

A Comparison of Approaches for Benchmarking Service Organisations

Jessica Cameron, Paul Wu, Kerrie Mengersen

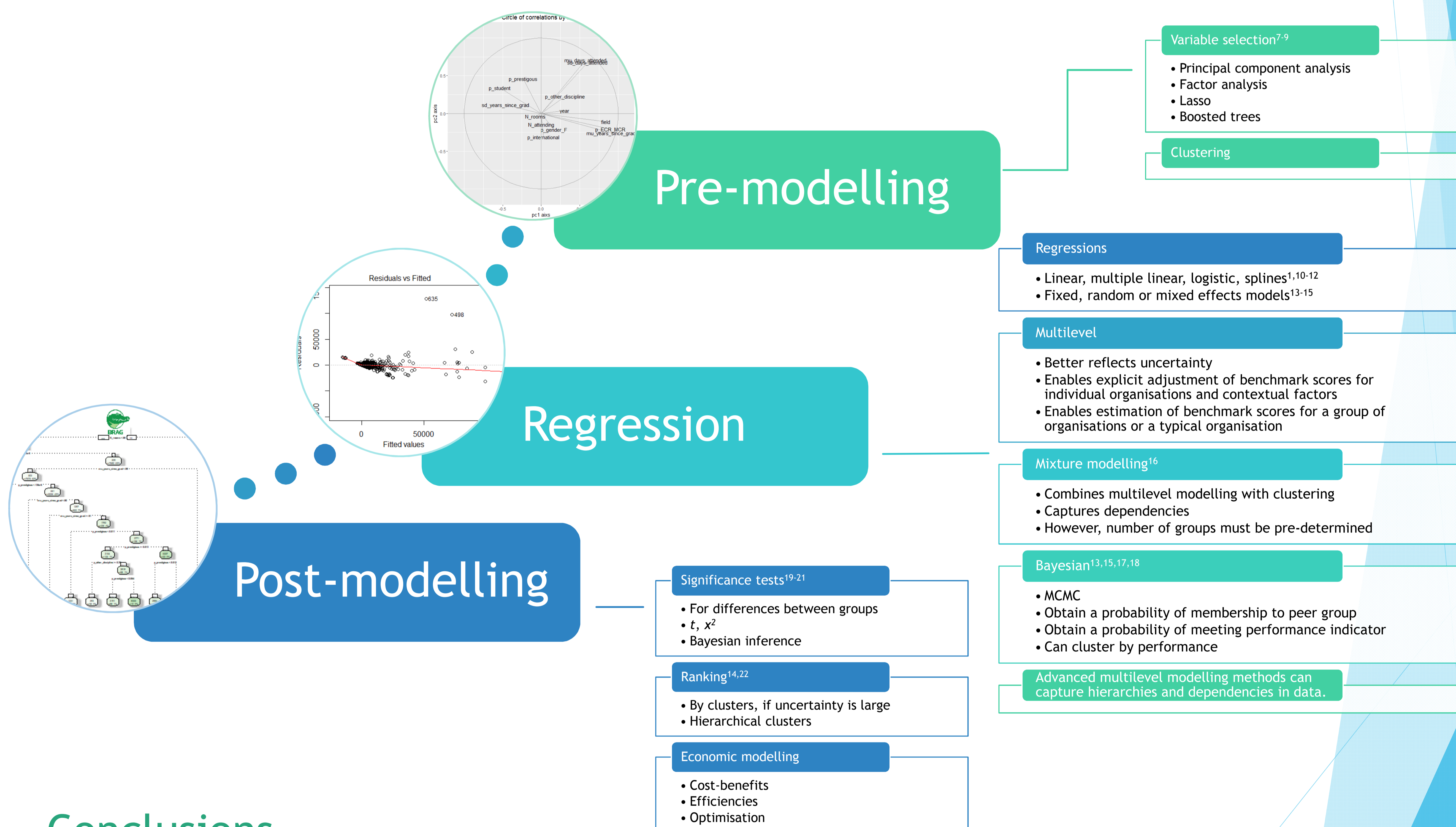
School of Mathematical Sciences, Queensland University of Technology
ARC Centre of Excellence in Mathematical and Statistical Frontiers, Australia

Background

- ▶ Benchmarking can determine the latent performance of organisations in terms of benefits or value to clients and costs incurred.^{1,2}
- ▶ Variability and uncertainty in the mix of clients and services provided by organisations can make benchmarking challenging. Hence, it is necessary to adjust for the specific contextual factors of each organisation when interpreting the results of benchmarking.
- ▶ Models have been developed to:
 - ▶ Peer organisations to adjust for contextual differences between organisations and
 - ▶ Distil an overall score from many observations to assess performance.
- ▶ Benchmarking and ranking is reported in a range of fields such as healthcare, education and government services.³⁻⁶

Methods

- ▶ We showcase methods used in benchmarking and apply these methods to rank simulated conferences.
- ▶ Data were simulated for variables that might characterise conferences:
 - ▶ Attendees (number, country of residence, years since graduation, ECR/MCR/senior researcher).
 - ▶ Context (field of research, location eg major city, number of days, number of concurrent seminars).



Conclusions

- ▶ Multilevel modelling current state-of-the-art method for estimating latent performance of organisations.
- ▶ Better understanding of uncertainty can be used to:
 - ▶ Inform risk-based decision-making
 - ▶ Reflect differences between organisations and
 - ▶ Aid communication of results.
- ▶ Combining multilevel models and mixture models, it is possible to use the model to estimate the mean performance and characteristics of each group and derive realistic performance targets.

References

- Kreutzer DW and Wood WC (2007) *Journal of Education for Business* 82(6): 357-362.
- Vitkainen K, Street A and Linna M (2009) *Health Policy* 89(2): 149-159.
- ACARA (2013) ICSEA 2013: Technical Report, ACARA, Measurement and Research: 18.
- Galeski DF et al. (2013) *Critical care medicine* 41(5): 1167-1174.
- Schleicher A and Tamassia C (2000) *Measuring Student Knowledge and Skills: The PISA 2000 Assessment of Reading, Mathematical and Scientific Literacy, Education and Skills*. Paris, OECD.
- Soderlund N and Van der Merwe R (1999) Hospital benchmarking analysis and the derivation of cost indices, Centre for Health Economics, University of York.
- Arnold SV et al. (2013) *Circulation: CIRCUATIONAHA*. 113.001773.
- Degano IR et al. (2015) *International Journal of Cardiology* 182: 509-516.
- Hastie T, Tibshirani R and Friedman J (2009) *The Elements of Statistical Learning: Data Mining, Inference, and Prediction*. New York, Springer.
- Holzer BM and Minder CE (2011) *International Journal for Quality in Health Care* 23(5): 524-530.
- Zimmerman JE et al. (2006) *Critical care medicine* 34(10): 2517-2529.
- Borghans I et al. (2008) *BMC health services research* 8(1): 220.
- Heneman D et al. (2014). *Annals of surgery* 259(5): 844-849.
- Glance LG et al. (2006) *Medical care* 44(4): 311-319.
- Rudy EB et al. (2001) *J Nursing Scholarship* 33(2): 185-189.
- White N. (2011) *Bayesian mixtures for modelling complex medical data: a case study in Parkinson's disease* PhD Thesis.
- Dimick JB, Staiger DO and Birkmeyer JD (2010) *Health Services Research* 45(6 Pt 1): 1614-1629.
- Moses J et al. (2006) *Software Quality Journal* 14(1): 37-52.
- Stolt R et al. (2011) *Social Science & Medicine* 72(4): 560-567.
- Tokunaga et al. (2012) *Japanese Journal of Comprehensive Rehabilitation Science* 3: 51-58.
- Gelman et al. (2012) *Journal of Research on Educational Effectiveness* 5(2): 189-211.
- Krumholz HM et al. (1999) *Circulation* 99(23): 2986-2992.