat steps. <u>https://www.qualitydigest.com/feb/bench.html</u>. Such activities are usually directed by personnel with the authority to implement organizational changes in order to meet or exceed benchmarks.

#### **Definition of Human Subjects Research**

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute generalizable knowledge. Research includes collection of data through intervention or interaction with living individuals or identifiable private information about them. Such efforts are designed to benefit society in the future from knowledge gains. 45CFR46.102(e)

#### **General Characteristics**

Bonchmarking	Human Subjects Personsh
Benchmarking	Human Subjects Research
INTENT of benchmarking is to assess and improve	INTENT of the activity is to generate knowledge—by
established practices (i.e., usual practices) within an	generating hypotheses, testing them, and answering
organization or unit.	research questions—to develop new paradigms or untested
	methods, or establish standards where none are accepted.
DESIGN includes usual administrative oversight to ensure	DESIGN may include group comparisons, randomization,
participants receive usual care, services, products or	control groups, placebo. Some participants may receive
instruction during conduct of benchmarking activities.	non-standard or experimental tests, products or services.
SETTING: Benchmarking evaluates organizational	SETTING of the activities may occur within or beyond the
performance against like organizations.	organization.
Activity collects information about peer or aspirational	PARTICIPANTS and their data are selected as a
peer organizations, NOT INDIVIDUALS.	representative sample of a broader population outside of
	the organization.
RISKS of harm to other organizations are not anticipated.	RISKS of harm to participants are possible.
Organizations VOLUNTEER to participate in sharing	INFORMED CONSENT may be required as research
benchmarks with one another. No formal consent	participation is voluntary and may involve non-standard
document/process is required.	care, products, services or instruction.

## Rutgers THE STATE UNIVERSITY OF NEW JERSEY Examples

	Benchmarking	Human Subjects Research
	In the Classroom: In order to assess its strategic/competitive position relative to other universities that offer a graduate program in Medical Anthropology, the Dept. identified critical performance measures—application volume, originating state/country of applicant, time to graduation, graduation rate, etc. It identified peer universities offering a corresponding program, and hired a firm to survey 30% of them. The benchmarks calculated were compared against the Department's performance measures. Recommendations for programmatic changes in areas where the Dept. did not meet benchmarks were entertained.	The Benchmarking activity revealed that the Department had the longest time from enrollment to graduation rate than peer universities. In an effort to determine why this was so, the Department sent a Qualtrics survey to Medical Anthropology graduates, 2014-2016, soliciting information about why they chose their university to obtain their degree, obstacles they faced to completing degree requirements, and satisfaction overall with a higher education degree and its usefulness to career goals. Information will be used to improve Dept. services, as well as, develop hypotheses about graduate degrees generally.
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	In the Clinic: To benchmark the hospital-acquired (nosocomial) infection rate of indwelling catheter use, IC Committee identified clinics with similar demographics and collected relevant procedures and infection rates from them to develop benchmarks. Next it examined its SOPs and infection rate against the benchmarks. The Committee recommended changes in clinical practices to lower the infection rate to be more in line with other clinics. Recommendations were specific to the clinic, but a member presented the calculated benchmarks and notable differences in SOPs at a gathering of cooperating peer clinics.	After review of collected benchmarks, the IC Committee implements a relevant SOP on Unit 2 and Unit 3 from each of two clinics having the lowest nosocomial infection rate benchmarks, while maintaining the in-house SOP on Unit 1. At 3 months, the Dept. assesses the data to determine which of the SOPs best improved the nosocomial infection rate.

In the Community:	
To improve childhood vaccination rates, the QI team of	To test the hypothesis that access to transportation affects
the county Health Dept. analyzes rates by zip code and	compliance with well-baby clinic visits for vaccinations, the
determines 2 areas in the county fall below the state's rate	Dept. selects a random sample of families (30%) from those
of 71%. The team interviews clinics 2 zip codes and	who regularly do not keep appointments and provides
discovers well-baby clinic appointments are not routinely	them with transit vouchers to cover 1 year of appts. At 12-
kept. Flyers highlighting the importance of appts are	months, Department reviews appointments of families
distributed to area groceries, libraries and clinics. Team	receiving vouchers vs families not receiving vouchers to
schedules to review in 6 months to determine if	determine if access to transportation impacted vaccination
vaccination rates improved.	rates.