

The concept on benchmarking on quality



Benchmarking in the social sector

1. The concept of benchmarking and bench learning
2. Opportunities for benchmarking in the social sector
3. Limitations for benchmarking in the social sector
4. Challenges of benchmarking
5. Exercises of benchmarking





Definition



Benchmarking is a **continuous and systematic** process for generating strategic management information by equally **measuring and comparing** both the **efficiency and quality of performance**, with the express purpose of **identifying starting points for the improvement** of an organisation's own performance by adopting best practices.

Measuring what matters the most

A woman with long, dark, wavy hair is shown from the waist up, wearing a white long-sleeved shirt. She has her arms raised high in the air, palms facing up, and is smiling slightly. The background is a bright, sunny beach scene with waves and a clear blue sky. The overall mood is one of joy and well-being.

What are the key indicators of your health ?

Blood pressure

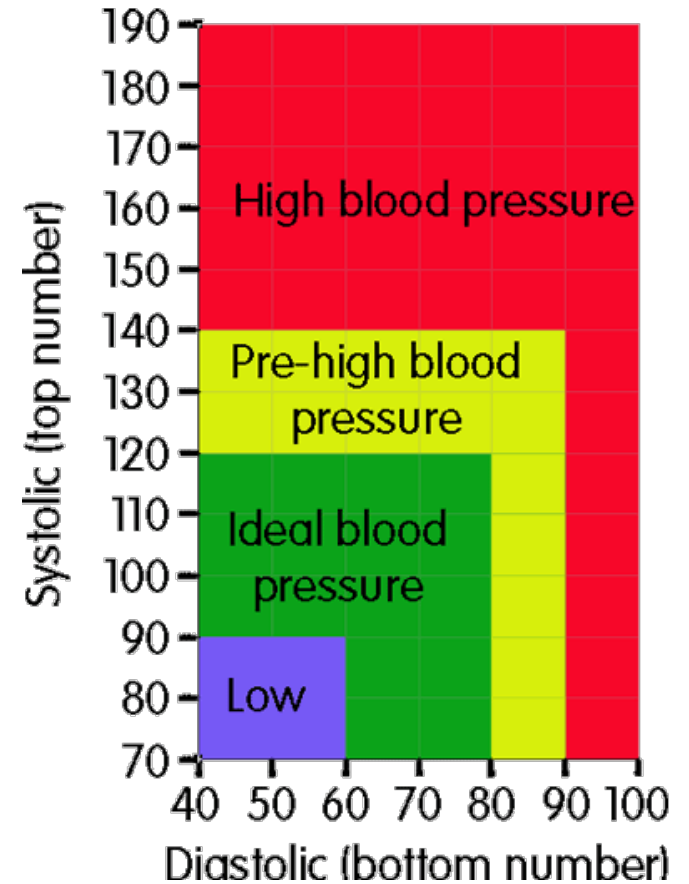


Indicators

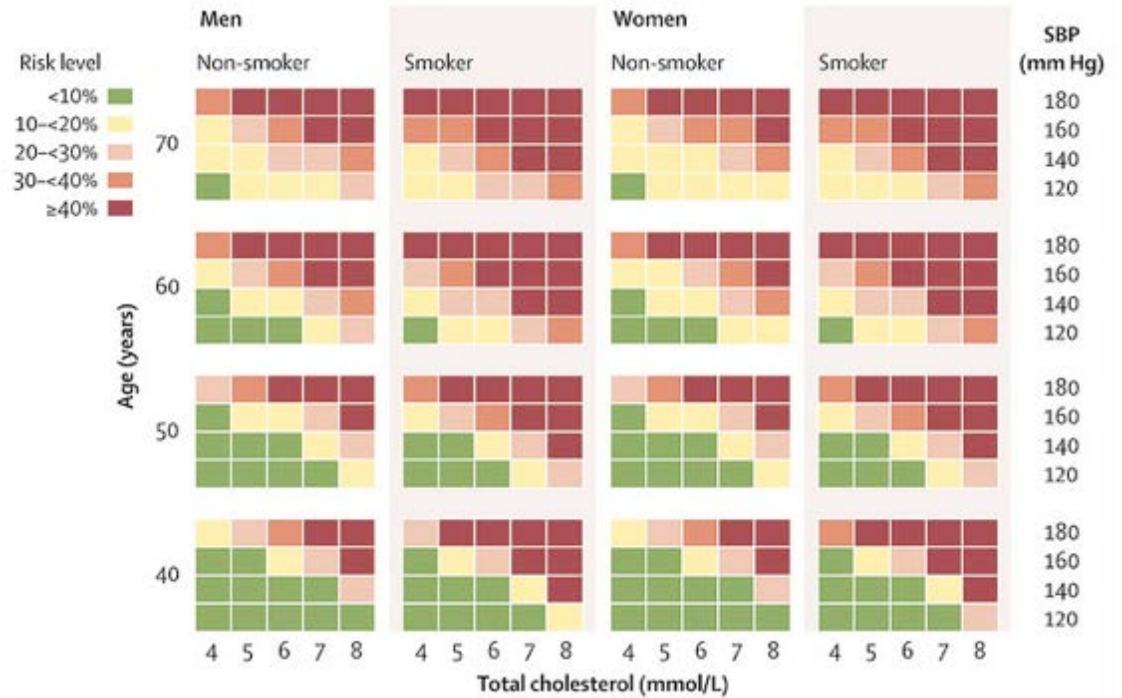
- Identification
- Definition
- Validation
 - **Relevant**
 - **Essential**
 - **Reasonable**

Data / information

- **Objective**
- Subjective
- **Quantitative**
- Qualitative
- **Frequency**



Cholesterol level



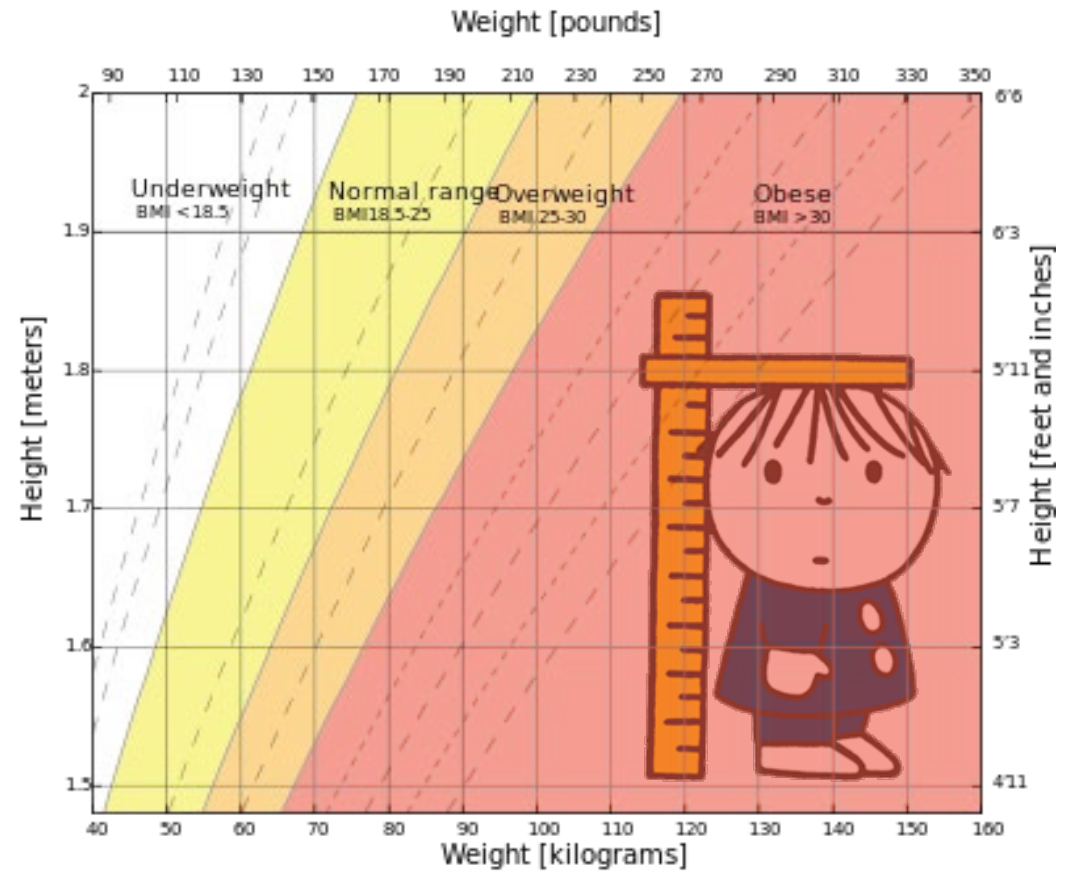
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Data / information

- Objective
- Subjective
- Quantitative
- Qualitative
- Frequency

Body Mass Index (BMI)



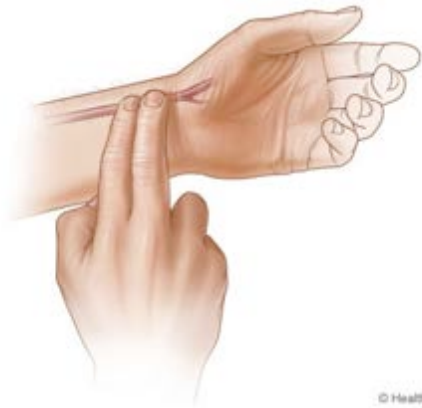
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Heartbeat



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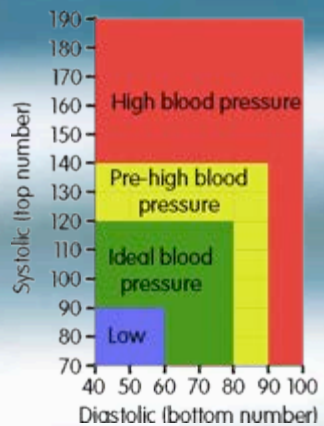
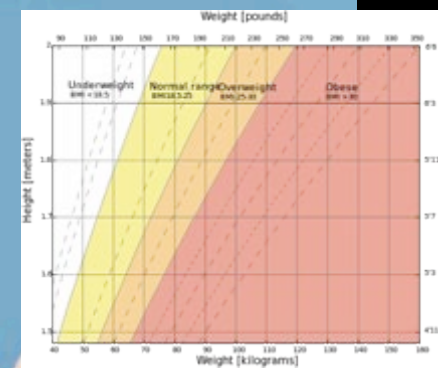
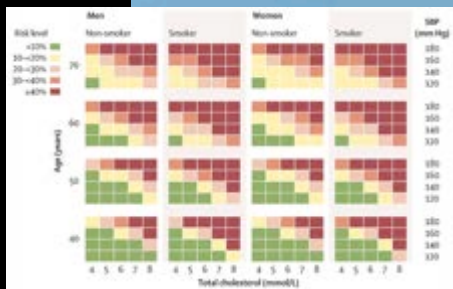
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Age	Target HR Zone 50–85 %	Average Maximum Heart Rate 100 %
20 years	100–170 beats per minute	200 beats per minute
25 years	98–166 beats per minute	195 beats per minute
30 years	95–162 beats per minute	190 beats per minute
35 years	93–157 beats per minute	185 beats per minute
40 years	90–153 beats per minute	180 beats per minute
45 years	88–149 beats per minute	175 beats per minute
50 years	85–145 beats per minute	170 beats per minute
55 years	83–140 beats per minute	165 beats per minute
60 years	80–136 beats per minute	160 beats per minute
65 years	78–132 beats per minute	155 beats per minute
70 years	75–128 beats per minute	150 beats per minute



Age	Target HR Zone 50-85 %	Average Maximum Heart Rate 100 %
20 years	100-170 beats per minute	200 beats per minute
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Measuring what matters the most



What are the key indicators of your health ?

Benchmarking



Benchmarking is the process of systematically **comparing performance on quality criteria** as a starting point for **improvement and learning**.

Why benchmarking ?

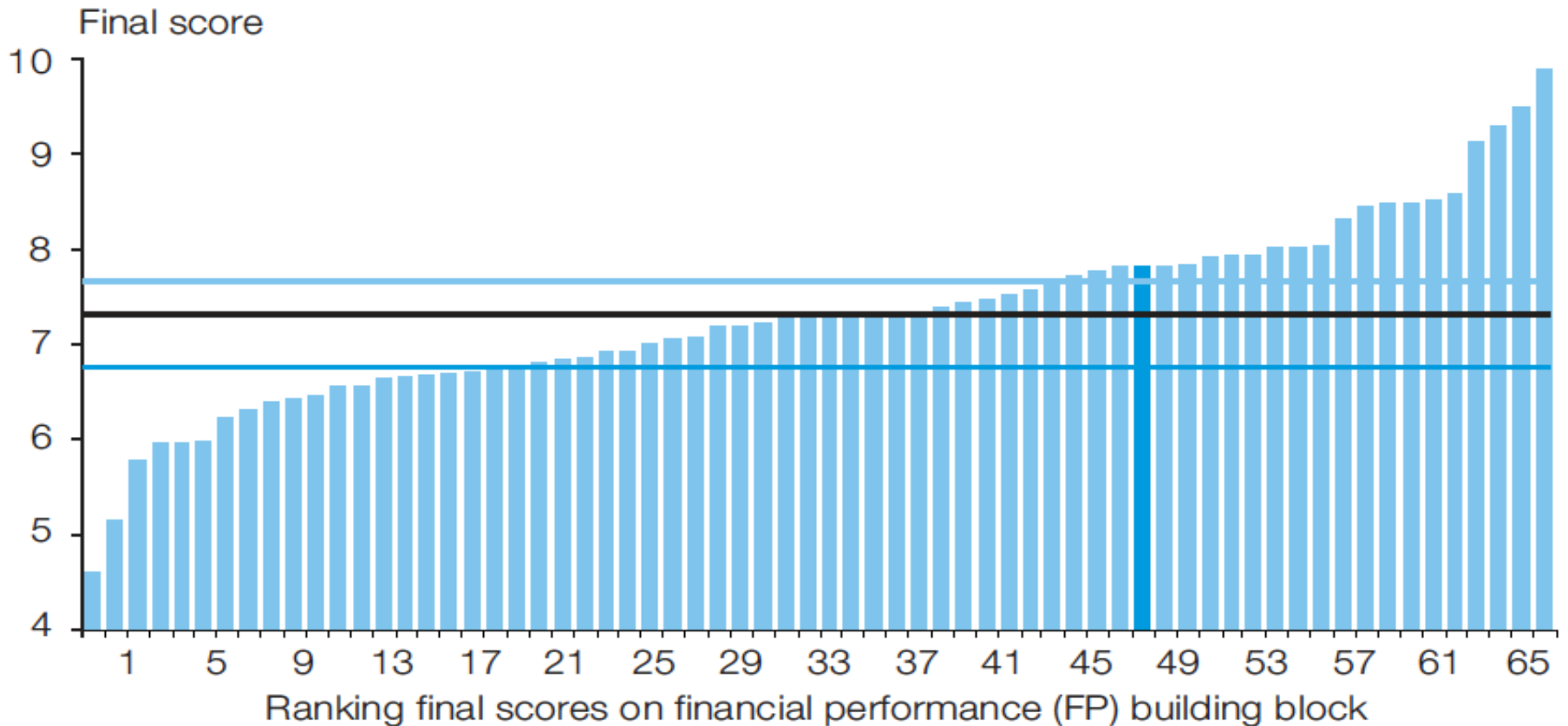


Positioning



Representation of an organisation's position

Source: 2004 Home Care Benchmark Study



Final FP score upper quartile 7.7 (A)	Final FP score
Average final FP score: 7.3	Your final score
Final FP score middle category ceiling 6.75 (B)	

N = 66



Top 10 Universities



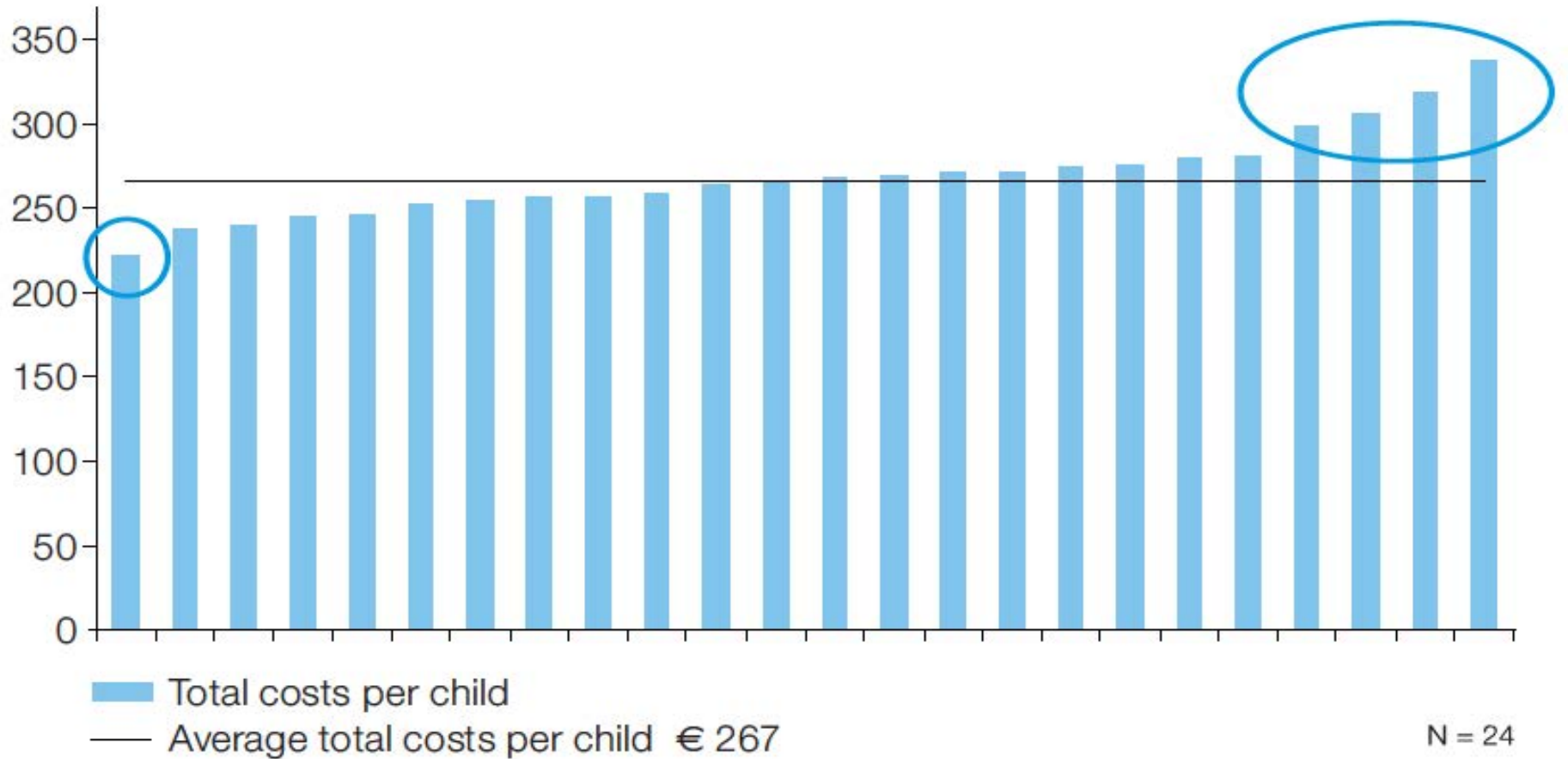
2015-16 Rank	Institution	Country
1	California Institute of Technology	United States
2	University of Oxford	United Kingdom
3	Stanford University	United States
4	University of Cambridge	United Kingdom
5	Massachusetts Institute of Technology	United States
6	Harvard University	United States
7	Princeton University	United States
8	Imperial College London	United Kingdom
9	ETH Zurich-Swiss Federal Institute of Technology Zurich	Switzerland
10	University of Chicago	United States

Transparency

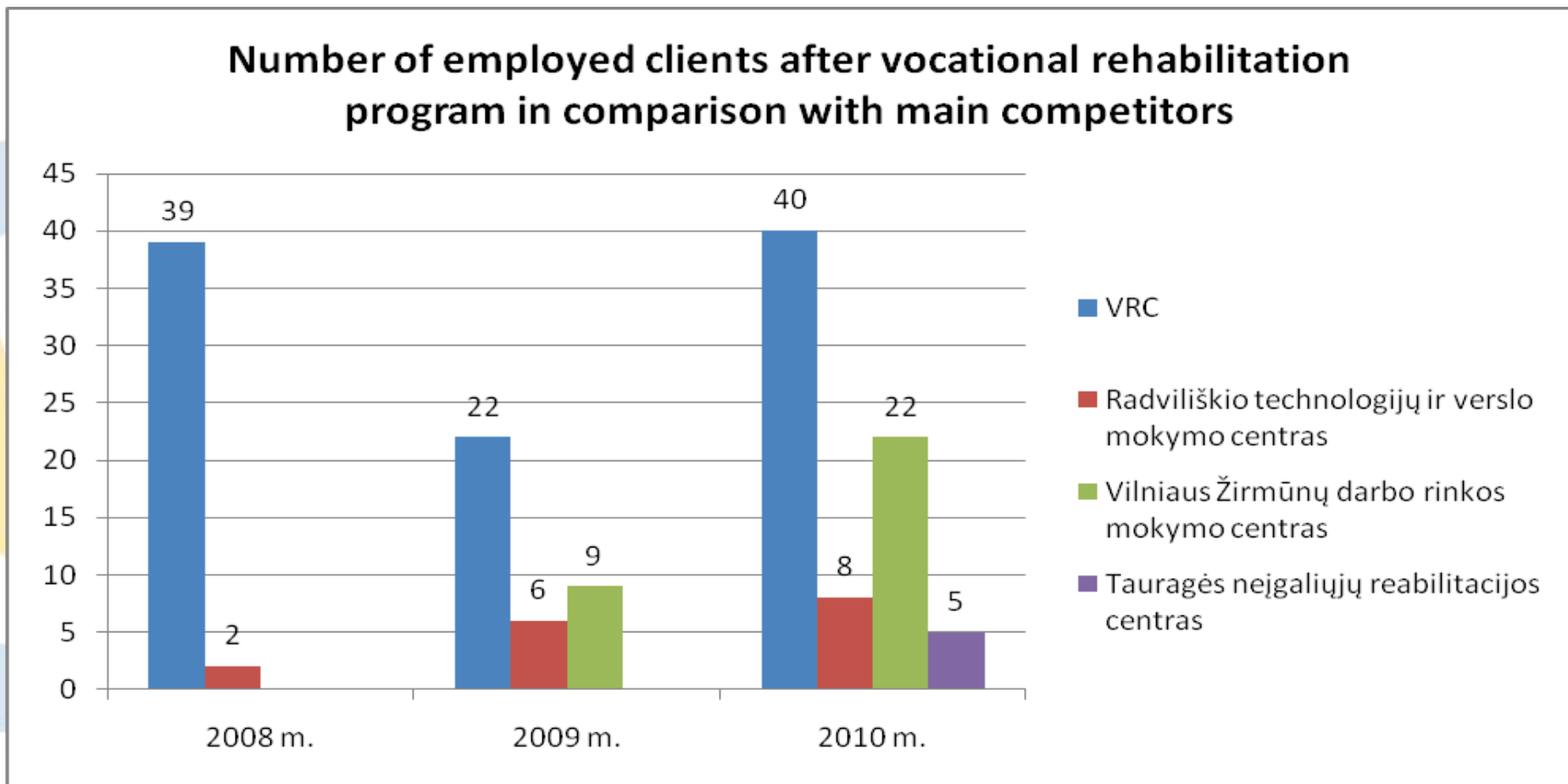


Breakdown of costs per child per year, child healthcare (JGZ), 0-4 years

Source: JGZ Financial Benchmark



Number of employed clients after vocational rehabilitation program in comparison with main competitors



Learning



Comparison of workforce assessments 2002 and 2004

Source: 2004 Home Care Benchmark

	2004	2002	Difference		2004	2002	Difference
Overall score	7.33	7.27	0.06	Response	48.8%	43.9%	4.9%
Energy boosters (the higher, the better)				Work stressors (the lower, the better)			
	2004	2002	Difference		2004	2002	Difference
Autonomy	6.4	6.5	- 0.1	Workload	4.6	4.9	- 0.3
Motivating leadership	6.9	6.8	0.1	Lack of rostering/planning	4.1	4.0	0.1
Support from colleagues	7.3	7.5	- 0.2	Emotional situations	2.9	2.8	0.1
Competence-focused	5.8	-	-	Work tensions taken home	2.3	2.4	- 0.1
Unifying values	6.9	-	-	Home tensions taken to work	1.6	1.7	- 0.1
Personal development	6.3	6.5	- 0.2	Physical load	3.7	4.2	- 0.5
Quality of client care	7.9	7.6	0.3				
Clarity	7.6	7.7	- 0.1				
Demand-based care	6.9	-	-				
Reward	5.2	5.1	0.1				
Feedback	5.4	-	-				
Wellbeing (the higher, the better)				Wellbeing (the lower, the better)			
	2004	2002	Difference		2004	2002	Difference
Active learning approach	5.3	-	-	Recovery need	2.8	-	-
Commitment to organisation	6.9	6.8	0.1	Emotional exhaustion	2.9	3.2	- 0.3
Work enjoyment	7.6	8.1	- 0.5	Health complaints	3.2	3.0	0.2
Satisfaction	7.5	7.7	- 0.2	Intention to leave	4.5	4.1	0.4
				Reported absenteeism	4.3	2.9	1.4

Significant (not coincidental) favourable
 Significant (not coincidental) unfavourable

Challenge



Streamlined data

Harmonized definition

Aggregation level

Compatible issues?

Manipulation of data?

Strategic behaviour?

Learning



Safe environment / Trust

Open atmosphere

Guaranteeing anonymous results

Outcome sharing

Lower aggregation level



Benchmarking



Measuring



Comparing



Analysing



Improving



Learning

Challenge of benchmarking

Indicators

- Identification
- Definition
- Validation
 - Relevant
 - Essential
 - Reasonable

Context

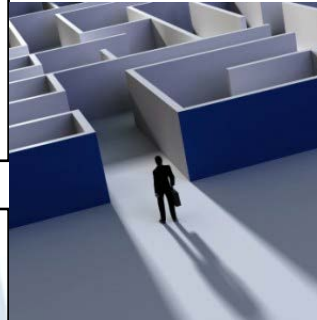
- Organisational
- Sector Specific
- National
- International
- Cultural

Data / information

- Objective
- Subjective
- Quantitative
- Qualitative
- Frequency

Reporting

- Confidentiality
- Graphics
- Detail
- Completeness



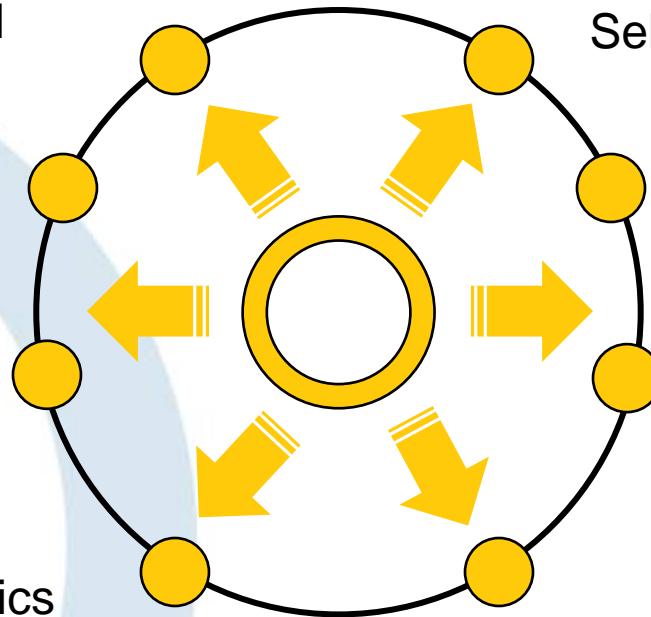
Pitfalls for selection EQUASS indicators

Inaccurate, incomplete and outdated data

To much details

Too many indicators selected

Ignoring non-financial metrics



Selection by inexperienced team

Used for passing the blame

Selected indicators measures immeasurable goals

Indicators are not balance EQUASS Principles

Objective information



Alternative facts



Subjective information



Qualitative vs Quantitative Data

Qualitative Data

Overview:

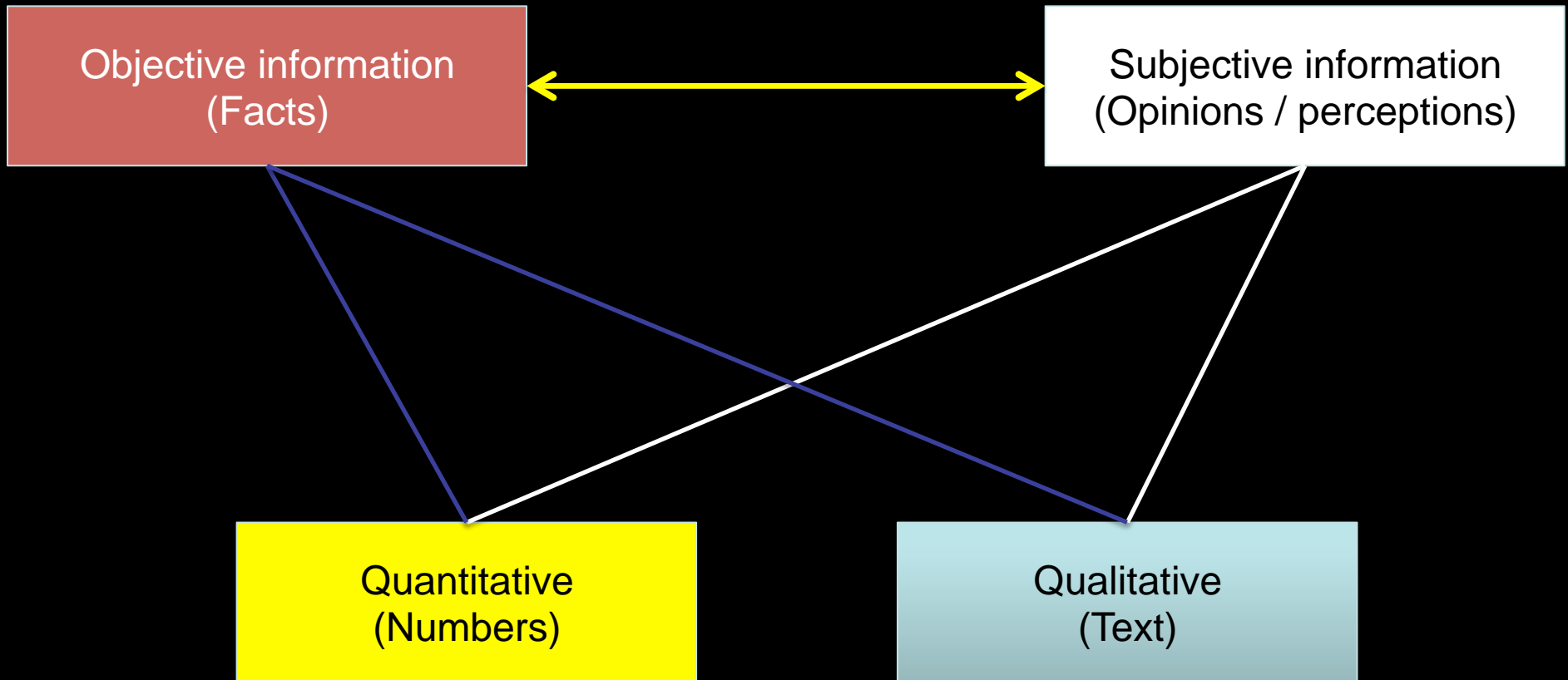
- Deals with descriptions.
- Data can be observed but not measured.
- Colors, textures, smells, tastes, appearance, beauty, etc.
- Qualitative → Quality

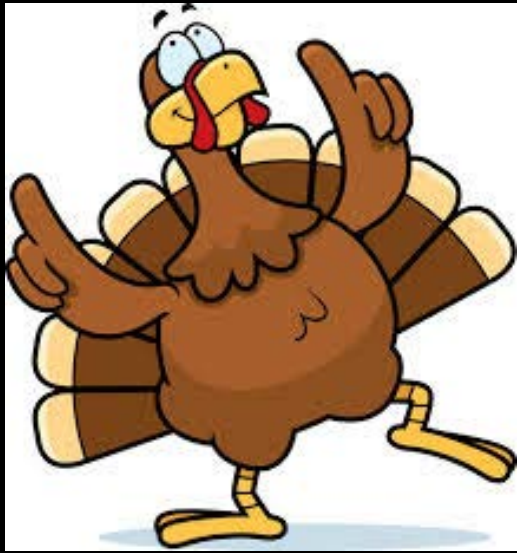
Quantitative Data

Overview:

- Deals with numbers.
- Data which can be measured.
- Length, height, area, volume, weight, speed, time, temperature, humidity, sound levels, cost, members, ages, etc.
- Quantitative → Quantity

Benchmarking

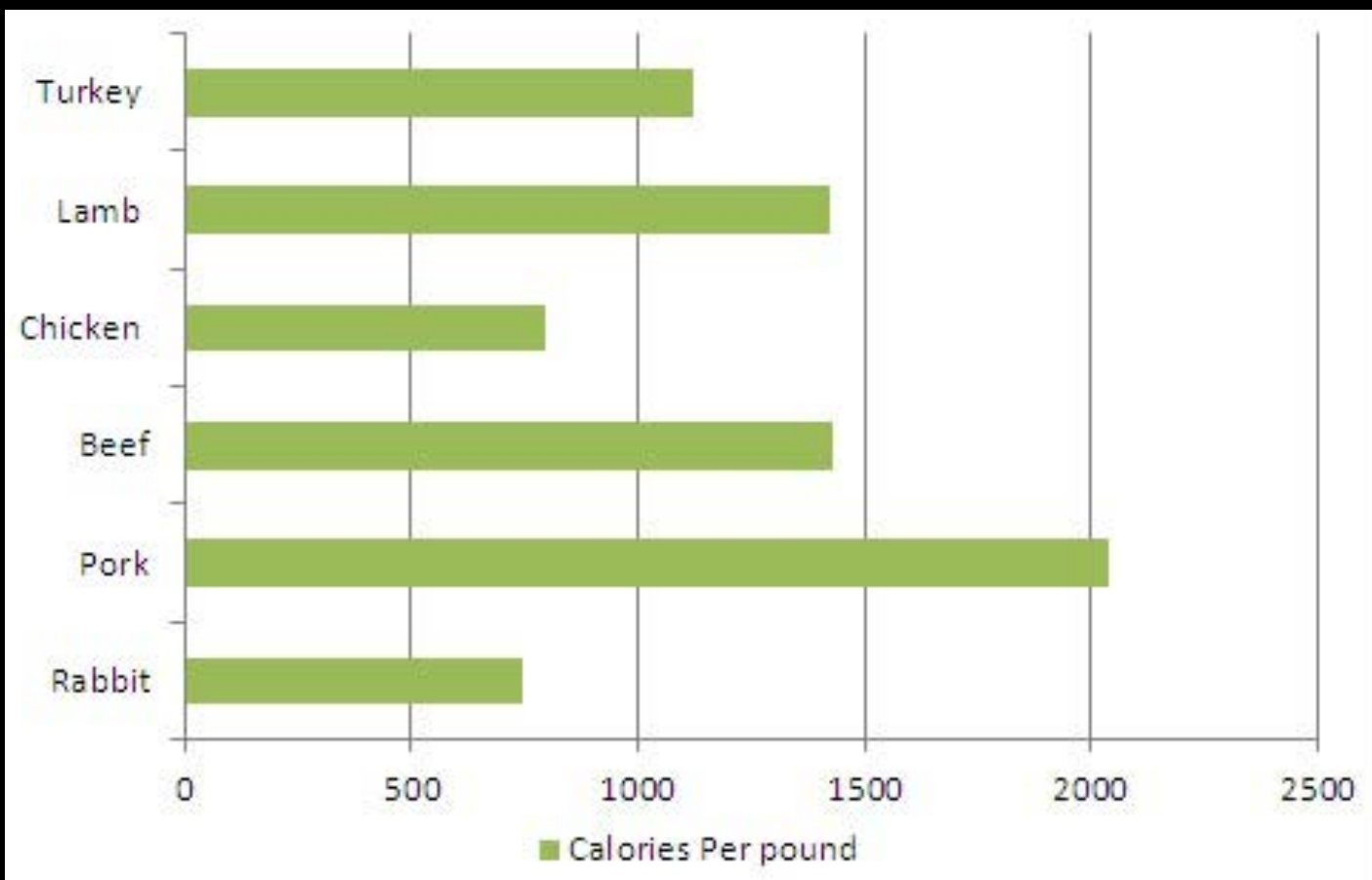




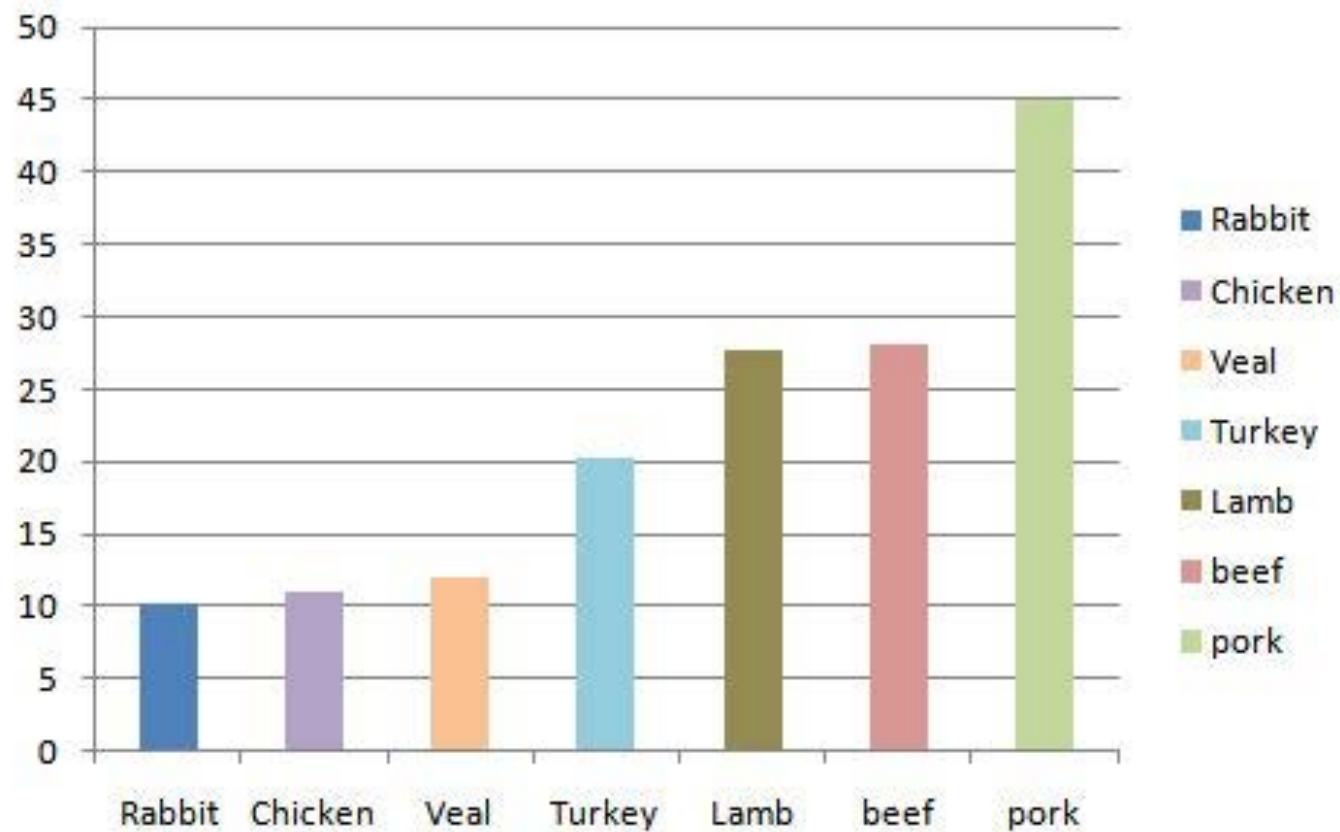
1. Calories per 500 gram

2. Fat percentage

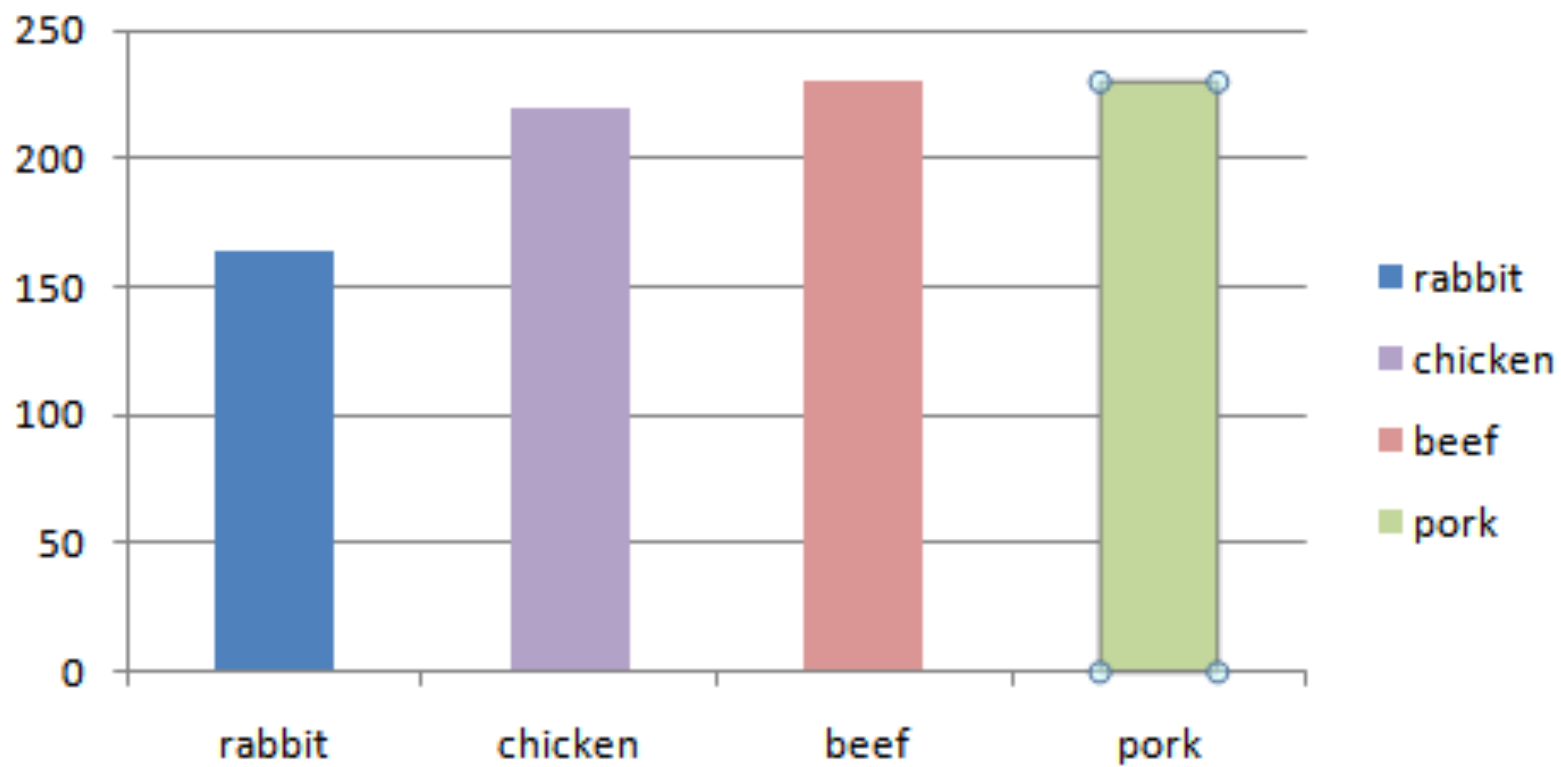
3. Cholesterol per 1.000 gram



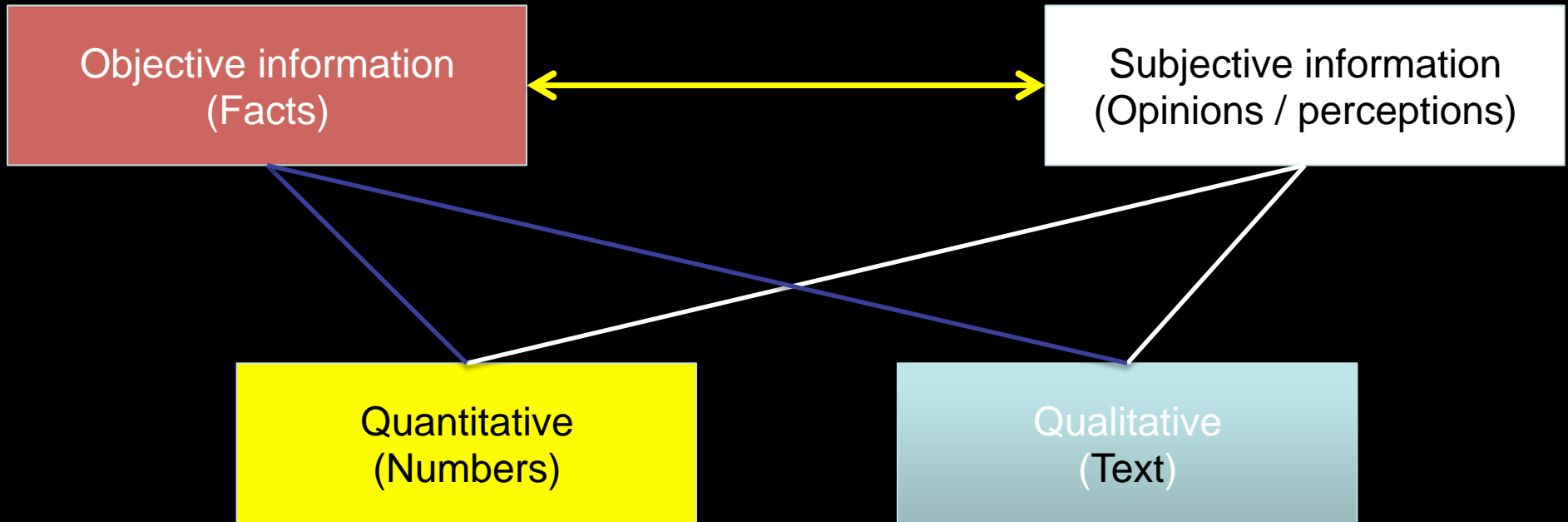
Percentage of Fat



Cholesterol per 1,000 Grams



Benchmarking



1. Transforming qualitative information (text) about fact and opinions into quantitative information (numbers) so information can be compared
2. Understanding the differences
3. Learning and improving

Effort

Result

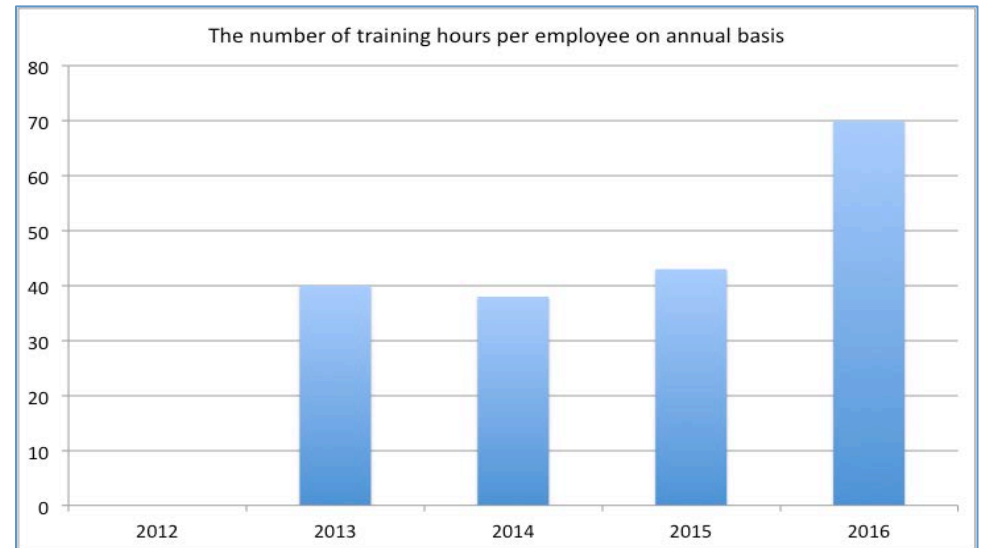


PERSONAL GROWTH, CONTINUOUS LEARNING AND DEVELOPMENT OF EMPLOYEES

Criteria 9: The social service provider implements measures for staff development based on a plan for personal growth, continuous learning and development

Explanation of the results:

The diagram shows the average number of training hours per employee (vertical axe) over a period of four years (2013 – 2016) (horizontal axe). Training activities that have been included in the diagram are: formal training, external seminars, in-house seminars and in house training events. The total number of employees of the organisation is 64.



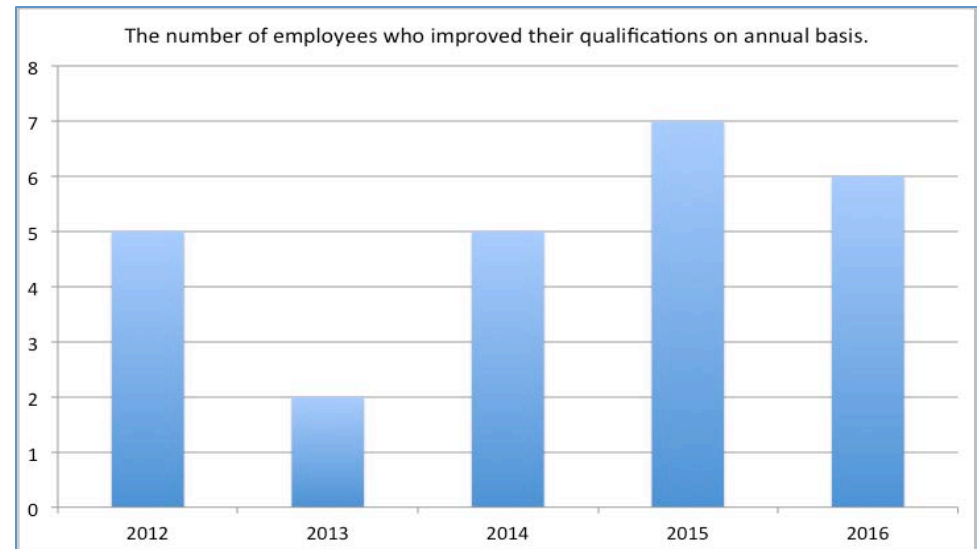
EXAMPLE

PERSONAL GROWTH, CONTINUOUS LEARNING AND DEVELOPMENT OF EMPLOYEES

Criteria 9: The social service provider implements measures for staff development based on a plan for personal growth, continuous learning and development

Explanation of the results:

The diagram shows the actual number of employees that have improved their formal qualification (vertical axe) over a period of five years (2012 – 2016) (horizontal axe). Formal qualification is achieved by successful finalising formal professional education and training. The successful achievement is confirmed through a state recognised certificate / diploma. The performance in the year 2013 is mainly caused due to the fact that a number of employees, who have been in the formal training programs, left the organisation. The total number of employees of the organisation is 64.



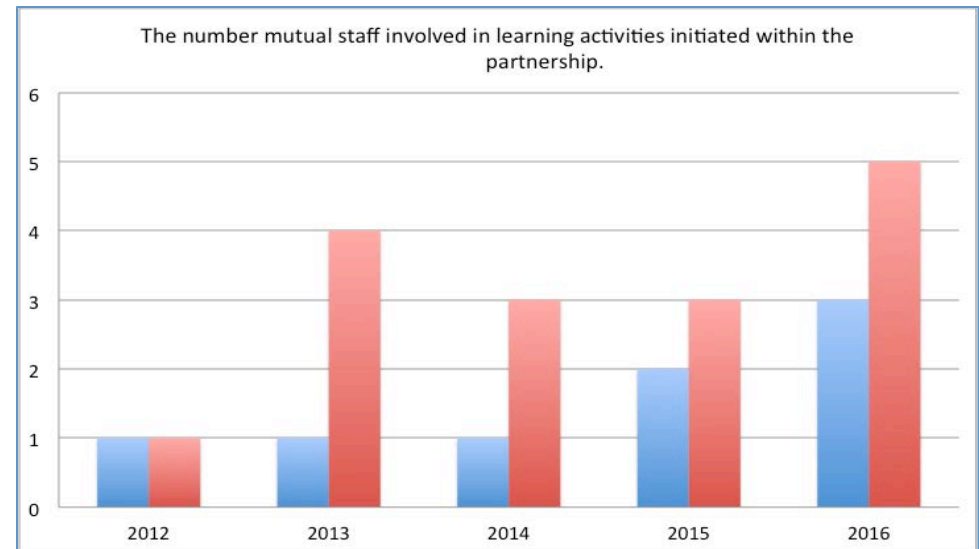
EXAMPLE

RESULTS AND BENEFITS OF ORGANISATIONS' PARTNERSHIPS

Criteria nr 25: The social service provider evaluates the results and benefits of its partnership for the person served and for the organisation.

Explanation of the results:

The diagram shows the actual persons (vertical axe) that have been participated in common learning events over a period of five years (2012 – 2016) (horizontal axe). The blue bar on the vertical axe expresses the actual number of participants from partner organisations and the red bar on the vertical axe expresses the actual number of participants of the social service provider. The common learning events activities that have been included in the diagram are: formal training events, external seminars, in-house seminars, in house training events and apprenticeships.



EXAMPLE



Exercise 1

Type of cell-phone



Performance indicators

Objective indicators

1

2

3

Subjective indicators

1

2

3

Benchmarking Exercise 1

Common Performance indicators

Objective indicators

1

2

3

Subjective indicators

1

2

3

Performance

Phone 1

1

2

3

1

2

3

Phone 2

1

2

3

1

2

3

Conclusion Exercise 1

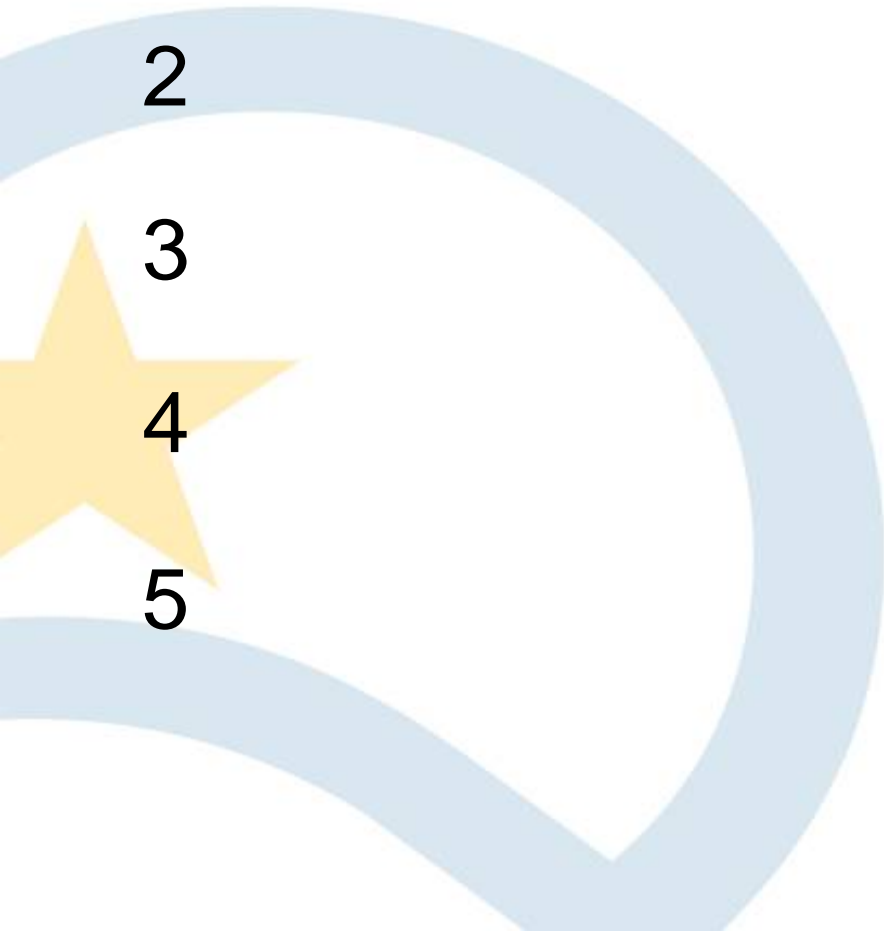
1

2

3

4

5



Excercise 2

Social Service



Performance indicators

Objective indicators

1

2

3

Subjective indicators

1

2

3

Benchmarking Exercise 2

Common Performance indicators

Objective indicators

1

2

3

Subjective indicators

1

2

3

Performance

Service 1

1

2

3

1

2

3

Service 2

1

2

3

1

2

3

Conclusion Exercise 2

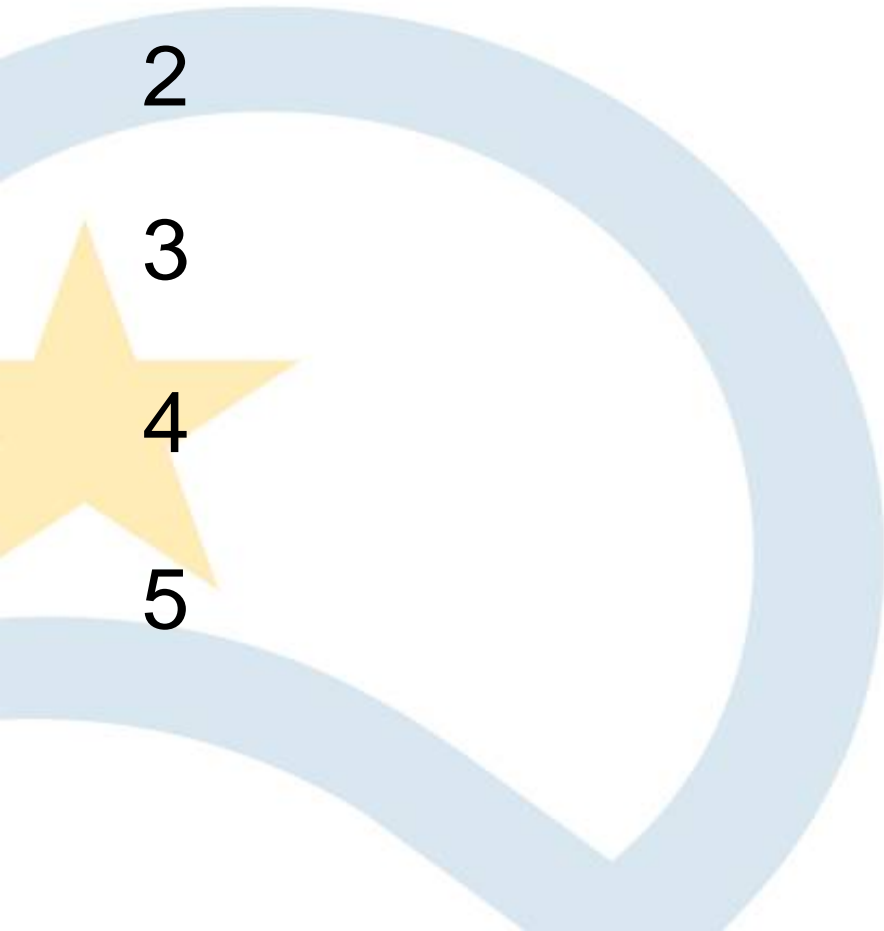
1

2

3

4

5



**"Not everything that
counts can be counted,
and not everything that
can be counted counts."**

-Albert Einstein

